

THE PARLIAMENT OF THE COMMONWEALTH OF AUSTRALIA

DRUGS IN SPORT

SECOND REPORT OF THE
SENATE STANDING COMMITTEE ON
ENVIRONMENT, RECREATION AND THE ARTS

MAY 1990

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ACRONYMS AND ABBREVIATIONS

AAPLF	Australian Amateur Powerlifting Federation
AAU	Australian Athletics Union
ABF	Australian Basketball Federation
ABS	Australian Bureau of Statistics
ACGA	Australian Commonwealth Games Association
ADFPF	Australian Drug Free Powerlifting Federation Inc.
AFL	Australian Football League
AGAL	Australian Government Analytical Laboratories
AIS	Australian Institute of Sport
AMA	Australian Medical Association
AOF	Australian Olympic Federation
AP	Australian Powerlifting (to be incorporated)
APF	Australian Powerlifting Federation Inc.
ASC	Australian Sports Commission
ASDA	Australian Sports Drug Agency
ASF	Australian Soccer Federation
ASI	Australian Swimming Inc.
ASMF	Australian Sports Medicine Federation
ASSC	Australian Schools Sports Council
AWF	Australian Weightlifting Federation
DASET	Department of the Arts, Sport, the Environment, Tourism and Territories
EPO	Erythropoietin
hGH	Human growth hormone
IAAF	International Amateur Athletic Federation
IOC	International Olympic Committee
IPF	International Powerlifting Federation
IWF	International Weightlifting Federation
IWG	International Working Group on Anti-Doping in Sport
NBL	National Basketball League
NPDS	National Program on Drugs in Sport
NSO	National Sporting Organisation
NSWRL	New South Wales Rugby League
QAPLA	Queensland Amateur Powerlifting Association
VFL	Victorian Football League (now Australian Football League)

PREFACE

The First Report

On 19 May 1988, the Senate Standing Committee on Environment, Recreation and the Arts received the reference:

The use by Australian sportsmen and sportswomen of performance enhancing drugs and the role played by Commonwealth agencies.

Subsequently the Committee tabled an Interim Report on 14 June 1989.

In its Interim Report the Committee examined the extent of drug use in Australian sport, underlying reasons for that usage, and some issues relating to the supply of drugs. The Committee also examined allegations about drug use at the Australian Institute of Sport (AIS). The Report contained a number of major conclusions and twelve recommendations. The extent to which these recommendations and conclusions have led to action by appropriate bodies is examined in Chapter Two of this Second Report.

The Committee's Wider Responsibilities

The Senate Committee began the sports drug inquiry with very broad terms of reference, but nevertheless anticipated a brief inquiry lasting up to 12 months concluding with recommendations dealing with both general and specific problems. In fact, the evidence-gathering process has only taken little more than a year since the end of 1988 and during this time, the Committee has also tabled two quite detailed reports dealing with the environmental component of its portfolio and begun a third inquiry concerned with tourism and coastal development. However the volume of evidence needed to be collected for the two sports

drug reports has been substantial. Some 6000 pages of public and in camera evidence has been collected. At a recent meeting to receive additional evidence, almost 200 documents were received by the Committee. This represents an extraordinary workload for a small Secretariat and the Committee members, particularly bearing in mind the other materials the Committee has had to deal with across the range of its responsibilities covering Environment, Recreation, the Arts and Territories.

The Second Report

In pursuing its inquiry for the Second Report the Committee has examined 'professional' sports and power sports, the supply and distribution of drugs, the national and international regulatory background, together with health and general concerns about the impact of drugs upon society. For the preparation of this Report the Committee received 22 further submissions, a number of supplementary submissions (Appendix 1) and a very significant amount of correspondence. Additionally, a further 15 days of public hearings were held in Brisbane, Canberra, Sydney and Melbourne (Appendix 2).

During the inquiry for the Second Report, the Committee has received in evidence information and allegations concerning conflict between individuals and organisations. The matters involved have the potential to affect sporting careers. They also relate to the professional conduct of others involved with sports: doctors, pharmacists and veterinarians.

In dealing with evidence upon such matters the Committee has been particularly mindful of the need to consider and protect the rights of individuals. The Committee has made exhaustive efforts to provide an opportunity for persons upon whom evidence has reflected adversely to make a response under the protection of Parliamentary privilege; Appendix 3 advises the details of those efforts.

Further, the Committee has scrupulously adhered to the 'Procedures to be observed by Senate Committees for the protection of witnesses', which were incorporated in resolutions of the Senate on 25 February 1988 (Appendix 4). The Committee has also maintained the conduct of the inquiry as described in its Interim Report in relation to the taking and using of evidence in camera (Appendix 5).

The Committee believes that these procedures complement its practice of reaching conclusions and recommendations by carefully interpreting and judging evidence, not against the requirement that matters be established beyond reasonable doubt, but on the basis of the balance of probabilities.

The Major Outcomes of the Second Inquiry

The Committee's inquiry has served to highlight the fact that sports drug abuse cannot exist without corrupt testing programs, doctors and officials. It has also informed the Australian public about the extent of the drug problem in Australian and international sport.

It has provided a useful guide to similar inquiries overseas and copies of the Interim Report have been obtained by the Canadian Dubin Inquiry and the current British Weightlifting Inquiry. Continued liaison between these inquiries and their follow-up bodies is needed to maintain international pressure against a resurgence in drug abuse. Importantly, international agreements are required to ensure that elite Australian athletes are not disadvantaged because of the disproportionate effectiveness of policies against sports drugs in this country.

The Committee has concluded that effective independent testing and education programs, together with ongoing and publicly-accountable investigative mechanisms are essential to

permanently minimise the drug problem in Australian sport. These clear requirements can be dealt with adequately in a reasonably permanent fashion with the formation of the two bodies recommended in both the Interim and Second Reports: A Sports Drug Commission to oversee testing and education, and a Sports Drug Tribunal to deal with ongoing investigations and enforcement (see Recommendation Four of this Report).

It is the view of the Committee that, when these bodies are operational established the publicly-accountable investigative role of the Committee can be carried on by the Sports Drug Tribunal. This role would include specific investigations of positive tests and refusals, related matters concerning individual cases and more general ongoing inquiries concerning high-risk sports such as bodybuilding, powerlifting and weightlifting. To facilitate this process, the Committee will make available to the Tribunal all evidence both public and in camera, and written submissions. To ensure it is able to operate effectively, powers approximating those of the Senate Committee will have to be made available to the Tribunal.

The Committee envisages that its inquiry into terms of reference from the Senate would be concluded upon the establishment and commencement of operations of these two bodies. Both bodies would be subject to Parliamentary scrutiny through annual reports to the Parliament and Senate estimates hearings.

In addition to the work proposed for the Commission and Tribunal a number of important functions concerned with the implementation of the Committee's recommendations remain to be dealt with by sporting bodies, professional associations and boards and by the Department of the Arts, Sport, the Environment, Tourism and Territories (DASETT). These latter functions include preparation of documents and briefings for the proposed meeting of State and Federal Health and Sports Ministers, implementation of

legislation to establish the Sports Commission and the Sports Drug Tribunal, following up international sports drug agreements and liaison with other international inquiries dealing with sports drug abuse.

To facilitate and expedite this process, the Committee recommends that the responsible Minister establish within DASETT an Implementation Unit which will have full access to both briefings from and material collected by the Committee and its Secretariat.

It is envisaged that the Implementation Unit would begin to wind down its role following the passage of Federal Legislation establishing the Sports Drug Commission and the Sports Drug Tribunal and additional State and Federal legislation and regulations following on from the joint meeting of State and Federal Health and Sports Ministers. At this time, matters relating to international agreements and inquiries could be passed on to the Sports Drug Commission and the Sports Drug Tribunal for oversight. This process should take approximately 12 to 18 months.

RECOMMENDATION

Recommendation One

That the Government establish an Implementation Unit within DASETT to deal in an integrated fashion with recommendations from the Interim and Second Reports.

RECOMMENDATIONS

Recommendation One

That the Government establish an Implementation Unit within DASETT to deal in an integrated fashion with recommendations from the Interim and Second Reports.

Recommendation Two

That, where necessary, sports organisations confirm that attempts to corrupt drug tests will receive appropriate disciplinary responses. In particular, with regard to Jane Flemming's part in an attempt to corrupt a drug test in 1986, that:

- . Athletics Australia conduct an inquiry with a view to making clear to athletes the seriousness of any attempt to corrupt a drug test; and
- . the Australian Sports Commission reconsider its response to the incident and ensure that Athletics Australia carries out a proper investigation consistent with the IOC Charter Against Doping in Sport.

Recommendation Three

That, with regard to Recommendation Twelve of the Interim Report concerning Mr Peter Bowman's professional behaviour as Company Secretary of the AIS, the Australian Institute of Sport reconsider its conclusions regarding disciplinary action, taking into account evidence presented to the inquiry. The role of Messrs Jones and Wardle also should be examined.

Recommendation Four

That the Sports Drug Commission and the Australian Sports Drug Tribunal, first advocated in Recommendation Four (ii) of the

Interim Report, become operative as a matter of urgency.

The Tribunal will:

- . have authority to investigate all sports drug matters;
- . have access to all evidence presented to the Senate Drugs in Sport inquiry, both public and in camera;
- . receive appeals concerning any aspect of drug testing in sports;
- . conduct investigations into appeals;
- . receive advice from ASDA of all positive tests and all occasions where a sample was not provided as required or where an attempt was made to corrupt a test;
- . ensure proper investigations of all positives (and failures to provide samples) are carried out by the relevant sports administrations;
- . report to the Minister for the Arts, Sport, the Environment, Tourism and Territories the substance of all its investigations and findings upon completion of each inquiry, and subsequently to the Parliament through the ASDA Annual Report; and
- . monitor investigations carried out by sporting bodies as the result of recommendations in the Committee's Interim and Second Reports and report on these to the Minister.

Where a particular sport experiences three or more drug test positives in any twelve month period, the Australian Sports Drug Tribunal should investigate the sport and if it determines that the relevant sporting organisation is culpable then it may:

- . advise all Federal and State (and Territory) Governments that the positives had been recorded;
- . advocate that public funding of any activities of that sport be suspended for twelve months; and

- . inform the Australian Olympic Federation and the Commonwealth Games Association that derecognition of that sport for twelve months should be considered.

For the Drug Free Powerlifting Association (DFPLA), however, positive tests on lifters admitted to the DFPLA on the direction of the Tribunal should not be included for the purpose of this recommendation.

Recommendation Five

That the Australian Sports Drug Tribunal:

- . advise the international controlling body of the relevant sport of those cases where consideration should be given to appropriate disciplinary action by the controlling body; and
- . ensure that Australian drug testing practices observe the requirements of international drug testing agreements to which Australia is a party.

Recommendation Six

The Committee recommends that an ongoing program of sports drug education be developed for schools, sporting and community groups. It could be based on the Curriculum Development Project being pursued by the Australian Sports Drug Agency, and on the survey on teenage sports drug use conducted by that Agency.

Recommendation Seven

The Committee recommends that junior weight category sports adopt the practice of double weighing - if weighing occurs early on the day of competition, it should be conducted again immediately prior to the competition. This will reduce the incentive to use diuretics.

Recommendation Eight

The Committee recommends that the NSWRL specify the penalties that would be incurred for drug use. Also, the AFL needs to increase the severity of its penalty regime so as to impose those penalties advocated in Recommendation Five (iv) of the Interim Report. That is, both the NSWRL and the AFL should impose a two year suspension from competition for a first offence and a life ban for any subsequent offence.

Recommendation Nine

The Committee makes two recommendations concerning the involvement of the Australian Government with 'professional' sport:

- (i) That the Minister for the Arts, Sport, the Environment, Tourism and Territories provide formal advice to all 'professional' sporting codes in Australia on the role and functions of the Australian Sports Drug Agency (ASDA).

The Minister's advice should:

- confirm the testing services available to 'professional' sports by ASDA;
- describe the drug-testing regime required by ASDA;
- confirm that tests will be processed at an accredited IOC laboratory;
- encourage all 'professional' sports at the elite level to avail themselves of the advice of ASDA concerning drug-testing regimes, and suggest that such a regime be adopted if one is not in place already; and

- . advise the basis on which charges for ASDA's testing will eventuate.
- (ii) That no public funding or official recognition be provided to 'professional' sporting organisations unless an appropriate drug-testing regime is implemented in which:
- . the selection and collection procedures are carried out by the independent Australian Sports Drug Agency;
 - . ideally the number of tests is such that every senior national professional is at risk of being tested at least once each season;
 - . that where tests are less than this number, appropriate targeting policies be devised by ASDA to ensure that players at greatest risk are covered;
 - . testing be conducted at ASDA's discretion on any player for excessively aggressive behaviour on the field including those disciplined by an umpire or referee for this reason;
 - . a significant proportion (depending on the sport) of testing take place out of competition, and that targeted testing take place along with random testing;
 - . penalties be introduced that are generally consistent with those outlined in the Interim Report for 'amateur' sport;
 - . appeals procedures be introduced consistent with those described in the Interim Report; and

- . the organisation agree to the detailed reporting of all tests and test results by the Australian Sports Drug Agency (including its Annual Report to Parliament).

Recommendation Ten

The Committee recommends that these recommendations about 'professional' sports be considered at the next meeting of State and Federal Sports Ministers to enable the formulation of a consistent national code for drug testing in those sports. Such a code should incorporate the IOC banned list. While State governments have primary responsibility for the conditions under which sport is played, the 'professional' codes (and many amateur sports) are nation-wide activities.

Recommendation Eleven

The Committee recommends that the next meeting of State and Federal Sports Ministers consider ways in which penalties imposed in any one sport - amateur or 'professional' - can be respected by all sports. This would prevent the problem of suspended amateurs flouting their suspension by securing employment as 'professionals'.

Recommendation Twelve

That, with regard to the conclusions of the Interim Report concerning Mr Lyn Jones:

- . the Australian Sports Commission conduct an investigation;
- . the results of that investigation be forwarded to the Australian Weightlifting Federation for its information, advice and any appropriate action; and
- . the results of the investigation and a report on any subsequent action on the part of the

AWF be forwarded to the International Weightlifting Federation for its consideration with a view to disciplinary action.

Recommendation Thirteen

That, with regard to the conclusions of the Interim Report concerning Mr Harry Wardle:

- . the Australian Sports Commission conduct an investigation;
- . the conclusions of that investigation be provided to the Australian Weightlifting Federation for its information, advice and any appropriate action;
- . the results of the investigation be communicated to the Australian Institute of Sport with a view to disciplinary action; and
- . the results of the investigation and advice of disciplinary action taken be forwarded to the International Weightlifting Federation for any action it should take.

Recommendation Fourteen

The Committee concludes that the AWF has taken no effective action to prevent a recurrence of the activities outlined in the Interim Report. The Committee recommends that this and matters raised in the Second Report should be the subject of investigation by the Australian Sports Commission, the Australian Olympic Federation and the Australian Commonwealth Games Federation.

Recommendation Fifteen

The Committee recommends that, in view of the conclusions reached about senior AWF officeholders, the activities of the national organisation be reviewed at an international level. The Committee

recommends that the performance of the AWF be reviewed by the IWF. The IWF should take into account the material presented in this Report and the Interim Report.

Recommendation Sixteen

The Committee further recommends that if no effective action is taken in relation to the conclusions in both the Interim Report and this Report by the IWF, then both the AOF and the ACGA should consult their international parent bodies with a view to the suspension of weightlifting as a Commonwealth Games and Olympic Games sport.

Recommendation Seventeen

That the Australian Sports Commission should review its funding of the AWF.

Recommendation Eighteen

That, with a view to disciplinary action, the Commonwealth Games Association investigate the circumstances surrounding the failure of Darren Walker to attend for a drug test as required during the week ending 19 November 1989.

Recommendation Nineteen

That to ensure Australia's compliance with international anti-doping agreements, the legislation establishing the Australian Sports Drug Commission should require all athletes eligible for testing to register an address for the receipt of notification that they are required to appear for testing, and that any athlete not appearing for testing within 48 hours of delivery of the notification to the registered address should be deemed to have tested positive. This should not prevent the earlier testing of athletes if they are available.

Recommendation Twenty

That the Australian Drug Free Powerlifting Federation Inc. (ADFPPF) be recognised as the national sporting organisation for official recognition and public funding.

Recommendation Twenty-One

That the ADFPPF process applications for membership in an impartial manner, within the rules of the Association and that the Australian Sports Drug Tribunal review the membership practices of the Drug Free Powerlifting Federation in 1991, to ensure that they are suitable for a national sporting organisation.

Recommendation Twenty-Two

That, in the interim period, persons seeking membership of the ADFPPF have any related appeals arbitrated by the Australian Sports Drug Tribunal. Any persons admitted through an appeal and subsequently testing positive would not count as ADFPPF positives for the purposes of Recommendation Four of this Report.

Recommendation Twenty-Three

That, in the event that any penalties resulting from positive drug tests are not automatically and promptly applied by the ADFPPF, all public funding be withdrawn until such penalties are applied.

Recommendation Twenty-Four

That Recommendation Nine of the Interim Report be implemented as soon as possible:

Recommendation Nine

The Committee recommends that the Australian Medical Association and the responsible Medical Boards develop and implement policies prohibiting the prescription of drugs purely to enhance sporting performance.

The Committee further recommends that the development and implementation of these policies be monitored by the Implementation Unit in DASETT.

Recommendation Twenty-Five

That the Queensland Medical Board consider the activities of Dr J.C. Mullett and Dr M. Mitchelson in prescribing veterinary anabolic steroids for human use, and that Dr T. Millar, Dr R. Ward and Dr A. Tahmindjis be examined by the AMA with regard to the prescribing of anabolic steroids, to determine whether their patterns of prescription are consistent with AMA policy.

Recommendation Twenty-Six

That Dr Hinchy's case be considered by the Medical Board of Queensland with regard to the misappropriation of narcotic analgesics and the prescribing and administering of anabolic steroids.

Recommendation Twenty-Seven

That the Commonwealth Department of Health and Community Services, the Queensland Department of Health, The Pharmacy Board of Queensland and the Pharmaceutical Society of Australia consider the activities of Mr Leon Azar and Mr Michael Rothnie with regard to the dispensing of anabolic steroids including veterinary anabolic steroids for human consumption.

Recommendation Twenty-Eight

That the Pharmaceutical Society review its code of ethics, particularly in so far as it relates to the dispensing of performance enhancing drugs and the dispensing of veterinary products. In particular the code should prohibit the filling of prescriptions for human consumption with veterinary products.

Recommendation Twenty-Nine

That the Pharmaceutical Society, together with appropriate State Pharmacy Boards, conduct an investigation into the practices of pharmacists who are known to have supplied veterinary drugs for human consumption or to have knowingly supplied to a person performance enhancing drugs in greater quantities, or more frequently, than would normally be required for personal therapeutic use.

Recommendation Thirty

That the Pharmacy Boards ensure that professional standards are enforced and that appropriate penalties are imposed for those in breach of the standards. Penalties should include deregistration.

Recommendation Thirty-One

That State Health Authorities investigate the extent to which veterinary pharmaceuticals are provided to pharmacies and the extent to which such substances have been prescribed by doctors, and take appropriate action against those involved in these practices. Such investigations should make use of the records of the wholesale suppliers of these drugs to pharmacies.

Recommendation Thirty-Two

That all relevant authorities, both sporting and government, acknowledge that the activity of bodybuilding (and its organised

competitions) entails a high risk of performance drug abuse. Such acknowledgment will bear on any applications from bodybuilding organisations for governmental or other support.

Recommendation Thirty-Three

That public funding not be provided to assist bodybuilding associations but that education campaigns emphasising the health risks of performance enhancing drugs be directed towards bodybuilding associations.

Recommendation Thirty-Four

That bodybuilding associations contract out drug testing to the independent Sports Drug Agency.

Recommendation Thirty-Five

That bodybuilding be reviewed by the Australian Sports Drug Tribunal in 1991.

Recommendation Thirty-Six

That bodybuilders be placed in the high risk category of the Australian Customs Passenger Control Guidelines; bodybuilders are high risk passengers for the illegal importation of performance drugs.

Recommendation Thirty-Seven

That when the Ministerial meeting (proposed in Recommendation One, Interim Report) considers the licensing of gymnasiums, it should also review the need for additional voluntary arrangements to permit drug testing of gymnasium patrons, taking account of negotiations between gymnasium associations and ASDA on this matter.

Recommendation Thirty-Eight

That State police forces and any relevant authorities such as the Criminal Justice Commission (Queensland) investigate the criminal activity of the marketing of sports drugs. That the results of the State investigations be forwarded to the National Crime Authority and the Bureau of Criminal Intelligence for consideration.

Recommendation Thirty-Nine

It is clear that more research is required in order to establish the nature and dimension of the problem of night-club violence and the incidence of steroid use by bouncers. The Committee accordingly recommends that this be the subject of a research project to be carried out by the Australian Institute of Criminology.

Recommendation Forty

The Committee refers to the Ministerial Council on Drug Strategy the issue of steroids and violence involving bouncers. The Committee recommends that the Council consider the following resolution:

That all States and Territories regulate the bouncer industry by:

- . screening applicants for criminal records;
- . licensing each bouncer; and
- . requiring bouncers to wear numbered badges with photographic identification.

Recommendation Forty-One

The Committee recommends that Police Commissioners no longer approve 'moonlighting' by their officers in the security

industry. Further, Police Commissioners should provide directions to their officers not to use anabolic steroids other than for therapeutic purposes.

Recommendation Forty-Two

That anabolic steroids prepared for human use be listed as Schedule 8 drugs and that only medical practitioners (and not veterinarians) be entitled to prescribe them.

Recommendation Forty-Three

The Committee recommends that no injectable veterinary anabolic steroids be available as Schedule 6 drugs. Veterinary anabolic steroids available to the community without prescription under Schedule 6 should be limited to the pellet form, having subcutaneous application.

Recommendation Forty-Four

The Committee recommends that oily injectable veterinary anabolic steroids be listed under Schedule 4 Appendix D with the notation that possession and administration is proscribed except by registered veterinarians, who must maintain strict records of such administration. Further, the only form of injectable veterinary anabolic steroid available even to veterinarians should be the oil-based versions which are relatively easy to detect if ultimately misused for human consumption.

Recommendation Forty-Five

The Committee recommends that the Pacing and Coursing industries ban the use of anabolic steroids in racing animals in order to limit the legitimate demand for veterinary anabolic steroids.

Recommendation Forty-Six

The Committee recommends that the Senate refer the matters raised in Chapter Twelve of this Report to the Senate Select Committee on Animal Welfare for investigation and report.

Recommendation Forty-Seven

That continued efforts be made to develop and expand international agreements and co-operation to develop uniform procedures and protocols for sports drug testing and to restrict the availability and use of those drugs used purely to enhance performance.

Recommendation Forty-Eight

That ASDA include in its Annual Report a list of the names of all athletes tested over the period to which the Report relates and that for each athlete results of each test be given in full. This is essential for public scrutiny and to allow Australia's testing program to be verified by countries with which Australia has negotiated bilateral testing agreements.

Recommendation Forty-Nine

That the AGAL budget appropriation include sufficient funds for the public interest aspects of sports drug testing.

Recommendation Fifty

That AGAL liaise with other laboratories in the forefront of new detection techniques, e.g. Los Angeles (with regard to hGH) and Europe (with regard to erythropoietin and blood doping).

Recommendation Fifty-One

That AGAL begin testing for hGH and EPO to assist in the provision of an international data base so that doping rules for these hormones can be formulated as soon as practicable.

Recommendation Fifty-Two

That AGAL liaise with Professor Donike (Cologne Laboratory) to prepare a report to the Commonwealth Games Federation of steroid profiles, by sport and country, of competitors in the Auckland Commonwealth Games and that this report be made available to ASDA and the Implementation Unit to assist with future negotiations.

Recommendation Fifty-Three

That ASDA and AGAL continue research, data collection and analysis directed towards the use of steroid profiles as a means of unambiguously detecting prior drug use.

SECTION I

INTRODUCTION

CHAPTER ONE

BACKGROUND AND RECOMMENDATIONS OF THE INTERIM REPORT

BACKGROUND

1.1 The portfolio of the Senate Standing Committee on Environment, Recreation and the Arts is particularly wide. That is demonstrated by the Reports recently tabled by the Committee. In November 1988 the Chairman tabled The Potential of the Kakadu National Park Region and in June 1989 the Interim Report Drugs in Sport was tabled. Further, this Second Report on Drugs in Sport was preceded by the tabling in December 1989 of Environmental Impact of Development Assistance.

1.2 The Interim Report Drugs in Sport was prepared pursuant to the Senate referring the following matter to the Committee on 19 May 1988:

The use by Australian sportsmen and sportswomen of performance enhancing drugs and the role played by Commonwealth agencies.

1.3 The Interim Report was prepared early in 1989 because, while it was clear that the inquiry had not been able to conclude hearings on all aspects of its reference, uncertainties were being experienced by the Australian Institute of Sport (AIS). Those uncertainties, which needed to be removed expeditiously, arose out of evidence before the Committee that Institute athletes had taken drugs with the connivance of their coaches and some sports medicine personnel.

1.4 Importantly, the Interim Report was written out of the concern to ensure that Australian sport generally, and the AIS in particular, will be kept as drug free as the limits of present detection technologies will allow. Twelve recommendations to that

end were provided in the Interim Report; a number have been acted upon or embraced by relevant government and private institutions and by a wide range of individuals.

1.5 Although the Interim Report concentrated on the AIS, for this Report the Committee considered the issue of drug-taking in sport across a much wider spectrum. The motive for drug consumption by athletes aspiring to Olympic selection clearly can be shared by athletes involved in non-Olympic, amateur and 'professional' sport throughout Australia. The incentive would be similar to that for Olympic athletes - the ambition to excel in a chosen field, and the prospect of considerable financial gain consequent upon that success. Further, while powerlifting is not an Olympic sport, it shares with weightlifting the temptation to employ drugs to improve muscle mass and strength. And these same drugs are clearly applicable to bodybuilding which, while not a sport in the conventional sense, is a competitive activity centred on the development of physique, often to extremes.

1.6 This Report, then, widens the focus of the Interim Report with regard to the sporting activities that are considered, and the institutions concerned with sports administration. However, it must be emphasised that the Committee's central ambition for this Report continues that of the Interim Report: to ensure that Australian sport activities are as drug free as education programs and contemporary detection technologies will permit, having regard to the civil rights of those athletes tested and the capacity of the Federal Government to meet costs.

1.7 In pursuing that aim, this Report examines relevant aspects of 'professional' sport, the power sports and the international environment. It considers the sources of supply for banned sporting drugs and their means of distribution. The impact on sections of society affected by sports drugs is acknowledged and the consequences for human health, both physical and psychological, are examined.

1.8 As a consequence of the perspective that it has been able to achieve from this widening of focus, the Committee has, in addition to arriving at judgements about matters not previously canvassed, enjoyed a wider context in which to consider and pursue issues that were examined somewhat more narrowly in the Interim Report.

1.9 The Committee notes, however, that following the further consideration that it has been able to devote to the problem of drugs in sport since the Interim Report, the conclusions and recommendations of the Interim Report have been even further validated. Significantly, the conclusions and recommendations of this Report build on, and do not invalidate, the recommendations of the Interim Report. Indeed, many recommendations of this Report depend on the fulfilment of recommendations made in the Interim Report.

RECOMMENDATIONS OF THE INTERIM REPORT

1.10 It is important, then, to repeat the Interim Report recommendations as a basis for this Report. Those recommendations were as follows:

Recommendation One

The Committee recommends:

- (i) that a meeting of Commonwealth and State Ministers responsible for sports and health matters be held to consider matters raised in this report;
- (ii) the meeting adopt a definition of doping which relates to the use of any of the substances covered by the International Olympic Committee's 'List of Doping Classes and Methods' and the use of any of the methods identified in that list;

- (iii) that the meeting agree that it be a precondition of any sporting organisation receiving public funding that it adopt this definition and be subject to the drug testing arrangements described later in this report; and
- (iv) that professional sporting bodies be encouraged to adopt the same definition of doping and to subject themselves to the drug testing arrangements described later in this report.

Recommendation Two

The Committee recommends that the meeting of Commonwealth and State Ministers proposed in Recommendation One examine the possibility of developing procedures that would help prevent the inadvertent use of substances identified in the IOC List of Doping Classes and Methods.

Recommendation Three

The Committee recommends that the National Program on Drugs in Sport:

- (i) conduct a survey, based on the methodology of the 'Survey of Drug Use 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;
- (ii) 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

- (iii) 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.

Recommendation Four

The Committee recommends that the Commonwealth Government:

- (i) establish an independent Australian Sports Drug Commission to carry out all sports drug testing in Australia. The Commission should be responsible for developing sports drug policies, conducting relevant research, selecting sportspeople for drug testing, collecting samples, dispatching samples to an IOC accredited laboratory, receiving results, conducting necessary investigations and carrying out the necessary liaison activities with law enforcement agencies, customs officials and health departments. The Commission should report the results of drug tests to the appropriate sporting federations for the imposition of penalties on athletes, coaches, doctors or officials who use or encourage performance enhancing drugs. The Commission should be required to use protocols at least as stringent as those recommended by the IOC Medical Commission. The Commission should report directly to the Minister responsible for sport and should be required to table an annual report listing all tests carried out, providing comment on any anomalous results and identifying significant developments in Australia and overseas. The Commission should be established to carry out a minimum of 2000 tests a year under the following restrictions:

- . 350 of Australia's best athletes to be tested four times per year using targeted, random and competition testing;

- . 300 tests to be carried out on a wide selection of athletes not in the above group during non-competition periods;
- . 300 tests to be carried out at competition events; and
- . overall, 25 per cent of tests are to be on a strictly random basis of selection.

Additional tests would be carried out for professional sports on a full cost recovery formula to be developed as indicated in Recommendation Five below;

- (ii) establish an independent tribunal to adjudicate on disputed drug tests and the penalties imposed by sporting federations on athletes testing positive for banned substances. The tribunal should hear appeals from the Australian Sports Drug Commission, the sporting federations and individual athletes in relation to decisions made in Australia as a result of tests carried out in Australia or internationally. The appeal tribunal should be appointed by the minister responsible for sport and should be completely autonomous, although it could be serviced by the Australian Sports Drug Commission and publish its findings in the annual report of the Commission;
- (iii) request the Australian Sports Drug Commission, and the Australian Olympic Federation, to adopt a strong international role in order to take steps to ensure that the Committee's views are presented to major international forums (e.g. Second World Anti-doping Conference in Moscow and the Dubin inquiry) and to promote the world-wide acceptance of mandatory random and targeted drug testing regimes and the development of uniform policies. This is necessary in order to ensure that Australian athletes are not penalised because of Australia's strong stance on this issue;

- (iv) require the Australian Sports Drug Commission to closely examine policies relating to the inadvertent use of drugs and particularly the minimum level at which a positive result is recorded for those drugs which need to be taken on the day of competition to have a performance-enhancing effect and which have a legitimate use in medicine;
- (v) as an interim measure, and until a fully independent Australian Sports Drug Commission and separate appeals body can be established, increase the funding and administrative independence of the Australian Sports Commission Anti-drug Campaign through immediate incorporation in order to use the organisation established to carry out the testing and appeals for the Australian Commonwealth Games Organisation to take on responsibility for all sports drug testing in Australia. The Australian Commonwealth Games Association selection panel and appeals tribunal should form the basis of the Australian Sports Drug Commission and the appeals body respectively, and should play a major role in their establishment. The membership is as follows:

Commission

- Dr Brian Corrigan, Chairman - (Chairman, Committee of the National Program on Drugs in Sport)
Dr Ken Fitch, Deputy Chairman - (Chairman, Australian Olympic Federation Medical Commission)
Mr Steve Haynes, Manager - (Manager, National Program on Drugs in Sport)

Appeals Tribunal

- Dr Ken Donald, Chairman - (Deputy Director General of Health and Medical Services, Queensland Department of Health, Chairman of Doping Control Committee for 1982 Commonwealth Games)
Mr Hayden Opie - (Lecturer in Law, University of Melbourne)
Ms Elaine Canty - (Sports broadcaster and lawyer)
Ms Julie Draper - (Co-ordinator, National Sports Research Program)

Recommendation Five

The Committee recommends that the meeting of Commonwealth and State Ministers responsible for sport and health matters proposed in Recommendation One of this report:

- (i) develop in consultation with relevant sporting organisations appropriate funding and charging policies for the Australian Sports Drug Commission, particularly in regard to professional sports and international competitions in Australia;
- (ii) agree that a fixed proportion of all public monies allocated for sports funding be directed to the proposed Australian Sports Drug Commission for testing and other programs;
- (iii) investigate mechanisms through which professional sporting organisations can be encouraged to adopt drug testing programs designed by the Australian Sports Drug Commission and be subject to the decision of the appeals tribunal;
- (iv) agree that it be a precondition of any sporting organisation receiving government funding that it adopt standard penalties of a two year suspension from competition for a first offence and a life ban for any subsequent offence; and
- (v) as an interim measure, and until the completion of research directed towards setting the maximum levels beyond which inadvertent use of a drug cannot be claimed, the Commission be given discretionary power to recommend to the sporting federations a penalty of less than a two years ban for persistent inadvertent use.

Recommendation Six

The Committee recommends that the meeting of Commonwealth and State Ministers responsible for sports and health matters proposed in Recommendation One take action to make the supply for human use of any anabolic steroid labelled for veterinary use a criminal offence punishable by the same penalties as those that apply to the unauthorised use of human anabolic steroids.

Recommendation Seven

The Committee recommends that Australian Customs officers be made aware that Australian athletes should not continue to be in a low risk category as regards the importation of anabolic steroids and other performance enhancing drugs, and that Passenger Control guidelines be amended accordingly.

Recommendation Eight

The Committee recommends that regulations concerning the importation of veterinary anabolic steroids be made as stringent as those that apply to anabolic steroids for human use.

Recommendation Nine

The Committee recommends that the Australian Medical Association and the responsible Medical Boards develop and implement policies prohibiting the prescription of drugs purely to enhance sporting performance.

Recommendation Ten

The Committee recommends that the meeting of Commonwealth and State Ministers responsible for sport and health matters proposed in Recommendation One:

- (i) agree to make anabolic steroids prepared for human use a Schedule Eight drug;

- (ii) agree to make the sale or supply without prescription of anabolic steroids a criminal offence, using the Western Australian legislation as a model;
- (iii) subject to advice from Commonwealth and State Ministers for primary industry, and because of the widespread use of veterinary anabolic steroids by sportspeople, investigate the possibility of making veterinary anabolic steroids subject to the same degree of control as applies to anabolic steroids for human use.

Recommendation Eleven

The Committee recommends that the meeting of Commonwealth and State Ministers responsible for sport and health matters proposed in Recommendation One develop a uniform licensing system for gymnasiums and health centres in Australia, recognising that this is a State responsibility. It should be a condition of the licence that anabolic steroids and other drugs not be available, admitted, or used on the premises and action should be taken to check regularly that the conditions of the licence are being complied with.

Recommendation Twelve

The Committee recommends that the AIS investigate the approval of medical supply purchases without medical officer authorisation, contrary to AIS policy, with a view to disciplinary action.

CHAPTER TWO

RESPONSES TO INTERIM REPORT AND FOCUS OF SECOND REPORT

INTERIM REPORT RESPONSES

Positive Responses

2.1 The Interim Report was tabled in the Senate on 14 June 1989. Its conclusions and recommendations (set out in Chapter One of this Report) were carefully drafted so as to be capable of efficient implementation.

Recommendations One and Two

2.2 The Interim Report's first two recommendations centre on the holding of a meeting of Commonwealth and State Ministers responsible for sports and health matters to consider the Report. The Committee understands that such a meeting is imminent. The Secretary of the Department of the Arts, Sport, the Environment, Tourism and Territories (DASETT), advised on 2 January 1990 that these recommendations:

require consideration of issues by Commonwealth and State Ministers recognising that with certain recommendations health ministers will be involved. The normal mechanism for such discussions is the Sport and Recreation Minister's Council (SRMC). The matter has been listed for discussion at SRMC, but the most recent scheduled meeting had to be deferred due to the unavailability of several Ministers. The Minister, therefore, intends to write to his State and Territory counterparts in the near future informing them of the initiatives outlined under recommendations three and four above, and, in particular, seeking their co-operation in enacting complementary legislation to allow ASDA to operate in the States and Territories. (Letter to Committee Secretary, 2 January 1990)

2.3 The Committee considers that the need for this meeting is now urgent and looks for the meeting to be convened as a priority in fulfilment of the objective outlined by the DASETT Secretary.

Recommendation Three

2.4 The surveys advocated in the third recommendation of the Interim Report have been initiated, although they are yet to be completed. The DASETT Secretary has advised:

In relation to recommendation three, ASDA has appointed a person to conduct the survey on drug use in Australian sport in 1989. Work undertaken to date has involved background reading and the holding of discussions with key people (e.g. ABS, sports scientists and sports medicine specialists) about the methodology of the survey. (Letter to Committee Secretary, 2 January 1990)

The Committee anticipates that the Australian Sports Drug Agency (ASDA) will complete the three different surveys with the result that credible empirical evidence will be available on performance drug usage in Australia and attitudes towards it. This will assist ASDA and other authorities in devising further strategies towards the problem.

Recommendation Four

2.5 The fourth recommendation of the Interim Report places the most direct substantive obligation on the Commonwealth Government. It advocates that the Commonwealth Government establish an authority to carry out sports drug testing in Australia. Three months after the tabling of the Interim Report, the Minister, Senator Richardson, advised the Committee Chairman of the steps taken to respond to that recommendation; that letter is reproduced at Figure 2.1. Subsequently, on 26 November 1989,



MINISTER FOR THE ARTS, SPORT, THE ENVIRONMENT,
TOURISM AND TERRITORIES

15 SEP 1989

Senator John Black
Chairman
Senate Standing Committee on
Environment, Recreation and the Arts
Parliament House
CANBERRA ACT 2600

Dear Senator Black,

You will be aware that on 21 August 1989 I announced the Government's new funding initiatives for sport. Your Committee's Report made a valuable contribution to the development of these new policies. Indeed, the centrepiece of the new policy is the substantial increase in our efforts to combat the use of performance enhancing drugs.

The Government has implemented your recommendation that an independent body be established to carry out sports' drug testing in Australia. This body will be known as the Australian Sports Drug Agency. We will probably need legislation to ensure its necessary independence, however, this will take some time. In the interim, the Government will fund increased testing by the Agency, which, as you know, is part of the Australian Sports Commission (ASC).

The ASC Board recognises that the Agency must operate independently. Therefore, the Agency's office has moved away from the ASC. The Board has also established a five person Committee to which the Agency will report regularly. The Agency will also report to me.

In addition, the ASC will be seeking from National Sporting Organisations an undertaking that they cooperate with the Agency. In the absence of this cooperation, it is this Government's policy to withdraw funding.

Yours sincerely,

GRAHAM RICHARDSON

GRAHAM RICHARDSON

the Minister advised the Chairman of further developments on this matter. In that advice, the Minister confirmed that:

- . ASDA had been established to
 - (i) educate about the dangers of sports drugs;
 - (ii) carry out independent sampling and testing.
- . ASDA would conduct 1,000 tests in 1989/90 rising to 2,000 in 1990/91.
- . More than \$4 million will be allocated to ASDA over the next four years.

(Letter to Committee Chairman, 26 November 1989)

2.6 In his letter of 2 January 1990 the Secretary of DASETT expanded on the Minister's advice. The Secretary stated that, with regard to Recommendation Four, the Government has:

- . physically relocated the Australian Sports Commission's (ASC) Anti-Drugs Campaign and established it as the Australian Sports Drug Agency (ASDA);
- . while recognising ASDA's status as a part of an Australian Sports Commission funded program (which reports to an interim Board) ensured that all reports on drug testing are communicated direct to the Minister for Arts, Sport, the Environment, Tourism and Territories and all matters of ASDA policy are agreed between the ASC and the Department (DASETT);
- . increased the budget of ASDA from \$238,000 in 1988-89 to \$858,000 in 1989-90;
- . made a policy commitment to provide \$4 million to ASDA over the next four years;
- . made a policy commitment to conduct 1,000 drug tests in 1989-90 rising to 2,000 per annum from 1990-91 onwards;
- . through the ASC, entered into agreements with national sporting organisations

(NSO's) which require the organisations to abide by the Government's policy on drugs in sport. The policy requires NSO's to advise their athletes of the likelihood that they will be required to undergo testing and to have an effective code of enforcement. It also includes a provision that Commonwealth funding can be withdrawn if the organisation fails to comply with the policy;

- . agreed that analysis of tests undertaken for ASDA by the Australian Government Analytical Laboratories will be deemed to be in the "public interest" and, therefore, fully funded from the Budget. AGAL is currently considering options for the structure of its organisation to undertake this work and will take up cost implications in the context of the 1990-91 Budget;
- . sought from the International Olympic Committee (IOC) full accreditation for AGAL as an IOC laboratory. Following inspections early in 1990 it is hoped that AGAL will become the only fully accredited IOC laboratory in the Southern Hemisphere;
- . through ASDA, negotiated with professional sports for testing athletes on a full cost recovery basis. In principle agreement has already been reached with a number of professional sporting organisations;
- . developed options for the establishment of ASDA as an independent authority and initiated drafting for the purposes of putting appropriate legislation before the Parliament in the Autumn 1990 session. The matter of appeals (recommendation 4(ii)) will be taken up in the context of this legislation;

2.7 Importantly, Recommendation Four (iii) advocates that the Commonwealth Government request the drug testing agency and the Australian Olympic Federation (AOF) to adopt a strong international role. On 24 October 1989, Senator Richardson issued a media release advising of an international anti-doping initiative. He advised that a meeting of senior Government sporting officials from Canada, UK, New Zealand and Australia

would meet in Canberra in December to develop a Commonwealth Anti-Doping Charter. That meeting is discussed in Chapter Thirteen of this Report. Senator Richardson advised:

This major initiative follows on from the 2nd World Conference on Anti-Doping in Sport held in Moscow two weeks ago. Australia was represented at this conference by the Chairman of the Senate Inquiry into Drugs in Sport, Senator John Black, and Chief Executive of the Australian Sports Drug Agency, Mr Steve Haynes.

The Moscow meeting is also discussed in Chapter Thirteen of this Report. (In addition to dealing with these matters in more detail, Chapter Thirteen discusses other international activities on the part of the Committee and the Australian Government. These include the Committee Chairman's visits to the Dubin inquiry in Canada and the Rome Anti-Doping Conference.) In his advice of 2 January 1990, the Secretary of DASETT referred to Recommendation Four (iii), stating that the Government has:

- . through representation at the Second World Conference on Drugs in Sport in Moscow, USSR, adopted a strong international role. This will be followed up by Australian representation at conferences in Canberra (December 1989) and Auckland (February 1990) aimed at developing bilateral and multilateral agreements on drug testing and ensuring that Australian athletes are not disadvantaged by Australia's strong stance on the drugs issue. At this time it is fair to say that there is considerable international momentum towards anti-doping agreements and that Australia's leadership in this role has been widely recognised; and
- . through ASDA, raised the issue of the inadvertent use of performance enhancing drugs with the Australian Sports Medicine Federation (ASMF). ASDA will advertise in the ASMF journal seeking the views of Australian sports medicine specialists. This issue has already been raised at the Second World Conference on Drugs in Sport in Moscow.

Recommendations Five and Six

2.8 The fifth and sixth recommendations, like Recommendations One and Two, require consideration of issues by a meeting of Commonwealth and State Ministers, a meeting that the Committee understands is imminent.

Recommendations Seven and Eight

2.9 The seventh and eighth recommendations of the Interim Report concern control of the importation of anabolic steroids and other sports drugs. The Committee notes that both of these recommendations have received some appropriate attention already. The Secretary of DASETT has confirmed:

With regard to recommendations seven and eight, the Australian Customs Service has been made aware of the recommendations and will consider possible action following the tabling of the Committee's final report. Action has been initiated to have anabolic steroids covered under Customs Prohibited Import Regulation 5(a)(i). This will require licensing with the Department of Community Services and Health for all importers of natural and synthetic anabolic steroids, be they intended for animal or human use.

The ways in which this action applies are discussed in Chapter Twelve of this Report.

Recommendation Nine

2.10 The ninth recommendation was directed to the Australian Medical Association and Medical Boards, advocating policies prohibiting the prescription of drugs purely to enhance sporting performance. On 15 December 1989 the Assistant Secretary General of the AMA advised:

The Australian Medical Association does not, at this stage, have a global policy on the use of performance-enhancing drugs in sport. However, Federal Council of the Association resolved in May 1987:

"That Federal Council deploras the practice of prescribing anabolic steroids for athletes where the sole intent is to improve athletic performance."

Consequently, that resolution now represents formal Association policy.

Also relevant to the matter is the undertaking given by all applicants for AMA membership, required prior to their election, to abide by principles stated in the Declaration of Geneva. One such principle states:

"The health of my patient will be my first consideration."

Given the existing policy enunciated in 1987 and the required commitment by members to the principles laid down in the Declaration of Geneva, it appears likely that the Association may well agree to support the thrust of the Standing Committee's Recommendation Nine of its Interim Report, quoted above ...

The Association will certainly consider adopting policies recommending prohibition of inappropriate prescribing of performance-enhancing drugs. To this end, your letter will be referred to the Science and Education Committee of Federal Council for a report. However, I iterate that implementation of such policies would probably be up to the Medical Boards of the several states and territories, and possibly would also involve other interested bodies.

The Association will provide a definitive reply to Recommendation Nine in the Interim Report of the Standing Committee as early as possible in the new year.

(Letter to Committee Secretary, 15 December 1989)

Recommendation Ten

2.11 The tenth recommendation of the Interim Report advocated three initiatives to be taken by the meeting of Ministers outlined in the first recommendation. The first initiative depends on the holding of that meeting; it advocates rescheduling (to Schedule Eight) of anabolic steroids for human use.

2.12 The second initiative also depends on the Ministers' meeting; the recommendation advocates that, using the Western Australian legislation as a model, the sale or supply of anabolic steroids without prescription should be a criminal offence.

2.13 The third initiative advocated the imposition of the same degree of control on veterinary anabolic steroids as applies to anabolic steroids for human use. With regard to this recommendation, both Western Australian and Queensland have already proscribed the human use, or supply for human use, of veterinary products. Western Australia gazetted regulation 33A of the Poisons Regulations on 11 November 1988, and on 19 August 1989 Queensland gazetted subregulation A5.04 of the Poisons Regulations 1973. These issues are discussed in Chapter Twelve of this Report.

Recommendation Eleven

2.14 The Committee approves of the response of some organisations and individuals to its Recommendation Eleven concerning controls on gymnasiums and health centres. In addition to individual indications of support for this proposal, the Queensland Gymnasium Owners Association has inserted the following into its Code of Ethics: 'Not sell, distribute, condone or knowingly tolerate anabolic steroids and other sport enhancing drugs'. Nevertheless, the Committee anticipates that the Ministers' meeting will result in further progress on this issue.

Recommendation Twelve

2.15 The twelfth recommendation required the AIS to investigate the approval of medical supply purchases without medical officer authorisation, contrary to AIS policy, with a view to disciplinary action. The Secretary of DASETT has advised that:

With regard to recommendation twelve, the Chairman of the Australian Sports Commission

and the Deputy Chairman have interviewed several Commission personnel and athletes named in the Interim Report. The Minister has written to the Chairman of the Commission asking him to review the action taken. The ASC also intend to respond to the Committee following the tabling of the final report. (Letter to Committee Secretary, 2 January 1990)

The extent to which this response is inadequate is discussed in the next section.

Inadequate Responses

2.16 In addition to the twelve recommendations put forward in the Interim Report, there were numerous conclusions drawn. Such conclusions represent the considered judgement of the Committee on various matters of particular concern. The Committee anticipated that appropriate authorities would conduct their own investigations of those matters based on the Committee's findings. It was expected that appropriate action would then proceed.

2.17 The Committee's concern about inadequate responses centred on the views that it expressed concerning sports drugs and the Australian Institute of Sport. Responses to conclusions about two persons were of particular concern - the athlete Jane Flemming, and the administrator Peter Bowman.

Ms Jane Flemming

2.18 The June 1989 Interim Report published Ms Flemming's in camera confession that, at the Ulster Games in Belfast on 30 June 1986:

[Mr Plant] came up to me [at the javelin throwing area] and asked me if I would urinate in a bottle for Sue Howland because she had been picked for testing ... He gave me a drink bottle ... I went and weed in a bottle and apparently it got passed off as Sue's urine sample. (In Camera Evidence, p. 275)

2.19 This attempt to corrupt a drug test was closely examined in the Interim Report and the following conclusions were drawn:

Conclusions

7.101 Ms Howland clearly provided a urine sample which was not tested positive, since she went on to compete at the Edinburgh Commonwealth Games in July 1986, winning a bronze medal. She seemed genuinely unaware of the attempted substitution of urine in her name at Belfast. Mr Plant confirmed that Ms Howland was not involved in the attempted substitution in any way.

7.102 The Committee finds it unacceptable that although Ms Flemming held an AIS scholarship and discussed the incident with Messrs Kemp, Hilliard and Rice, all AIS coaches, no formal report was made to the AIS, in the first instance by Kemp, although he wrote to the AAU, and in the second instance by the other two. The Committee rejects Mr Bowman's suggestion that because Ms Flemming was representing Australia and not the AIS, the substitution incident was a matter for the Australian Athletic Union and not the AIS. Under the Code of Ethics which AIS scholarship holders are required to sign, the athletes agree, inter alia, to 'abide by both the rules and the spirit of my sport'. In the Committee's view, Ms Flemming is liable for disciplinary action by both the Australian Institute of Sport and the Australian Athletic Union.

7.103 The Committee notes that although Ms Flemming regards him as a friend, Mr Plant had never sought to assure Ms Flemming that her urine sample was never used, despite over two years having elapsed since the incident occurred.

7.104 The Committee notes that Mr Rice gave an account of the incident which was different from that given by all other witnesses, when he suggested that Ms Howland had approached Ms Flemming to provide a urine sample which had been refused. His letter was otherwise detailed and accurate. By comparison, the other respondents were vague about such matters as the timing and the nature and extent of discussions, but were at least consistent in their general theme. The Committee expresses its concern about whether Mr Rice's recollections failed him in this

instance or whether he had sought to provide a different version of events to explain his subsequent lack of action. The Committee concludes that because they did not inform the AIS management about the involvement of an AIS scholarship holder in a clear breach of sporting ethics and AIS guidelines, all three AIS track and field coaches failed to properly discharge their responsibilities. On this matter, as on others discussed in this Chapter, AIS coaches have shown an unsatisfactory attitude towards meeting their obligations to the AIS.

7.105 The reasons for the eventual lack of action by the Australian Athletic Union (now called Athletics Australia) are yet to be explained despite it having been asked on 21 February 1989 to provide advice to the Committee. The only response so far received included copies of correspondence relating to this matter, but gave no detailed information about the AAU's handling of its investigation into the incident. The AAU explained that:

the slight delay is due to the fact that we have our Australian Championships from 11-19 March [1989] and our office resources are slightly stretched at the moment.

The Committee intends to continue its investigations into this matter in the course of its continuing inquiry.

7.106 The Committee notes that had the AAU itself conducted a satisfactory investigation into this matter it may not have been necessary to publish this account of the event.

(Interim Report, pp. 363-65)

2.20 Since publication of the Interim Report, Mr Rice has claimed:

I am surprised that Jane Flemming, Merv Kemp and Craig Hilliard have admitted that Jane produced a urine specimen at Belfast. When I interviewed Jane at A.I.S. she informed me that she had not done so. For this reason I took no action against her, allowing A.A.U. to continue its enquiry.

(Letter to Committee Secretary, 10 October 1989)

2.21 For present consideration, perhaps the most relevant part of the Interim Report conclusions with regard to Jane Flemming is the last sentence of paragraph 7.102:

In the Committee's view, Ms Flemming is liable for disciplinary action by both the Australian Institute of Sport and the Australian Athletic Union.

Action by the Australian Institute of Sport

2.22 Mr Perry Crosswhite, acting Chief Executive of the AIS appeared before Senate Estimates Committee D on 28 September 1989. He advised that a report had been provided to the Minister from the Australian Sports Commission (ASC) concerning the conclusions of the Interim Report. Mr Crosswhite confirmed that the report stated:

The Chairman reported that he and the Deputy Chairman travelled to Canberra on 5 July 1989 for the purpose of interviewing a number of employees at the Institute of Sport who gave evidence at the Senate inquiry and all of whom were mentioned in the Interim Report of the Senate Standing Committee.

The Chairman and Deputy Chairman reported on their interviews and made certain recommendations arising from which it was resolved that:

1. Conditions of the AIS scholarships be amended to empower the Executive Director to order blood tests of athletes;
2. All AIS coaches be educated on drug use;
3. The responsibility of coaches, medicos, et cetera, to inform on athletes taking drugs be spelled out to all AIS coaches and athletes;
4. The ASC ensures that Australian Athletics further investigate Mr Maurie Plant's actions in the urine substitution involving Jane Flemming;
5. A letter be sent to Jane Flemming informing her that the Board of the ASC strongly

disapproves of her participation in the urine substitution.

(Senate Hansard D9, 28 September 1989)

Mr Crosswhite advised that the letter mentioned in paragraph 5 of the report had in fact been sent to Ms Flemming; he stated that it was an official censure. (Senate Hansard D10, 28 September 1989) Subsequently, the Department of the Arts, Sport, the Environment, Tourism and Territories advised Senate Estimates Committee D that, contrary to the advice of Mr Crosswhite, the letter to Ms Flemming was not sent from the ASC Chairman until 12 October 1989. In that letter, the Chairman advised Ms Flemming:

The Commission of the Australian Sports Commission met on 13 July and considered the Senate Committee's Interim Report and a report arising from our meeting on 5 July. I now write to inform you that the Commission confirms Mr Coates and my disapproval of your participation in the urine substitution incident and views the matter with concern. Had it not been that you were young at the time, on your first major trip as a member of the Australian Commonwealth Games Team and following the instructions of your Assistant Manager, we would have terminated your scholarship. If there is ever any repetition or other breach of our doping policy you can expect instant dismissal.

2.23 The IOC List of Doping Classes and Methods states:

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 ... urine substitution ...

The IOC, then, bans attempts to corrupt drug tests. Having regard to that, the Committee considers that the response of the ASC to the Jane Flemming incident is inadequate. Further, the Committee takes the view that athletes, having sought to cheat on a drug test, ought not to receive public funds for the duration of any resultant suspension. If the IOC policy had been followed, Ms Flemming would have been suspended from competition and from the AIS for two years. As was noted in the Interim Report (Interim

Report, p. 363), the former Chief Executive of the AIS, Ron Harvey, advised the Committee that an athlete involved in an attempt to corrupt a drug test should be sacked.

2.24 The Committee notes that the Minister was informed that the ASC had resolved that:

All AIS athletes and coaches be informed that participation in urine substitution now constitutes a breach of the ASC-AIS Drug Policy, introduced in November 1987, and would render any athlete or official involved liable to life penalty thereunder.

(Senate Hansard D9, 28 September 1989)

In addition to reviewing its response to Ms Flemming about this incident, the AIS should review the roles of a number of AIS coaches and officials involved in the incident; they are Messrs Bowman, Kemp, Hilliard and Rice. The Interim Report concluded about these officials that they made no formal report on the incident to the AIS. (Interim Report, p. 363) The AIS review should also recognise that Mr Rice has informed the Committee that Ms Flemming told him she did not provide a urine sample (Letter to Committee Secretary, 10 October 1989) and that this is in conflict with evidence from Ms Flemming. (In Camera Evidence, p. 275)

Action by the Australian Athletic Union

2.25 The IOC Charter Against Doping in Sport (at A III 15) states:

Sports organisations should always investigate how the athlete concerned breached the regulations, and consistent penalties should be applied to all those implicated, including coaches, managers, officials, medical personnel etc.

And as has already been noted, the Australian Sports Commission (ASC) has reported to the Minister that it was resolved:

The ASC ensures that Australian Athletics further investigate Mr Maurie Plant's actions in the urine substitution involving Jane Flemming.

(Senate Hansard D9, 28 September 1989)

2.26 The Committee understands that Athletics Australia (formerly the Australian Athletic Union) has now taken action against Mr Plant. The Committee has received a copy of a letter dated 12 March 1990 from Athletics Australia to the Chairman of the Australian Sports Commission. The letter advises:

Mr Plant acknowledged a potential error of judgement, and it has been agreed that he will not be considered for any further managerial positions with Australian Athletic Teams.

This recognition by Mr Plant of a 'potential' error of judgement does not, in the Committee's view, fully reflect the facts of Mr Plant's involvement nor the seriousness of it.

2.27 The Committee considers that Ms Flemming also ought to have been investigated by Athletics Australia and, if found to have breached the IOC Charter, the standard penalty should have applied. This would have been consistent with the conclusion drawn at paragraph 7.102 of the Interim Report. The Committee believes it is important that action should be seen to be taken to discourage cynicism or corruption amongst athletes, coaches and officials.

Mr Peter Bowman

2.28 Mr Bowman was Company Secretary of the AIS. The Interim Report investigated Mr Bowman's purchase approval practices and advised:

9.97 The Committee obtained relevant order forms for the medical supply purchases referred to by Price Waterhouse. Three of the four orders related to orders for protein supplements, vitamin vials, syringes and a range of vitamins by Mr Lyn Jones. Mr Bowman approved these purchases, with no apparent

reference to a doctor, in apparent contradiction of the policy he had brought in only a matter of a few months previously. In evidence, Mr Bowman could not remember why he had approved these purchases ...

Peter Bowman has displayed a disregard for the proper public accountability for the expenditure of public monies inconsistent with his former position as Company Secretary and Administrator of the AIS. (Interim Report, pp. 410, 412)

The Report subsequently provided Recommendation Twelve:

The Committee recommends that the AIS investigate the approval of medical supply purchases without medical officer authorisation, contrary to AIS policy, with a view to disciplinary action.

2.29 In appearing before Senate Estimates Committee D on 28 September 1989, the AIS acting Chief Executive advised that the Sports Commission report to the Minister referred to Recommendation Twelve as follows:

In respect of recommendation 12 of the Senate Committee's Report, the Commission accepted the recommendation of the Chairman and the Deputy Chairman that disciplinary action was inappropriate in respect of the approval by the then AIS Ltd's company secretary of four medical purchases between January 1981 and December 1983 without medical officer authorisation which was contrary to the AIS policy he had introduced. (Senate Hansard, D9, 28 September 1989)

2.30 The Committee acknowledges that the AIS has complied formally with the terms of Recommendation Twelve of the Interim Report. Nevertheless, the Committee continues to hold the judgement expressed in para. 9.104 of the Interim Report to the effect that Mr Bowman performed his role in a manner inconsistent with the expected standards of Company Secretary and Administrator of the AIS. The Committee finds it difficult to believe that the actions of Mr Jones and Mr Wardle could have taken place without some degree of acquiescence or co-operation by senior administrators, and in particular, Mr Bowman. This is

the relevance of Mr Bowman's failure to follow his own stated procedures. For this reason the Committee cannot accept that the twelfth recommendation of the Interim Report has received an adequate response. The examination of Mr Bowman's role should have been substantive; the Committee is not satisfied that Mr Bowman's performance was adequately scrutinised.

Lack of Response

2.31 Conclusions were drawn in the Interim Report about the head weightlifting coach at the AIS, Mr Lyn Jones, and his assistant, Mr Harry Wardle. The conclusions were clear and particularly serious. Nevertheless they have yet to receive a response from the appropriate authorities.

Mr Lyn Jones

2.32 The conclusions about Mr Jones were as follows:

6.270 The contradictions and inconsistencies running throughout Mr Jones' evidence make it clear that he has been less than truthful, and the Committee has considerable doubts about the veracity of his evidence on many important points. Where evidence given by Mr Jones is contradicted by other evidence the Committee has generally had no hesitation in rejecting Mr Jones' evidence.

6.271 There is no doubt in the Committee's view, that Mr Jones is much more knowledgeable about banned substances and their side effects, than he was prepared to admit to the Committee. In fact the Committee believes that the low level of knowledge that Mr Jones claimed would have made him unsuitable for the positions he has held in weightlifting in Australia and overseas.

6.272 By his own admission Mr Jones had certain evidence that at least one of his weightlifters (Mr Hambesis) was taking banned drugs and that two others (Mr Clark and Mr Byrnes) may have been purchasing banned drugs overseas. However he took no action to inform the relevant authorities or to further investigate these matters, despite his clear responsibilities in this area.

6.273 The Committee accepts the evidence that Mr Jones supplied and administered anabolic steroids and other banned substances to athletes at the Australian Institute of Sport and believes that these drugs could have been purchased using public funds, as discussed in Chapter Nine.

6.274 The Committee believes it is possible that Mr Jones has imported banned substances into Australia and that he has used members of his weightlifting squad to assist him in doing this.

6.275 The Committee also believes that Mr Jones used his involvement in the setting up of the Brisbane drug testing laboratory to gain knowledge useful in identifying the technical limitations of the laboratory and the procedures that would be necessary to ensure that athletes taking banned substances would not test positive. (Interim Report, p. 325)

2.33 While Mr Jones did not apply for a further term as head weightlifting coach of the AIS and is no longer employed there, the Committee considers that a number of steps ought to have been taken by relevant authorities following on the judgements of the Interim Report about Lyn Jones. The Committee's conviction is that action ought to have been taken on two levels. First, the Australian Weightlifting Federation (AWF) ought to have conducted its own investigation of the matter. Second, following that investigation, the AWF ought to have reported the matter (and the substance of its conclusions) to the International Weightlifting Federation (IWF) for its consideration.

2.34 The Committee has established that the approach taken by the AWF to Mr Lyn Jones and the conclusions of the Interim Report is reprehensible. This judgement has been drawn on the following grounds.

2.35 First, Mr Lyn Jones did not appear before the Committee to provide evidence until Wednesday, 14 December 1988. Yet, at the Annual General Meeting of the AWF held on Saturday 10 December 1988, the AWF passed a resolution pre-emptive of hearings to be held about the AIS, weightlifting in Australia,

and drug-taking. The minutes of the AWF Annual General Meeting of 10 December 1988 record that a motion was passed unanimously declaring 'total confidence in the integrity and the record of Federation officials, the weightlifting coaches of the AIS and the weightlifting coaches of NSW and Victoria'. The AWF, then, before any officials appeared at the inquiry, showed that it had prejudged the matters to be reviewed. It did not present itself as an authority capable of objective investigation of whatever conclusions were reached by the Committee about Australian weightlifting. This matter is further mentioned at Chapter Six of this Report.

2.36 Second, the AWF made no attempt to investigate the findings of the Interim Report. When asked about this matter Mr Sam Coffa stated:

If you are talking about what action we might have taken on Lyn Jones, there was none. It is out of our jurisdiction ... It is still my opinion, whilst I applaud what you have said, and so on, and basically my reading that it is a matter of innuendoes, hearsay and unsubstantiated facts ... If the International Weightlifting Federation sees fit not to do anything about it, then that is good enough for me.

... For the rest of it, I really am not learned enough to suggest whether or not you have come to the right conclusions. That is an opinion which I will keep to myself.
(Evidence, pp. 3421-3422)

2.37 Third, despite making the assertion 'If the International Weightlifting Federation sees fit not to do anything about it, then that is good enough for me', the AWF President had not referred the matter to the IWF. The Committee sought to establish what would be the appropriate avenues by which the AWF would refer such a matter to the IWF; in February 1990 letters posing that question were sent to the IWF (Dr Tamas Ajan) and the AWF (Mr Sam Coffa and Dr David Kennedy).

2.38 Dr Kennedy responded by confirming that:

- . since the tabling of the Interim Report in June 1989, there had been only one meeting of the IWF Medical Committee (Athens, September 1989);
- . due to work commitments Dr Kennedy had been unable to attend that meeting; and
- . in any event, Dr Kennedy did not believe it appropriate that such matters be raised with the IWF Medical Committee: where appropriate they should be raised with the Executive Board. (Letter to Committee Secretary, 22 February 1990)

2.39 The Committee has two comments on Dr Kennedy's opinion. First, it considers that the matters discussed in the Interim Report are appropriate for consideration at the IWF Executive Board. Nevertheless, given that the issues centre on sports drugs, it would also have been appropriate for Dr Kennedy to have raised the matter with the Medical Committee. Second, to do so, Dr Kennedy did not have to attend a meeting. When the Interim Report was tabled in June 1989, Dr Kennedy could have advised the IWF of its publication and provided a copy of the report by mail. This Committee is of the firm view that such a course of action was incumbent on Dr Kennedy.

2.40 Mr Sam Coffa responded in the following terms to the Committee's request that he provide further comment on this matter:

Your letter of February 19th, 1990 relating to the Interim Report on Drugs in Sport tabled by the Committee and the conclusions about Mr Lyn Jones, I have read these conclusions and as I stated at the hearing in Melbourne on November 16th, 1989, no action has been taken by the A.W.F. as in my submission this matter is outside of our jurisdiction.

The A.W.F. could not agree nor disagree with the conclusions reached by the Committee as we were not privy to 'in camera' submissions nor have we been presented with facts and findings which could stand up to cross examination

and/or scrutiny outside the bounds of Parliamentary Privileges and as such we could be exposed to the risk of expensive and complicated litigations if we took steps to call into question the membership of Mr Lyn Jones of the A.W.F. or indeed to have him removed from membership of the Executive Board of the I.W.F.

My understanding is that this matter was raised at the recent I.W.F. Executive Board meeting held in Melbourne during March 6th-8th, 1990 and I expect the General Secretary, Dr Tamas Ajan, will communicate with you in due course. (Letter to Committee Secretary, 19 March 1990)

2.41 At the time that this Report was approved by the Committee, only an interim response had been received from Dr Tamas Ajan on this issue. Dr Ajan confirmed that the IWF Executive Board would 'elaborate a standpoint' and advise the Committee. (Letter to Committee Secretary, 21 March 1990)

Mr Harry Wardle

2.42 The Interim Report reached the following conclusion about Mr Wardle:

6.276 In reaching these conclusions concerning Mr Lyn Jones, the Committee believes that it is necessary to recognise that these activities of Mr Jones could not have been carried out without the full knowledge and co-operation of Mr Harry Wardle, the assistant coach in weightlifting. Mr Wardle's evidence to the Committee was itself contradictory and inconsistent with evidence he had earlier presented to the AIS solicitors, and the Committee believes that Mr Wardle must accept some of the responsibility for the situation that existed in the weightlifting squad of the AIS. (Interim Report, p. 326)

2.43 As with Mr Jones, the AWF took no action on this conclusion concerning Mr Wardle. Further, the AIS took no action against Mr Wardle; he remains on the staff of the AIS. (Senate Hansard D12, D13, 28 September 1989)

2.44 The Committee considers that the AIS and the ASC need to reconsider their response to the conclusion of the Interim Report concerning Mr Wardle. The Committee takes the view that its responsibility is to safeguard the health of Australian athletes including those at the AIS. On the evidence available to the Committee, Mr Wardle's continuing employment at the AIS and his role in the AWF is inconsistent both with those objectives and the need to protect the disbursement of public funds.

FOCUS OF SECOND REPORT

Background

2.45 It has been noted already in Chapter One that this Report extends the focus adopted for the Interim Report. Whereas the Interim Report concentrated on the Australian Institute of Sport, the Committee has since turned its attention to the wider sports environment. In examining the sports drug threat to 'professional' sports, Olympic sports and other activities such as bodybuilding, this Report reviews the range of sports activities currently most vulnerable to the performance drug problem.

The Report's Goals

2.46 The Committee's inquiry necessarily has included close examination of a range of individuals who, in numerous ways, have been implicated in performance drug incidents. These persons range from elite athletes to coaches, administrators, doctors, pharmacists and veterinarians. While the inquiry examined some individuals quite closely (and there is a number of specific recommendations in this Report with respect to them), the Committee has consistently had in mind a much broader picture in its investigations. That is, the Committee has been concerned to develop relevant public policy that will adequately meet the threat of sports drug abuse in Australia and protect the health of those currently at risk. The Committee wishes to see a new climate emerging that will significantly constrain the black

market in performance drugs and encourage a culture of drug avoidance among athletes. The principle involved is the need to reduce supply and demand simultaneously so that neither new consumption nor new sources of supply emerge. The recommendations in this Report emanate from that perspective.

Progress Towards the Goals

2.47 Steps towards constraining the black market in sports drugs were initiated in the Interim Report and are carried further in Chapter Twelve of this Report. The Committee is concerned to limit the availability of anabolic steroids manufactured for human use; this can be achieved by rescheduling such drugs from Schedule 4 to Schedule 8. Further, the Committee considers that it is possible to limit significantly the availability of veterinary anabolic steroids; this can be achieved by both rescheduling and the promulgation of tighter regulations concerning the human use of veterinary drugs. Finally, the importation of anabolic steroids is now significantly constrained consistent with recommendations Six and Eight of the Interim Report. These issues are all examined in Chapter Twelve of this Report.

2.48 With regard to the development of a drug-avoidance culture amongst Australian athletes, much has been achieved already as a consequence of the Interim Report. The establishment of the Australian Sports Drug Agency (ASDA) within three months of the tabling of the Interim Report set on course a significant train of events towards that goal. The work of the Committee for this Second Report has encouraged the development of drug testing regimes by the 'professional' sporting codes; these regimes will operate in co-operation with ASDA. The drug regimes for a number of 'professional' sports are reviewed and discussed in Chapter Five of this Report.

2.49 While the establishment of drug regimes in both 'professional' and amateur sports has been a positive development, the Committee's investigations for the Second Report

have revealed the need for the monitoring of the authorities that administer sports, both 'professional' and amateur. In the course of the inquiry the Committee heard evidence in camera of a senior official of a 'professional' sport who would have been involved in administering that sport's drug regime but whose own position with regard to sports drugs was compromised. Similarly, with the sport of weightlifting, Chapters Six and Seven of this Report describe the inadequate performance of the Australian Weightlifting Federation (AWF) with regard to investigating the occurrence of a positive test and to examining the circumstances surrounding numerous occasions where athletes failed to test when required.

The Australian Sports Drug Tribunal

2.50 In the Interim Report the Committee was concerned to protect the rights of athletes by providing for an appeals Tribunal to hear disputes about drug tests. That was the rationale for Recommendation Four (ii) and (v). In the course of examining the activities of the AWF, it has become clear that the Committee's other concern leading to Recommendation Four (ii) of the Interim Report requires further emphasis. That concern was that it could be necessary from time to time to ensure that administering authorities of the various sports do not neglect their responsibilities with regard to drug testing matters. More seriously, it may be necessary to ensure that such authorities do not deliberately subvert their own drug testing regimes and the independent drug testing carried out on their behalf. (The Committee notes that sports officials are often coaches of elite athletes in those sports.) For these reasons, the Committee considers that the Tribunal advocated in Recommendation Four (ii) of the Interim Report should become operative as a matter of urgency. The Committee now notes, however, that the individuals comprising the now redundant Australian Commonwealth Games Appeals Tribunal and nominated for the Interim Tribunal at Recommendation Four (v) are not necessarily still advocated or available. Persons appointed to the Tribunal ought not to be members of the Australian Sports Commission. Nor should they be

involved in any way with sport e.g. through administration, coaching, sports medicine, selection or sponsorship etc. The Committee believes that the members of the Tribunal should be chosen by the Minister, taking into consideration proposals from the Implementation Unit (see Recommendation One of this Report).

2.51 It is necessary in the light of evidence before the Committee to now specify the essential ways in which the Committee envisages that the Tribunal would operate as a means of overseeing the processes of sports drug testing for Australian athletes.

2.52 First, the Tribunal would be able to receive appeals from ASDA, the sporting federations and individual athletes. Appellants of each kind would be able to complain of the ways in which any athlete was treated by sports federations (for example, the Australian Weightlifting Federation), peak sports councils (for example, the Commonwealth Games Association), and Australian authorities (such as ASDA). It should be noted that these organisations are not appropriate authorities for dealing with disputes about drug incidents; objectivity is essential. Numerous incidents justifying an independent appeal mechanism have been brought to the Committee's attention. In particular, the actions of the Australian Weightlifting Federation concerning Mr Satry Ma and Mr Michael Brittain demonstrate that requirement; these matters are discussed in Chapter Seven of this Report.

2.53 Second, appeals could be based on a range of matters. They would include:

- . whether the correct test protocol was followed;
- . whether there were any irregularities in a test;
- . whether the correct penalty was applied;
- . whether extenuating circumstances were properly considered; and
- . whether an investigation of a drug-test incident was justified.

2.54 The Committee believes that the Tribunal should have powers approximating those of a Senate Committee to ensure that it can collect evidence, protect witnesses and inform the public.

2.55 Importantly, appeals could be placed before the Tribunal to the effect that a sports federation had not held a proper investigation or imposed a proper penalty in any drug incident. The need for this is significant in the light of the Committee's findings about Australian weightlifting (see Chapters Six and Seven of this Report). The Committee is therefore critical of part of the response of the Australian Sports Commission to the Interim Report's recommendation for a Tribunal. That response, which the Committee rejects, was:

The Commission disagreed with the Senate Committee's Report that any such Tribunal should adjudicate on the penalties imposed by sporting federations on athletes testing positive for banned substances or that it should hear appeals from the sporting federations and individual athletes in relation to decisions made in Australia as a result of tests carried out in Australia and internationally. (Senate Hansard D9, 28 September 1989)

2.56 The Committee has formed the view that it would be difficult for the Australian Sports Commission to fulfil an impartial appeals function because its current board members are heavily involved in various aspects of sport, including administration and sponsorship. The Committee also believes that while appeal mechanisms are available to parties affected by decisions under Commonwealth legislation these mechanisms do not provide a basis for wide inquiries into underlying administrative issues or the broad range of matters envisaged in the Committee's recommendations.

2.57 In order to act as a fail-safe mechanism for Australian drug testing, then, as a matter of course the Tribunal would be advised by ASDA of:

- . all positive drug tests; and
- . all occasions where an athlete to be tested failed to provide a sample, and was 'deemed' positive.

The Tribunal could then monitor the activities of the relevant sports administration authorities to check that proper investigations were carried out and correct penalties imposed.

2.58 An example may be useful here to demonstrate the need for the fail-safe system that would be provided by the Tribunal, and to describe the way in which it would operate; the circumstances surrounding the case of Darren Walker are illustrative (and are more fully discussed in Chapter Seven of this Report).

2.59 In November 1989, Mr Darren Walker was the subject of an allegation that he was using banned sports drugs. The ASDA subsequently targeted him for a test, but he did not attend - he had left his normal home in Melbourne. Mr Walker could not be contacted and tested until sufficient clearance time had elapsed for most banned drugs to have cleared his system. With the Tribunal operating, a case like this would entail ASDA informing the relevant authorities that the athlete had not provided a sample; those authorities are ASC, AOF, AWF and the Australian Commonwealth Games Association. Under the proposed ASDA legislation, ASDA would have registered the athlete as positive. The AWF and/or the athlete could then make an appeal to the Tribunal for the penalty to be amended. The Tribunal would investigate and issue a finding whether or not it confirmed the ASDA declaration. Such a system provides for the efficient imposition of penalties while allowing adequate scope for preserving the rights of individual athletes. Differing treatment of similar cases would be unlikely. (Chapter Seven of this Report notes the AWF's inconsistent handling of two lifters who failed to test - Mr Brittain and Mr Walker.)

2.60 Importantly, upon registering a certain number of positive tests for a particular sport (say, three in any continuous twelve month period), the Tribunal would be empowered to conduct an inquiry and to inform Federal and State Governments:

- . that the positives (and deemed positives) had been recorded; and
- . that funding should cease (for, say, twelve months).

In addition, the Tribunal would inform the Australian Sports Commission, the Australian Olympic Federation and the Commonwealth Games Association that they should consider derecognition of that sport for, say, twelve months. Derecognition could entail loss of access to some sporting venues and loss of some funding. Where derecognition occurred in an Olympic or Commonwealth Games year, that sport would not be eligible to be part of the Australian team.

RECOMMENDATIONS

Recommendation Two

2.61 That, where necessary, sports organisations confirm that attempts to corrupt drug tests will receive appropriate disciplinary responses. In particular, with regard to Jane Flemming's part in an attempt to corrupt a drug test in 1986, that:

- . Athletics Australia conduct an inquiry with a view to making clear to athletes the seriousness of any attempt to corrupt a drug test; and
- . the Australian Sports Commission reconsider its response to the incident and ensure that Athletics Australia carries out a proper investigation consistent with the IOC Charter Against Doping in Sport.

Recommendation Three

2.62 That, with regard to Recommendation Twelve of the Interim Report concerning Mr Peter Bowman's professional behaviour as Company Secretary of the AIS, the Australian Institute of Sport reconsider its conclusions regarding disciplinary action, taking into account evidence presented to the inquiry. The role of Messrs Jones and Wardle also should be examined.

Recommendation Four

2.63 That the Sports Drug Commission and the Australian Sports Drug Tribunal, first advocated in Recommendation Four (ii) of the Interim Report, become operative as a matter of urgency.

The Tribunal will:

- . have authority to investigate all sports drug matters;
- . have access to all evidence presented to the Senate Drugs in Sport inquiry, both public and in camera;
- . receive appeals concerning any aspect of drug testing in sports;
- . conduct investigations into appeals;
- . receive advice from ASDA of all positive tests and all occasions where a sample was not provided as required or where an attempt was made to corrupt a test;
- . ensure proper investigations of all positives (and failures to provide samples) are carried out by the relevant sports administrations;
- . report to the Minister for the Arts, Sport, the Environment, Tourism and Territories the substance of all its investigations and findings upon completion of each inquiry, and subsequently to the Parliament through the ASDA Annual Report; and

- . monitor investigations carried out by sporting bodies as the result of recommendations in the Committee's Interim and Second Reports and report on these to the Minister.

Where a particular sport experiences three or more drug test positives in any twelve month period, the Australian Sports Drug Tribunal should investigate the sport and if it determines that the relevant sporting organisation is culpable then it may:

- . advise all Federal and State (and Territory) Governments that the positives had been recorded;
- . advocate that public funding of any activities of that sport be suspended for twelve months; and
- . inform the Australian Olympic Federation and the Commonwealth Games Association that derecognition of that sport for twelve months should be considered.

For the Drug Free Powerlifting Association (DFPLA), however, positive tests on lifters admitted to the DFPLA on the direction of the Tribunal should not be included for the purpose of this recommendation.

Recommendation Five

2.64 That the Australian Sports Drug Tribunal:

- . advise the international controlling body of the relevant sport of those cases where consideration should be given to appropriate disciplinary action by the controlling body; and
- . ensure that Australian drug testing practices observe the requirements of international drug testing agreements to which Australia is a party.

SECTION II

SPORT AND HEALTH

CHAPTER THREE

HEALTH CONCERNS OF SPORTS DRUG ABUSE

THE IOC BANS

3.1 At the commencement of this Inquiry, five doping classes were recognised by the International Olympic Committee. Since that time an additional banned class, polypeptide hormones, has been added (See Appendix 6). The banned classes, then, are as follows:

1. Stimulants, which are used at the time of competition, increase alertness, reduce fatigue and may increase competitiveness and hostility. Amphetamines are the most notorious of the stimulants, but also included in this category are substances such as pseudoephedrine which are present in cold or hayfever preparations. Caffeine is another stimulant.
2. Narcotic analgesics such as morphine and its derivatives are used to manage pain. They have been used in sports such as boxing and cycling.
3. Anabolic steroids are related in structure to the male hormone testosterone. They are used to increase muscle bulk, strength and power. They promote muscle development (the anabolic action) but cause associated androgenic changes (the development of secondary sex characteristics). Anabolic steroids are not taken at the time of a competition, because their major benefits relate to the pre-competition, training phase. For this reason drug taking at competitions is unlikely to provide an accurate estimate of the extent to which they are being used. Anabolic steroids are now the most commonly used sporting drugs and they are used, to a varying extent, in most sports.

4. Beta-blockers are used clinically to control high blood pressure, cardiac arrhythmias and migraine. They are used by sportspeople to reduce the heart rate and to reduce pre-competition tension. The sports in which they are used include the target sports (shooting, archery, darts, golf), some combat sports (e.g. fencing) and sports with a danger element, (e.g. show jumping) as these all require relaxation and the attention to be focused on the skill required.

5. Diuretics are used by sportspeople to reduce weight quickly in sports where weight categories are employed. They are also used to help minimise the detection of anabolic steroid use because by producing more urine they reduce the concentration of the drug in the urine. (Interim Report, pp. 25,26)

6. Polypeptide hormones. This latest class of banned drugs includes one of the newest doping agents, human growth hormone. This hormone is secreted by the pituitary gland and is responsible for linear growth throughout childhood and adolescence. It also has a major effect on the growth of connective tissues including cartilage. Growth hormone may also affect the growth of muscles.

There are potentially serious side effects related to growth hormone use. It can produce physical deformities when taken in adulthood including the unnatural enlargement of the bones of the jaws, hands and feet. This condition is known as acromegaly. In addition it can result in cardiomegaly - an often fatal enlargement of the heart. Other side effects include hepatitis, diabetes, joint pain and arthritis. The use of growth hormone in normal children can result in excess growth resulting in gigantism.

3.2 In the Interim Report, the Committee concluded:

that performance enhancing drugs should not be used because of their potential to damage the health of those using them and because, in the case of contact sports, persons rendered overly-aggressive through the use of anabolic steroids and stimulants can cause injury to opponents. (Interim Report, p. 44)

3.3 The Committee has received substantial evidence concerning the damage that can occur from the abuse of sports drugs, particularly anabolic steroids and diuretics.

ANABOLIC STEROIDS

3.4 The view that it is possible to use anabolic steroids without abuse was challenged before the Committee. Dr Nicholas Keks, an Associate at the National Health and Medical Research Council, advised the Committee:

I do not think that the use of anabolic steroids to enhance athletic performance can be really anything but abuse. (Evidence, p. 3278)

Steroid 'Stacking'

3.5 The practice of 'stacking' was noted in the Interim Report. There a table was presented (Table 4.1, p. 171) showing the steroid dispensing history of a Tasmanian bodybuilder who had visited four different doctors to obtain prescriptions for anabolic steroids over a period of six months:

In a period of six months, a 19 year old male had received prescriptions for 4 different oral steroids, totalling 2016 tablets. In the same period he was also prescribed 3 different injectables totalling 37 ampoules in all. (Evidence, p. 1307)

3.6 The Committee has found that there is a number of ways in which steroid 'stacking' may occur. First, as in the case of the Tasmanian bodybuilder, users may consult any number of

doctors pretending that they are not acquiring steroids from any other source. Second, users may 'stack' black market steroids on top of those acquired legitimately by prescription. This can be done in a number of ways. Steroids can be purchased on the black market in the most available form - orals and veterinary steroids, or prescriptions can be filled for a patient who then retails the steroids to someone else. Mr Nathan Jones acquired steroids in this manner. (Evidence, p. 2166) And the Brisbane pharmacist, Mr Leon Azar, advised that:

One guy, in particular, after having had some repeats dispensed over a few months was every bit as skinny as he was in the first place. He did not even look to me as though he had been lifting any weights at all. He was a curious character, in that one of my staff assured me he had a rather fancy sports car. (Evidence, p. 2487)

Mr Azar continued:

We had a couple of situations where the people having the prescriptions dispensed in their names did not look as though they were involved in lifting weights, or whatever they might be doing. That made me wonder. The fellow with the sports car which I did not see came in one night with a prescription that one of my pharmacists believed had an item added to it. It was certainly not quite the doctor's handwriting. (Evidence, p. 2487)

3.7 Whatever the means used to acquire drugs for 'stacking', it is clear that 'stacking' is a widespread practice. Huge doses of steroids are consumed in many cases. Mr Grant Ellison, for example, advised the Committee that he had consumed up to 3000mg per week on steroid courses. (Evidence, p. 3878) And a female bodybuilder, Sue-Ellen Law, admitted in a magazine article that she had taken up to 1200 milligrams a week. (New Idea, 5 March 1988; Evidence, p. 3317) Mr Nathan Jones admitted to taking up to 20 times the maximum steroid dose available from a doctor and confirmed that that sort of dosage was commonplace in his experience. (Evidence, p. 2178)

Physical Effects of Steroids

3.8 Dr Keks confirmed that there are legitimate therapeutic purposes for anabolic steroids:

Anabolic steroids are extremely useful for their effects in correcting the problems with sexual development of hypogonadal males - that indication is extremely common and perfectly reputable - and also in inducing erythropoiesis or red blood cell formation in selective patients with bone marrow failure. There is also some evidence of benefit in hereditary angioneurotic oedema, a rare condition. So there are some definite indications for their proper use. (Evidence, pp. 3282-3)

3.9 As has been noted, however, the Committee was advised by Dr Keks of the possibility of steroid abuse. This was supported by other medical experts including Dr Brian Corrigan, Chairman of the Anti-Drugs Campaign. Further, a technical review paper on anabolic steroids was provided to the Inquiry as a submission from the Centre for Sports Studies, Canberra College of Advanced Education (CCAЕ - now the University of Canberra); it summarised the common effects associated with the use of anabolic steroids. The following table closely corresponds with that in the Centre's submission:

1. hypertension (high blood pressure)
2. acne
3. oedema (salt and fluid retention)
4. mild abnormalities in liver function tests (jaundice and liver failure)
5. psychological disturbances
6. alterations in the menstrual cycle in women
7. penile enlargement in men; clitoral enlargement in women
8. increased or decreased libido, (sex drive)
9. viral illness after cessation of the drugs
10. epistaxis (nose bleeding)
11. changes in hair growth or distribution pattern
12. alopecia or baldness of some type
13. increased oil production in the sebaceous glands

14. disturbances in sleeping patterns, lack of ability to fall asleep, nightmares
15. increased appetite
16. testicular atrophy and impotence in men
17. gynecomastia (breast enlargement in men)
18. reduction of breast tissue in women
19. deepening of the voice
20. other complaints including:-
 - diabetes
 - precocious puberty
 - growth retardation
 - increased aggression/irritability
 - muscle spasm
 - skin rashes
 - increased urination
 - scrotal pain
 - foetal abnormalities
 - cancer/tumours
 - loss of tendon strength
 - lower immunity
 - increased risk of cardiovascular disease
 - increased calcium excretion

(Based on Centre for Sports Studies, CCAE, Submission No. 22, p. 35)

3.10 This extensive list includes some physical effects that would not be regarded as serious. Others, however, are of considerable concern. The report notes that some of the dangers associated with high blood pressure are stroke, kidney failure and congestive heart failure.

3.11 With regard to heart failure, an article in The New England Journal of Medicine of 15 February 1990 (page 476) reported the case of a 22 year old college athlete using androgenic steroids who died suddenly. Dr G. Ferenchick of Michigan State University concluded the article:

Although caution is needed in extrapolating conclusions from indirect data to normal subjects (ie athletes using androgens), these findings do provide some insight into possible mechanisms of androgen-associated thrombosis ... The abuse of androgens may diminish if acute thrombotic complications become clearly associated with their uncontrolled use among athletes.

This article is reproduced as Appendix 7.

3.12 A review of the medical literature concerning the risks associated with anabolic steroid use also gives examples of the early onset of atherosclerosis (fat deposits in arteries):

1. A champion bodybuilder suffers a stroke at age 33. His heart arteries are almost totally blocked and he is given 3 months to live without an operation and undergoes a quintuple heart bypass.
2. Another champion bodybuilder, within two months of the previous example almost dies from advanced atherosclerosis at age 35 - with two arteries 70% blocked and another 99.9% closed. (Submission No. 22, p. 46)

3.13 A link between anabolic steroids and diabetes is also noted:

As early as 1941 glucose intolerance was reported with the use of oral synthetic methyl testosterone (i.e. insulin secretion was impaired). Since then glucose intolerance and insulin resistance have been reported with the use of Dianabol ... while in 1981, a positive relationship was demonstrated between the use of oxymetholone (trade names Adroyd and Anadrol) and clinical diabetes. (Submission No. 22, p. 47)

There is also the possibility of musculo-skeletal damage:

An increased frequency of muscle/tendon injury is thought to occur perhaps due to strength and motivation developing faster than the strength of associated tendons and connective tissue. In weightlifters the two commonest sites of rupture are the biceps tendon at its insertion at the forearm and the quadriceps/patellar tendons. Two reasons are advanced. One is that use of steroids encourages larger increments in workstage, not allowing the structures to adapt adequately between increments. The second is that the administration of corticosteroids to reduce inflammation also has an inhibitory effect on healing and the production of new collagen (the substance holding tendons and ligaments

together). Although repeated injections might allow the athlete to return to competition more quickly, they can also lead to a decrease in stability/strength of the joint and put the athlete out of competition sooner than otherwise might be the case. (Submission No. 22, p. 50)

3.14 The literature on the adverse health consequences of anabolic steroid use also notes an association with severe liver and kidney disorders:

Of all the diseases and abnormalities associated with the prolonged use of steroids, liver and kidney dysfunction or tumour growth are perhaps the most severe or life-threatening. These disorders are associated with the use of oral compounds which have a modification at the alpha position - usually a methyl or ethyl group. Orally administered steroids pass from the stomach to the liver where most of the deactivation occurs. Injectable steroids have not been significantly linked to these disorders:

- (a) liver - the first signs of steroid effects are abnormal liver function tests which have been reported in a number of athletes using anabolic steroids. In one comprehensive review of the literature ... 47% of the athletes involved in the 13 studies under review, had abnormal liver function tests. Thirty-eight percent of the athletes recorded abnormal non-specific liver function tests, involving the enzymes serum glutamic oxalacetic transaminase (SGOT), serum glutamic-pyruvic transaminase (SGPT) and lactic dehydrogenase (LDH). Another nine percent recorded abnormal values for specific liver function tests - specifically for the liver iso-enzyme of LDH and alkaline phosphatase. As exercise itself can elevate the levels of the non-specific liver enzymes, it has been suggested that only liver function tests involving the liver iso-enzyme of LDH and alkaline phosphatase be used to monitor liver function in athletes taking anabolic steroids. The changes indicated by these tests can be reversed on cessation of steroid treatment.

Continued steroid administration may lead to obstruction of the bile canals (cholestasis) and jaundice. Bile accumulates in the blood and in liver cells leading to a 'feathery' degeneration of the liver cells. There is also yellow discoloration of the skin and eyes, itching, and brown urine. A number of particular steroids have been implicated in this disorder, too many to list, but involving 5 types and more than 18 brand names. Usually the condition disappears within three months of discontinuing steroid treatment. Hepatic cholestasis has resulted in a small number of deaths.

Liver tumours, both benign and malignant have been associated with the therapeutic administration of anabolic steroids over a long period of time - in patients with aplastic anaemia for example. This is one of the few clinical conditions in which large doses of anabolic steroids are used (to promote red blood cell production), which are comparable to dosages used by athletes. At least 36 cases of liver cancer have been reported associated with this type of treatment.

Cases are now coming to light of liver cancer (heptocellular carcinoma) in apparently healthy athletes. In one case, a 26 year old white male bodybuilder was hospitalised on 6 July 1983 for investigation of weight loss and general malaise. He had no history of liver disease, had competed in bodybuilding contests for many years, and took anabolic steroids to increase muscle mass and strength for at least 4 years. The investigation showed advanced liver cancer. On diagnosis he weighed 81.6kg, refused chemotherapy, and died barely 2 1/2 months later on 27 September 1983 weighing 45.3kg. Autopsy revealed his entire liver had been overtaken by the tumour, together with other circulatory and intra-abdominal tumours. (Submission No. 22, pp. 51-3)

3.15 While this litany of potentially fatal consequences of anabolic steroid use has been well documented for some years and popularised in books such as Death in the Locker Room (1984), many self-confessed steroid users giving evidence to the

Committee either did not acknowledge the potential adverse health consequences or trivialised those that they had experienced. One steroid user when asked about side effects responded:

I have never had a side effect from them. (In Camera Evidence, p. 293)

When asked whether his aggression had increased, he responded:

No. Maybe marginally, you would hardly notice it. (In Camera Evidence, p. 293)

Then, when asked whether there had been variation in testicle size:

They shrunk, but they grow again. (In Camera Evidence, p. 794)

However, when asked about the types of steroids that he had used, he responded:

Over the years I have tried them all, I think. Now - with the testing in - you have to use orals, which are more dangerous. That is the way it is. If you are going to keep competing, you keep using them. (In Camera Evidence, p. 794)

And, in answer to the question whether he was discouraged from using them, responded:

I have not seen any side effects from them. (In Camera Evidence, p. 795)

Finally, in response to a question why some people do not use steroids, the witness suggested:

I am just saying that if they do or they do not, that is their choice. (In Camera Evidence, p. 796)

3.16 The Committee finds this kind of attitude incomprehensible and quite disturbing. It is incomprehensible because it 'is an attitude maintained by individuals self-

administering potentially lethal drugs; the same individuals are often of the conviction that smoking and drinking alcohol are against the interests of good health. For example, following his advice to the Committee that he was taking up to 200 milligrams a day of anabolic steroids including injectable Deca-Durabolin and 50-60 milligrams a day of amphetamine, Mr Nathan Jones advised that he did not drink alcohol. (Evidence, p. 2184)

3.17 Mr Jones' attitude was shared by the majority of a sample of steroid users surveyed by medical researchers in the United States. In a study by Harrison Pope and David Katz published in the American Journal of Psychiatry in 1988, 41 steroid using subjects were surveyed for psychological effects. The article noted that:

Most subjects were very concerned with maintaining good health: only four (9.8%) smoked cigarettes and only six (14.6%) drank more than four alcoholic drinks (1 1/2 oz of liquor, four oz of wine, or 12 oz of beer) per week. (Harrison G Pope, and David L Katz 'Affective and Psychotic Symptoms Associated with Anabolic Steroid Use' in American Journal of Psychiatry Vol. 145 No. 4, April 1988)

3.18 As has been noted, the Committee also found the steroid-user attitude disturbing. It is disturbing because individuals who use steroids appear to value their present appearance and immediate prospects of success above their short and long term health and, indeed, their longevity. It results in a denial of the threat of damage to health from steroids.

3.19 This attitude is exploited by the retailers of anabolic steroids. A booklet on anabolic steroids was published (about 1987) by such a retailer, SAA Research, based at North Beach, Western Australia. That booklet advised that:

On side effects, probably the worst side effects noted to date are incredible increases in muscle strength, stamina and if proper training is applied massive increases in muscle size. It can be very tough living with side effects like these. It may result in

athletic or body building fame, then you become public property. What could be worse ... Seriously folks, if you go overboard you may come up with some unwanted breast tissue in males or some facial hair in women, but gee whiz, all those mistakes have been made. We know how to avoid all the undesirables and stimulate the desirables ... Our bodies recognise these substances and invite them in to party. (For the Proper Use and Understanding of Anabolic Steroids, In Camera Evidence, p. 1356)

It is difficult to imagine a more reprehensible misrepresentation of a product for sale.

Psychological Effects of Steroids

3.20 A review 'Anabolic Steroids' by Haupt and Rovere published in The American Journal Sports Medicine, Vol. 12 No. 6, 1984, notes that anabolic steroids are psychoactive compounds as evidenced by their well-documented effects on behaviour and psychological functioning. Neuronal androgen (anabolic steroids) receptors have been identified in the brain, suggesting a basis for their psychoactive effect.

3.21 A paper published in the Journal of Clinical Psychiatry, January 1989, presented a case study of a weightlifter who became dependent on anabolic steroids (see Appendix 8). The question of substance dependence in this case is examined later in this Chapter. Here we note the general psychological effects of anabolic steroids on that athlete. The Journal article, by Brower, Blow, Beresford and Fuelling reported:

A 24-year-old man, a noncompetitive weight lifter, came to the psychiatric emergency room. He complained chiefly of depression and increased outbursts of anger, which he associated with his use of anabolic-androgenic steroids. He requested professional help to discontinue the steroid use because he felt controlled by the steroids and was unable to stop on his own. On the night before he came to the emergency room, he had fleeting suicidal thoughts of crashing his car. He was admitted to a psychiatric inpatient unit, where further assessment could be quickly

provided. He had no prior psychiatric history or treatment for chemical dependency. He had a family history of drug abuse but not of mood disorders.

3.22 Dr Nicholas Keks advised the Committee about the results of the Pope and Katz study (see para. 3.17) concerning the psychological effects of anabolic use. Dr Keks stated that of the 41 subjects who had used anabolic steroids, sixty-five per cent had experienced significant psychiatric disturbance:

Twelve per cent had experienced definite psychosis, which means a state characterised by delusions or hallucinations or distorted thinking, and the instances are described. A further 10 per cent had milder psychotic experience. Twelve per cent also had mania, a state characterised by elated mood, inflated self-esteem, rapid speech and thinking, little need for sleep, poor judgement and a tendency to self-destructive behaviour. For instance, the authors described a man who bought a second expensive sports car in a couple of years and drove it into a tree at 60 kilometres per hour whilst a friend was videotaping the incident. In a further 20 per cent, a near manic state had been present. Major depression was present in yet another 12 per cent of subjects, and of course major depression is associated with a serious risk of suicide. (Evidence, p. 3278)

3.23 The Committee notes the advice in the study that:

All users who experienced psychotic symptoms were 'stacking' between two and four steroids, including at least one orally active 17-alkylated steroid, such as methandrostenolone or oxandrolone (known to users as 'orals') plus at least one parenteral preparation, such as a testosterone ester or nandrolone decanoate (known as 'injectables'). (Evidence, p. 3296)

In his evidence Dr Keks confirmed that:

Of the studies I have reviewed, there does not appear to be a record of cases of actual psychosis at low or near therapeutic doses. (Evidence, p. 3287)

3.24 Importantly, the psychoses resulting from steroid 'stacking' as observed in the Pope and Katz study were also reflected in cases presented to the Committee. Ms Law, for example, was reported in a magazine article to have claimed:

I tried to forget how the steroids were making me aggressive. I would plunge into horrible black moods. Little things going wrong would send me crazy. My boyfriend was also on big steroid doses and we fought all the time. We were like wild animals - screaming, punching, hitting each other. It was like two men fighting each other.

One day a young guy made a remark about me. I chased him, caught him, and left him bleeding and battered in the gutter. (New Idea, 5 March 1988; Evidence, p. 3317)

3.25 Mr Nathan Jones described his psychoses which he suggested resulted from large steroid doses; he advised that he suffered aggressiveness and paranoia:

If you are sitting in a room and across the room someone is laughing then you think they are laughing at you and you get really upset for some reason. It is just silly, but that is the type of paranoia you get. (Evidence, p. 2173)

Mr Jones also confirmed that he experienced feelings of invincibility and, when involved in a fight, tended to lose self-control. In his evidence, Dr Keks suggested that anabolic steroids tend to induce euphoria, reduce fatigue and cause irritability as well as increased aggressiveness. (Evidence, p. 3278)

3.26 Dr Keks further advised that one can progress from feelings of euphoria and invincibility through to a manic syndrome with very self-destructive behaviour. In commenting generally about cases such as that involving Nathan Jones, Dr Keks advised that there was a very considerable likelihood that the combination of drugs consumed by Mr Jones was a major contribution to Mr Jones' mental state when he committed multiple

armed robberies including a shooting incident, and multiple car theft. Dr Keks added:

As to whether he was psychotic at the time or whether he was merely spurred on, if you like, by these influences, that would be a finer judgement. Either is possible. But I think the likelihood is that he may well have been affected. (Evidence, pp. 3312-13)

3.27 Dr Keks also advised the Committee of his concern that the psychological effects of steroid abuse may be irreversible. In noting that certain physical effects of steroid abuse were irreversible, Dr Keks suggested:

If physical effects are going to be irreversible given that the effects on the brain are probably mediated through chemical change, on the face of it there might be little reason to expect that that might not also occur there. (Evidence, p. 3314)

Dr Keks considered that, as with the effects of long term alcohol abuse, the damage can reach a threshold level where there is no going back - the condition may persist. (Evidence, p. 3314)

3.28 Finally, the Committee was advised by Dr Keks that the threshold of arousal to violence for steroid abusers could be very low:

I think the potential for very major problems is certainly there. For instance, there may not be a recognition of the consequences or the seriousness of the severity of what is being done ... In a situation of very major emotional arousal with the potential for violence, injury, threat to life and all that kind of stuff ... even very subtle phenomena can be very substantially magnified. (Evidence, p. 3320)

3.29 One witness, Mr Kriss Wilson, advised the Committee of his inexplicable reactions to steroid doses of up to 600 milligrams per week, less than half the dosage Mr Jones claimed to have taken. Mr Wilson described the psychological effects following only his second course of steroids:

Similar to a Dr Jekyll and Mr Hyde personality: I could be normal one minute and then a terrible person the next. I used to snap at people; I was very moody, and depressed for weeks on end. I was just impossible to live with. (Evidence, p. 2200)

Mr Wilson also described how, in addition to an increase in libido, he experienced paranoia, insecurity, increased aggression, and a feeling of invincibility. (Evidence, p. 2202)

3.30 Mr Wilson was not the only person to advise the Committee of the significant personal cost of steroid abuse. In his case, Mr Wilson confirmed that:

While I was on the third course, my wife, my girlfriend at the time, conceived our first child. That led to tremendous pressure on the two of us, and I was on the steroids at the same time. The marriage suffered tremendous pressure and a temporary breakdown of the marriage occurred. At that time I had sought medical help from a doctor. (Evidence, p. 2202)

When asked how long the emotional side effects lasted, Mr Wilson stated:

About twelve months. It was just sheer hell. (Evidence, p. 2203)

Dependence

3.31 It is significant that the report published in the Journal of Clinical Psychiatry in January 1989 (see para. 3.21) documented the first published case of a patient whose dependence on a combination of anabolic steroids met the criteria for psychoactive substance dependence. Tolerance, withdrawal symptoms and the use of steroids to alleviate withdrawal symptoms occurred. An uncontrolled pattern of steroid use continued, despite adverse consequences, such as severe mood disturbance, marital conflict, and deterioration of the patient's usual values. The authors of this paper, Brower, Blow, Beresford and

Fuelling advised clinicians to suspect steroid use among athlete patients who have mood or psychosocial disturbances. This paper is reproduced as Appendix 8; its conclusion is as follows:

CONCLUSION

Our patient developed a dependence on a combination of anabolic and androgenic steroids that was strikingly similar to dependencies seen with other substances. Clinicians should be alerted to the possibility of dependence when asked to prescribe anabolic or androgenic steroids and should suspect steroid use among athletes with mood disturbances, psychoses, or psychosocial disturbances. Further study of the prevalence, the course, and the optimal treatment of those syndromes is warranted.

3.32 The results of that study were supported by a paper in the December 1989 Journal of the American Medical Association. That paper reported a study by the Yale University School of Medicine which examined dependence complications from anabolic steroids similar to those accompanying cocaine, alcohol or opiate use. The Yale researchers said that this addiction theory is speculative and needs further investigation. But, if proven:

we must add the complication of substance dependence to the known risk of physical damage from long-term use of high-dose sex steroids. (Reuter, 7 December 1989)

Conclusions about Steroid Abuse

3.33 The Committee received evidence both from medical experts and from those who had suffered physical and psychological effects associated with anabolic steroid abuse. On the basis of this evidence the Committee has concluded that steroid use can produce significant adverse physical and psychological symptoms.

3.34 While it is clear that steroid abuse has significant adverse effects, both physical and psychological, the Committee's concern projects far beyond the harm that can be suffered by the

individual users. The damage extends to personal relationships, family breakdown, financial loss, criminal assault and violence at social venues such as night-clubs. Many of these issues are pursued in Chapters Ten and Eleven of this Report.

3.35 Importantly, steroid use is now proscribed in most sports and is banned by the IOC. The deleterious effects of steroid abuse are affecting Australian society to a noticeable extent and could escalate in the future unless effective controls are put in place at both Commonwealth and State level. The potential deleterious effects of steroids are compounded by the significant number of people consuming them. Usage rates vary, but are very high among the high-risk activities of weightlifting, powerlifting and bodybuilding. Among nationally competitive bodybuilders, usage would be about 100 per cent.

DIURETICS

3.36 One of the frequent effects of anabolic steroid use is fluid retention. This is of some concern to bodybuilders during a competition as excess body fluid compromises optimal muscle definition. Bodybuilders therefore attempt to shed body fluid. One way of achieving this is to ingest diuretics. These drugs result in increased urine production. Associated with increased urine production is the loss of essential body electrolytes including potassium. Potassium levels in the blood are controlled within very tight limits. If the potassium level rises or falls outside these limits, normal cardiac function is compromised.

3.37 Diuretics are not only used by bodybuilders. The International Olympic Committee List of Doping Classes and Methods notes:

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

Health risks are involved in such misuse because of serious side-effects which might occur.

Furthermore, deliberate attempts to reduce weight artificially in order to compete in lower weight classes or to dilute urine constitute clear 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. (List of Doping Classes and Methods, set out in the Interim Report, pp. 517-518)

3.38 In the course of the inquiry the Committee heard evidence concerning the death of a Sydney bodybuilder, Mr Maurice Ferranti. Mr Ferranti, a 23 year old university student, had been preparing for a competition on 21 October 1989 - the middleweight division of the International Federation of Body Builders' Championships. According to the police report to the Coroner, Mr Ferranti awoke at about 2.30am on 21 October and complained to his girlfriend about being unable to move. He soon lost total movement of his limbs. Mr Ferranti was conveyed to hospital where he had a cardiac arrest and died.

3.39 The police report of Mr Ferranti's death is at Figure 3.1. It recorded that Mr Ferranti admitted to hospital staff that he had consumed 8 Aldactone tablets, 3 Moduretic tablets and 20 Potassium Chloride tablets. In addition to the diuretic 'Aldactone', Mr Ferranti had in his possession the steroid 'Testomet 25'.

3.40 In commenting on Mr Ferranti's death, the Committee heard from Mr Steve Haynes, Chief Executive of the Australian Sports Drug Agency. Mr Haynes advised that:

A side effect of using diuretics of that description is that you get rid of most of your body potassium, so the guy obviously got on potassium to try to rectify that and he got the dose dreadfully wrong. Potassium is required in the body with very tightly controlled limits and an excess of it induces

FIGURE 3.1

REPORT OF DEATH TO CORONER

Cronulla
21 October

Police Station
19 89

The Coroner, Glebe

SUBJECT: Death of Maurice PERKOWSKI Age 23
 Married state Single Address 17 Dover St, Summer Hill

Time and date of death: 5.40am 21.10.89
 Place of death: Casualty Sutherland Hospital

By whom found: _____ Address _____
 By whom reported to Police: Sister HONNER Address: Sutherland Hospital
 By whom last seen alive: Drs Petersen & Links Address: Sutherland Hospital

When last seen alive: 5.39am 21.10.89
 Deceased a native of (County and District): Italy
 Occupation: University Student
(If pensioner state type and include whether appropriate authorities informed)

If Military or Invalid pensioner, state disability: Nil
 Name and address of nearest relative and relationship: _____
(Father)
 Name and address of identifying person: _____
(Brother)

Police present when deceased identified: Constable MAGIN
 Did deceased leave a will? No
 By whom burial or cremation is being arranged: Parents
 Property and clothing found on and with the deceased. (Attach inventory if space insufficient): Nil

Miscellaneous Property Book Reference: Nil
 How property and clothing disposed of and on whom authority: To be destroyed on authority of Father

Circumstances under which death took place. (If any previous illness, and deceased seen by doctor, particulars should be given. Where treated by a doctor a note should be obtained giving particulars of treatment from such doctor).

Deceased was staying overnight at girlfriends place
 . He had been feeling weak and slept for most of the day. About 1.30pm on 20.10.89 deceased awoke and vomitted he then went back to bed. He awoke about 2.30am on 21.10.89 and complained to girlfriend about not being able to move. A short time later he lost total movement of limbs. His girlfriend contacted C.D.A. and he was conveyed to Sutherland Hospital. A short time later he had a cardiac arrest and was worked on for approximately 40 minutes without success. Life was pronounced extinct at 5.40am by Dr Petersen.

The Deceased was a body builder and had been preparing himself for a competition to be held on 21.10.89. He had been on a special diet and had consumed a quantity of several types of medication. He had admitted to Hospital staff that he had consumed 8 Aldactone tablets, 3 Moduretic table and 20 Potassium Chloride tablets. Hospital staff suggested that the build up of potassium bought on the cardiac arrest.

The following medication was in the possession of the deceased:

- Testomet '25'
- Aldactone
- Potassium Chloride
- Nolvadex

ALL OF ABOVE MEDICATION ARE PRESCRIPTION ONLY AND IT WOULD APPEAR THAT THEY HAVE BEEN PURCHASED WITHOUT PRESCRIPTION

Ernst David K... P. Dearing
Copetable
 Annual leave from 5.11.89 to 27.11.89

(Continued overleaf)

NOTE:

to be returned to the Coroner. The original and two copies should

cardiac arrhythmia, that is, irregular heartbeats, and cardiac arrest. (Evidence, p. 2915)

The medical academic, Dr Nicholas Keks agreed:

With my general practice qualifications, I would agree with the hospital staff that the 20 potassium chloride tablets in combination with a potassium sparing diuretic, that is spironolactone, or Aldactone, would probably be sufficient to cause a cardiac arrest. (Evidence, p. 3281)

3.41 Importantly, as the police report noted, the diuretic Aldactone and the Potassium Chloride tablets are only available by prescription, yet Mr Ferranti appeared to have acquired them without prescription. There are two dimensions here that are examined in other Chapters: the ethics of the medical professions (Chapter Nine), and the acquisition of drugs on the black market (Chapter Ten).

3.42 The NSW Coroner has provided the following report on the death of Maurice Ferranti:

This inquest concerns the death of a young man, MAURICE FERRANTI, who died aged 23 on 21 October, 1989. Mr Ferranti became suddenly and unexpectedly ill at the home of his girl friend, Miss Cogan. He was taken to Sutherland Hospital where he suffered a cardiac arrest and passed away.

Miss Cogan and the deceased had acted responsibly in taking with them to the hospital substances recently ingested by the deceased, and as it transpired it was those very substances which caused his death.

Mr Ferranti was a man who had taken up the sport of body-building, and as the evidence shows, had become quite fanatical about it. Sports like body-building and weight-lifting have become notorious in recent times for the fact that their practitioners frequently take steroids to build muscle and enhance performance in that way. As I have said, who cares who is the best drug-affected athlete? But the desire for success is such that people risk the criticism, and the dangers,

associated with drug-taking in order to be thought the best.

Mr Ferranti was one of these. He has clearly been using steroids for a long period of time. The drug builds muscle, but has certain damaging side effects. There are long-term side effects like cancer and liver damage which should put people off taking the substances, but unfortunately Mr Ferranti did not get that far. Steroids increase fluid in the body, and the athletes then ingest diuretics in order to eliminate the fluid, and increase muscle definition. Some diuretics, like Lasix, eliminate both fluid and salts including potassium from the body. The practise is to then take potassium to replace that chemical. However, Mr Ferranti used aldactone as a diuretic, which is "potassium-sparing" that is, it retains the potassium. Miss Cogan, at the request of the deceased, purchased potassium tablets for him as he no doubt believed that he had lost that substance through use of his diuretic. Having ingested a large number of the potassium tablets, he suffered in effect potassium poisoning, which led to his physical distress and, finally, cardiac arrest.

The irony was, that Mr Ferranti died on the day of his competition, and if tested, as he should have been had he won, he would have been disqualified because his body contained the steroids which are illegal.

The case is a stark reminder to people that there are great dangers involved in taking drugs to improve performance. They are rightly banned by all sporting organisations. Their long term effects are very serious, as is demonstrated in this case by the fact that already Mr Ferranti was suffering atrophy of the testes, another nasty side effect. He was probably infertile, Dr Duflou said.

The evidence has not clearly established just who provided the steroids to Mr Ferranti, although an admission by Mr Domanski the day following the death leads to a suspicion that he may have been involved. However, it was the potassium tablets, able to be purchased without prescription, which were the final agent of death. However, there was no necessity to take these unless the steroids and diuretics had also been taken. Mr Domanski denies supplying the substances. It is clear from the evidence that they are freely available throughout gymnasiums ... if you

want them, a supplier can easily be found. Both steroids and diuretics are only available upon doctor's prescription, and it is an offence to deal in them without.

The purpose of this inquest was to warn possible users of the great danger of both short term disaster, and long term illness, which may arise from the use of steroids, diuretics and indeed any substance for the purpose of enhancing sporting performance. Every drug carries with it the possibility of unpleasant and health menacing side effects. No drug should be taken except under medical supervision. The result of misuse in this case has been the loss of a young and promising life, no doubt a very sad blow to his family and friends.

The court expresses its sympathy to the family.

K.M. Waller
State Coroner

(Letter to Committee Secretary, 17 April 1990)

The post-mortem report for Mr Ferranti is reproduced at Appendix 9.

3.43 Despite the obvious health risks associated with using diuretics, their prohibition has not received universal support. The following exchange took place between the Channel 10 commentary team (which included Mr Sam Coffa) at the 1988 Seoul Olympic Games during the 82.5 kg weightlifting competition - the day following positive drug tests for diuretics on Bulgarian weightlifters. Mr Coffa is President of the Australian Weightlifting Federation.

Sam Coffa: ... diuretics ... its not a drug enhancing substance ... of course ... but of course its banned by the IOC and for that reason they've been disqualified.

Mike Gibson: It seems an awful pity. They (the Bulgarians) began these games with such a bang. Now they're having gold medals peeled off them almost by the day.

Sam Coffa: Well I am wondering whether the effects these drugs are having is one of the principle factor.

...

Bruce McIlvaney: Sam, both you and your brother Paul have been heavily involved with the Bulgarians - we've seen them in Australia on a number of occasions. Does this put you in a rather awkward situation now because they have been a great attraction of your Moomba Festivals?

Sam Coffa: Yes they have and I don't know that I really worry too much about it. I think it has to be emphasised the drug which has been detected, that is diuretics, is really a drug which is brought in in this particular Olympics as a banned substance - prior to that it was not. Now as we all know I think medical science and medicine has gone up in leaps and bounds and I was one of those who disagreed with that particular drug being listed on the banned list. However as I say having been listed, well one has to comply. I think I believe anyway that the old sauna technique does more harm to the body than a diuretic. [sic] (ASDA Submission No. 81)

3.44 The Committee sought confirmation from Mr Sam Coffa about this matter. Mr Coffa replied:

Your letter of the 23rd January relating to my exchange during the Olympic Games commentary on the subject of my views about diuretics, I believe, as I said to you by phone, that from my own experience long periods in sauna rooms are harmful and studies have confirmed that both male and female could suffer permanent damage. The use of diuretics under strict medical supervision to lower bodyweight was one of the better ways, however, the drug is on the prohibited list and that is the end of the argument. It should not though prohibit me to have an opinion and/or express it.

(Letter to Committee Secretary, 19 March 1990)

3.45 The Committee is most concerned that one of the leading Australian weightlifting officials would express such a view about diuretics, a dangerous and potentially lethal sports drug. This matter is further noted at para. 7.125 of this Report.

CHAPTER FOUR

YOUNG ATHLETES AND SPORTS DRUGS

INTRODUCTION

4.1 For a number of important reasons the Committee has sought to examine closely the issue of performance drug use by young Australians. Foremost among these reasons is the evidence of significant risk of serious psychological and physical side-effects. Also, the Committee is concerned about the development in young persons of an attitude which accepts chemical assistance as a legitimate source of performance enhancement; this may influence their approach to sportsmanship for life.

4.2 This Chapter outlines some of the recognised health risks in adolescents from performance enhancing drugs. It describes the extent of such drug use in young athletes, and discusses the evidence received by the Committee concerning the attitude and motivation of adolescents and parents towards performance drug use.

PERFORMANCE DRUG USE BY ADOLESCENTS

4.3 A survey of drug use in Australian sport was carried out between 1979 and 1982 on behalf of the Australian Sports Medicine Federation. Some 4023 respondents indicated their ages on the survey questionnaire, with respondents ranging in age from 9 to 71 years. However, the modal age was 18 years. (Survey of Drug Use in Australian Sport, Australian Sports Medicine Federation, December 1982, p. 15) The study grouped drugs that respondents may have used directly in connection with their sporting activities into eight categories. However, not all categories contain substances banned by the IOC. For instance, there was the category 'vitamins and food supplements'.

4.4 The figures demonstrated a systematic decrease with age in the proportion of respondents taking some drugs. The report's authors concluded:

It does not seem unreasonable on this evidence to presume that if an individual is going to use a lot of drugs in connection with sporting activity, this behaviour pattern is likely to be established early in the individual's competitive career, and is likely to persist for the length of this career, which may be for many years in some sports. (Survey of Drug Use in Australian Sport, Australian Sports Medicine Federation, December 1982, p. 59)

4.5 The Committee noted that adolescents are often exposed to performance drugs with the complicity of their parents. In an article by Wayne Smith in the Sunday Mail, for example, Mr Richard Caine of the Carrs Park Olympic Pool was quoted as saying:

I believe there is a drug problem in age group swimming in this country. I have no concrete evidence and I will not be naming names, but I believe what I have been told is the truth. I have been contacted by a chemist who told me he had been approached by people associated with swimmers and on one occasion my assistant coach was asked by the parent of a swimmer for advice on what drugs the child should be given. (Evidence, p. 3087)

Mr Caine went on to explain that the first incident, involving a boy of only 14 years of age, took place 'three or four years ago'. The father of the boy had approached the pharmacist for stimulants. (Evidence, p. 3088)

4.6 During in camera evidence Mr Caine expressed his concern for the well-being of swimmers as young as 12 who compete internationally in age group teams:

They go off for trips around the world ... There is also the prestige of having your child chosen to represent Australia. I am against that. I believe they are too young. They put the carrots in front of them at too young an age. It is only a few, but it makes

people take the chance. (In Camera Evidence, p. 1162)

Mr Caine explained that even the provision of pain-killing injections to young athletes can have a deleterious long-term effect:

The thing I have heard about or which has been common over the years is the amphetamine and, at a later date, the pain-killer. I think that is probably as bad or 10 times worse than the steroid ... they rely on it for the rest of their lives. (Evidence, p. 3082)

4.7 With regard to the taking of anabolic steroids by young athletes, the Committee received evidence from Dr Ken Donald, Deputy Director-General of Health and Medical Services, Queensland Department of Health:

Yes, I have from time to time had physicians contact me and tell me that they had come across the use of anabolic steroids in quite young teenagers in certain circumstances. On one occasion, it was two youngsters around 13 who were in serious training. I was actually contacted by a physician who had himself been contacted by the children's grandparents who were surprised at the prescription that the children brought with them when they came to do a training camp ... They were 12 and 13. The grandmother actually contacted the physician and asked what they were. They were anabolic steroids ... They had apparently been prescribed by somebody previously ... that is what I was informed of by the physician. (Evidence, p. 1297)

4.8 Further, the Committee considered the case of a doctor's 15 year old son, who asked his father to inject him with a veterinary anabolic steroid that he had obtained from Archer's Gym in Brisbane (see Chapter Ten). (The Courier Mail, 23 February 1989)

4.9 Mr Bill Stellios also alleged that he was provided with steroids at an early age. He stated that when 18, going on 19, he was approached by the weightlifting coach, Mr Bruce Walsh, who offered him a bottle of tablets. Mr Stellios found with the

second bottle from Mr Walsh that the tablets were Dianabol, an anabolic steroid. (Evidence, pp. 3042-43) Mr Michael Brittain also alleged that he was provided with anabolic steroids at the age of 18. Mr Brittain suggested that his weightlifting coach, Mr Paul Coffa provided a bottle of anabolic steroids to him in 1980. (Evidence, p. 3150, 3151) Mr Brittain further claimed to have spoken with weightlifters who had been supplied with anabolic steroids by Paul Coffa when they were 16 and 17 years of age. (Evidence, pp. 3192, 3193)

4.10 The substance of the allegations about weightlifting is discussed in Chapter Seven of this Report. The point here is that suggestions that young sportspersons are exposed to performance drugs such as amphetamines and anabolic steroids are widely reported. The Interim Report noted that Dr Tony Millar gets 'them sent along at the age of 14 because, at that stage, the boy has great potential'. (Evidence, p. 222) And the Australian representative 19 year old discus thrower, Ms Vanessa French, claimed that 'drug taking was fairly universal among the up and coming under 20 age group from all countries'. (The Canberra Times, 8 February 1989)

THE ATTITUDE OF PARENTS

4.11 There is an argument that to become a champion, an athlete must begin training while very young. The danger time for exposure to sports drugs, then, is said to be in the early teens when adolescents begin to show particular promise in a chosen sport. At that time, parents and coaches can start making demands on athletes whose bodies are still growing quickly, and therefore are more susceptible to injury. For example, a typical training program for a young swimmer aiming at world class performances could involve as many as 1.5 million strokes in a single season and up to four or five hours in the pool every day.

4.12 A West Australian sports analyst, Geoffrey Watson, was reported in an article to have suggested that children's sport 'constituted the world's only socially accepted form of child

abuse'. (Michael Robotham, 'Legalised Child Abuse', Sports World Australia, Vol. 1 No. 1, July 1984, p. 28) The same article noted instances of a child being given 600 milligrams of Vitamin B12 by a parent the night before a 200-metre swimming race, and of a 14-year-old hockey player who was unable to walk properly for six months after receiving analgesic treatment for torn ligaments in a hamstring which enabled him to continue playing.

4.13 There is no easy answer to the 'pushy parent syndrome' or to the coach who is prepared to go to extreme lengths to create champions often for the purpose of self-gratification. In both cases, the evidence points strongly to a readiness to use drugs at early stages in an athlete's development, with likely adverse psychological and physical consequences. Nevertheless, an answer (albeit not easy) is the education of coaches and parents.

RISKS FROM PARTICULAR DRUG TYPES

4.14 The Committee indicated in its Interim Report, and has amplified at Chapter Three of this Report, the adverse health risks associated with performance drugs. This section discusses the risks that may apply to adolescents.

Anabolic Steroids

4.15 Professor Ronald Laura from Newcastle University is Chairman of the Health Education Committee of the Hunter Academy of Sport. Professor Laura claimed to have received approaches from boys as young as 15 years to get anabolic steroids to boost performances in weight training and rugby. He stated that he had discouraged them from using steroids and refused to assist them. (The Australian, 17 July 1989)

4.16 As was noted in Chapter Three of this Report, the side-effects of steroid use range from the mild to the severe. Acne is an established side-effect, and there have been indications of anabolic steroids causing virilisation in youths and women, including excessive hair growth. (Houssay, A.B.

'Effects of anabolic-androgenic steroids on the skin including hair and sebaceous glands', in Anabolic-Androgenic Steroids, C.D. Kochakan (Ed), pp. 155-90, referred to in American College of Sports Medicine Position Stand on The Use of Anabolic-Androgenic Steroids in Sports, 1984)

4.17 It is widely recognised that, one of the more significant dangers from anabolic steroids for adolescents is the premature closure of long bone growth plates (the epiphyses) resulting in an irreversible stunting of final achieved height. (Haupt, H.A. and Rovere, G.B., 'Anabolic steroids: A review of the literature', American Journal of Sports Medicine, Vol. 12 No. 6, 1094. pp 469-84) Dr Tony Millar who admits to prescribing anabolic steroids to athletes in therapeutic doses claimed in evidence to the Committee that he would not prescribe steroids to persons under 19 or 20 years of age, and even then he 'would have to be convinced their epiphyses were healed and closed, and that growth was finished'. (Evidence, p. 223) Dr Millar, nevertheless, was reported in May 1989 as admitting giving very small doses of steroids to boys as young as 15, to overcome psychological problems associated with lack of height and to keep them from the black market. (The Sydney Morning Herald, 27 May 1989)

4.18 It is a matter of regret that the stunting effect of anabolic steroids can be exploited in certain sports, for example, weightlifting. (Evidence p. 2691) This otherwise negative side-effect of anabolic steroids could be regarded as an advantage in the lower weight categories of weightlifting.

Growth Hormone

4.19 While there are stunting effects from steroids, growth hormone can be used to develop height:

Somehow these parents have read or heard that hGH can increase height and so they want their sons to have it. Price is sometimes no object. It's as if they're buying their boy an expensive pair of running shoes. (Todd, T., 'The use of human growth hormone poses a grave

dilemma for sport', Sports Illustrated,
October 1984)

4.20 Human growth hormone (hGH), secreted by the pituitary gland, is the major hormone responsible for post-natal growth and is used in the treatment of growth hormone deficient children. Its use as a doping agent in sport has arisen principally because of its reported effects on anabolic processes in a variety of tissues including muscle. (S. Haynes, 'Growth Hormone', Australian Journal of Science and Medicine in Sport, March 1986 pp. 3-10) The illicit American publication, the Underground Steroid Handbook advised:

This is the only drug that can remedy bad genetics as it will make anybody grow. A few side effects can occur, however. It may elongate your chin, feet and hands but this is arrested with cessation of the drug ... GH use is the biggest gamble that an athlete can take, as the side effects are irreversible. Even with all that, we love the stuff.

4.21 In its 1989 update of the List of Doping Clauses and Methods, the IOC included hGH for the first time. Its misuse was seen as unethical and dangerous (see Appendix 6).

4.22 The development of a synthetic form of hGH prompted the Australian Government in 1988 to make it more readily available under the National Health Act for therapeutic purposes. The treatment reportedly costs more than \$10,000 per annum. (The Canberra Times, 30 August 1988) It is the Committee's understanding that hGH on the black market costs in the order of \$900 for two millilitres. (Evidence, pp. 2690-1) The Committee considers that the cost of hGH tends to minimise its abuse for purely cosmetic or performance enhancing purposes in adolescents.

Endocrine Manipulation

4.23 Manipulation of the endocrine system has been suggested by some experts as being responsible for the diminutive proportions of certain Olympic class female gymnasts. Girls might have been given 'brake' drugs to retard their normal development

and a variety of substances could have this effect. (B. Goldman et al (1984) Death in the Locker Room, pp. 61-6)

4.24 Given the lack of evidence of 'brake' drugs, however, there is an alternative explanation for growth retardation. Strict attention to diet and attempts by elite gymnastic coaches to keep fat to less than 8 per cent of total body weight are features of female gymnastic training. It has been suggested that generally a girl's fat content has to reach about 17 per cent before menstruation will begin, and it is not surprising that gymnasts with half this amount experience prolonged adolescence. (Donohoe T. and Johnson N., Foul Play: Drug Abuse in Sports, (1986), pp. 73-4)

Diuretics

4.25 Health risks to young athletes from the use of other banned sporting drugs such as amphetamines, diuretics or tranquillisers, do not seem to have been the subject of research study. The Committee is of the view that any potential for damage to young, growing bodies is unacceptable and such drug use must be strongly opposed.

4.26 Professor Saxon White, a professor of human physiology at Newcastle University said two young persons, aged 12 and 14, had admitted (during visits to his laboratory) to taking performance enhancing drugs for their sports: BMX cycling and rugby league. He declined to state the exact drug types, but said that they were not anabolic steroids. The parents of these adolescents were said to be keen on them taking courses of liver tablets, which were thought to enhance natural ability. (Daily Telegraph, 20 April 1989)

4.27 The Committee heard evidence from the gold medal weightlifter Mr B. Stelliios that he learnt to lose weight through the use of diuretics:

That involved the use of diuretics to which I was introduced by Bruce Walsh, as a very young kid of 15. (Evidence, p. 3047)

Mr Stellios confirmed that he would take one diuretic tablet to make his weight category:

One. That is all I needed to lose a kilo, which was what I needed to lose. (Evidence, p. 3048)

This continued for some time:

I slowly got out of the habit of using diuretics and mastered the weight loss over a certain period of time. (Evidence, p. 3049)

4.28 Queensland State amateur boxing coach, Mr Barry Parnell, has reportedly claimed that he had at least four 15-17 year olds with Olympic prospects who would have to submit to testing if testing was required for Olympic hopefuls for the 1992 Games in Barcelona. He was reported in a newspaper article to have stated that the only drug used by his boxers was the fluid pill (that is, diuretics) to take off a kilogram or two before a fight to make weight categories. (The Sun, 21 February 1989) Mr Parnell, however, advised the Committee that his views were misconstrued in the press article. He claimed that none of the boxers coached by him used performance drugs. (Letter to Committee Secretary, received 16 March 1990)

4.29 Mr S. Zammataro, with experience in the sport of boxing for 25 years, told the Committee that he had seen and been told by various trainers that they had given diuretics to boys as young as 14 years. He claimed that while it has been a largely accepted fact that adult men will reduce their weight by artificial means, only in more recent years had he seen evidence of young boys, sometimes as young as 13 years, being given diuretics to enable them to lose the required weight for boxing contests. (Submission No. 71) It should be recorded that the Amateur Boxing Union of Australia declined an invitation from the Committee to prepare a submission because, the Union claimed, it had never had any of its members involved in drug use of any

kind. (Letter from Mr Arthur Tunstall, Secretary-General, the Amateur Boxing Union of Australia, to Committee Secretary, 26 July 1988) The Committee notes that this advice was signed by Mr Arthur Tunstall as Secretary-General of the Amateur Boxing Union of Australia; Mr Tunstall is also Secretary/Treasurer of the Australian Commonwealth Games Association. The implication in Mr Tunstall's letter is that boxing is not a risk sport for sports drugs, including diuretics. That view is not accepted by the Committee. Diuretics, amphetamines and anabolic steroids all have an application in boxing. The Chief Executive of the Australian Sports Drug Agency advised:

I do not think a sport exists these days in which there is not the temptation for one drug or another to be used. (Evidence, p.2892)

RELEVANT SUBMISSIONS TO THE COMMITTEE

The Australian Schools Sports Council

4.30 The Australian Schools Sports Council (ASSC) is a confederation of State and Territory school sports councils which are linked to their respective Departments or Ministries of Education. ASSC informed the Committee that each individual council has adopted a Code of Behaviour that covers players, coaches, administrators, teachers, parents and the media.

4.31 The codes apply to all State or Territory teams involved in national championships or interstate exchanges. Specific reference to drugs is not included in all of the individual codes, although implicit reference is made through the standard of behaviour requirements.

4.32 ASSC has endorsed the anti-drugs policies of the Australian Sports Commission (ASC) and would enforce any ASC ban for the purposes of competition in ASSC events. ASSC's submission concludes:

The ASSC is totally opposed to the use of drugs that assist early age competition or

that artificially interfere with a person's growth and development. (Submission No. 20)

Australian Little Athletics Union

4.33 Australian Little Athletics Union has stated that there has been no evidence of drug use in Little Athletics. The Union claims average annual membership of some 90,000 children Australia-wide engaged in athletic activities in a positive healthy environment. Its goal is for children aged 5 to 15 years to develop 'both physically and physiologically'. (Submission No. 44)

4.34 The Union expressed concern that the Committee had received evidence of drug use in Little Athletics. Dr W. Webb, Principal Medical Officer of the Australian Rowing Council Inc. had informed the Committee in November 1988 that he was aware of 'people popping unknown pills around the athletics tracks' at Little Athletics. (Evidence p. 430) He also said that he had been told of parents who believed that asthma sprays such as Ventolin were beneficial to children without asthma because more oxygen could be taken in to enable the child to run faster. He stated that such sprays would not affect normal airways. (Evidence, p. 431) Ventolin is not a prohibited substance under the IOC guidelines.

4.35 Nevertheless, in a letter to The Age the President of Australian Little Athletics Union, John Guerra, advised:

There is no evidence of this in Little Athletics although there is a percentage of children who are asthma sufferers and who use sprays during their participation in Little Athletics activities ...

The medical adviser of the Asthma Federation of Victoria has indicated that they have been educating asthma sufferers and their parents that sprays should be used at the time of need. Where the asthma occurs during exercise the recommended procedure is for the sufferer to use the spray before engaging in the exercise.

Further, he advised that while asthma sprays provided relief to asthma sufferers they provided no stimulation to a 'normally healthy person' nor does it enable them to improve physical performance. (The Age, 30 November 1988)

Australian Swimming Inc

4.36 Australian Swimming Inc (ASI) claimed that swimming has been free of problems related to its athletes becoming involved with performance enhancing drugs. ASI strongly supports random drug testing and ensures that its coaches and athletes are fully informed about the dangers of drug use.

4.37 Australian Swimming stated that, given:

... the fact the sport encompasses young athletes in their most impressionable years [ASI will] continue to take the strongest possible stand against drugs in sport.
(Submission No. 19)

4.38 The Committee notes that elite school-age athletes, including those in swimming, are subject to the doping control regulations of the Australian Olympic Federation and the Australian Institute of Sport. Both of these regulations include out-of-competition testing of members (and potential members) of Australian Olympic teams.

The Department of Social and Preventive Medicine, University of Queensland

4.39 Evidence was presented to the Committee about the preliminary findings of a study being conducted by the Department of Social and Preventive Medicine at the University of Queensland into the use of performance enhancing drugs by high school students in south-east Queensland. Results based on a sub-sample of about 400 were analysed and presented to the Committee.
(Submission No. 67)

4.40 The level of use of drugs by the sub-sample in the Queensland study was not indicated, although it was said not to be at the level indicated by similar studies conducted on the West Coast of the United States. (In the United States, one study revealed that about 7 per cent of students aged 16 to 18 years admitted to taking anabolic steroids. The study revealed that 27 per cent of those who used anabolic steroids did so to improve their looks on the beach.) (The Physician and Sports Medicine, Vol. 17, No. 2, February 1989) Importantly, a minority of students, but considerably more than reported personal use, indicated that they knew of people who used steroids, stimulants, anti-inflammatory drugs and pain-killers to improve their performance. About one quarter of the students said that they knew such people at 'other high schools'; about one fifth said at 'gymnasiums', and about one fifth at their 'own high school'. (Evidence, p. 2356)

4.41 At the time of presenting its submission to the Committee in September 1989, the authors advised that the sub-sample of 15-18 year olds in eleventh and twelfth grades seemed to contain a heavy representation of students with a particular commitment to sport. Four-fifths played at least one sport competitively and the majority intended to continue involvement in competitive sport when they left school. About one third of the sample played their main sport at the A grade level.

4.42 The Queensland study provides an indication of the knowledge and attitudes of Australian high school students towards the use of performance enhancing drugs. The study found that the majority believed that performance can be enhanced by use of drugs, vitamins and food supplements; considerably less were aware of the adverse side-effects and after-effects of drug use. (Evidence, p. 2354)

4.43 The students demonstrated some confusion about the morality of drug use. The overwhelming majority believed that drug testing should be mandatory for professional athletes, and in fact disapproved of drug use by specific sportsmen (such as

footballers) to increase muscle size. Nevertheless, they were uncertain whether drug taking was necessary to be competitive in modern sport. Sizeable minorities indicated that they would personally take drugs if they knew it would help them make a National or State team or if they knew they would not be found out. In fact, the more specific and personal the situation, the more likely that students would consider taking drugs.

4.44 Dr Mary Sheehan, one of the authors of the report, responded to an expression of concern by a Committee member at the apparent willingness of school children to cheat and suggested that:

there is a very high level of support for mandatory drug tests, so that while you say that they do not mind cheating, they also want you out there making it impossible for them to cheat. They are asking somebody to put an umpire in so that cheating is not available as a possibility. (Evidence, p. 2377)

4.45 The Committee notes that the motivation for drug taking by school children comes from several directions. Policy must be directed at lessening these motivations if drug use is to be eradicated. A recent article in Sports Coach suggested that the reasons for adolescent use of other drugs are likely to apply to an athlete's use of performance drugs. These include personal factors such as personality characteristics; attitudes, beliefs, values, and the ability to deal with anxiety and self-doubt. Environmental factors are also relevant. These include peer pressure, cultural norms and values, and the attitude of parents to drug-taking. ('Drug Use in Sport', Sports Coach, October-December 1989, p. 39)

4.46 Of course, the desire to be a winner is often powerful and can be observed in children at an early age. The University of Queensland survey showed a sizeable minority of respondents were prepared to resort to drug use if they knew it would help them to make a National or State team. It is acknowledged by sports medicine experts that the athlete who is running, say,

fifth is the one who feels the need for drug assistance, not the athlete running first.

4.47 Peer group pressure is another significant force in junior sport. Dr W.F. Webb, Principal Medical Officer of the Australian Rowing Council, made the observation that in a rowing crew 'there is not much point, with anabolic steroids, in having one member of a crew using them and one not'. (Evidence, p. 420) He acknowledged that peer pressure on someone not inclined to use drugs in that situation is intense.

PREVENTION OF PERFORMANCE DRUG ABUSE

4.48 The Queensland University survey on the use of drugs in sport by high school students concluded by strongly supporting the Interim Report where it stated:

Moreover, in the case of children it is not just that the drugs may be dangerous, but that the principle of taking a chemical substance to improve performance is itself undesirable. Encouraging children to take vitamins to help them run faster may be as undesirable as giving them something more potent. (Interim Report, p. 67)

Junior Weight Categories

4.49 One aspect of junior sport that the Committee believes can be addressed to remove the incentive for diuretic use concerns contests based on weight divisions, rather than age. Such sports as boxing, lightweight rowing, weightlifting, powerlifting, judo and wrestling are all liable to diuretic abuse.

4.50 The problem arises from the practice of weighing-in, often some hours before the contest. Competitors in non-drug tested junior events can use diuretics with little fear of discovery. It is recognised that the early weigh-in assists programming of the day's proceedings. However, a weigh-in both early in the day and, again, immediately prior to the contest

will negate the benefits of diuretic use. (It should be noted that the IOC List of Doping Classes and Methods specifically provides the IOC Medical Commission with the right to obtain urine samples from the competitor at the time of the weigh-in for sports involving weight classes, in order to detect diuretic use.) At the conclusion of this Chapter the Committee recommends the practice of double weighing competitors in junior weight categories of sport.

Drug Testing

4.51 The survey by the Queensland University Department of Social and Preventive Medicine found two elements that may be used to reduce the incidence of performance drug abuse among school students. The first centres on drug testing.

It appears that there is a strong attitudinal support by students for mandatory drug tests. In the context of other findings we suggest that students believe that there are performance gains to be had from taking drugs; they would prefer not to take them, and would strongly support a system which enforced the rules and eliminated pressures to use drugs. (Evidence, p. 2357)

4.52 The submission of the Australian Ice Hockey Federation Inc. argued that a strong anti-drug policy backed up by random testing has been proven in deterring drug use by younger players. The Federation's Sports Medicine Director, Dr Peter Gwozdecky stated:

In fact one of the best rationales for drug testing that I have heard was from some American kids at a school being tested. They found that the enforced random testing rules helped them to combat the strong peer pressures to experiment by giving them an even stronger reason on top of their own decision not to partake. The kids found this a comfortable out that they could relate to. (Evidence, p. 436)

4.53 The Committee's Interim Report made a number of recommendations which should, in time, discourage drug use in

junior sport. The comprehensive program of drug testing at the elite level will send a number of important messages to Australia's younger athletes. Importantly, it will show that athletes can succeed in sport without drug use. Positive tests, and the public odium attaching to being caught, will also make individuals more wary of drug use. The notion that drug use is rampant will be progressively lessened, and with it the perceived need to take drugs to compete on a 'level playing field'.

Drug Education

4.54 The second element to be utilised in reducing performance drug abuse by children is drug education. The submission of the Queensland University Department of Social and Preventive Medicine advised that:

1. Education, giving information about possible health-threatening side- and after-effects, is needed to offset the disproportionate stress that has been placed on the performance gains to be achieved from taking drugs.
2. Education is also needed to give students a more realistic view of the efficacy of other non-prescription substances.
3. In the high school setting such education should specifically target those involved in competitive sports; particularly, in those sports in which performance is seen to be enhanced by drugs viz., Athletics, Rowing and Weight Lifting. (Evidence, p. 2356)

4.55 The Committee endorses these judgements and notes that the Australian Sports Drug Agency has established a Curriculum Development Project for use in schools. The Committee has examined the Project outline and supports its objectives.

4.56 The Curriculum Development Project is based in part on a survey undertaken by the Australian Sports Drug Agency (ASDA). ASDA has advised:

ASDA has undertaken a survey in the last three months to assist with our education program. The data analysed in this study was gathered from 142 male athletes and 108 female athletes competing in under 14 and under 18 age categories. One hundred and thirty-five of the sample played at representative level and 115 played at club level. Information was gathered using a group interview technique which examined the following substances: amphetamines, anabolic steroids, cocaine, caffeine, tobacco, alcohol, marijuana, vitamins, analgesics, and sedatives and tranquillisers.

Young athletes had a basic and accurate understanding of substances used by sportspeople and the way in which they affect performance. However, the knowledge of the health consequences associated with the use of these substances was limited and consistently inaccurate. The information known by the young athletes interviewed generally related to the long-term consequences of use.

The athletes' lack of knowledge of the short-term and immediate consequences of drug use was particularly obvious. It was also observed that the athletes could list a variety of physical and psychological effects of drugs, but associated these effects with the wrong substance.

When discussing the danger a substance posed to the individual the athletes rated the substance according to its perceived addictiveness. Health consequences were a secondary consideration to the addictive nature of the drug. The athletes' understanding of the concept of addiction was based on media 'hype' rather than sound information, for example, cocaine was considered to be highly addictive, therefore very dangerous, while the 'addictiveness' of tobacco and steroids was rarely mentioned. This lack of knowledge was common to both the under 14 and under 18 age groups.

Young athletes are making decisions about their own drug use based on a limited and inaccurate knowledge base. Education programs need to equip athletes with the skills to make informed decisions based on factual information which is relevant to the target group. Emphasis on short-term health and immediate social consequences have been shown to be more relevant to young people.

It appears that the audio visual media has a strong influence over an individual's knowledge and perceptions about drug use in sport. For this reason education programs should aim to develop skills to analyse and interpret media presentations.

The study also identified myths about the use of some substances which were common to both age groups. For example, socially acceptable drugs are not dangerous and vitamins are necessary for good performances. Myths such as these influence an individual's beliefs about drug use. Therefore, those involved in educating athletes should determine the myths held by their target group and seek to clarify these. (Letter to Committee Secretary, 30 January 1990)

ULTIMATE GOALS

4.57 Drug testing and education are the two most potent weapons in the battle against performance drug abuse by adolescents. The support of parents is also crucial. And restrictions on the availability of performance drugs, as outlined in this Report, will limit the supply of those drugs, raise their black market price and put them out of the budget of most school students.

4.58 Ultimately, all of these factors will have achieved a satisfactory result if an attitudinal change can be established amongst young athletes across Australia. The kind of change being sought by the Committee is the acknowledgement by adolescents that performance drugs are both undesirable and unnecessary. They are undesirable because of the damage to health that can eventuate and because their use is unethical. And they are unnecessary because sporting success at the elite level can be achieved without them. It is the Committee's hope that the acknowledgement of that fact will be widespread among young Australians. Here drug testing and drug education are complimentary. The Committee concurs with the view put with considerable feeling by the swimming coach Mr Dick Caine:

This is the sad part of the thing. You can have some kid who really is a great athlete

doing it on his own but the other parents honestly believe that that person is taking dope and so then they start. This is why I believe there should be dope testing so that the parents can see these people are winning without dope. Some people get this thing mixed up. They want a drug test to catch them; they should drug test to show that this great champion does not need it and so all the young kids can say, 'Hey, Michelle Ford won that gold medal and did not need help'. (Evidence, p. 3090)

RECOMMENDATIONS

Recommendation Six

4.59 The Committee recommends that an ongoing program of sports drug education be developed for schools, sporting and community groups. It could be based on the Curriculum Development Project being pursued by the Australian Sports Drug Agency, and on the survey on teenage sports drug use conducted by that Agency.

Recommendation Seven

4.60 The Committee recommends that junior weight category sports adopt the practice of double weighing - if weighing occurs early on the day of competition, it should be conducted again immediately prior to the competition. This will reduce the incentive to use diuretics.

SECTION III

SPORTS AND THE DRUG PROBLEM

CHAPTER FIVE

'PROFESSIONAL' SPORT

INTRODUCTION

Background

5.1 At Recommendation One the Interim Report recommended that a meeting of Commonwealth and State Ministers responsible for sports and health matters be held to consider matters raised in the Report. And at Recommendation Five, the Interim Report recommended that this meeting:

- (i) develop in consultation with relevant sporting organisations appropriate funding and charging policies for the Australian Sports Drug Commission, particularly in regard to professional sports and international competitions in Australia;
- (iii) investigate mechanisms through which professional sporting organisations can be encouraged to adopt drug testing programs designed by the Australian Sports Drug Commission and be subject to the decision of the appeals tribunal;
- (iv) agree that it be a precondition of any sporting organisation receiving government funding that it adopt standard penalties of a two year suspension from competition for a first offence and a life ban for any subsequent offence. (Interim Report, p. xxxvii)

Further, at Recommendation One the Interim Report recommended that 'professional' sporting bodies be encouraged to adopt the same definition of doping as used by the International Olympic Committee's List of Doping Classes and Methods. That Recommendation prescribed that 'professional' sports subject

themselves to the drug testing arrangements described in the Report. (Interim Report, p. xxxii)

5.2 The Interim Report also recommended at Recommendation Four that the Sports Drug Commission adopt a mix of testing policies including Competition Testing, Random Testing and Targeted Testing. A summary of the advantages and disadvantages of the three regimes was provided in Table 3.1 of the Interim Report and is reproduced below.

TABLE 3.1
ADVANTAGES AND DISADVANTAGES OF DIFFERENT
DRUG TESTING REGIMES

A. Competition Testing

- . Establishes bona fides of place getters and records
- . Detects abuse of drugs other than anabolic steroids

- . Does not deter steroid abuse

B. Random Testing

- . Ensures an element of risk for all sportspeople and has good deterrent effect
- . Is effective against anabolic steroid use
- . Protects tester from allegations of bias

- . May waste testing funds in low risk areas

C. Targeted Testing

- . Enables testers to focus on high risk sports
- . Enables testers to follow up complaints to test reports about specific athletes

- . Opens testers to allegations of bias and favouritism

5.3 Following the tabling of the Interim Report the Government began to prepare legislation to establish the Australian Sports Drug Commission and formed the Australian Sports Drug Agency as an interim measure. The ASDA immediately began testing programs along the lines recommended in the Interim Report to minimise drug use by Australian athletes leading up to the Auckland Commonwealth Games. It also commenced negotiations with 'professional' sports bodies to determine if testing programs could be initiated by the ASDA on a user-pays basis.

5.4 The Committee resolved to conduct hearings with a number of the key 'professional' sporting bodies to determine what progress was being made with these negotiations. The Committee had a wide range of 'professional' sports to choose from when considering its priorities for hearings. Mr Don Talbot, former Chief Executive of the Australian Institute of Sport, told the Committee that:

It would be a fatal error to exclude any sport if the inquiry is to look at the whole drug scene. (Evidence, p, 1604)

5.5 Sydney doctor Tony Millar told the Committee that with regard to anabolic steroids, he had 'seen it in league and union; I have seen it in Australian Rules, American football and in soccer. I have seen it in cricket, tennis, in track and field and in swimming'. (Evidence, p. 230) And, according to an article 'Steroids, the way it is' written by a 'prominent Australian athlete' who has 'competed successfully at an international level' and published in The Pump magazine:

Amongst bodybuilders and powerlifters it would be fair to say that 98 per cent of men use them, at ALL levels of competition, and up to 80 per cent of women at national and international levels. If this sounds a little incredible, go into any gym and ask the local drug pusher who he is selling gear to. The people he'll point out will astound you. Not just competing lifters and bodybuilders, but ordinary people who just want 'to get big', and believe me, they come in all shapes and sizes ... Some of (the sports) involved

include footballers, rugby players, cyclists, track and field athletes, swimmers, martial arts exponents, basketballers, hockey players, gymnasts, in fact almost any sport where speed, power, strength and endurance are needed. (The Pump, December/January, 1987/88, p. 68)

5.6 Given the limited time available for public hearings, the Committee resolved to select four 'professional' sports for close scrutiny: Australian Rules Football, Rugby League, Soccer and Basketball. The criteria used for the selection of these sports were as follows:

1. Their vulnerability to the use of sporting drugs.
2. Allegations raised in the Interim Report about the use of sports drugs.
3. An assessment of likely increases in the popularity of the relevant sports and an associated increase in financial pressures to use performance enhancing drugs.
4. The expenditure of public money on these sports (e.g. Soccer and Basketball).
5. The use of public resources (such as ovals, venues) by these sports.
6. Overseas trends in these sports relating to drug use and the risk of importing these trends through players and coaches.
7. The possibility of players from these sports being selected to represent Australia at Olympic level competition (Soccer and Basketball).
8. The extent to which 'stars' in these sports are used as role models by young athletes (e.g. Wally Lewis).

5.7 Before proceeding with an analysis and discussion of the four sports, two additional factors need to be canvassed: the concept of 'professional' and 'amateur' sports and the related concept of uniform penalties.

5.8 Previously the term 'professional' was used to discriminate between 'amateur' (Olympic) sports which involved intermittent competitions and 'professional' sports which involved regular, season-long (team) events attracting a system of payment involving fixed payments and bonuses. The word 'amateur' has been normally defined to mean a sportsperson who participates without payment as a pastime; whereas a 'professional' sportsperson is defined as someone who participates in a sport full-time as a regular occupation.

5.9 The dictionary definitions have been overtaken by television rights and private sponsorship. However, it was beyond the Committee's terms of reference to delve into this definitional problem in detail. In any event, the truth would be difficult to uncover behind promotional exaggeration of prizemoney and taxation-related understatement; quite apart from additional complications involving appearance money, travel, accommodation, end-of-season 'tours' and employment which primarily involves the company use of a prominent sportsperson's name to promote the employer.

5.10 It is, however, directly relevant for the Committee to consider payments when making decisions concerning the financial incentive to use performance-enhancing drugs and the concept of differential penalties for drug-taking in 'amateur' as opposed to 'professional' sport.

5.11 For example, what penalty has the amateur Ben Johnson suffered for his positive drug test at the Seoul Olympics? Estimates vary, but Johnson is reported to have lost \$20 million in potential earnings. Even before the 1988 Olympics he was commanding a \$30,000 appearance fee to run and had a \$2.5 million five-year contract with an Italian clothing company. He is

currently reported to be planning a \$4.08 million match race with US sprinter Carl Lewis to be run in Barcelona on September 25, 1990, two days after the end of his two-year ban for taking anabolic steroids. (The Sun, 29 January, 1990)

5.12 Another amateur, the Australian marathon runner Lisa Martin is reported to have foregone up to \$200,000 (for competing in the Osaka marathon) to represent Australia at the Auckland Commonwealth Games. (The Courier Mail, 1 February, 1990)

5.13 The sprints and the marathon, of course, are regarded as the glamour amateur events and attract considerable sponsorships. Other amateur events usually attract lesser payment in proportion to their popularity with television audiences and the marketing skills of individual athletes.

5.14 In the 'professional' sports, a top-grade 'professional' Rugby League player in the Sydney competition, if suspended for two years, would lose some \$200,000 in income, perhaps more if he also intended playing in the northern hemisphere season. The relevant club would also lose a considerable investment. But these amounts are minimal compared with the amounts lost by amateurs suspended from the popular amateur sports.

Penalties: Amateur v. 'Professional'

5.15 Logically, therefore, if financial loss is considered to be the major determinant of the length of suspension, a one week suspension for a world class amateur marathon runner or sprinter such as Ben Johnson could equate roughly to a two-year suspension for a 'professional' Rugby League player.

5.16 Clearly, then, financial considerations are hopelessly inconsistent and impractical when considering periods of suspension. The Committee therefore concludes that penalties imposed for drug-taking in 'professional' sports should approximate those imposed for amateur sports: two years for a first offence and life for a second offence.

5.17 In addition, the Committee concludes that penalties imposed in any one sport - amateur or 'professional' - should be respected by all sports. This would prevent the problem of suspended amateurs flouting their suspension by securing employment as 'professionals'. Canadian Ben Johnson for example was allegedly offered lucrative contracts to play 'professional' Gridiron football in the United States during his suspension. It would also prevent suspended amateurs taking up a non-Olympic amateur sport or suspended 'professionals' moving from one 'professional' code to other comparable 'professional' sports.

5.18 The Committee considers that anabolic steroids and stimulants are the major drug threats for 'professional' sport. This Chapter, therefore, concentrates on those drugs.

SOCCER

Background

5.19 The Australian Soccer Federation (ASF) is the parent body of the State soccer federations, and also operates the National Soccer League of Australia (NSL). The NSL includes Clubs from NSW, Victoria, South Australia and Queensland, which compete on a semi-'professional' basis. The ASF received a grant of \$100,000 in 1987/88 from the Commonwealth Government's Sports Development Program.

Relevance of Performance Drugs

5.20 Among the popular football codes in Australia, soccer would involve the least body contact. Accordingly, some have argued that there is little point in taking drugs to develop body weight for that purpose. Dr Corrigan from the Australian Soccer Federation suggested:

I do not think there is any purpose in soccer players taking anabolic steroids. (Evidence, p. 2796)

Nevertheless, Dr Corrigan later qualified this judgement when he advised:

I do not believe that soccer players, except maybe a couple of the people up the back, are relying on bulk. (Evidence, p. 2798)

5.21 Dr Corrigan's qualification is supported by the case of Alistair Edwards. In September 1987 Mr Edwards' A sample was tested positive for nandrolone while he was a soccer scholarship holder at the AIS. Nandrolone (Durabolin and Deca-Durabolin) is an oil-based anabolic steroid that can be taken only by injection; it continues in the system for many months. (In this case the B sample tested negative for unknown reasons.) (Evidence, p. 2792)

5.22 Of course, weight gain is not the only purported benefit of anabolic steroids. The Deputy Chairman raised the question of 'power' with Mr Brusasco, then Chairman of the Australian Soccer Federation. However, Mr Brusasco did not accept that there was an advantage to soccer players from anabolic steroids for that purpose. (Evidence p. 2796) This kind of view was presented to the Committee throughout the inquiry. However, the Committee also received extensive evidence relating to lower steroid doses providing reductions in recovery periods for athletes undertaking heavy training loads. And the Committee repeats the suggestion by Mr Don Talbot, former Chief Executive of the AIS, which appeared in the Interim Report:

It would be a fatal error to exclude any sport if the inquiry is to look at the whole drug scene. (Evidence, p. 1604)

5.23 Another purported application for anabolic steroids is for injury recovery. Dr Corrigan considered:

I do not believe that there is any role for steroids to play in the treatment of injuries. I do not believe there is any evidence that shows that they have any value. There are a few people who say they use them, which is a

separate argument but they are not using them because they know they work ... I think if you are using steroids to treat an injury, it is an excuse. (Evidence, p. 2797)

5.24 While the Australian Soccer Federation representatives denied the applicability of anabolic steroids to their sport, they admitted that amphetamines could be useful; Dr Corrigan suggested:

I do not see the advantages to a soccer player of anabolic steroids, whereas I could see the benefits of the amphetamines or something. (Evidence, p. 2796)

Dr Corrigan agreed with the Chairman that any testing program in soccer could effectively concentrate on amphetamines. He confirmed, however, that:

in the off-season at training programs, it would be worth while doing some test[s] for anabolics. They are not that silly. I do not think that during a season to try to do a lot of tests on anabolics would be worth it. (Evidence, p. 2798)

5.25 The Committee considers that drug testing in soccer would be prudent both in season and during the preseason. This is because anabolic steroids could be taken preseason to build up greater strength and power for the coming season; and anabolic steroids could be taken during the season to assist injury recovery and improve endurance. Testing for amphetamines, however, would be necessary only during the season, on the day of a match or the following day.

Drug Testing Regime

Policy

5.26 The Australian Soccer Federation and its affiliated members have adopted the Australian Soccer Federation (ASF) Doping Policy. Mr Brusasco advised the Committee that this Doping Policy would be incorporated in the ASF articles of association

at its annual general meeting. When asked whether the policy was implemented, Mr Brusasco advised that:

All the members, all the State federations, the National Soccer League and all our members have been advised that this policy has been approved by the commissioners and is now policy. (Evidence, p. 2791)

5.27 With regard to player consent to testing, Mr Brusasco advised:

The players sign that they will abide by the rules and regulations of the Australian Soccer Federation ... once it is in our memorandum and articles players are governed by the rules of FIFA. We have to follow its rules and they have to abide by our rules. (Evidence p. 2791)

Apparently, then, soccer players do not need to sign consent forms or have contracts rewritten to be subject to the ASF Doping Policy. (Players using government facilities or eligible for Olympic teams would have to sign AIS or AOF consent forms respectively.)

Doping Provisions and Penalties

5.28 The ASF has adopted the doping practices and doping agencies that are prohibited by the International Olympic Committee (IOC). (Evidence, p. 2787) Essentially, under the ASF Doping Policy players found to have contravened the doping provisions will be suspended from all competitions for a period of:

- . two years for a first offence;
- . life for any subsequent offence. (Evidence, p. 2788)

Frequency of Tests

5.29 Importantly, while having a Doping Policy with adequate provisions and penalties, the ASF representatives were vague

about the number of tests that were envisaged. Mr Brusasco advised:

I think any testing would be terrifying to players. If you started testing and you did a half a dozen tests, I think it would terrify players because for a lot of them it is not a big income but they are depending on that income. (Evidence, p. 2800)

However, Dr Corrigan and Mr Brusasco did not appear to have formulated a view on the number of tests to be carried out. Dr Corrigan suggested that:

in a year you would need a minimum of 100,

on which Mr Brusasco commented:

That is a lot of tests. (Evidence, p. 2800)

At the time that the ASF representatives appeared before the Committee (1 November 1989), no tests had been undertaken. (Evidence p. 2791)

Co-operation with ASDA

5.30 The ASF did confirm, however, that the Australian Sports Drug Agency (ASDA) would conduct all tests. The Agency would control the selection of athletes and scheduling of tests. (Evidence p. 2800-1) Mr Brusasco advised:

The Australian teams have never been worried because you have to remember that we have participated in the FIFA-controlled competitions in which you get random testing. Our Australian teams are quite used to that. (Evidence, p. 2802)

5.31 The ASF representatives advised that the cost of testing would be covered by the National Soccer League:

It is run by a sub-committee of the Australian Soccer Federation. It finances itself and it

would be asked to pay for the testing. That means the clubs. (Evidence, p. 2800)

Nevertheless, Mr Brusasco indicated that the ASF would be seeking financial support from the Australian Government for its drug testing program. (Evidence, p. 2805)

BASKETBALL

The National Basketball League

5.32 In its submission (No. 73), the NBL advised:

The National Basketball League began operation in 1979 as a group of ten local clubs representing domestic basketball associations. In 1982 the League began to operate under the corporate umbrella of the Australian Basketball Federation, albeit as an autonomous body. In 1989, the League was incorporated in its own right as NBL Management Ltd with fourteen equal shareholders, being the thirteen existing clubs and the Australian Basketball Federation. The clubs, themselves, are now all separately incorporated entities whose ownership structures vary from private ownership to ownership by a state basketball association. The League operates under a Participants Agreement which establishes the administrative structure for the League and NBL Rules and Regulations which deal with the physical operation of the competition.

At the moment the League has 156 registered players - twelve per team. Of these roughly at any one time 20-25 are Australian national team squad members for various training camps while twelve eventually make any Australian team. These players are responsible to the Australian Basketball Federation, a member of the AOF, as far as the drug restriction rules are concerned and must sign a document with the ABF agreeing to be random drug tested. Basketball is, of course, an Olympic sport.

Relevance of Performance Drugs

5.33 Mr Bill Palmer, General Manager of the National Basketball League advised the Committee that at the international level there was not a recognised drug problem in basketball:

there has never been a problem in the sport to my knowledge, certainly not at the international level ... FIBA has been testing randomly for some time and there has never been a positive return. (Evidence p. 2771)

5.34 Further, Mr Palmer claimed that, because weight gain was not 'terribly important' to a basketballer, anabolic steroids are probably not an aid in the sport:

I am not too sure whether it has been shown that anabolic steroids are any aid to a basketball player at all, given the nature of the game. I do not know that. We are delving into scientific reasons but I suspect steroids are not an aid. Weight gain is not terribly important for a basketball player. (Evidence p. 2778)

5.35 The Committee has received this kind of view from the representatives of several sports. It has already been noted that Dr Corrigan made a similar claim for soccer although he subsequently admitted that some players could employ bulk in particular positions. The Committee has two comments on Mr Palmer's claim that anabolic steroids are unlikely to be an aid in basketball given the nature of the game, and that weight gain is not terribly important in basketball. First, even in sports where weight gain is not a significant factor, athletes are being found positive for anabolic steroids. For example, France's number two squash player Julien Bonetat has failed two tests on a sample taken after the French championships in May 1989. An independent test was carried out after the first proved positive. (AFP Report, 29 December 1989) Second, and more directly relevant to Mr Palmer's evidence, the Committee is unconvinced that weight is not an important relevant factor in basketball. A recent statement by the Chairman of the Board of the Canberra Cannons confirms this view. In commenting on the loss of a player to another club, Mr Peter Higginson was reported in a press article to have said:

His departure leaves us a little lacking in height but we have more than made up for that

in bulk. (The Canberra Times, 22 December 1989, p. 16)

5.36 Further, the inquiry has received evidence of the use of anabolic steroids to assist athletes in injury recovery. Basketball is not insulated from this practice. The Committee was advised during in camera evidence of the administration of anabolic steroids allegedly for therapeutic purposes on two occasions at the Australian Institute of Sport. Both athletes were basketballers. (In Camera Evidence p. 680) The Interim Report noted:

5.38 The first of these cases occurred in 1986 and involved an athlete who subsequently went on to represent Australia at Olympic level. The athlete concerned was suffering 'a chronic degenerative condition associated with overuse of patellar tendons' and was showing no improvement after several months of conservative treatment. After consultations, described later, the athlete was given 'a short course of low dose oxandrolone (5mg/s per day for six weeks)'.

5.39 The second case was in 1987 and involved another male athlete who had required surgery for the reconstruction of his knee. The world championships for his particular event were later in the year but as Dr Maguire said:

as the championships came closer and closer it was quite obvious that his rehabilitation was much slower than one would have anticipated. So at that stage a decision was made ... to commence a course of anabolic steroids to enhance his rehabilitation so he would again be able to compete in the world championships.

'Recreational' Drugs

5.37 The clubs associated with the NBL continue to draw on the United States for talented and experienced players. Numerous American basketballers are currently under contract to NBL clubs. The Committee is concerned about reports of basketballers in the

United States who use recreational drugs such as cocaine and heroin. The Celtics contracted player, Len Bias, died in the United States from a drug overdose. The Committee is aware that basketballers contracted from overseas may bring with them a lifestyle that includes recreational drug use. The Australian Sports Medicine Federation Survey of Drug Use in Australian Sport published the comment of a 26 year old basketballer on sports drugs:

Doesn't appear prevalent in Tasmanian basketball - drugs taken by some American basketballers in this state are of a different nature, eg, dope.

5.38 It is not only the acceptance of an imported drug culture in basketball that is of concern. As the salaries of basketballers continue to rise in Australia, so Australian basketballers will begin to have the disposable incomes that make the American basketballer lifestyle possible. And this can include recreational drugs. Mr Palmer stated:

There is no question that that is a potential problem as the disposable income of our players gets greater and greater. It is not very great for most of the players at the moment but, nevertheless, it could and I suppose it is not impossible that that problem could translate across the Pacific. (Evidence, pp. 2779-80)

Drug Testing in Basketball

5.39 In its submission to this inquiry the National Basketball League (NBL) advised that the honorary medical officer of the Australian Basketball Federation (ABF):

is drawing up Basketball's policy in regards to drugs ... It is anticipated that both the NBL and the ABF will share a common policy. (Evidence, p. 2761)

Mr Palmer tabled Draft No. 2 of the ABF Doping Policy on 1 November 1989. (Evidence, p. 2765-7) Mr Palmer anticipated that

the drug testing regime would be established for the start of the 1990 season:

at the end of March everything should be pretty well set up. (Evidence, p. 2775)

Prior to 1990, of course, basketballers playing for and against the Canberra Cannons at the Australian Institute of Sport in Canberra have been liable for drug testing under the AIS policy of random testing for all users of the facility.

5.40 The draft NBL Doping Policy allows for:

doping controls which shall be conducted by the ABF Medical Commission, the FIBA Medical Commission, the Australian Sports Drug Agency or body as delegated by the ABF in conformity with the rules from time to time of the IOC Medical Commission. (Evidence, p. 2765)

'Doping' as stipulated in the Policy:

shall have the same meaning as determined from time to time by the International Olympic Committee. (Evidence, p. 2765)

5.41 In evidence Mr Palmer confirmed that the NBL would have no objection to drug testing being carried out by an independent agency. (Evidence p. 2769)

5.42 The NBL submission advised that the standard player contract provided at 2.9.2:

That if required, at the sole discretion of the AOF, ASC, ABF, NBL, the club or the Australian Government Drug Testing Authority at any time undergo a test or tests to provide a sample which may be analysed to determine whether or not he has taken or used drugs or stimulants or participated in other practices prohibited by the above bodies. (Evidence, p. 2762)

Nevertheless, the Committee has noted that the NBL submission does not refer to targeted testing. Rather, it specifically states:

This standard contract anticipates the possibility of random drug testing. (Evidence, p. 2761)

5.43 The Committee considers that the NBL should include specific reference in its drug testing policy and player contracts to targeted testing. The Interim Report (p. 95) noted that targeted testing has the advantage of enabling testers to follow up complaints and to test specific athletes. The NBL policy should include both random and targeted testing.

Penalties

5.44 The draft ABF Doping Policy provides for the penalties specified in Recommendation Five (iv) of the Interim Report:

a two year suspension from competition for a first offence and a life ban for any subsequent offence. (Interim Report, p. xxxvii)

In addition, the NBL policy provides a three month suspension for inadvertent banned drug use. (Evidence p. 2766) This is consistent with Recommendation Five (v) of the Interim Report:

as an interim measure, and until the completion of research directed towards setting the maximum levels beyond which inadvertent use of a drug cannot be claimed, the Commission be given discretionary power to recommend to the sporting federations a penalty of less than two years ban for persistent inadvertent use. (Interim Report, p. xxxvii)

Cost of Testing

5.45 The ABF draft Doping Policy does not make reference to the financial obligation for drug testing. In referring to testing by an independent agency, however, Mr Palmer commented:

I am not too sure about the user pays principle. That causes us some concern because we have not really costed something like that, but certainly we have no objection at all to random drug testing. (Evidence, p. 2769)

Mr Palmer pointed out that the NBL did not have the financial resources of the Rugby League or the VFL. (Evidence, p. 2771) However, in response to the Chairman's suggestion that the NBL testing regime would involve about 100 tests at a cost of about \$15,000 per year Mr Palmer responded:

That would be within our range. (Evidence, p. 2772)

Enforcement

5.46 The ability of drug testing regimes to be enforced is one of the Committee's major concerns. Mr Palmer advised that the NBL had recognised that, with regard to random testing:

The problem that we have recognised is the legality of doing so as far as the players are concerned, because in the National Basketball League we had no set of legal structures that would require a player to submit to random drug testing. (Evidence, p. 2769)

Mr Palmer confirmed that:

we are working through contracts at the moment, and through the effluxion of time everybody will end up having to sign that contract - there are existing contracts. We are looking also at making that part of the annual registration that all players have to do, whereby they agree to abide by the rules of the League, and that is probably another method that we could facilitate to allow for random testing as early as next year. (Evidence, p. 2770)

Mr Palmer further advised:

that the clubs have agreed to the standard player contract which contains those clauses

indicates that they have no problem with random testing. (Evidence, p. 2774)

RUGBY LEAGUE

Background

5.47 NSW Rugby League Limited (NSWRL) is a private company which operates Australia's primary rugby league competition. Teams are drawn not only from Sydney and other NSW centres but also from Queensland and the ACT. The company's principal sponsor is the Rothmans tobacco company, maker of the Winfield brand; the competition is accordingly entitled the Winfield Cup. The Commonwealth Government does not provide financial assistance to such 'professional' codes; there is no financial leverage for the NSWRL to comply with Commonwealth policy on issues such as drugs.

5.48 Participants in the sport are paid, although most are employed only in a part-time capacity. The players are contracted to a Club and to the League, often on a season-by-season basis, although longer term contracts are offered to 'star' players. Registration provides for players to be subject to prescribed drug testing.

Relevance of Performance Drugs

5.49 Rugby League has some experience with players who have used drugs to enhance performance. During a semi-final match in the 1984 Sydney competition between South Sydney and Manly, there was a report of amphetamine use by Souths players. Darren McCarthy was reportedly put on a drip and was quite seriously ill as a consequence of an amphetamine overdose. (Evidence, pp. 2750-1)

5.50 The extent of stimulant abuse in Rugby League was demonstrated in a poll conducted by the magazine Rugby League Week in August 1989. In a confidential poll of 100 first grade players, twenty-five per cent answered in the positive to the

question 'Are stimulants or steroids used by players to enhance performance?'. (Evidence, p. 2737)

5.51 With regard to anabolic steroids, the Committee received evidence from a medical practitioner who had prescribed steroids to an aspiring Rugby League player. Dr Kevin Hobbs who, somewhat ironically, had conducted drug testing at the Lang Park Rugby League facility, advised that he had provided one prescription for 'a weed' who was going to play in New South Wales. (Evidence, p. 2617) Dr Hobbs confirmed that the player would not take the steroids during the season when he was likely to be caught; he would take them in the off-season. (Evidence, p. 2618) Dr Hobbs also advised the Committee that he provided the steroid prescription on the advice, by telephone, of Dr Tony Millar. While Dr Hobbs was unable to recall the doses that he prescribed and was uncertain about the name of the anabolic steroid, he was confident to have provided the prescription on the 'say-so' of a doctor that he respected. (Evidence, p. 2623)

5.52 The Committee also heard evidence from a former Rugby League player who had taken an eight week course of anabolic steroids over the off-season between 1976 and 1977. Mr Graham Olling played for Australia and has coached the Brisbane club Redcliffe. He explained that, having moved from the second row to the front row, he wanted to increase his weight by half a stone. (Evidence, p. 2573) Mr Olling's course was very light by comparison with the dosages consumed by most contemporary athletes who take steroids; he took up to 10 milligrams per day of Dianabol tablets whereas some athletes are consuming more than 200 milligrams per day. (Evidence, p. 2575) Mr Olling explained that, in fact, he gained more weight after stopping the steroid course and assuming a different style of training. (Evidence, p. 2576)

5.53 Mr Olling confirmed, however, that while his weight increased by only half a stone following the course of steroids, another player known to him had put on three stone using anabolic

steroids. Mr Olling suggested of the former Parramatta player, Brad Williams:

if you saw Brad before he took the steroids, he was like a feather. (Evidence, p. 2578)

5.54 Mr Wally Lewis who has captained the Australian Rugby League team, advised that he had no personal knowledge of players using either anabolic steroids or amphetamines:

No, none whatsoever. The only one I have heard of is Graham Olling - this was a number of years ago - who admitted to using steroids in an effort to build himself up to play in the Sydney premiership. There have been a lot of other whispers which people have heard along the way and they seem to be rather suggestions of jealousy: 'Gee, that club must be using steroids - look at the size of those guys'. It is impossible for me to say whether or not they are using steroids, just due to their sheer size, because they might just be exceptional trainers and guys who have dedicated themselves to training to be very successful in the particular game that they play for a period of four or five months before the season. Also they might be naturally well-built guys before they started their body building program. As I said, there are obvious suggestions of use, but none that are known. (Evidence, pp. 2563-4)

5.55 Mr Lewis' advice that there was little evidence of drug taking in Rugby League was shared by the NSWRL general manager, Mr John Quayle. Mr Quayle advised that the NSWRL initiated a drug testing program in 1986:

In some 360 tests we have not had any sign whatsoever of positives for steroids or other drugs. We have only had two positive tests that relate to medicines given to individuals. (Evidence, p. 2734)

And in response to the question whether Rugby League is a sport likely to be conducive to the temptation to use anabolic steroids, Mr Quayle responded in the negative:

I think that there are too many athletes playing the game of rugby league at the top level that pride themselves in their personal fitness and participating in a team sport, rather than using a substance. I would be very confident that, certainly at top level, that is not the case. I do not think we, as a sport, are naive enough not to know that there are problems in the younger area of the player aspiring to be a rugby league player, which is not within our control. But I think our policy from the 1990s will rectify any problems that may be there, if they are. (Evidence, p. 2732)

5.56 The Committee notes that the confidence expressed by Mr Quayle that senior players are unlikely to be tempted to use anabolic steroids is not shared by the leading coach, Mr Jack Gibson. Mr Gibson published an article in Rugby League Week which suggested:

People, and we can't dismiss league footballers here, take steroids because they think steroids make you a better athlete. (Evidence p. 2745)

Further, the accomplished front-rower Mr Peter Tunks wrote in Rugby League Week of 8 March 1989:

sadly I suspect some players are going outside the normal bounds of physical application to get that extreme size and strength. I know its a dirty word at the moment but I'm talking about steroids. (Evidence p. 2744)

The Committee considers that a combination of factors render quite significant the temptation to use anabolic steroids at the elite level in Rugby League. These factors are:

- . the need for strength, speed, size and aggression;
- . the financial and other rewards at the top level of Rugby League.

Rugby League's Drug Control Regime

NSWRL Policy

5.57 Following the amphetamine incident in the 1984 semi-final match between Manly and Souths, the NSWRL to its credit acted to confront the issue of drug taking in Rugby League. A meeting was called for December 1984 involving all Sydney Club secretaries, coaches and assistant coaches. Among other issues the meeting was to consider drug use by players; the NSWRL general manager prepared a report on the allegations of stimulant use. (Evidence, p. 2748) Subsequently, the NSWRL set up a program of random drug testing for the Winfield Cup Competition:

NSW Rugby League was the first professional sport in this country to decide on its own initiative, after a meeting with club officials, coaches and players, to implement a random drug testing policy document. That was implemented in 1986. (Evidence, p. 2710)

5.58 Mr Quayle advised the Committee that, following discussions with the Australian Sports Drug Agency, the NSWRL has implemented a new drug testing policy document for 1990. Mr Quayle advised that the new (1989) document, which was provided to the Committee, allows for:

- . the testing of younger players such as the 17 year old players in the Jersey Flegg competition;
- . testing in the off-season; and
- . testing at training sessions during the week as well as on match day. (Evidence, p. 2711)

Drugs tested for in the NSWRL policy are those on the International Olympic Committee list of banned drugs. (Evidence, p. 2714)

5.59 The Committee commends those aspects of the 1989 NSWRL drug testing policy that enable the testing of younger players and provide for testing in the off-season. The potential for younger athletes to be tempted to use performance drugs has been of concern to the Committee. And, the Committee has been advised that testing for anabolic steroids in Rugby League players would be most relevant to the off-season. (Evidence, pp. 2582-85)

5.60 Mr Quayle further advised that the NSWRL had accepted that about 200 random tests would be performed annually for the A-grade competition and the Winfield Cup. (Evidence, p. 2719) Mr Quayle also confirmed that the NSWRL was happy to leave player selection in the hands of the Sports Drug Agency. (Evidence, p. 2720) Importantly, as with selection for drug tests in the NBL, the NSWRL policy needs to specify that targeted testing will also be part of the anti-drug program.

5.61 It was suggested to Mr Quayle by the Committee Chairman that, where players were disciplined during the course of a game, a drug test could be conducted during the following week. Players liable to such testing would have displayed persistently over-aggressive behaviour resulting in being sent from the field; the ASDA could determine a system. Mr Quayle confirmed:

I would think that in discussion with it if it felt that that was necessary or wished to do it that would be approved by us. (Evidence, p. 2721)

In this regard, the Committee notes that the NSWRL Random Drug Testing Programme Policy Statement 1989 provides:

Players may be asked to present themselves for testing on the Monday night following their game. (Evidence, p. 2716)

The Committee understands that this means that testing could be performed on the day after a competition game for both anabolic steroids and amphetamines. There is no need to have drug testing officials present at every game.

5.62 In summary, then, for 1990 NSWRL drug testing will cover all grades from Jersey Flegg onwards, will entail about 200 tests, proscribes the IOC banned list of drugs, will include off-season testing, and tests will be supervised by the ASDA. Those targeted for testing, subject to discussions with ASDA, may include players sent from the field for persistent over-aggressive behaviour. The Committee approves of all these elements.

Penalties for Prohibited Drug Use

5.63 The 1989 NSWRL policy document in referring to the consequences of a positive drug test states only:

The Drug Control Committee will have sole responsibility for action against a player for a first offence through the Club's doctor. A second offence would require a report to the Board of Directors of the NSWRL. (Evidence, p. 2718)

During public hearings, Mr Quayle was questioned about penalties. Mr Quayle responded:

Again I would have to say that we would have to consult after your recommendations in conjunction with the drug committee. In relation to penalty I would see in the first instance that that would be a little lenient. A player can be suspended for three months through an incident on the field of play. If it was considered and he was found positive for using a particular drug, especially to improve his performance, I would consider that the penalty should be much bigger. When you say that you are giving a person suspension for a year, that is a season of rugby league and that is a considerable cost, not only to the player but certainly to the club. I would see those penalties within guidelines that would be acceptable to our organisation. (Evidence, p. 2728)

The Chairman enquired whether there should be a comparable set of penalties between the 'so-called amateur sports and the so-called professional sports'. Mr Quayle agreed. (Evidence, p. 2728)

5.64 The Committee considers that the NSWRL has acted expeditiously to establish a drug testing policy. Further, the NSWRL has demonstrated the extent of its concern about this matter by committing considerable funding to it since 1986. Nevertheless, the Committee is concerned that the drug policy document does not specify the penalties to be imposed in the event of positive drug tests. Without the establishment of adequate penalties, the policy document may not amount to a sufficient deterrent against proscribed drugs. Mr Wally Lewis supported the imposition of heavy penalties for this reason:

Obviously, the penalty has to be as big a deterrent as possible to try to get them out of the problem. I would support any system that went along; the heavier the better.
(Evidence, p. 2568)

In commenting on the NSWRL policy of counselling for a first drug offence, Mr Lewis suggested:

I do not know whether I believe that is a big enough deterrent first-up. I believe it is an open-ended deterrent. You are saying: 'Do not do it, but if you do we are not going to do anything to you. We are going to hand you over to somebody who is going to say, "Do not do it again, and can we give you some sort of help?'. I believe if it is going to be illegal to use them - which it obviously is - there has to be some major deterrent first-up.
(Evidence p. 2569)

Mr Quayle suggested that a twelve month penalty would be substantial, and the Committee notes Mr Lewis' support for a 'major' deterrent. Given Mr Quayle's agreement that penalties should be comparable between amateur and 'professional' sports, the Committee considers that the NSWRL should follow Mr Lewis' advice and impose a two year suspension for a first offence and life ban for any subsequent offence.

The NSWRL Player Contract

5.65 The NSWRL Random Drug Testing Programme Policy Statement 1989 stipulated (p. 3):

The official NSWRL Registration Form that all players must sign indicates that if selected they will agree to undergo the prescribed drug tests as laid down by the League. (Evidence, p. 2716)

This repeated the provision in the 1986 document. (Evidence, p. 2706) And Mr Quayle advised:

I would also like to add that any player who registers to play the game at grade level must, as part of his registration, personally sign an agreement; and part of that agreement also says that he agrees to undergo the prescribed tests as laid down by the NSW Rugby League Drug Control Committee if requested to do so. Any player registered with our competition signs that registration form. (Evidence, p. 2719)

Mr Quayle went on to explain:

That is the actual Winfield Cup competition: any player from the Presidents Cup - which is the 21-year-olds - to first grade. (Evidence, p. 2719)

Mr Quayle did not indicate, however, the way in which the younger players involved in the Jersey Flegg and S.G. Ball Cup Competitions would be obliged to consent to drug tests. Paragraph 5.58 of this Chapter has noted that the 1989 NSWRL drug code provides for the drug testing of the younger players.

Cost of Testing

5.66 Mr Quayle confirmed that testing had been carried out in an Australian laboratory, but that:

when the Queensland hospital lost that accreditation, it was left individually to the

sports to have their tests done in Los Angeles. Our sport continued to carry that out, but at a cost of about \$480 per test. (Evidence, p. 2711)

5.67 The Committee was advised by Mr Quayle that, from 1986 to 1989, the NSWRL had spent approximately \$22,000 on drug testing; \$30,000 was budgeted for 1990. (Evidence, p. 2725)

Run-on, Run-off Replacements

5.68 The Committee understands that the NSWRL experimented during the 1990 pre-season competition with the practice of run-on, run-off reserves. The objective was to prevent a risk to the health of players, particularly the big forwards, of playing in the heat prevailing at the time of pre-season matches (February). The idea is that players may be replaced by a limited number of run-on reserves. In effect, many players would not play for the full duration of the match:

The rule will allow a coach repeatedly to substitute his 13 players and four reserves effectively turning the game into a 17-a-side affair. (The Courier Mail, 8 January 1990)

5.69 While the Committee understands the reasons for this development in Rugby League, it does not welcome it. If extended into the normal playing season, it is a development that could lead to forwards concentrating exclusively on bulk at the expense of fitness and being tempted to use anabolic steroids in the off-season for that purpose. The Committee is concerned about developments in any sport that would increase the temptation to use performance drugs. It would be preferable for the NSWRL to trial other methods of dealing with this problem. That could include holding all pre-season games in the evening, and shortening the length of the quarters for these games. Further, a longer break at half-time could be utilised.

Summary

5.70 In general the Committee has been impressed with the past practice of the NSWRL in responding to the performance drug threat to Rugby League. The Committee also considers that, with one reservation, the NSWRL drug code provides a model for other professional sports. The reservation is that the code should specify the penalty regime that is to apply.

AUSTRALIAN FOOTBALL LEAGUE

Relevance of Performance Drugs

5.71 The Committee was presented with a picture from AFL representatives similar to that provided by other professional sports - that there is little or no application for performance enhancing drugs in the code. In the case of the AFL these assurances came from a Club doctor, a current player who is also President of the AFL Players Association, and from the Chairman of the AFL Commission. For example, Mr Simon Madden, the AFL player, claimed that skill is the major measure of a player. (Evidence, p. 3576) His view was strikingly similar to that put by Mr Quayle with regard to Rugby League:

If a player cannot catch a ball or he cannot make a tackle and he drops the ball every time he gets it, he will not be very successful in our sport. (Evidence, p. 2733)

In fact Mr Quayle proceeded to compare the two codes:

An Australian rules footballer, who needs speed, height and aggression as well, is no different from a rugby league player or a soccer player. If he is fast he still needs skill to participate in the game. (Evidence, p. 2733)

Mr Madden made a similar point:

If Dermott Brereton could not kick a football or mark a football, it does not matter how

many people he could run through, they would not play him. The main measure of a footballer is his skills. (Evidence, p. 3577)

Mr Madden concluded that the use of anabolic steroids in AFL would be 'minimal'. (Evidence, p. 3577)

5.72 Dr Peter Brukner is a doctor specialising in sports medicine, and is the club doctor for the Melbourne AFL club. Dr Brukner argued that endurance is particularly important in AFL and that it has not been established medically that anabolic steroids assist recovery rates and endurance. (Evidence, p. 3558) Dr Brukner pointed out that some players run twenty-five kilometres during a game, which is like running a half marathon every Saturday. (Evidence, p. 3560)

5.73 The Chairman of the AFL Commission, Mr Ross Oakley, gave a view supporting the claims of the other AFL witnesses concerning game skill and the requirement of endurance:

As Simon pointed out, it is a high skill game and the important thing is that all the players today need to be quite mobile. So bulkiness alone is not a necessary criterion for the game. One of the most important things in our game is durability; being able to last a full game and being able to run around a large football field for 120 minutes of football. On that basis, I do not believe there is a risk group as such, as there is in rugby. (Evidence, pp. 3612-12)

5.74 As with the other professional sports that it has examined, the Committee is most unconvinced by views of this kind. While skills and endurance are of course essential for AFL players, it would be absurd to imply that other characteristics such as strength, size and speed are not particularly useful. And those attributes can be enhanced by anabolic steroids.

5.75 Importantly, this view has been supported recently by the leading player Mr Dermott Brereton. The Sunday Age of 19 November 1989 reported:

Star Hawthorn centre half-forward Dermott Brereton believes there is nothing wrong with footballers using steroids out of season to build muscle and bulk.

In an article in the same newspaper, Brereton wrote:

I can see that an exceptionally thin and frail player can benefit from taking anabolic steroids.

Presumably Mr Brereton also believes that anabolic steroids can benefit most players, not only those that are 'frail', because he subsequently wrote:

But someday, if it became legal to use steroids and my opponents were employing them, I would also. (The Sunday Age, 19 November 1989)

5.76 Not only have such views been expressed by a leading current player. Former VFL players have pointed out that drugs have been employed for some time. In an article in The Sunday Age of 19 November 1989, Dr Brukner noted:

Two former Richmond players, Bruce Monteath and Stephen Mount claimed earlier this year that the use of drugs during their time in the VFL was significant and suggested that anyone who claimed that the problem was non-existent was naive.

The Committee has not been presented with evidence that would discredit the view of the former Richmond players. And their view reinforces the Committee's belief that, like other athletes, AFL players are vulnerable to the temptation to take performance enhancing drugs and that some current players use them.

5.77 The Committee's belief about the relevance of performance drugs to AFL players extends beyond anabolic steroids. The Australian Sports Medicine Federation's 1982 Survey of Drug Use in Australian Sport presented two profiles of Australian Rules footballers. One took both of the stimulants Caffeine and Catovit and claimed that they were supplied by his

coach. The other Australian Rules player took Caffeine 'often' in addition to Catovit; he advised that the Catovit was prescribed by a doctor. These stimulants are now proscribed drugs according to the AFL drug code. The fact that players have used them often in the past, and that coaches may have been involved in their supply, indicates that the AFL will need to be conscientious in the application of its testing procedures.

5.78 Finally, with regard to anabolic steroids, the Committee's conviction that they can be directly relevant to AFL players was confirmed during in camera evidence. The Committee accepts, as credible, advice that VFL players in at least one Melbourne club have been administered anabolic steroids over a period of years by the Club doctor. (In Camera Evidence, pp. 1415-1417)

5.79 This picture of performance drug abuse among Australian Rules players was highlighted in the Survey of Drug Use. Appendix II of that document records the profiles of 31 persons who obtained a survey score of more than 60. Such a score indicates the use (within the past year) of two or more drugs from the Diuretic, Anabolic Steroid or Stimulant classes. Of those 31 persons, 9 were powerlifters, 8 were from Australian Rules football, and 4 were weightlifters.

5.80 In summary, the AFL does in fact have a problem with player abuse of anabolic steroids and stimulants. The Committee is satisfied, however, that the AFL Administration has become aware of the extent of the problem during this inquiry and is acting expeditiously to counter it with an effective testing program.

AFL Training Culture

5.81 The Committee is aware that the various sports are characterised by their own cultures. One aspect of the AFL code appears to be that teams are strongly insular. Dr Brukner explained to the Committee that a lot of gym work is done,

including during the off-season, and particularly by the younger players. Nevertheless, in the case of Dr Brukner's Club at least, all gym work is done at the Club. In response to a question about the risk of players coming into contact with drug pushers in gyms, Dr Brukner responded:

That is probably one of the reasons why it has not developed. VFL football is a very insular thing and it is not part of their subculture, the way it may be in American college football or something like that. (Evidence, p. 3561)

5.82 Simon Madden confirmed this view:

As I said before, I am not naive enough to say that nobody has ever tried it. You would not be able to say that. But you would definitely know from the grapevine, by talking to other players, by mixing with other clubs, if anybody was doing it. The sport does not lend itself to it. As the doctor said, we are insular, we are not involved in gyms outside the sport; we are not involved in weight-lifting or being involved with people who have access to them. (Evidence, pp. 3578-9)

And Mr Oakley, in responding to the Chairman's suggestion that there could be a drug problem in the AFL that has not been detected by management, responded:

There is a chance that that is the case, except that VFL is a fairly tight community and the players are very well-regulated by the clubs. They do not get much of an opportunity to get outside the VFL scene, as such. They do most of their training and weight work within it and the gym work is done in the club ... They all have gymnasiums in their club rooms now ... (Evidence, p. 3607)

5.83 Of course, the AFL is not unique in this respect. It is to be expected that teams from other sporting codes are also insular, spending much of their non-working time together. In commenting on the inconvenience of drug testing on Sunday evenings, for example, Mr Wally Lewis advised:

But you have also got to understand that the players do give many hours a week in training. They virtually give up any social life on Friday and Saturday nights prior to a game because they are looking after their bodies and their systems so as to be able to perform to the maximum of their ability on the Sunday. And to ask them again on Sunday night to give up probably their only free night of the week is getting a little bit strenuous and tedious on marital relationships, I can assure you. When you are training Monday, Tuesday, Thursday and Friday nights, you have Wednesday night at home and hopefully Sunday night, you would like to spend that Sunday night with your family and/or friends. (Evidence, p. 2559)

And Mr Brian Canavan, conditioning coach for the Brisbane Broncos Rugby League Club, advised:

In the coaching field, if you have hands on with the players on a daily basis, which we virtually do, even if they just come into your office and you have general chit chat, you can pick up mood changes or friction within a player. (Evidence, p. 2394)

5.84 Rugby League representatives, however, allowed that there were opportunities for players to come into contact with steroids. Mr John Quayle indicated that younger players involved in gymnasiums could add performance drugs to their training program (Evidence p. 2732) and Mr Canavan pointed out that:

we do not live in the players' pockets 24 hours a day, of course. (Evidence, p. 2390)

5.85 While the Committee accepts the strong insularity of the AFL culture, then, it is clear that other codes also are characterised by insularity. Further, although there may be more exposure to gyms by Rugby League players, AFL players also have the opportunity of access to performance drugs outside of their Club life. Accordingly, while the Committee notes with approval that AFL training occurs in Club gyms, it considers that AFL players nevertheless remain at risk of exposure to performance drugs.

AFL Drug Testing

5.86 In essence, Dr Brukner agreed with the suggestion that AFL players are becoming vulnerable to performance drugs and that a drug testing regime was now appropriate. (Evidence, p. 3567) The AFL provided to the Committee a draft Drug Code dated 10 November 1989. Mr Oakley confirmed:

The code to be implemented is provided in broad detail in the report and will be refined prior to its introduction in 1990. (Evidence, p. 3600)

The list of banned doping classes and methods provided in the AFL draft Code is essentially the IOC list (Evidence, p. 3245); this was confirmed by Dr Brukner. (Evidence, p. 3564)

5.87 With regard to the number of tests, Mr Oakley suggested:

I would think something of the order of 200 or 300 tests a year, when there are only 700 senior players on the lists, would be, to coin a phrase, going over the top a little bit. (Evidence, p. 3603)

I think if we are testing around about 100 in 700 that is a sufficient deterrent to the players. I think we have a sufficient chance of detection on that basis. (Evidence, p. 3604)

Mr Oakley explained that, in fact, 48 players would be tested in the off-season and 48 during the season. The draft code is incorporated in the transcript of evidence on pages 3235 to 3270; Mr Oakley confirmed that there was a typographical error on page 23 (Evidence, p. 3260) of the code:

At the bottom of the page in the third last line we referred to six players. That number should be 12. (Evidence, p. 3599)

5.88 While 96 tests are to be performed each year, however, the testing would occur on four occasions only, including the off-season:

During out of season and pre-season training we will randomly select two clubs at each session ... (Evidence, p. 3260)

When asked why a large number of players from such a limited number of clubs would be tested Mr Oakley explained:

I suppose the logic there was that if we are going to test a club we might as well make it a decent test so that the players know that when the club is selected they have a very high chance of being one of those tested. We could have easily said four clubs and six players but I suppose it is a little more convenient too, to test fewer clubs and more players, a little less costly. (Evidence, p. 3610)

However, when asked whether the factors of cost and inconvenience could be overcome in order to test the 48 players from a range of Clubs, Mr Oakley confirmed that such an arrangement would not be a problem. (Evidence, p. 3610)

5.89 Significantly, the AFL drug testing program would be conducted by the Australian Sports Drug Agency (ASDA). (Evidence, pp. 3247, 3260, 3610) Mr Haynes, executive director of the ASDA has been reported as describing the AFL draft policy to be one of the best that he had seen. The Age of 21 November 1989 reported:

However, he expressed some reservations, generally relating to the randomness of the testing. 'It appears they're going to be doing it in blocks. I would like to see it a bit more random.'

Haynes said that any lessening of the degree of randomness of any testing program reduced its effectiveness and 'four blocks of 12 does reduce it a bit.

'In general, we believe the more random (the program) the better.'

The Committee concurred with this reported judgement of Mr Haynes and welcomed the flexibility expressed by Mr Oakley to increase the randomness of AFL drug testing by increasing the number of

clubs selected. Indeed, Mr Oakley confirmed to the Committee that:

I have no problem with the Drug Agency selecting the clubs involved, providing it is a random selection. (Evidence, p. 3611)

5.90 There is, however, a second element to the AFL draft code which tends to hinder the randomness of testing. Not only were only four Clubs (out of fourteen) to be tested in a whole year, but the testing was to be conducted on only four separate occasions - two during the season and two in the off-season. It was put to Mr Oakley by the Chairman that the effectiveness of the program as a deterrent would be increased were the testing to involve a wider spread of tests across games; Mr Oakley responded:

If the feeling and the advice were that there should be more testing occasions, then I am sure we would fall into line with that arrangement. (Evidence, p. 3614)

Again the Committee welcomed this expression of flexibility and anticipated that the final version of the AFL drug code would provide for tests during the season and in the off-season that:

- . cover a wide range of the participating AFL Clubs; and
- . occur over a wide period of time with numerous testing occasions.

5.91 In fact, the final AFL Drug Code for 1990 which was provided to the Committee Chairman on 5 March 1990 satisfied that expectation. The code provides that:

Overall a minimum of 96 players will be tested (more if deemed necessary) during any one season split 50-50 pre-season to on-season testing.

During out of season and pre-season training the Australian Drugs Sports Agency in conjunction with the AFL Medical Commissioner will randomly select four clubs at each session and the testing team will attend

unannounced in order to test at least six players from each club, i.e. at least 48 players will be tested before the season commences.

These players will be selected randomly from an alphabetically ordered training list.

During the season the testing team will attend four games (two mid season and two pre-finals) and select six players from both teams from either the seniors or reserves sides.

Both the teams and the players will be selected on a random basis, the players on the basis of the numbers they carry on their back. The procedures to be adopted and the random selection process for testing will be undertaken by the Australian Sports Drug Agency. No prior notification will be given to the clubs or players involved, and all tests will be conducted at the conclusion of the match the testing team attends.

Notably, then, the AFL draft code was revised consistent with Mr Oakley's undertaking to increase the randomness of testing. The Committee notes that the code now potentially covers all clubs in any one year, and there could be a total of twelve separate occasions when tests are conducted.

5.92 The Committee notes further that the AFL has appointed Dr Tony Capes to implement its drug code. The Canberra Times of 8 February 1990 reported:

AFL commission chairman Ross Oakley said Dr Capes would implement testing for banned substances and would report to the AFL tribunal on any positive readings in urine tests as well as making recommendations for treatment and appropriate penalties.

The AFL introduced a testing program for this season. Oakley said Dr Capes would also oversee all testing to ensure it was carried out fairly.

5.93 Finally, the Committee observes that, as with Basketball and Rugby League, the AFL draft code did not adequately specify that targeted drug testing would ensue. Again, this matter was

rectified in the final code published. There it is confirmed that:

There may be occasions when evidence is available to the AFL Medical Commissioner pointing to drug abuse by a player, and in these cases the Commissioner will have the right to call for a test on demand.

AFL Player Obligations

5.94 At 4.2.2 of the draft AFL drug code, the code confirms:

Currently all players wishing to play league football are required to sign a Standard Player Contract, which includes a declaration by the player that they will abide by all the Rules of the league.

We will include in the Rules of the League a notation regarding the adherence to our Drug Code an acknowledgement of the list of banned drugs and a requirement for all players to undergo drug testing on a random basis if, and when required. (Evidence, p. 3259)

Penalties

5.95 The penalty for refusing a test under the AFL Drug Code is specified as:

10 weeks suspension for their first refusal and life for their second refusal. (Evidence, p. 3261)

5.96 For players found to have provided a positive sample, the following penalty guidelines would apply:

For the first offence the penalty is set out as a rehabilitation program to 10 games suspension; for the second offence, a rehabilitation program plus 10 games suspension to 22 games suspension; for the third, 22 games suspension to life. (Evidence, p. 3621)

CONCLUSION

5.97 The Committee considers that, in general, the administrations of the professional sports examined for this Report have taken a responsible attitude to the threat posed by performance drugs. For 1990 each of these sports has a drug testing program.

RECOMMENDATIONS

Recommendation Eight

5.98 The Committee recommends that the NSWRL specify the penalties that would be incurred for drug use. Also, the AFL needs to increase the severity of its penalty regime so as to impose those penalties advocated in Recommendation Five (iv) of the Interim Report. That is, both the NSWRL and the AFL should impose a two year suspension from competition for a first offence and a life ban for any subsequent offence.

Recommendation Nine

5.99 The Committee makes two recommendations concerning the involvement of the Australian Government with 'professional' sport:

- (i) That the Minister for the Arts, Sport, the Environment, Tourism and Territories provide formal advice to all 'professional' sporting codes in Australia on the role and functions of the Australian Sports Drug Agency (ASDA).

The Minister's advice should:

- confirm the testing services available to 'professional' sports by ASDA;
- describe the drug-testing regime required by ASDA;

- confirm that tests will be processed at an accredited IOC laboratory;
- encourage all 'professional' sports at the elite level to avail themselves of the advice of ASDA concerning drug-testing regimes, and suggest that such a regime be adopted if one is not in place already; and
- advise the basis on which charges for ASDA's testing will eventuate.

(ii) That no public funding or official recognition be provided to 'professional' sporting organisations unless an appropriate drug-testing regime is implemented in which:

- the selection and collection procedures are carried out by the independent Australian Sports Drug Agency;
- ideally the number of tests is such that every senior national professional is at risk of being tested at least once each season;
- that where tests are less than this number, appropriate targeting policies be devised by ASDA to ensure that players at greatest risk are covered;
- testing be conducted at ASDA's discretion on any player for excessively aggressive behaviour on the field including those disciplined by an umpire or referee for this reason;
- a significant proportion (depending on the sport) of testing take place out of competition, and that

targeted testing take place along with random testing;

- penalties be introduced that are generally consistent with those outlined in the Interim Report for 'amateur' sport;
- appeals procedures be introduced consistent with those described in the Interim Report; and
- the organisation agree to the detailed reporting of all tests and test results by the Australian Sports Drug Agency (including its Annual Report to Parliament).

Recommendation Ten

5.100 The Committee recommends that these recommendations about 'professional' sports be considered at the next meeting of State and Federal Sports Ministers to enable the formulation of a consistent national code for drug testing in those sports. Such a code should incorporate the IOC banned list. While State governments have primary responsibility for the conditions under which sport is played, the 'professional' codes (and many amateur sports) are nation-wide activities.

Recommendation Eleven

5.101 The Committee recommends that the next meeting of State and Federal Sports Ministers consider ways in which penalties imposed in any one sport - amateur or 'professional' - can be respected by all sports. This would prevent the problem of suspended amateurs flouting their suspension by securing employment as 'professionals'.

CHAPTER SIX

WEIGHTLIFTING I

INTRODUCTION

6.1 Weightlifting is a competitive Olympic sport governed by the rules of the International Weightlifting Federation (IWF). The IWF was founded in 1920 at the suggestion of the International Olympic Committee in order to control the sport and to formulate the technical rules so that Olympic competitions could be held under internationally agreed conditions.

6.2 Weightlifting consists of lifting a variably weighted rod about 2 metres in length to each end of which removable weights are attached. The winner lifts the highest total weight on two styles of lift - the snatch, and the clean and jerk. At the Commonwealth Games in Auckland in January 1990, medals were awarded for each lift as well as the overall total. And up to 1972 a third lift, the press, was also included.

6.3 In the snatch the rod is pulled from the floor to the locked arms overhead in a single motion, with the lifter permitted to lunge or squat under the weight as it travels upward. The clean and jerk is a two movement lift in which, after lifting the rod to the shoulders, the lifter jerks it overhead to arms' length, and leg action is not restricted. In both lifts the lifter must finish with feet in line, body erect, arms and legs extended, and the weight under control overhead. The lifter then waits for the referee's signal to lower the weight back to the floor.

6.4 Competitions are conducted in various weight divisions. Within any one division the weight (at weigh-in) of a competitor can be important because, in the event of a tie, the lighter competitor wins.

6.5 Weightlifting in Australia appears to be a popular sport, claiming 24,861 registered participants in 1987-88. In that year it received a grant of \$110,000 from the Commonwealth Government under the Sports Development Program. (Commonwealth Assistance to Australian Sport 1987-88, Appendix 1) While women compete in weightlifting, they do not do so in the Olympic or Commonwealth Games.

INTERNATIONAL WEIGHTLIFTING AND SPORTS DRUG ABUSE

World-Wide Problems

6.6 That weightlifting is a high risk sport for drug abuse has been demonstrated consistently in recent years.

6.7 Eight out of the ten positive drug tests at the Seoul Olympic Games were in the sport of weightlifting. At Auckland in January 1990, three weightlifters returned positive samples at the Commonwealth Games. They were the Indian Subratakumar Paul, and two lifters from Wales, Ricky Chaplin and Gareth Hives. Mr Paul had won two silver and a bronze in the 67.5 kg category, Mr Chaplin a gold in the 75 kg snatch, and Mr Hives won silver medals in the 100 kg category.

6.8 While a number of weightlifters in recent years have tested positive for banned drugs, others have been detained for seeking to take anabolic steroids through Customs or gaoled for selling steroids on the black market. A summary of these sports drug incidents follows.

Canada

6.9 In 1983, two Canadian weightlifters tested positive at the Pan American Games in Caracas, Venezuela. In the same year, four Canadian weightlifters (including Brisbane 1982 Commonwealth Games Bronze medallist Jacques Demers shown in Figure 6.1) were stopped at Customs in Montreal and charged with attempting to

smuggle 22,000 anabolic steroid pills and small amounts of injectables into Canada.

6.10 In 1984, two Canadian weightlifters tested positive in the Canadian Weightlifting Federation's pre-departure testing program before the Los Angeles Olympic Games. In 1985, five Canadian weightlifters had positive tests, one of whom had previously been caught in 1983 in Venezuela. In 1986, one Canadian weightlifter tested positive. Two others had positive results in a training camp before the Edinburgh Commonwealth Games but successfully appealed. In 1988, four Canadian weightlifters Jacques Demers, David Bolduc, Paramjit Gill and Kevin Roy, tested positive in a pre-departure testing program before the Seoul Olympic Games. All these tests were for anabolic steroids. (Letter from Robin Nunn, Director of Research, Dublin Inquiry, Canada, The Sydney Morning Herald, 28 September 1988; The Australian, 21 December 1989)

The United Kingdom

6.11 British weightlifters had been warned in the British Weightlifting Coaching report of 23 March 1985 under the heading 'Anti-Drugs':

In view of the apparent intensive searching of weightlifters' baggage at airports more attention must be paid to what is being carried. (The Times, 21 November 1989)

6.12 The powerlifter Tom Hawk trained at the Thames Valley College Gymnasium, run by the 1982 Commonwealth Games Gold Medallist, British weightlifter, Steve Pinsent (See Figure 6.1). In July 1989, Mr Hawk died from a heart attack during a televised strongman competition. Tom Hawk had gained 25 kilograms in the 12 months before his death. Police found testosterone and anabolic steroids in his hotel room. (The Times, 20 November 1989) Importantly the Committee notes that the British Amateur Weightlifting Association (BAWLA) administers both weightlifting and powerlifting in the UK.

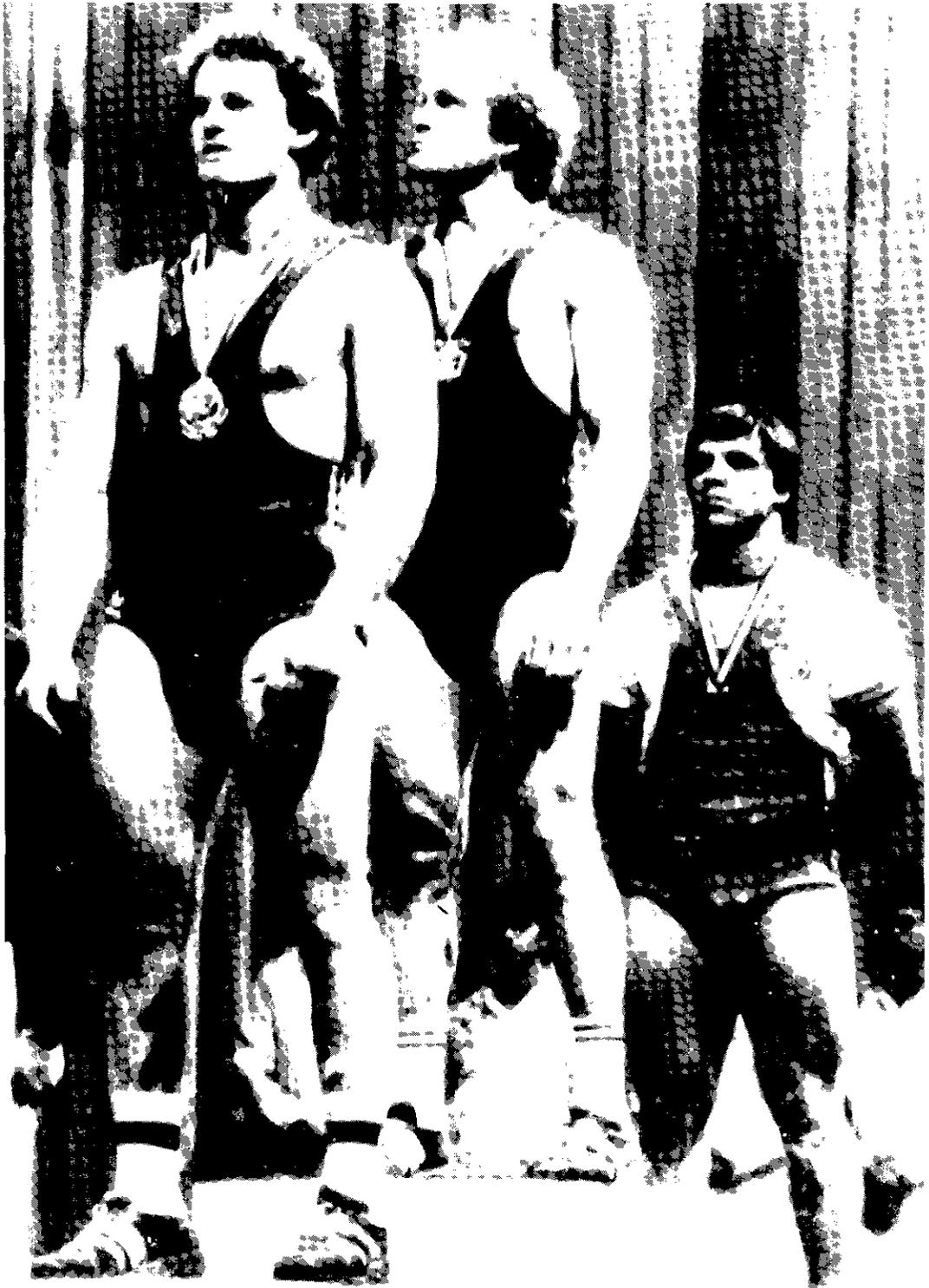
6.13 In October 1989, British weightlifter Dean Willey, who won Gold Medals at the Brisbane Commonwealth Games in 1982 and in Edinburgh in 1986, was suspended for life after a positive drug test. His urine sample contained more than six times the normal levels of testosterone. An appeal was turned down in January 1990, preventing Mr Willey from competing at the 1990 Auckland Commonwealth Games. (The Canberra Times, 8 January 1990; The Sun, 8 January 1990)

6.14 In November 1989, British weightlifter Steve Pinsent (see para. 6.12 above) was jailed for three months for supplying steroids to 'persons unknown' between 1986 and 1988. In addition to winning the weightlifting Gold Medal for his division in the Commonwealth Games in 1982, Mr Pinsent won a Bronze medal at the 1978 Commonwealth Games and competed in the Moscow and Los Angeles Olympics. In his defence, Steve Pinsent said he had only ever passed on drugs to two close friends, both weightlifters. The Crown offered no evidence on a second charge of supplying a medical product without a licence. The Judge commented that the use of drugs in sport 'is an evil which is prevalent and growing'. He went on to say 'Those that supply must know that their crime is punishable by imprisonment'. (The Times, 18 November 1989) Figure 6.1 shows the 1982 Commonwealth Games weightlifting medallists Steve Pinsent (centre) and Jacques Demers (right); the Australian Tony Pignone is at the left.

6.15 In the Auckland Games in January/February 1990, Welsh weightlifter Ricky Chaplin recorded excessive testosterone levels and failed his drug test after winning the Gold Medal for the 75 kg Snatch. At the same event some days later, another Welsh weightlifter Gareth Hives, won three silver medals for the Snatch, Clean and Jerk and Total in the 100 kg division. He also failed his drug test when the Sydney AGAL drug testing unit found abnormally high levels of the fast-clearing anabolic steroid stanozolol, the same drug detected in the urine of Canadian sprinter Ben Johnson at the Seoul Olympics in 1988. (The Courier Mail, 2 February 1990) AGAL's Principal Chemist, Dr Kazlauskas, advised the Committee:

FIGURE 6.1

(Photograph Courtesy Australian Associated Press)



The level of the metabolites of stanozolol in one of the Welsh weightlifters was very high ... This indicates either a heavy usage of oral formulations right up to the Games or heavy multiple doses of the injectable crystalline suspension stopped some time before the Games. (Letter to Committee Secretary, 6 March 1990; see Appendix 10)

6.16 After the Commonwealth Games positive tests on the two UK (Welsh) weightlifters, the Welsh team manager Myrddin John disclosed that he had taken part in a 'scientific experiment' which involved him taking anabolic steroids in 1973, the year in which he was named in a court case involving the sale of anabolic steroids. He was reported to have stated: 'I was named, but it was not true'. (The Courier Mail, 2 February 1990)

Bulgaria

6.17 The Bulgarian Bantamweight Gold Medallist at the 1988 Seoul Olympics Mitko Grablev was stripped of his Gold Medal after failing his drug test which detected the diuretic furosemide. Later in the same event, Bulgarian lightweight Angel Guenchev broke four world records and won the Gold Medal. He was also disqualified after his drug test found the same diuretic in his urine.

6.18 The Bulgarian team then left Seoul and returned home. A third Bulgarian positive at the Seoul Olympics, under the IWF's stated policy, would have meant a 12-month suspension for Bulgaria from the IWF, and further positives could have lengthened this suspension. Bulgaria had won four of the five Gold Medals at the Games plus a Silver Medal and a Bronze Medal before the disqualifications and had hoped to boost this result in the remaining five divisions. A subsequent editorial carried in the Communist Party daily newspaper suggested the withdrawal was an admission of official connivance and had cast a shadow on the name of Bulgarian sport. (The Sydney Morning Herald, 28 September 1988)

6.19 In March 1989, the IWF reported that another Bulgarian weightlifter had been tested positive for anabolic steroids in a random drug test conducted by the IWF. (The Canberra Times, 31 March 1989)

Hungary

6.20 The Hungarian 75 kg weightlifter Kalman Csengeri had been placed fourth in the 1988 Seoul Olympics, before his disqualification for failing a drug test. His urine sample contained the anabolic steroid stanozolol.

6.21 In August 1989, the Head of the Hungarian Olympic Committee Pal Schmitt, was reported as follows:

I've had it with athletes using performance enhancing drugs. We had a case not long ago where three Hungarian weightlifters failed the test. I gave them yellow cards as a warning. Just the way a Soccer referee would. The next card will be a red one, which means expulsion. Not only on the soccer field, but also from participating in the Olympic Games for the whole Hungarian weightlifting sport. (The Toronto Sun, 30 August 1989)

Spain

6.22 Fernando Mariaca, thirteenth in the 67.5 kg division at the Seoul Olympics, was disqualified after his urine test showed he had taken pemoline, a banned amphetamine stimulant. The Spanish medical team was held partly responsible for lax supervision in his case. (The Sydney Morning Herald, 28 September 1989)

India

6.23 Subratakumar Paul won two Silver Medals and a Bronze Medal in the 67.5 kg division at the Auckland Commonwealth Games before failing a drug test which showed the presence in his urine of a long-acting anabolic steroid. AGAL has confirmed that the level of nandrolone found in the Indian lifter could indicate a

heavy program that was followed up to a month or so before the Games. (Letter to Committee Secretary, 6 March 1990) Shortly before this positive test the Indian weightlifting team manager had attributed his country's high performance at the Auckland Games to 'hard work and not drugs'. (The Sun, 6 February 1990)

The USSR

6.24 On 6 December 1984, two Soviet weightlifters were arrested for smuggling anabolic steroids into Canada. They were the world super-heavyweight champion Anatoly Pisarenko and fellow Soviet lifter Alexander Kurlovich. Mr Robin Nunn, Director of Research for the Dubin Inquiry in Canada, has advised that these lifters were carrying Dianabol (methandrostenolone). (Letter to Committee Secretary, 8 March 1989) ASDA has provided the following press cutting on the incident:

MOSCOW, Sunday: World super-heavyweight champion Anatoly Pisarenko and fellow Soviet weight-lifter Alexander Kurlovich have been banned for life after being fined in Canada for possessing unauthorised anabolic steroids worth more than \$10,000.

The pair have been thrown out of the Soviet team for "acts dishonouring other Soviet sportsmen", according to the Sovietski sports newspaper.

The banning order came from the Soviet Sports Ministry.

National team coach Alexander Prilepin and two lifters' club coaches have also been disciplined.

Pisarenko, the clean-and-jerk world record-holder at his weight, and Kurlovich, a former snatch and total world record-holder in the super-heavyweight (over 110kg) category, were stopped by Montreal Customs officials on December 6. They were fined \$300 and \$500 respectively in court the next day.

The two lifters were accused of having the drugs to sell.

6.25 In 1988, the IWF 'flying squad' of drug testers tested the Soviet national team and found two positives. (Evidence, p. 801)

Discussion

6.26 Excluding Australia, seven countries have been identified in recent years as returning positive tests among their weightlifters for banned sporting drugs: anabolic steroids, testosterone, diuretics and stimulants. Three countries, Canada, Britain and the USSR have had weightlifters detained for attempting to smuggle anabolic steroids through Customs or for involvement in their domestic black market in sporting drugs.

6.27 Further, the head of Hungary's Olympic Committee has threatened to withdraw the membership of that country's weightlifting federation from the Hungarian Olympic Committee. The Commonwealth Games Federation secretary David Dixon was reported to have commented after the three weightlifting positives at the Auckland Games that a proposal to withdraw weightlifting from the 1994 Commonwealth Games at Victoria, Canada, would be 'considered'. (The Sun, 1 February 1990)

6.28 Possibly the most disturbing aspect of the positive drug tests at Auckland was the fact that the two Welsh lifters both tested positive for drugs with rapid clearance times: testosterone and stanozolol. The clearance time for testosterone is demonstrated by the case of Mrs Gael Martin. Mrs Martin told the Committee she had been injected with testosterone exactly 14 days before she passed a drug test after winning a Bronze Medal at the Los Angeles Olympic Games. (Interim Report, p. 345) Further, the IWF secretary Dr Tamas Ajan has stated:

Today an athlete can stop using drugs as late as ten days before the event, and still he would be tested negative after his performance. (Morning Bulletin, September 1989)

In particular, stanozolol could take from a few hours to two weeks to be flushed from the body. (The Sydney Morning Herald, 28 September 1988) And the testosterone Andriol is 'completely untraceable' after three days. (The Australian, 14 December 1987)

6.29 The Commonwealth Games weightlifting teams arrived in Auckland on 20 January 1990. While the drug taken by the Indian weightlifter at Auckland was slow-acting and may have been taken well in advance of his arrival in New Zealand, the drugs used by the two Welsh lifters could have been ingested in that country. In particular, reports of the stanozolol readings for Gareth Hives were so high and the clearance time for the oral variety of the drug so short that, if taken in tablet form, it could have been used after arrival at the Commonwealth Games village. (Based on AGAL letter to Committee Secretary, 6 March 1990; see Appendix 10)

6.30 Therefore, prohibited stanozolol tablets may have been smuggled through Customs by the Welsh weightlifters themselves (unlikely in view of the warning to British lifters already referred to). Alternatively, those drugs could have been obtained in New Zealand on the domestic black market, or through compliant doctors and pharmacists.

6.31 One implication of this is that any country hosting a future international sports event involving weightlifting may find itself in the unenviable position of prosecuting visiting weightlifters for buying drugs on the domestic black market, or for seeking to smuggle the drugs through Customs, or both.

6.32 This is clearly a matter of concern to Canada for the 1994 Commonwealth Games and ought to be of similar concern to Australia if it succeeds in its bid to host the 1996 Olympic Games. This concern is completely independent of any action Australian sporting authorities may take concerning the future of the Australian Weightlifting Federation (AWF), and is contingent solely on weightlifting remaining an Olympic and Commonwealth Games sport.

International Weightlifting Federation (IWF) Initiatives

6.33 The submission made to the Committee by the Australian Weightlifting Federation recognised that the sport is in the high risk category for drug taking. It also pointed to the many initiatives taken by the IWF to control doping in weightlifting.

- . In 1985 the IWF became the first sports federation to introduce random doping control in the period prior to a major weightlifting event.
- . In 1986 the IWF Executive Board decided that the IWF would control testing of all world championships and at all major international events and that records could not be verified unless drug testing had taken place;
 - the rate of doping control in all senior and junior championships has been at a level of 35 to 50 per cent of all competitors, a rate far greater than that of any other sports federation at world championship level.
- . In 1986 it was agreed that the IWF would suspend for three years any weightlifter found positive on first offence. (Evidence, p. 3335)
- . In September 1987 the IWF became the first sporting federation to ban probenecid, a blocking agent. (Evidence, p. 3365)
- . The IWF has now recommended the introduction of steroid profiling. (Evidence, p. 3365)

6.34 In 1986 the IWF tested 1,864 weightlifters, many of these tests being performed in the preparation period prior to a competition. Only 0.9 per cent of these tests proved positive, compared with the 1.7 per cent positive results obtained by International Olympic Committee testing over the same period. (Evidence, pp. 3335-6) While the IWF tests produced a low rate of positives, the Committee is very aware that the level of positive

tests does not always give an accurate picture of the level of drug abuse. This was demonstrated by many instances described in the Interim Report.

6.35 The more recent intentions of the International Weightlifting Federation were made clear after Bulgarian lifters tested positive for diuretics at the Seoul Olympics. The Federation then announced that it would introduce from 1 January 1989 a roving commission which would visit without notice gyms of the 131 member countries to test lifters for banned substances like anabolic steroids. The Secretary-General of the Federation, Mr Tamas Ajan, was reported to have said that any national committee which refused to accept the commission would be suspended. (The Canberra Times, 3 December 1989) It was later reported that a Bulgarian weightlifter, described as a hopeful for the 1992 Olympics, was tested positive for anabolic steroids by a random drug test conducted by the commission in February 1989. (The Canberra Times, 31 March 1989)

AUSTRALIAN WEIGHTLIFTING AND THE AIS

The Australian Experience

6.36 As discussed both here and in the Interim Report, weightlifting is a high-risk sport as regards the use of performance enhancing drugs. The Survey of Drug Use in Australian Sport published by the Australian Sports Medicine Federation in December 1982 showed that a high proportion of Australian weightlifters admitted to the use of drugs in order to enhance their performance. For example, 23.6 per cent of weightlifting respondents admitted to the use of stimulants, 15.7 per cent had used anabolic steroids and 12.5 per cent had used diuretics. Moreover, 58 per cent of weightlifters responding to the Survey knew of other lifters taking drugs to improve their performance and 23.6 per cent indicated their intention to use anabolic steroids in the future. The following table, published in the Interim Report, summarised the Survey's results on drug use by weightlifters.

USE OF DRUGS BY WEIGHTLIFTERS
(Based on 72 respondents)

Drug	Percentage using	Survey page
Vitamins	66.7	77
Anti-inflammatory drugs	20.8	86
Analgesics	27.8	96
Bronchodilating drugs	9.7	108
Diuretics	12.5	118
Anabolic steroids	15.7	128
Stimulants	23.6	138
Sedatives	2.8	148

(Interim Report, p. 228)

Anabolic Steroids

6.37 The Survey concluded that up to 50 per cent or more of international level Australian weightlifters could be using anabolic steroids. (Interim Report pp. 227-8) The Committee accepts this figure as an indication of minimum use in Australian weightlifting; it may be an underestimate given evidence presented to the Committee by some witnesses (see Chapter Seven). Figures for weightlifting in the 1982 study placed weightlifting above all other Olympic sports surveyed for anabolic steroid use in Australia. It was second only to powerlifting among all competitive sports for anabolic steroid use in Australia.

Diuretics

6.38 Diuretics assist the process of rapid weight loss required to compete in a particular weight division for a weightlifter who trains overweight. Diuretics have also been used to help dilute the concentration of banned substances in the urine, making detection more difficult. Mr Bob Frew, a former

international weightlifter, coach and official noted that although the inquiry:

has been rightly concerned with steroid abuse, I believe that the use of diuretics and growth hormone should also be investigated. Diuretics may pose a greater threat to health than steroids, and are used regularly by competing weightlifters. (Submission No. 52, p. 1)

The Committee agrees with this assessment of the danger of diuretic abuse and draws attention to the detailed discussion in Chapter Three concerning the death of Sydney bodybuilder Maurice Ferranti from potassium overdose, following diuretic and steroid use.

Stimulants

6.39 Stimulants are also used by weightlifters because they are thought to be beneficial to the speed and concentration required in the lifting action.

The Interim Report: Mr Lyn Jones and Mr Harry Wardle

6.40 With these high levels of admitted drug abuse amongst Australian weightlifters, the Committee sought evidence concerning the supply of drugs, the effectiveness of drug testing programs and the involvement of officials in both of these aspects of the sport.

6.41 Mr Lyn Jones was head weightlifting coach at the Australian Institute of Sport until December 1988. With regard to the weightlifting unit administered by Mr Lyn Jones and Mr Harry Wardle, the Interim Report found that Messrs Jones and Wardle had supplied and administered anabolic steroids and other banned substances to athletes at the AIS and that public funds could have been used to purchase these drugs. (Interim Report, paras. 6.270-276)

6.42 The Committee also concluded that, by his own admission, Mr Jones had evidence that at least one of his weightlifters (Mr Hambesis) had been taking banned drugs and that two others (Messrs Clark and Byrnes) may have been purchasing banned drugs overseas. However, he took no action to inform the relevant authorities or to further investigate these matters despite his clear responsibilities in this area. (Interim Report, para. 6.272)

6.43 The Committee concluded it was possible Mr Jones had imported banned substances into Australia and that members of his weightlifting squad had been used to facilitate this. (Interim Report, para. 6.274)

6.44 In relation to testing, the Committee found that Mr Jones had involved himself in the establishment of the Brisbane drug-testing Laboratory to effectively determine its capacity to detect banned drugs and thus escape detection for the drugs he was providing to his weightlifters. (Interim Report, para. 6.275)

6.45 The major conclusions of the Interim Report relating to the AIS weightlifting unit and the involvement of Messrs Jones and Wardle may be summarised as follows. The Committee concluded that they were involved with:

1. The supply and administration to AIS weightlifters of anabolic steroids and other banned drugs. (Interim Report, para. 6.273)
2. The possible use of public money to fund the purchase of these drugs. (Interim Report, para. 6.273)
3. The use of anabolic steroids by Mr Stan Hambesis and a cover-up of this fact from the AIS and other weightlifting officials. (Interim Report, para. 6.272)
4. Knowledge that two weightlifters under Lyn Jones' control (Messrs Paul Clark and Dallas Byrnes) may have

illegally imported anabolic steroids into Australia and a failure to do anything about this for five years until legal action by the lifters against the AIS. (Interim Report, paras. 6.63 and 6.272)

5. The supply of urine samples containing banned substances to the Brisbane Drug Testing Laboratory in order to circumvent testing procedures. (Interim Report, paras. 6.228 and 6.275) (Mr Jones admitted he provided the doped urine samples on a number of occasions to the Brisbane Laboratory (Interim Report, pp. 305-311), although he denied they had been obtained from AIS weightlifters.)

6.46 The Committee has noted that Mr Jones stated that Mr Hambesis had been using anabolic steroids and Mr Jones admitted that he had done nothing about reporting or investigating the matter 'as I did not consider that we needed adverse publicity, which would have to come from this'. (Evidence, p. 866) Significantly, both Messrs Jones and Wardle admitted knowledge of 'rumours' of overseas drug purchase in 'large quantities' by Messrs Clark and Byrnes in August or September 1982, and yet nothing was done to investigate until the end of 1987. (Interim Report, pp. 249-250) The Committee considers that the Head Coach of weightlifting and his assistant at the AIS should have been concerned about the ingestion of these 'large quantities' of drugs by the purchasers, and the possible sale of these drugs to other Australian weightlifters, particularly at the AIS.

6.47 The Committee believes these matters should have been investigated impartially by the AWF and then reported to the IWF, in view of the IWF's stated policy that:

Any person found guilty in dealing and trafficking drugs is to be banned for life from involvement in international weightlifting. (Item 9, IWF Sanctions Policy)

In response to a letter from the Committee Chairman, the IWF General Secretary (Dr Ajan) has confirmed that the IWF will

examine these and the issues raised in the Interim Report. (Letter to Chairman, 21 March 1990) This letter is reproduced at Figure 6.2.

6.48 At para. 6.115 (and following) the Interim Report examined in camera evidence concerning an unnamed weightlifter and drug schedules in the handwriting of Mr Jones. The Committee believes the actions of Lyn Jones, Dr David Kennedy and the weightlifter concerned should have been investigated by the AWF and the IWF in relation to a negative test on the AIS weightlifter while allegedly taking anabolic steroids, testosterone and gonadotrophin supplied by Mr Jones. The weightlifter concerned provided what the Committee accepted as a steroid schedule to substantiate his claims. (Interim Report, pp. 271, 272) The IWF policy on this is:

Any person found guilty of manipulating a urine sample in order to falsify the results is suspended for a period of time decided by the IWF Executive Board. This suspension may be in addition to any sanction already in force. (Item 7, IWF Sanctions Policy)

6.49 Further, the Interim Report noted that Mr Jones made large cash transactions for food and vitamins and sought reimbursement of \$2,250 from the AIS between March 1981 and April 1982. (Interim Report, para. 9.50) Evidence before the Committee since the Interim Report reinforced the Committee's doubts that the amounts claimed as expenditure at the Colin Bova Pharmacy in Burwood Sydney (\$1,390), were proper expenditure in a legitimate transaction. Mr Bova, for instance, claimed that Mr Jones purchased Sustagen from him in Sydney and drove it to the AIS in Canberra because 'It was very, very cheap'. (Evidence, p. 3016) Nevertheless, the Committee found that a pharmacy then used by the AIS in Canberra at this time was selling Sustagen for more than forty cents less per can than the price that Mr Bova first advised the Committee he charged Mr Jones. (Evidence, p. 3016)

6.50 The Committee considers that Mr Bova's account of purchases by Lyn Jones at Mr Bova's pharmacy is not credible. The

FIGURE 6.2

BY: IWF FAX BUDAPEST-H :26- 3-90 8:18AM : 3611311162-



**INTERNATIONAL
WEIGHTLIFTING
FEDERATION**

PRESIDENT:
GOTTFRIED SCHÖDL (AUT)
GENERAL SECRETARY:
DR. TAMÁS AJÁN (HUN)

1st Vice President:
Juan F. Marcos Becerra (ESP)
Vice-Presidents:
Nicolai Parthomanko (URS)
Christo Marangov (BUL)
Bob Hanes (INA)
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Executive Members:
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Werner Neumann (DDR)
Yanni Spouras (GRE)
Phillippe Saint-Cyr (CAN)
Jeremi Vitak (TCH)
Sabah Abell Abdulla (IRQ)
Andres Gutierrez (CUB)
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Continental Presidents:
Africa - Gamil Hanna (EGY)
Asia - Mst. Ben. Jonsoswajo (INA)
Europe - Wally Holland (GBR)
Oceania - Lyn Jones (AUS)
Pan America - Murray Levin (USA)
South America - Jorge Zai Fernandez (URU)

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Budapest, 21st March, 1990

Senator John Black, Chairman

Dear Mr. Black,

Thank you very much for your letter sent over to us on 28th February, 1990 by telefax concerning an Interim Report on Drugs in Sport and involving Mr. Lyn Jones as well.

This is to advise you that the Executive Board of the International Weightlifting Federation has dealt with the points raised in your letter and first of all wishes to express its thanks to you for having approached our Executive Board in a matter of great importance.

The IWF Executive Board would like to receive further information in this matter, as well as the complete Interim Report including the final standpoints of the Standing Committee.

As soon as these shall be at our disposal, the IWF Executive Board shall elaborate a standpoint and advise you duly about it.

However, in this connection, we wish to clarify following points. Mr. Lyn Jones is a Co-opted Member of the Executive Board of the International Weightlifting Federation, being the elected President of the Oceania Weightlifting Federation.

Further I wish to point out the fact that both in events held in Australia and World, Continental, Regional, Olympic and other international weightlifting competitions held outside Australia, Australian weightlifters have been extensively subjected to antidoping tests conducted under the auspices of the IWF, and they invariably have proven clean of any banned substances, not having even one single positive result over the years.

We would therefore find it highly regrettable if Australian weightlifting, a sport which has an increasingly successful record including Olympic Championship, were put into an unfavourable light as a consequence of unproven charges based on suppositions and opinions.

Yours sincerely,

Tamas Aján
Dr. Tamás Aján
IWF General Secretary

Dr. Tamas Aján

Committee considers that Mr Jones may have obtained cash for the purchase overseas of banned drugs by making reimbursement claims at the AIS for transactions that never took place. Further, the Committee considers that, if this activity were taking place, Mr Bova's Pharmacy could have been utilised by Mr Jones.

6.51 As a general principle, the Committee believes sports should be left to administer their own affairs. This is why the Committee made no specific recommendations to either the AWF or the IWF concerning Messrs Jones and Wardle in its Interim Report. Nevertheless, the Committee also believes that it has an obligation to ensure that money appropriated by the Australian Parliament is spent properly. This precludes use of public money to provide banned drugs for athletes, tolerance of AIS scholarship-holders' involvement in the black market for these drugs, and the cover-up of known drug-taking by AIS scholarship holders.

6.52 The Committee further believes that it has some obligation to warn bodies such as the Australian Sports Commission, the Australian Olympic Federation and the Australian Commonwealth Games Federation when one of their affiliates or financially-dependent bodies is acting in a manner that condones or ignores these activities. Failure to act leads to an acceptance by athletes of the sports drug culture through an impression that, if not advocated, sports drugs are at least tolerated in the pursuit of success.

Response of the IWF and the AWF to the Interim Report

6.53 For these reasons the Committee was extremely concerned to learn directly from AWF officials whether any act of self-regulation may have been exercised in relation to the conclusions in the Interim Report. However, during the Melbourne hearings, the Committee was advised that no action had been taken by the AWF or the IWF following the tabling of the Interim Report.

6.54 The AWF Secretary, Boris Kayser, told the Committee the Interim Report had been a 'very helpful work of scholarship', but that:

I found grave difficulties sometimes in reconciling evidence which was called evidence but which was hearsay, or, if it was direct evidence, it was untested by a hostile trained cross-examiner. (Evidence, p. 3418)

6.55 He said he remained:

an agnostic in so far as that testament [the Interim Report] is concerned. (Evidence, p. 3419)

6.56 Mr Sam Coffa, AWF President, said the Interim Report was a 'matter of innuendos, hearsay and unsubstantiated facts'. In relation to Mr Lyn Jones, no action was taken as it was 'out of our jurisdiction'. (Evidence, p. 3421) Mr Coffa went on to say:

If the International Weightlifting Federation sees fit not to do anything about it, then that is good enough for me. (Evidence, p. 3422)

6.57 In the light of these comments, the Committee noted a claim by Mr Jones reported in The Canberra Times that the AWF had reaffirmed its support (for Mr Jones) by unanimous vote and appointed him coach of the national team at the 1989 World Championships in Athens. (The Canberra Times, 24 January 1990)

6.58 In view of the evidence of Messrs Coffa and Kayser that the AWF had taken no action in relation to Mr Jones following the Interim Report, the Committee sought clarification from Mr Sam Coffa. Mr Coffa provided minutes of the Annual General meeting of the AWF, dated 10 December 1988. This meeting was held during the course of evidence-gathering by the Committee and four days before Mr Jones gave evidence to the Committee.

6.59 The relevant extract from the minutes read as follows:

At this point of the meeting it was resolved that Standing Orders be suspended so as to allow a motion from R. Cashman to be placed before the meeting. This motion was as follows: 'The AWF Board declares its total confidence in the integrity and the record of Federation officials, the weightlifting coaches of the A.I.S. and the weightlifting coaches of N.S.W. and Victoria, whose integrity and values have been besmirched by the allegations made under parliamentary privilege before the Senate Inquiry into Drugs in Sport.' The motion was seconded by B. Kayser. R. Cashman further embellished the matter contained in the motion and the motion itself was carried unanimously. It was then resolved to resume Standing Orders.

The Committee notes therefore that Messrs Coffa and Kayser were not misleading the Committee when they said no action had been taken following the Interim Report. Their confidence in Mr Jones was such that they declared it four days before Mr Jones gave evidence and six months before the Interim Report was tabled in the Senate.

6.60 Mr Sam Coffa further advised that Mr Jones had not been appointed coach of the 1989 Australian World Championships teams; Mr Paul Coffa had been appointed Coach. Mr Lyn Jones had been listed as the IWF delegate. These same minutes of the AWF Executive meeting in July 1989, confirmed that Mr Jones remained President of the Oceania Weightlifting Federation, a position he had held when he gave evidence to the Committee in December 1988. As indicated earlier, in December 1988 Mr Jones also held the position of board member of the IWF.

6.61 The Committee notes that the AWF is not the only member of the IWF to pre-empt external inquiries into drug use by weightlifters or positive tests on weightlifters. In 1988 four Canadian weightlifters tested positive for anabolic steroids in a pre-departure testing program before the Olympic Games in Seoul. After the positive tests, but before the Canadian Commission of Inquiry into the use of Drugs and Banned Practices (The Dubin

Inquiry) had heard evidence from weightlifters, the Canadian Weightlifting Federation conducted its own internal inquiry and cleared the National coach. He was therefore sent as the Canadian coach to the Auckland Commonwealth Games. (Letter from Robin Nunn, Director of Research, Dubin Inquiry, 7 February 1990)

6.62 Further, in November 1989 Mr Derek Casey, the Director of National Services at the British Sports Council, said he 'is not happy with the action taken by the BAWLA (British Amateur Weightlifting Association) when these (positive drug tests) occur. Casey expressed his dissatisfaction with the internal administration of testing in BAWLA'. (The Times, 21 November 1989) The Sports Council is now proceeding with an inquiry into British weightlifting. The inquiry includes in its terms of reference the strengths and weaknesses of the present system of drug control in the sport. The Sports Council's News Release of 13 February 1990 on this matter is at Figure 6.3.

6.63 The Committee notes that both Canada and the UK are currently investigating drug use in sport and negotiating with Australian sporting officials to set up agreements to minimise drug use by Commonwealth Games athletes.

CONCLUSION

6.64 The Committee concludes that the AWF has taken no effective action to prevent a recurrence of the activities outlined in the Interim Report.

RECOMMENDATIONS

Recommendation Twelve

6.65 That, with regard to the conclusions of the Interim Report concerning Mr Lyn Jones:

- . the Australian Sports Commission conduct an investigation;

News Release ● News Release ● News Release

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SC463

Tuesday 13 February 1990

SPORTS COUNCIL NAMES DRUGS IN WEIGHTLIFTING ENQUIRY CHAIRMAN

The Sports Council today named Norman Jacobs, a senior partner in a leading firm of solicitors, as the Chairman of its enquiry into drug abuse in weightlifting.

The exact terms of reference have yet to be agreed with the British Amateur Weightlifting Association, but the enquiry will examine, inter alia:-

- the existing evidence of drug abuse in the sport, both in the U.K and internationally.
- the strengths and weaknesses of the present system of drug control in the sport. (This will include detailed investigation, undertaken in conjunction with the Sports Council for Wales, into the circumstances leading to the recent positive findings on two weightlifters at the Commonwealth Games.)
- the creation of a new and more effective programme of doping control.

The Council considered the whole question of drug abuse at its February meeting, held on Monday, and reaffirmed its commitment to random, out of competition testing. It also announced that 130 independent sampling officers had now been fully trained, that a further 115 officers were at various stages of appointment and training and that testing had, so far, been concentrated on particular sports.

- . the results of that investigation be forwarded to the Australian Weightlifting Federation for its information, advice and any appropriate action; and
- . the results of the investigation and a report on any subsequent action on the part of the AWF be forwarded to the International Weightlifting Federation for its consideration with a view to disciplinary action.

Recommendation Thirteen

6.66 That, with regard to the conclusions of the Interim Report concerning Mr Harry Wardle:

- . the Australian Sports Commission conduct an investigation;
- . the conclusions of that investigation be provided to the Australian Weightlifting Federation for its information, advice and any appropriate action;
- . the results of the investigation be communicated to the Australian Institute of Sport with a view to disciplinary action; and
- . the results of the investigation and advice of disciplinary action taken be forwarded to the International Weightlifting Federation for any action it should take.

CHAPTER SEVEN

WEIGHTLIFTING II

THE AWF AND DRUG USE

The Australian Weightlifting Federation Inc (AWF)

7.1 The President of the AWF is Mr Sam Coffa, and its Executive Director is Mr Bruce Walsh. Other office bearers include Mr Paul Coffa, Treasurer, and Mr Boris Kayser, Secretary. Dr David Kennedy is the Chairman of the Medical Committee of the Federation.

7.2 The Committee was told by Mr Bill Frew, who had been involved in weightlifting in various capacities for twenty years, that:

steroid usage is promoted by leading officials of the Australian Weightlifting Federation. This is because these officials are also coaches, whose power base, and in some cases livelihood, depends on continued success of their athletes, a success which is not possible without chemical assistance. (Submission No. 52, p.1)

7.3 Specific allegations have been made about Mr Paul Coffa, Dr David Kennedy and Mr Bruce Walsh.

Mr Paul Coffa

7.4 Mr Paul Coffa is the Executive Director of the Victorian Weightlifting Association and for 20 years has been the coach of the Hawthorn Citizens' Youth Club 'weightlifting section'. (Evidence, p. 3349) Mr Coffa told the Committee that his association with the sport of weightlifting spans 31 years and he said:

I have never once in my life ever been associated with drugs. My life has been devoted fully to the sport. I have produced hundreds of national champions in this country and hundreds of State Champions as well as Olympic and Commonwealth Games representatives. This was all done on a voluntary basis without my ever receiving one single dollar towards it. (Evidence, p. 3350)

Allegations about Paul Coffa

Mr Nigel Martin

7.5 Mr Nigel Martin alleged to the Committee on 7 December 1988:

I can certainly confirm that Mr Paul Coffa ... has, over a long period of time, given to and encouraged the use by his lifters of anabolic steroids. (Evidence, p. 697)

He explained that one of Mr Paul Coffa's methods was:

to provide young lifters with an envelope which contained tablets - between 100 and 150 in this particular instance - and the athlete was not told what the tablets were. He was told they were vitamins and, 'If you take them you will get strong', and they did. (Evidence, p. 698)

According to Mr Martin the lifters were usually told to take one or two of these tablets a day. Mr Martin commented:

It is brilliant because the kids never know what they are taking. If they say to Mr Coffa, 'He supplied me with steroids', how can it be proved? (Evidence, p. 699)

7.6 Mr Coffa's response to this allegation was:

Yes, we have given kids envelopes - hundreds of them, even thousands ... Everyone is aware in our sport about promotion and the material that goes out from the office, and to save money we distribute constantly throughout the

clubs. The only time we have given kids anything was a few years ago when we bought some amino acid and distributed it to quite a few lifters. It cost so much that we never did it again, but everyone was aware of it. (Evidence, p. 3352)

7.7 Mr Martin told the Committee that he had spoken to a number of lifters who had confirmed Mr Paul Coffa's involvement with steroids. These were Mr Michael Brittain (see next Section), Mr Frank Falcone, Mr David Lowenstein, Mr Robert Kabbas and Mr Neville Cornelius. (Evidence, p. 698)

7.8 Mr Frank Falcone informed the Committee that he:

was most angered to learn that Mr Nigel Martin alleged that he had spoken to me and that I had said that Paul Coffa was providing steroids to the weightlifters at the Hawthorn Weightlifting Club.

I wish you to know that I take grave offence at the use of my name in Mr Martin's lying allegations.

I have not spoken to Nigel for many years, and I most certainly did not tell him the lies attributed to me.

If he had not been speaking under Parliamentary privilege, I would not have hesitated to sue him for such a gross slander. (Letter to Chairman, 9 November 1989)

7.9 Mr David Lowenstein also wrote to the Committee to say:

I have been told that Mr Nigel Martin has told the Committee that I 'confirmed that Mr Paul Coffa was providing steroids to the weightlifters at the Hawthorn Club'.

This allegation is quite untrue. In fact I have never said to Mr Nigel Martin that Paul Coffa was providing steroids to anyone because it simply is not true to make such an allegation. (Letter to Chairman, 6 November 1989)

7.10 When Mr Robert Kabbas appeared before the Committee he said that he had no personal knowledge of the distribution of

anabolic steroids at the Hawthorn gym (Evidence p. 3203) and he denied that he had used or received anabolic steroids. (Evidence, p. 3206) With regard to Mr Cornelius, Mr Coffa said that Mr Cornelius:

stayed at Hawthorn no more than 12 months, put on 500 grams of body weight and his standard is not even C-grade. Why should I have used steroids on this kid? (Evidence, p. 3352)

Mr Michael Brittain

7.11 Mr Nigel Martin identified Mr Brittain as one of the lifters able to confirm Mr Paul Coffa's involvement with anabolic steroids (Evidence, p. 698) and said that Mr Brittain was aged 16 when first given anabolic steroids by Mr Paul Coffa. (Evidence, p. 699) Mr Brittain stated:

I was a member of the Hawthorn club from mid-1976 to 1982 and I was supplied with drugs by the coach ... Paul Coffa, on a number of occasions from December 1980 until I left that gymnasium at that time in 1982. (Evidence, p. 3149)

7.12 Mr Brittain claimed that he was 18 at the time anabolic steroids were first given to him (Evidence, p. 3151), (not 16 as stated by Mr Martin; Evidence p. 699). However, Mr Brittain suggested that Mr Paul Coffa may have been supplying drugs to athletes as young as 15. He described how in either 1983 or 1984, while in Italy for the junior championships, Mr Paul Coffa:

had come across a drug there that was available over the counter in pharmacies, and it was a composite drug with a small amount of anabolic agent - steroid - plus vitamins C and B, and it had several other food supplement type aspects to it. He enthused about this drug. He thought it would be a lovely drug to put young lifters on - that is, 15- to 16-year olds ... because it was fairly weak, but it also had a health aspect to it in that it was a food additive-type product as well. I got the impression that he bought this in very large quantities when he was there. (Evidence, p. 3191)

7.13 According to Mr Brittain the drugs he received were not supplied in envelopes, as described by Mr Martin, but in bottles. However, Mr Brittain agreed that he was not told what the drugs were. He described how:

I had a conversation with Paul late in 1980 and he outlined by implication what was about to take place. A week or two later I was called into the office at the gymnasium. There were a number of bottles on the table without labels. One bottle was handed to me and I was told the dosage to take. At no time was I told what the substance was. The biological changes that followed were evident to me. I was a fairly bright and inquisitive boy at the time. It was easy to see that once I started using the drug that ... it was ... what it was. (Evidence, p. 3150)

7.14 Mr Brittain had earlier told the Committee that the drug he had first been given was Dianabol (Evidence, p. 3149) in 5 milligram white scored tablets, made in Australia by Ciba-Geigy. (Evidence, p. 3150) He explained that 'later we got drugs with labels on them' and that the dose was to take two 5 milligram tablets a day, the same every day, for about five weeks. (Evidence p. 3152) No injectables were given. (Evidence, p. 3153) Compared with many of the other regimes brought to the notice of the Committee, this is a very basic and low dose schedule for anabolic steroids.

7.15 Mr Brittain said that the drug being supplied changed in mid-1981 when Ciba-Geigy discontinued the production of Dianabol in Australia. (Evidence, p. 3154) From that time on he was given Lonavar or Orabolin in 2.5 milligram tablets. (Evidence, pp. 3154 and 3155) Mr Brittain told the Committee that the drug bottles had labels on them by late 1981 to 1982. (Evidence, p. 3161) According to his own evidence, this would have been after the change from Dianabol. Mr Brittain did not explain how he knew that the pills first given to him were Dianabol.

7.16 No direct evidence was provided by Mr Brittain as to whether other lifters were receiving performance enhancing drugs

from Mr Coffa. However, he was under the impression that this might be happening. He explained that, 'There was no open discussion amongst lifters - at that period of time anyway - as to who took what'. (Evidence, p. 3154) Mr Brittain said that the drugs were always supplied to him when no one else was present. (Evidence, p. 3162) The reason Mr Brittain thought drugs were being supplied to other lifters was that:

Every time I went into the office and received one bottle, there were usually a series of bottles, so I assumed there were other recipients of the bottles. (Evidence, p. 3154)

He said that there would have been 'maybe six or eight or ten bottles' (Evidence, p. 3155) and noted:

I do not recall Paul ever saying 'This drug is for this person' or 'I am going to give so and so this dosage'. However, I have had conversations about steroids with him. (Evidence, p. 3191)

7.17 The statement that drugs were not widely discussed in the gym was supported by Mr Bill Stellios, who trained at Hawthorn from 1982-86 and told the Committee:

The only thing that was discussed between me and other athletes was basically the diuretics. Steroids were not a topic that anyone would discuss in the gym ... Due to Paul Coffa saying to others to keep their mouth sealed. (Evidence, p. 3048)

Mr Stellios, however, suspected a few of the Hawthorn lifters of taking performance enhancing drugs 'because of the results achieved in training, local competition and overseas competition'. (Evidence, p. 3049)

7.18 Mr Brittain admitted to the Committee that before leaving Hawthorn in 1982 he had been talking to junior lifters about his own personal use of steroids and said:

Also, I think I would have given them the presumption that Paul would eventually give them steroids ... (Evidence, p. 3172)

Further, Mr Brittain said that since leaving the Club in 1982:

I have had personal conversations with a number of lifters, past and present - not very many detailed conversations as to what they took, or how much they took, or for how long they took it. Usually I would speak to them in the form of advice. I would say, 'Look, so much drug will go with this drug or that drug' or 'In my opinion, this '. (Evidence, p. 3174)

While Mr Brittain provided advice on these matters, he claimed that Mr Paul Coffa was basically unconcerned when we reported any minor side effects or other problems we had. He said that Paul Coffa:

always craved results from the lifters and he craved great discipline and great loyalty, almost to a fanatical degree, in my opinion. (Evidence, p. 3196)

7.19 Mr Brittain told the Committee that he could not remember whether he paid for his first course of steroids but said, 'I think later I did'. (Evidence, p. 3154) In 1982, Mr Paul Coffa was no longer coaching Mr Brittain but 'merely supplying him'. (Evidence, p. 3156) Mr Brittain stated:

by that time I may have been paying ... I guess it would have been somewhere around \$20; somewhere around the prescription rate; I cannot be sure of that. (Evidence, p. 3161)

Mr Grant Ellison

7.20 Mr Grant Ellison, a self-confessed former dealer in performance enhancing drugs, told the Committee that lifters had purchased anabolic steroids from either Mr Paul Coffa or Mr Sam Coffa. (Evidence, p. 3871) Mr Ian Traill may have been one of those lifters. (Evidence, p. 3872) When asked about this allegation Mr Traill wrote to the Committee that:

The answer to that question is NO. Although Mr Paul Coffa came up to me at a competition at Mt Clear Tech High and made it clear to me that he want to introduce drugs to me for my lifters, I said that they will show improvement because of the training program I had them on. [sic]

The statement that Mr Paul Coffa made [was] that, 'I have a lot of good lifters and they need more so they could make more improvement'. I said I don't know what you mean. Then Paul Coffa said, they need supplements. I said no their training program was fine. Then Paul Coffa walked off. [sic] (Letter to Committee Secretary, 14 December 1989)

Importation of Anabolic Steroids

7.21 One of Paul Coffa's responses to the allegations made against him was to say, 'Where would I get all of these drugs?'. (Evidence, p. 3352) Reference has already been made to the claim by Mr Brittain that Mr Coffa bought an anabolic preparation in Italy for young lifters. (Evidence, p. 3191) Mr Brittain also made allegations concerning a trip to Brazil in 1982 for the World Junior championships. Matters relating to the purchase of anabolic steroids by this Australian weightlifting team were examined in the Interim Report (see pages 248-50; 300-1; and 323).

7.22 Mr Brittain confirmed that he bought steroids in Brazil for his personal use, saying that they 'were very cheap' and lasted him for a long time afterwards. (Evidence, p. 3167) Mr Brittain told the Committee that while two or three members of the squad in Brazil probably did not buy anabolic steroids:

most of the other guys bought steroids to my knowledge. That means at least five or six members of the team bought steroids, including the three Hawthorn members. (Evidence, p. 3166)

Mr Brittain claimed that he was:

present at one particular transaction with one of the guys ... I asked him, 'Are you taking them home to use them yourself and stick them on top of the dosage that you get?'. At that time I had been on speaking terms with a couple of guys that used steroids in the Hawthorn Club ... and he said, 'No, no, I am taking these back to Paul. I am buying them for Paul for the club'. (Evidence, p. 3167)

7.23 The Committee notes that Mr Brittain had earlier said that there was no open discussion among lifters 'as to who took what', (Evidence, p. 3154) a statement supported by Mr Bill Stellios who said that during the period 1982-86, 'steroids were not a topic that anyone would discuss in the gym'. (Evidence, p. 3048) Mr Brittain, before giving evidence about the Brazil trip, had implied that he had no direct knowledge of other lifters taking steroids, although he said that prior to leaving the club in 1982 he had talked to junior lifters about his own personal use. (Evidence, p. 3172)

7.24 The Committee also noted Mr Brittain's assertion that Mr Paul Clark bought a vast quantity of drugs in Brazil and said 'I am talking about a suitcase full'. (Evidence, p. 3168) Rumours to this effect had been made known to Mr Lyn Jones, head coach of weightlifting at the AIS, who was Mr Clark's coach, but Mr Jones had not taken any action on this matter until December 1987, several years after Mr Clark had left the Institute. Mr Clark denied that he had bought anabolic steroids in Brazil. (Interim Report, pp. 248-250)

Discussion

7.25 In response to Mr Paul Coffa's question 'Where would I get all these drugs', the Committee recalls its conclusion in the Interim Report, that while Mr Lyn Jones did not travel to Brazil, 'it is possible that Mr Jones has imported banned substances into Australia and that he has used members of his weightlifting squad to assist him in doing this'. (Interim Report, para. 6.274) That

could have been the source of the drugs obtained by Mr Paul Coffa.

7.26 Alternatively, Mr Paul Coffa could have imported the banned drugs himself, also using Australian weightlifters as couriers. Mr Brittain claimed that one weightlifter advised him 'I am taking these back to Paul'. (Evidence, p. 3167)

7.27 With regard to the allegations made by Mr Nigel Martin and Mr Dallas Byrnes (who said that Mr Coffa was involved in the distribution of drugs to his lifters; Evidence, p. 1000), Mr Paul Coffa claimed that they were 'a pack of lies and they are fabricated stories'. He also claimed that the evidence given by Messrs Brittain and Stellios was false. (Evidence, p. 3350) He stated that:

There are no drugs at Hawthorn. Hawthorn has a reputation throughout the country and in the Commonwealth of being a clean, highly disciplined, drug free centre of excellence. (Evidence, p. 3350)

7.28 Mr Coffa denied providing performance enhancing drugs to any lifters (Evidence, p. 3417) and was supported by a submission signed by Mr Boris Kayser, Treasurer of the Victorian Weightlifting Association Inc which stated that the Association:

knows Paul Coffa as a completely honourable man, and has no doubt that he has never administered, nor advocated, counselled or procured the use of performance enhancing illicit drugs. (Evidence, p. 3343)

7.29 Mr Paul Coffa pointed out that three of the five people identified by Mr Martin as being able to support the allegations had denied that this was so. Of the other two, Mr Michael Brittain had been coached by Mr Martin, and Mr Neville Cornelius had been coached by Mr Brittain. (Evidence, p. 3351) Mr Dallas Byrnes had never tried out at Hawthorn and has been associated with Mr Martin in Canberra, (Evidence, p. 3353) while Mr Bill Stellios had been asked to leave Hawthorn in 1986. (Evidence, p. 3350) Mr Coffa also pointed out to the Committee that Mr Nigel

Martin had coached his wife, Gael Martin, who had tested positive for anabolic steroids in two different sports, (Evidence, p. 3351) and that Mr Martin had earlier tried to discredit the Hawthorn Club in 1984, after being refused membership of the Victorian Weightlifting Association. (Evidence, p. 3352-3) On that occasion Mr Martin had written to the Minister for Sport and Recreation in Victoria stating that Mr Coffa was not acting in the spirit of an executive director; drugs were not mentioned.

Mr Sam Coffa

7.30 While several incidents are noted in the next Section of this Chapter where Mr Sam Coffa has acted reprehensively concerning drug tests, the one (tentative) allegation received implicating Mr Sam Coffa in the supply of performance enhancing drugs was not corroborated. Mr Michael Brittain, who made a number of very serious allegations about Mr Paul Coffa said, when asked specifically whether Mr Sam Coffa would be involved:

I have no knowledge of it. I believe that he would not have too much information. He may assume or presume that that may be going on but I do not think he would have any personal involvement. (Evidence, p. 3203)

7.31 The Committee notes Mr Sam Coffa's claim that when he made the decision to test everybody during the 1987 National championships he did so unilaterally; he told the Committee:

I did that for the very reason that obviously, as Paul was connected with lifters and is a member of the executive board of the Australian Weightlifting Federation, I did not want anyone to know anything about it other than myself. (Evidence, p. 3377-8)

Dr David Kennedy

7.32 Dr David Kennedy, who first became involved in weightlifting in 1980, is Chairman of the AWF Medical Committee. Since 1986 he has also been a member of the Medical Committee of the International Weightlifting Federation. He is President of

the Oceania Weightlifting Federation Medical Committee and President of the Commonwealth Weightlifting Federation Medical Committee. (Evidence, p. 3360-1)

7.33 Dr Kennedy was the subject of numerous mentions before the Committee. For example, Mr Ian Traill advised:

I observed at a contest at St. Albans Tech School a young lifter from Hawthorn being taken into a room by Dr David Kennedy. When the lifter left the room he had blood on the inside of his arm with a bandaid over a needle mark. The lifter took the bandaid off later where I observed the needle mark. This lifter collapsed before the contest. He came good by the time the contest was ready to start. (Letter to Committee Secretary, 14 December 1989)

7.34 In a letter dated 10 January 1990 to the Secretary of the Committee, Dr Kennedy explained that because of the large number of weightlifting competitions he has attended, he could not recall the specific incident. In responding to Mr Traill's comment (on a hypothetical basis), Dr Kennedy informed the Committee:

Because of the lack of information I cannot provide any further assistance with respect to the nature of the drug administered but almost certainly it would have been an injection of local anaesthetic for the treatment of some minor ailment ...

In relation to the cause of the weightlifter's collapse it has on occasion occurred when even drawing the fluid to be injected into the syringe that many of the sports men and women that I have treated become quite queasy and have even on occasions fainted at the sight of the syringe ... A vasovagal attack is not uncommon ... Usually such an event ... is very transient and temporary and soon afterwards the competitor is able to perform without any disturbance or disruption to their completion of the sporting event. This has been supported by Mr Traill's claim that the weightlifter was able to continue and actually performed during the competition. (Letter to Committee Secretary, 10 January 1990)

Mr Bruce Walsh

7.35 Mr Bruce Walsh is the AWF Executive Director. From May 1967 to October 1984 he was the Secretary Supervisor of the Western Suburbs Police Citizens Boys Club. (Evidence, p. 3074)

7.36 Mr Glenn Jones explained to the Committee that in the mid 1970s:

weightlifting in Sydney was centred around the inner western suburbs of Newtown, Glebe, Burwood and Canterbury, all of which had police and citizens youth clubs located at them ... At Newtown, Glebe and Burwood there were police as coaches. Those police were senior constables, Bruce Walsh and Bob Taylor. (Evidence, p. 711)

The then Constable Walsh was named by Mr Glenn Jones as a supplier of steroids to weightlifters at the police boys clubs. (Evidence, pp. 710 and 716) A lifter, Mr Christopher Stewart, spoke to Mr Jones of Constable Walsh 'using him as a guinea pig' and Mr Stewart 'regularly used to elaborate on the types and dosages of such drugs that he took'. (Evidence, pp. 716 and 723)

7.37 Mr Joseph Brent described to the Committee a discussion between himself and Mr Bruce Walsh in Melbourne. The then Constable Walsh:

said that members of his weightlifting club were using [anabolic steroids]. I cannot say he said to me, 'I gave them to them', but that was the impression I got, because he was a coach ... I remember I took objection to that discussion, because what he was saying was that in order for him to keep his job as a policeman in charge of a police boys club, he had to show his superiors that the club was doing well. (Evidence, p. 2871)

7.38 Mr Brent also described a conversation with Mr Bill Stellios who had been lifting at that stage for one or two years and went to help Mr Brent give a demonstration in Bankstown. Mr Brent asked Mr Stellios:

'Are you taking steroids?' He said, 'Yes'. I said, 'where are you getting them from?' and the word he used was 'Walshie'. I then asked him, 'Does your father know this?' and he said, 'No'. (Evidence, p. 2871)

Mr Brent thought Mr Stellios would have been between 14 and 16 at that stage. Mr Stellios told the Committee he started weightlifting at Burwood Police Boys Club at the end of 1972, when he was 14, with Bruce Walsh as his coach. (Evidence, p. 3026)

7.39 In 1977 Mr Brent was one of two champion weightlifters (the other being Mr George Vasil) who made statutory declarations that anabolic steroids had been given to junior lifters by Constables Bruce Walsh and Bob Taylor. (Evidence, p. 2866) Mr Brent admitted to taking anabolic steroids himself in the early 1960s; he could not remember whether anabolic steroids were banned sporting drugs at the time he made the statutory declaration. (Evidence, p. 2869) He explained:

Why we took objection to this part of it was that I felt that, as an adult, if I wanted to take steroids, that was my prerogative. I was over 21 and I could make my own decision. But I felt it was wrong for 12-, 13-, and 14-year-old kids to be given steroids and if they had been anything like me, they would not have even known what they were taking ... one would think. (Evidence, p. 2870)

7.40 Mr Walsh pointed out that the allegations made by Mr Vasil related to 1972, when steroids were legal. He also said that when interviewed by Inspector Byrne after the allegations were first made, Mr Vasil softened his allegations to say that he had been encouraged by Mr Walsh to take steroids. Mr Walsh then claimed that Mr Vasil's present story was that Mr Walsh discussed with Mr Vasil his taking steroids. (Evidence, p. 3109) Mr Walsh further claimed that Mr Vasil had admitted that he was coerced into making some of the statements. (Evidence, p. 3113) In fact Mr George Vasil's statement to Inspector Topping on 28 February 1989 was that:

In 1972 when I was training at Burwood Police Boys Club and I was 22 years of age I needed to increase my weight ... and then Bruce Walsh spoke to me about anabolic steroids. He told me that they would help me to increase my weight. He also gave me some material on steroids which I read and gave back to him. What I remember after that is that I saw Dr Tahmindjis in Kingsford ... I remember getting a bottle of steroids but I do not know whether I got it on a script from Dr Tahmindjis or whether it was given to me by Bruce Walsh. (Evidence, p. 3114)

7.41 Mr Bill Stelliios told the Committee that at the age of 18, he was approached by Mr Walsh who offered a bottle of around 100 tablets. At that time Mr Stelliios did not know what these tablets were, although he 'found out later through the second bottle [he] was taking that the pills were Dianabol'. (Evidence, p. 3042-3) (This is inconsistent with the evidence of Mr Brent that Mr Stelliios had been taking steroids while only 15 or 16 years old; Evidence, p. 2871) Mr Stelliios also claimed that he was introduced by Mr Walsh to diuretics 'as a very young kid of 15'. (Evidence, p. 3047) At that time diuretics were not a banned substance.

7.42 According to Mr Stelliios, the first course of steroids given to him by Mr Walsh involved taking four to five tablets a day for a three to four week period. (Evidence, p. 3044) He recollected that he had been asked to pay for these tablets, but that he had told Mr Walsh he could not afford to pay. (Evidence, p. 3060) Mr Stelliios had told Chief Inspector Topping that he had been supplied with a bottle of Dianabol by Mr Walsh, who told him the cost was \$25. Even though he refused to pay, he was still given the drug. (Evidence, p. 3077)

7.43 Mr Stelliios gave a number of conflicting accounts of how he discovered the drugs supplied by Mr Walsh were Dianabol. He first told the Committee he found out because the second bottle was labelled. (Evidence, p. 3042-3) He agreed that he had told Chief Inspector Topping he had learnt that the tablets were Dianabol from Mr Walsh. (Evidence, p. 3059) He then said that one

of the bottles had a label, but he did not think the first did and that he was not 100 per cent sure if Bruce Walsh had told him that they were Dianabol at the time. (Evidence, p. 3060) He later described an argument with Mr Walsh in which:

I asked him, 'What are they?'. He told me something along the lines of them improving my performance. I was not impressed. He told me that I would not improve if I did not take them ... I started taking them and the rest I just threw away after a while, when I started retaining fluid and various things. (Evidence, p. 3061)

Source of Steroids supplied by Mr Walsh

7.44 According to Mr Glenn Jones the source of supply of the steroids supplied to police boys weightlifters was a doctor in Kingsford later identified as Dr Alex Tahmindjis. (Evidence, p. 720) The Medical Journal of Australia dated June 1976 (pages 991-3) published an article by Dr Tahmindjis entitled 'The use of anabolic steroids by athletes to increase body weight and strength'. It describes a study over 18 months of 20 male weightlifters and concludes that 'no side effects of significance were recorded, and marked increases in strength and body weight were achieved'.

7.45 Mr Walsh agreed that he knew Dr Tahmindjis and that he may have taken weightlifters to him for treatment of injuries, but said he had never approached him for the supply of anabolic steroids. (Evidence, p. 3075) Mr Stellios, when asked whether he could recall participating in any experiment involving Dr Alex Tahmindjis in order to monitor his performance after taking the steroids supplied by Mr Walsh said, 'Now that you mention it, I do not know the doctor's name, but yes, there were tests completed'. (Evidence, p. 3044)

7.46 Mr Brent told the Committee that, after making the statutory declaration concerning steroid use at the police clubs and in order to find out where the steroids were coming from, Medibank was approached and asked to investigate whether steroids

were being given on scripts from Dr Alex Tahmindjis. (Evidence, p. 2874) After being told that Medibank could not find anything:

we thought we should go to the distributors. I think it was a company called Geigy. I spoke to a salesperson at Geigy who told me that Dr Tahmindjis was buying the things in bulk. (Evidence, p. 2875)

7.47 While Dr Tahmindjis may have been supplying drugs directly he was also providing prescriptions (see para. 9.63). The drugs could have been dispensed from Mr Colin Bova's pharmacy in Burwood, a pharmacy at which Mr Walsh's wife was employed. (Evidence, p. 985-6) Mr Bova claimed that athletes were never supplied with anabolic steroids from his pharmacy without a doctor's prescription. (Evidence, p. 2987) He said that he had never heard of Dr Tahmindjis and did not know the whereabouts of his practice; (Evidence, p. 2999) he emphasised that he had 'never supplied restricted drugs without a prescription to anyone'. (Evidence, p. 3002)

7.48 Mr Bruce Walsh told the Committee that, in early 1989:

and as a response to certain allegations, I asked Mr Colin Bova ... whether he could recall ever dispensing prescriptions for anabolic steroids to any identifiable weightlifters from the Burwood Police Citizens Youth Club. He replied that the only person that he could recollect dispensing anabolic steroids to was Bill Stellios, who on several occasions in the latter part of 1987/early 1988 presented prescriptions for steroids. He also stated that to the best of his memory they were made out in another persons name. (Evidence, p. 3073)

Mr Stellios said that he had not collected steroids for himself or any other person (Evidence, p. 3053) and that he was not using anabolic steroids at that time. (Evidence, p. 3055) Mr Walsh provided to the Committee a script for anabolic steroids made out to a Mr Czapla (see Figure 7.7). Mr Walsh's wife was an employee of the Bova pharmacy and had access to the scripts. (Evidence, p. 3093) Mr Walsh had asked his wife to examine all the scripts

stored at the pharmacy, looking for any in the names of Stelliios or Czapla. (Evidence, p. 3094) When Mr Stelliios was shown the script he told the Committee:

it is made out to the guy who was training me at the time but I had nothing to do with the script and nothing to do with the drugs involved. If I wanted to obtain anabolic steroids, I am sure I could have done it on my own. (Evidence, p. 3052)

He said that he had never used Anapolan, the drug concerned. (Evidence, p. 3056)

7.49 Mr Walsh informed the Committee that Anapolan 'is apparently a powerful and dangerous anabolic steroid' and stated that:

Shortly after the discovering of the ... prescription I question [sic] Czapla about the matter and he admitted obtaining the prescription for Stelliios from a 'friendly' Polish doctor. Furthermore, he said to me that 'if anyone endeavours to create trouble he will say that it is for his ...' and Czapla made a physical motion indicating the area of his genitals. (Evidence, p. 3068)

Police Investigation

7.50 The allegations made to the Committee concerning the use of steroids and their supply by police at the New South Wales Police Boys Clubs were investigated in July 1989 by a senior officer of the New South Wales Internal Affairs Branch. (Evidence, p. 2833) The advice provided to this Committee by the New South Wales government was that:

Despite conflicting evidence, it seems likely that [Mr Bruce Walsh] did supply anabolic steroids in the 1970s to weightlifters at the Western Suburbs Police Citizens Youth Club. (Evidence, p. 2834)

The investigating officer, Chief Inspector Topping, explained that he 'came to a certain view so far as Mr Walsh was concerned' and that:

There were two conflicting versions. I was placed in a position of having to decide on the balance of probabilities, ... and having regard to interviewing [Mr Walsh and Mr Stellios] and from the evidence I learnt, I formed the view that on the civil onus only, that Walsh did supply steroids to Stellios. (Evidence, p. 2838)

Discussion

7.51 Mr Walsh's response to the allegations made against him was that they were 'nothing but a litany of fabrication based upon the motive of personal vendetta'. (Evidence, p. 2841) He stated:

I have never given anabolic steroids or any other performance enhancing drugs to any person. I have never encouraged any person to use these substances nor have I condoned their use. (Evidence, p. 2841)

He told the Committee that the allegations relating to steroids did not surface until after a political struggle in the New South Wales Weightlifting Association. When it became obvious that the Walsh group had gained control:

There was only one way [the competing faction] could get a leg back in the door again. The way to do that was to oust Taylor and me, because we were the power brokers as well as the coaches ... If they could create something that was of some consequence - with an accusation such as this and with our being members of the police force - we would be out on our ear quick as you could blink your eyelids. (Evidence, p. 3103)

Mr Walsh further commented:

I can accept with a certain amount of equanimity the accusation of a mature athlete or an older athlete taking them, irrespective

of whether it is wrong, but I take great umbrage at the fact of being accused of giving 12- and 13-year-old boys steroids in bottles with vitamins marked on them. (Evidence, p. 3102)

Mr Walsh dismissed the allegations of Mr Stellios by stating that he and Mr Stellios were bitter enemies, and that was the reason Mr Stellios told lies about him. (Evidence, p. 3116)

THE AWF AND DRUG TESTING

Background

7.52 In its submission to the Committee the Australian Weightlifting Federation placed considerable emphasis on its commitment to dope testing and on the number of tests on weightlifters carried out by the Federation itself, by other bodies, such as the Australian Institute of Sport, and international bodies. The Committee was informed that:

Over the past three years the Australian Weightlifting Federation has escalated its involvement in doping control, especially combining the taking of deterrent and preventative measures. The Australian Weightlifting Federation has recently formed a Doping Commission to co-ordinate its activities in doping control so as to co-ordinate the number of tests performed each year, maintain standardised sanctions under the guidelines of the IOC and the IWF and also to provide preventative measures which fundamentally involve information to athletes, coaches, parents and administrators. (Evidence, p. 3336)

7.53 While there is no doubt that the doping control activity of the Australian Weightlifting Federation has increased, questions remain about its effectiveness. The Interim Report noted the use of anabolic steroids by athletes at the Australian Institute of Sport and described an incident in which one weightlifter, while taking drugs, was tested and found negative. Further, Mr Bill Stellios suggested that the drug testing was basically a public relations exercise, saying of Mr Paul Coffa

that he was 'the guy who practically ran these tests. He got David Kennedy to run these tests'. (Evidence, p. 3050)

7.54 Mr Bill Frew, a former international competitor, coach, official and national champion who, before 1984, used steroids, suggested to the Committee that:

the AWF cannot be objective about testing procedures. Officials have a vested interest in making sure their lifters are not detected ... This means that drug testing at major competitions is a PR exercise only, designed to convince the public, the government and the sponsors that everything is above board. Lifters simply discontinue steroid use prior to the contest and test clean, allowing the officials to claim the sport is drug free ... Random testing is also open to the same abuse. As long as partial officials conduct the tests there is no chance of objectivity. Worse, such tests may be used as a weapon to silence rebel lifters. (Submission No. 52, p. 1)

7.55 Mr Dallas Byrnes suggested to the Committee that the Federation conducted screening tests before major events to ensure that Australian lifters would not test positive in international competitions. He described how the:

Federation would test you, for instance, if you were selected to go to the Commonwealth Games: if you are positive you just do not go. (Evidence, p. 1001)

This situation in Australian weightlifting could reflect that prevailing for some time in Eastern Europe, and the German Democratic Republic in particular. A media article from November 1989 has reported:

East Germany yesterday admitted for the first time that some of its athletes had been caught in tests for illegal drugs ... The doping centre at Kreischa is one of 19 administered around the world by the International Olympic Committee, though the East German laboratory tends to concentrate on testing its own nationals ... The East German disclosure brought an immediate reaction from defector, former Olympic champion Hans-Georg Aschenbach

who said it was merely a start in disclosing the truth ...

"Kreisch is one of the centres where East German athletes are sent to make sure they are clean before they go abroad to represent their country." (Daily News, 9 November 1989)

7.56 Drug testing for Australian weightlifting is now carried out by the independent Australian Sports Drug Agency ASDA. Mr Steve Haynes, Executive Director of ASDA, told the Committee that:

The Weightlifting Federation, since we have had control of weightlifters who are aspiring to represent Australia in Auckland, has been most co-operative, both in Victoria and in New South Wales at Homebush. (Evidence, p. 2894)

Accordingly, limited opportunity now exists for the sorts of behaviour implied by the allegations presented to the Committee. However, previous activities reflect on the integrity and the credibility of senior AWF officials, and to this extent are important in terms of the public funding of weightlifting and the role and location of the weightlifting component of the Australian Institute of Sport.

7.57 With the Australian Sports Drug Agency now testing weightlifters, it is no longer possible for advance notification to be given of when testing will take place. Nevertheless, following the 1989 National weightlifting championship in Melbourne, at which drug testing did not take place, Dr Kennedy telephoned Mr Steve Haynes at ASDA. According to Mr Haynes:

the discussion focused on what the guidelines for drug testing were, when they would be announced by the new Agency and how they would know what the arrangements were. (In Camera Evidence, p. 1182)

Mr Haynes explained that he interpreted the phone call from Dr Kennedy:

as a situation in which the Weightlifting Federation is somewhat confused at the moment

about the testing being carried out, bearing in mind that it has been its practice in the past to notify State affiliates that drug testing will take place at a particular time and a particular place, up to three or four weeks in advance. (In Camera Evidence, p. 1182)

Role of Dr Kennedy

7.58 Until it passed to the Australian Sports Drug Agency in 1989, the responsibility for dope testing conducted by the Australian Weightlifting Federation lay with Dr Kennedy. The Committee notes that a number of allegations have been made about the role played by Dr Kennedy.

7.59 Mrs Gael Martin told the Committee that dope testing is:

very, very political, especially in weightlifting. You have a doctor who is part of the Hawthorn weightlifting club ... He is very close to the club and he has been for years, and he conducts all the testing. (Evidence, p. 559)

7.60 Mr Bill Stellios described how he had reached the conclusion that some of the lifters at the Hawthorn Club:

were taking something to improve their performance. Of course they were tested by David Kennedy - no result - and so I had an idea what was happening. They were their guys and their own club. (Evidence, p. 3051)

Mr Stellios also told the Committee that, under the instructions of Mr Paul Coffa, Dr David Kennedy:

would do everything you said. From my experience, the way the young kids were carrying on, there had to be something happening. (Evidence, p. 3050)

7.61 Dr Kennedy responded to allegations of 'fixed' testing carried out by the Australian Weightlifting Federation before the National Program on Drugs in Sport became involved:

all the tests that I have done have been genuine and you have to form your opinion about that ... every test that I have done, I have done under the control and guidelines of the IWF. I have always had a second person in attendance as well as the coach and the lifter and followed all the guidelines that have been outlined to me. (Evidence, p. 3383)

Notification of Testing

7.62 As discussed in some detail in the Interim Report, the integrity of any drug testing program requires that athletes be tested with as little notice as possible. This is because the clearance times for different anabolic steroids are fairly well known. If an athlete knows when a test is going to take place it is a simple matter to stop taking drugs in sufficient time to ensure a negative sample for those drugs on the day of the test. For this reason it was a matter of concern to the Committee that allegations were made that at least some weightlifters might have been told in advance when a test was to take place. For example Mr Glenn Jones told the Committee that:

the testing in Olympic lifting was seen by those outside to be a farce with lifters being given ample notice to quit usage in time to rid their system of residue before testing. (Evidence, p. 719)

7.63 A specific example of notification was alleged by Mr Michael Brittain. He told the Committee that in 1982 he started taking drugs 'for a course preceding or for the duration of two competitions'. The first of these was the 1982 Victorian Junior titles and the second, four to five weeks later, was the Nationals. (Evidence, p. 3155) Mr Brittain informed the Committee:

The point I want to make about the State junior event, apart from the other event, is that that was the first event that was openly nominated, that I know of, at that time to be a tested event. All the competitors in the 1982 Victoria juniors had to produce a urine sample and Paul advised me not to. He said, 'Do not lift in the event and you will not have to produce a sample'. So I did not

compete in that event. I did not fill out any entry form, and I did not lift. (Evidence, p. 3156)

7.64 Apparently Mr Coffa's view was that the National Junior event was more important than the Victorian Juniors and that Mr Brittain should keep up his 'training and drug cycle' for the Nationals. The information that everybody would be tested was given 'probably two to three weeks before the competition' and was verbal. (Evidence, p. 3157)

7.65 Mr Bill Stellios also claimed that weightlifters 'knew at times that there were going to be certain tests done at certain events'. (Evidence, p. 3050)

7.66 The Committee is aware of a number of occasions when a formal written notification that testing was to take place was given. Figure 7.1 shows a memo to 'Executive Members, Club Secretaries, AWF, AOF, ASC' from Dr David Kennedy. Dated 18 July 1988 it states:

To all competitors who wish to enter this year's Buffalo Sports State Senior Championships to be held August 13th and 14th at the Hawthorn Recreation Centre. Please note that there will be tests performed for doping control under the guidelines of the International Weightlifting Federation and the Australian Weightlifting Federation.
(Evidence, p. 3159)

Whatever its intention, the effect of this memo was to give almost one month's notice that testing was to take place. This was ample time to stop taking most drugs in order to test negative at the event.

7.67 Dr Kennedy emphasised to the Committee that he was trying:

to inform people that there would be testing procedures at the championship. It was not meant to inform them to go off the drugs.
(Evidence, p. 3370)

FIGURE 7.1



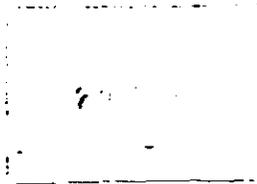
VICTORIAN WEIGHTLIFTING ASSOCIATION INC.

INTERNAL MEMO

To:	Exec. Members, Club Secretaries, A.W.F., A.O.F., A.S.C.
From:	Dr. David Kennedy, Australian Weightlifting Federation.
Subject:	Doping Control for Competitors at the Victorian Senior Championships. Date: 18.7.88

To all competitors who wish to enter this years Buffalo Sports State Senior Championships to be held August 13th and 14th 1988 at the Hawthorn Recreation Centre, Please note that there will be tests performed for doping control under the guidelines of the International Weightlifting Federation and the Australian Weightlifting Federation.

Dr. David Kennedy
Chairman A.W.F. and Oceania Medical Committee.
Member I.W.F. Medical Committee.



He explained that the Federation 'felt some difficulties legally in relation to notifying athletes about testing and when testings are being performed'. (Evidence, p. 3369) He said that while athletes at Hawthorn and the Australian Institute of Sport might be aware of testing procedures and what was going to happen, 'there were a lot of lifters who were totally unaware of the situation, particularly at national level'. (Evidence, p. 3369)

7.68 Mr Brittain told the Committee that while he had not seen a memo similar to the one in Figure 7.1 prior to the 1982 Victorian Juniors, he had seen similar documents concerning other competitions during 1987. (Evidence, p. 3160) Mr Robert Kabbas said that he had not competed since 1986 and had not seen such a memo before. (Evidence, p. 3160)

7.69 Figures 7.2 and 7.3 provide additional examples of the prior notification of drug testing. Figure 7.2, dated 31 March 1988, warns all 'State Officials, Coaches, and Weightlifters' that dope tests will be held at the National Junior Championships on 23 April 1988, while Figure 7.3 gives prior notification that any athlete who reaches the Olympic Trials qualifying standard will be tested.

7.70 Mr Kayser, Secretary of the AWF, and a barrister, explained that there was no legal power to force a person to supply a sample of urine without the prior notification issued by Dr Kennedy. (Evidence, p. 3371) Such notice had not been necessary in the case of the 1987 Nationals because that competition was under the IWF rules. All members of the AWF are subject to the AWF Constitution which incorporates the provision that all AWF members will abide by all rules, regulations and rulings of the IWF. (Evidence, p. 3380)

7.71 Mr Kayser explained that the memo in Figure 7.1 was sent out in relation to a Victorian level competition which was therefore not under the auspices of the IWF. It was organised by the Victorian Weightlifting Association and did not therefore

FIGURE 7.2



Australian Weightlifting Federation Inc.

INTERNAL MEMO

To: Executive Members / State Secretaries / A.O.F. / A.C.G.A. / A.S	
From: Dr. David Kennedy : Australian Weightlifting Federation	
Subject: Doping Control	Date: 31.3.88

Attention to all State Officials, Coaches, and Weightlifters.
At the forthcoming National Junior Championships on Saturday,
23rd April, 1988 at the Australian Institute of Sport in Canberra
there will be tests performed for doping control under guidelines
of the International Weightlifting Federation and Australian
Weightlifting Federation.

A handwritten signature in cursive script, appearing to read 'D. Kennedy'.

David Kennedy. M.B.B.S. Dip Anat. (ASANZ) F.A.S.M.F.
Chairman A.W.F. and Oceania Medical Committee.
Member I.W.F. Medical Committee.

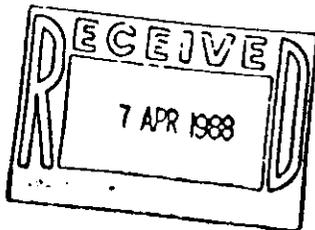




FIGURE 7.3

Australian Weightlifting Federation Inc.

INTERNAL MEMO

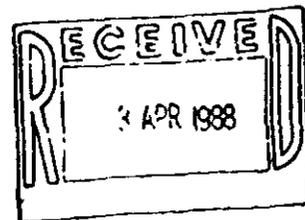
To: STATE SECRETARIES, - A.O.F., -A.C.G.A., A.I.S., F.S.C.	
From: SAM COFFA PRESIDENT	
Subject: DOPING CONTROL	Date 11,4,1988

Following a request from the New South Wales Weightlifting Association, the Australian Weightlifting Federation Doping Commission has determined to test any athlete throughout Australia who reaches the Olympic Trials qualifying standard.

Doctor David Kennedy will perform tests for doping agents in accordance with the International Weightlifting Federation's policy on Doping Control.

Could you please inform coaches and weightlifters involved as to this decision of the A.W.F. doping commission.

Sam Coffa
PRESIDENT



come under the rules of the IWF. (Evidence, pp. 3381-2) Dr David Kennedy supported that view and clarified it. Dr Kennedy advised:

The memo says, 'The testing will be done under the guidelines of the International Weightlifting Federation'. In other words, it was not under the auspices, it was a test that we decided to do at a Victorian level. To answer your question, it was not under the auspices and therefore not under the rules in terms of the governing body of the IWF. (Evidence, p. 3382)

7.72 The Committee is unable to accept the testimony of both Mr Kayser and Dr Kennedy on this matter. First, with regard to Dr Kennedy's argument that he issued notice of testing because the competition was at State level and not under the 'auspices' of the IWF, the Committee notes that Dr Kennedy issued similar memos for National championships. His memo of 31 March 1988 at Figure 7.2 is an example; the memo allowed 23 days clearance time warning for any weightlifters who were using oral and water-based injectable anabolic steroids. Whether State championships are conducted under IWF 'auspices' or not, Dr Kennedy committed the same indiscretion with regard to advance warning of drug testing - he in effect provided adequate clearance time for most performance enhancing drugs including water-based injectable steroids.

7.73 Second, however, the question whether State weightlifting championships are conducted under IWF 'auspices' is a most relevant matter. Both Dr Kennedy and Mr Kayser claimed in evidence before the Committee on 16 November 1989 that it was not the case that State championships were conducted under IWF 'auspices'. Mr Kayser's evidence, however, is directly contradicted by a letter that he wrote on 5 February 1988. That letter was written to solicitors acting on behalf of Mr Michael Brittain who entered, but failed to compete, in the 1987 National Championships. Mr Brittain did not attend a subsequent drug test as requested and his failure to do so was deemed a positive result under IWF Rules. Mr Brittain was banned from participating

in any weightlifting competition in Australia. Mr Kayser's letter of 5 February 1988 noted:

It is surprising that you suggest that the International Weightlifting Federation drug testing rules do not apply to capitated members of the Australian Weightlifting Federation. (Letter from Boris Kayser to Messrs Vandenberg, Reid, Pappas and MacDonald, 5 February 1988)

If this view is correct, then, as capitated members of the AWF, weightlifters competing in State championships are competing under the 'auspices' of the IWF and are properly liable for drug testing. (If that is not the case, Mr Brittain along with three other weightlifters ought not to have been banned.) Mr Kayser's evidence before the Committee is contradicted by his own letter.

7.74 Importantly, Mr Kayser revealed in his evidence that he was aware of the deficiencies in the argument that was being put both by himself and Dr Kennedy. Mr Kayser was asked by the Chairman:

Your legal interpretation ... was basically that you were not sure that you could do anything unless the athletes were advised that testing would take place before the event. Have I got that right?

Mr Kayser responded:

That is right. (Evidence, p. 3374)

Yet, subsequently, Mr Kayser seemed to want to qualify that assurance. He stated:

... all members of the AWF are subject to the AWF Constitution which incorporates the provision that all AWF members will abide by all rules, regulations and rulings of the IWF. This action was taken under the IWF rules ... the letters calling on people to attend for dope testing. We called on them under the IWF rules with Dr Kennedy acting under his powers as IWF Oceania doctor. (Evidence, p. 3380)

7.75 Further, Dr Kennedy subsequently presented a view that contradicted his earlier advice that he would have no authority to conduct drug tests except at National championships where he could employ his IWF status. Dr Kennedy was asked about the authority under which he tested Mr Satry Ma following trials for selection in the Australian team for the World Junior Championships. This test was a random test of lifters and it was not a test at a competition. Significantly, Dr Kennedy stated that the tests were conducted under the authority of the Australian Weightlifting Federation. (Evidence, p. 3392) When asked what authority he had to conduct such a (random out-of-competition) test instigated by the AWF, Dr Kennedy responded:

I can do tests at any time under the authority of the IWF, but I did not contact the IWF about this test. It was decided by the Australian Weightlifting Federation.
(Evidence, p. 3392)

The Committee notes that if Dr Kennedy had authority to test Mr Satry Ma in the way that he did in May 1987, then he had authority to test at the Victorian State Championships in July 1988. That is, Dr Kennedy had no reason to accept any advice to the contrary, and no reason to issue the memo reproduced as Figure 7.1.

7.76 In summary, the Committee notes:

- . that Mr Kayser and Dr Kennedy were not fully consistent in their assurances on this point;
- . that the evidence of both Mr Kayser and Dr Kennedy was vacillating and was not fully consistent; and
- . that Mr Kayser and Dr Kennedy may have knowingly misled the Committee.

'Mickey Mouse' Testing

7.77 For the 1987 Moomba International Championship, Mr Brittain alleged not only that he was notified in advance that testing was going to take place, but also that he had been told that he need not worry about the testing because it would be 'Mickey Mouse'. He said that:

Prior to the 1987 Moomba international I had information that testing was going to take place. I am pretty sure that I got a brochure about it ... I was using different sorts of banned substances at the time. I rang Paul Coffa personally ... I said, 'Paul what is going on? There are two weeks to go', and whatever. 'Am I going to lift or shall I pull out, or what shall I do?'. At that time we were on fairly good speaking terms, and we still have been up until today. He said ... that, 'Testing is Mickey Mouse it is Disneyland. It is Mickey Mouse testing, there is no problem, you can lift'. To the best of my knowledge David Kennedy was administering that testing ... I was using banned substances and I was not tested. (Evidence, p. 3175)

7.78 The Interim Report described in some detail the case of an athlete who competed at the 1987 Moomba International weightlifting competition while on a heavy course of oral and injectable steroids, was tested, and found to be negative. (Interim Report, pp. 294-6) (The Committee noted that the samples concerned were analysed by the Brisbane drug testing laboratory which had recently lost its IOC accreditation.) The evidence presented by Mr Brittain suggests that the sample collection and security at the competition could have been compromised.

7.79 Dr Kennedy told the Committee that, so far as he was concerned, this particular test 'was done with the utmost integrity, like all the tests that I have done'. (Evidence, pp. 3427-8) He suggested various possible explanations for the result: that the athlete had not been on drugs but had been given placebos, that the athlete had been given blocking agents or diuretics, or that the laboratory had just missed the drugs. The Committee has no doubt that the athlete concerned was taking the

drugs he supposed himself to be taking. The only explanations for the drug test results are that the laboratory made a mistake or that the testing procedures were compromised. The Committee notes that the lifter was told in advance of the competition by his coach (Mr Lyn Jones) that he need have no fear about the test result. As it is unlikely that Mr Jones could predict the laboratory would make a mistake, one explanation would be that he, like Mr Brittain, had been informed in advance that the testing would be fixed.

7.80 Mr Paul Coffa's response to Mr Brittain's allegations was to say that he had had very little to do with Mr Brittain since Mr Brittain left the Hawthorn Club and that:

In particular, in 1987 I did not speak to him or discuss with him any testing procedures and certainly I have never spoken to him about Mickey Mouse testings, because that is a new word to me. They just simply do not exist. (Evidence, p. 3357)

Mr Brittain claimed that while he was told by Mr Paul Coffa that the 1987 Moomba testing would be 'Mickey Mouse' he was also told that 'The 1988 Moomba will be a different story'. (Evidence, p. 3176) According to Mr Brittain:

The same kind of situation pre-empted the 1987 Victorian seniors in August. I think that by that time I had almost assumed the fact that testing would be Mickey Mouse. (Evidence, p. 3176)

He again took 'banned substances, lifted, won fairly convincingly and was aware of no sample being taken'. (Evidence, p. 3176)

The 1987 Nationals

7.81 The 1987 Nationals competition was held in November 1987 and Mr Brittain continued to assume that the testing would be 'Mickey Mouse'. He was still taking drugs during training, five or six weeks before the competition, 'maybe even longer'. Mr Robert Kabbas called him from Sydney to say that everyone in the

Nationals was to be tested. (Evidence, p. 3177) Mr Kabbas told the Committee that:

I had informed [Mr Brittain] six weeks before the 1987 nationals that everybody was going to be tested. It was not random, it was a blanket test of everybody. (Evidence, p. 3177)

Mr Kabbas had retired from lifting some 18 months before but had been told about the tests by a friend in Sydney who had 'heard it from an official in Sydney'. (Evidence, p. 3177)

7.82 This six weeks (unofficial) notice given to Mr Kabbas, and through him to Mr Brittain, contrasts with Mr Sam Coffa's account of his decision to carry out the testing. Mr Sam Coffa described how he 'took the unilateral decision in 1987 to drop a bombshell and test everybody during the national championships'. (Evidence, p. 3377) On making this decision he first instructed Dr Kennedy to carry out the tests and only then sought the endorsement of the executive board (which included his brother, the Hawthorn coach Mr Paul Coffa). According to Dr Kennedy, he was instructed by Mr Sam Coffa 'about 10 days before the competition', and the instruction caught him by surprise. (Evidence, p. 3378)

7.83 Mr Sam Coffa emphasised that he did not tell anyone about his decision. (Evidence, p. 3377, 3378 and 3379) He said that while he could not remember how long in advance of the competition he had made this decision, 'It would have been about 10 days'. (Evidence, p. 3379) Dr Kennedy, who had originally suggested the 10 days, then commented:

I think it was a bit longer than that. I sent out the letter; I have not got the exact date with me. (Evidence, p. 3379)

Mr Sam Coffa then implied that the decision was made after the closing date for receipt of entry forms, which was 9 November, the competition starting on 28 November. The decision was also made that anyone who pulled out of the competition after 9 November would still be subject to testing. (Evidence, p. 3379) A

letter received by Mr Steve Haynes, then Co-ordinator of the National Program on Drugs and Sport, was dated 10 November 1987. In it Dr Kennedy referred 'to our recent telephone conversation regarding the forthcoming National Senior Weightlifting Championships'.

7.84 Mr Sam Coffa told the Committee that he:

even went as far as asking who was qualified to compete in the A grade title and had not entered and for what reason, so that I would have a clear mind that no-one was omitted. (Evidence, p. 3379)

This claim is of relevance given the allegations made concerning Mr Phillip Cristou, discussed in the next Section. (Evidence, pp. 559-60)

7.85 Mr Brittain continued his account by describing how:

Two weeks prior to the event - and I think the two weeks is a fairly crucial period of time, too, because that is inside the period in which you can test safely on any drug really, almost any drug, but mostly stronger drugs anyway that you would use for training purposes for a serious event - I received that brochure, bulletin, a memo, saying that 'All competitors will be tested, will be advised to give urine samples on that day of the event. Any lifters who withdrew from the event or fail to lift or fail to total or any other aspects which preclude them from competing will also be required to produce a urine sample'. (Evidence, p. 3178)

Even this official notice of testing which Mr Brittain received gave longer notice than 10 days: Mr Sam Coffa had claimed that he only determined ten days prior to the competition that testing would be held. Figure 7.4, which is the circular advising competitors of the tests, is dated 10 November, eighteen days prior to the competition.

7.86 Following receipt of this official notice Mr Brittain contacted Mr Paul Coffa, and received confirmation of the advice



Australian Weightlifting Federation Inc.

Affiliated with Commonwealth and International Weightlifting Federations. Member of Australian Olympic Federation
Australian Commonwealth Games Association Oceania Federation

President: Bob Corrie, MBE
19 Sturt St. Concord, NSW 2137
02 938 1011 or 02 938 1014

Executive Director: Bruce Walsh
18 Warbrick St. Concord, NSW 2137
02 938 2775 or 02 938 2664

Secretary: Bob Corrie, MBE
PO Box 7, Richmond, NSW 2111
02 938 1013 or 02 938 1014

General Secretary: Bob Corrie
1 Sturt St. Concord, NSW 2137
02 938 1011

Technical Secretary: Bob Corrie
28 Manning St. Concord, NSW 2137
02 938 1014

Executive Director Bruce Walsh (02) 73 2457 27 Warbrick Street, Concord, N.S.W. 2137

Please address all correspondence to: A.W.F., 27 Warbrick Street, Concord, NSW 2137
10.11.87
Telex AA27749 EXIMP

CIRCULAR.

State Presidents, State Secretaries and to all competitors who have entered in this years National Senior Championships in Melbourne on November 28-29.

PLEASE NOTE.

By now you have received a letter from myself advising your State Association of the decision I have taken under the direction of the International Weightlifting Federation and the Australian Weightlifting Federation regarding random tests for doping agents during the preparation period of major events and also tests taken at the time of National and Regional competitions.

Since then, I have approached the Australian Sports Commission Co-ordinator for National Programme on Drugs in Sport for assistance, and it has been decided by the Australian Weightlifting Federation Executive that at the forthcoming National Senior Championships in Melbourne every competitor who has entered officially will be tested for doping agents.

The testing at the National Championships will be performed by myself and an Official of the Australian Sports Commission.

Any lifter who withdraws from these Championships will be tested also.

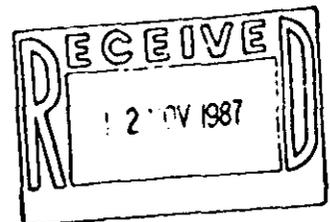
I again stress as stated in my previous letter to the State Associations, that any lifter capitated with the Australian Weightlifting Federation who refuses to undergo a test for doping agents is treated as having been found positive on testing and will be disciplined in accordance with International Weightlifting Federation regulations.

I trust that you support the efforts of the A.W.F. in conjunction with the I.W.F. in eradicating the use of drugs in the Sport of Weightlifting.

Yours sincerely

David Kennedy. M.B.B.S. Dip Anat. (ASANZ) F.A.S.M.F.
Chairman A.W.F. and Oceania Medical Committee.
Member I.W.F. Medical Committee.

- C.C.
- A.W.F. Executive Members
- Australian Sports Commission
- Australian Institute of Sport
- Australian Olympic Federation
- Australian Commonwealth Games Association
- Oceania Weightlifting Federation



already provided by Robert Kabbas. Mr Paul Coffa confirmed: 'Well, there is testing mate, I told you about that earlier in the year. I told you it was eventually going to get serious and this is it'. (Evidence, p. 3178) Mr Brittain said that he then told Mr Paul Coffa that the drug he (Mr Brittain) was using had too long a clearance time for him to be able to undergo testing. According to Mr Brittain, Mr Paul Coffa then:

looked a bit crestfallen but he said, 'Look, we will do what we can. Do not show up to the event, do not see anybody when they are in town, do not have any communication with any lifters from interstate or anywhere. If anyone gets wind that you are in town they will be after you to test you and want you to provide a sample.' He went on to say 'What we will do is we will say you have retired and you have not had any involvement for several months'. (Evidence, p. 3179)

Mr Brittain wrote to the Committee to explain further Mr Paul Coffa's role in this incident:

I did not personally receive a despatch concerning testing at the aforementioned date and time due to the fact that I was not at my home address at any time for three weeks directly succeeding the event to be tested. Hoping to exploit what Mr P. Coffa and I had considered to be a potential 'loop-hole' in the written documentation, I had arranged to stay with friends on a farm near Sale (Victoria) where I remained till just before Xmas. Having not lifted, not giving a sample, and not being available to be asked for one (and having to refuse, thereby automatically facing a 'deemed positive' result), we had felt we (Coffa was then abetting my attempt to avoid detection) would have an optimum situation to avoid a test. (Letter to Committee Chairman, 18 February 1990)

7.87 As discussed in the next section, Mr Brittain was eventually 'deemed positive' and suspended for failing to test. He told the Committee that he thought that:

what was really happening was that the pressure to test and the other aspects of that testing were out of the hands of people like

Paul Coffa and therefore he could not advise me and did not know himself perhaps. (Evidence, p. 3182)

Mr Sam Coffa had made a particular point of telling the Committee that he had not told his brother Paul of the decision to test. (Evidence, pp. 3377-8)

7.88 The tests at the 1987 Nationals were the first to have been carried out independently, by the National Program on Drugs in Sports. (Evidence, p. 3383) On being instructed by Mr Sam Coffa to conduct the tests, Dr Kennedy had contacted Mr Steve Haynes and the testing was able to be done:

through the Australian Sport Commission ... with the assistance of nominated members from the Australian Olympic Federation, namely, Dr Zimmerman on the Saturday and Dr Peter Harcourt on the Sunday ... Dr Brian Corrigan ... was in attendance all day on Saturday. (Evidence, p. 3378)

According to Dr Kennedy, the independence of the tests was not generally known:

No-one knew who was doing the tests, so at the time that they arrived no-one knew that it was being done in conjunction with the Australian Sport Commission. I do not think I made that public. I am not sure, ... I may have but I am not sure about that. (Evidence, p. 3383)

Dr Kennedy was incorrect in suggesting that he had not announced the testing was to be carried out by the Australian Sports Commission. This is clearly shown by Figure 7.4, a circular sent to competitors advising that the testing would be carried out by an official of the Commission, together with Dr Kennedy.

7.89 In the event, 32 tests were carried out of all the lifters who completed on the two days, and there were 32 negatives. (Evidence, p. 3378) However, there appear to have been 36 entries for the competition (Evidence, p. 3383) even though Dr Kennedy's letter to Mr Haynes dated 10 November (that is, after the closing date for entries) stated that the final number of

entries was 34. (Figure 7.5) Dr Kennedy pointed out that while four entrants decided not to compete, 'That does not mean they were positive'. (Evidence, p. 3384) Subsequent to the competition these four athletes declined to undergo further testing. Two of these athletes told Dr Kennedy that they had retired through injury between the period of entering and the period of competition. However, under the rules of the International Olympic Committee and the International Weightlifting Federation, a refusal to take a test has the same penalty as a positive result. (Evidence, p. 3384)

7.90 The four athletes who failed to test were Messrs Michael Brittain, Wayne Scarffe, George Stylianou and Phillip Kerr. Dr Kennedy advised that the last two lifters have retired 'and are showing indications that they are not returning to lifting'. (Evidence, p. 3403) As discussed in the next Chapter, Mr Scarffe (who was also a powerlifter) subsequently tested positive for anabolic steroids at the August 1988 National Powerlifting Championships and then tested positive for the same drugs at the November 1988 World Championships.

Response to Positive Tests

Introduction

7.91 The Australian Weightlifting Federation has expressed pride in its drug testing record. It has also confirmed its 'strong and determined policy of opposition to doping with respect to the members of its Federation'. (Evidence, p. 3338) In its submission to the Committee dated 27 July 1988 the Federation noted that:

information provided by the Australian Sports Commission reveals that the sport of weightlifting in the period between July 1987 and April 1988 had performed at least five times the number of tests on athletes compared with any other individual sport under the auspices of the Australian Sports Commission. The total number of tests for doping control performed by the Australian Weightlifting

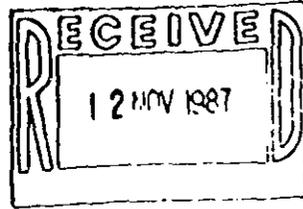
SITTEY, KENNEDY & Associates,
135 Collins Street,
MELBOURNE

G.P.O. Box 1130 J,
DX 432

FIGURE 7.5

10th November, 1987

Mr. S. Haines,
National Programme on Drugs and Sport
Co-ordinator,
P.O. Box 76,
BELCONNEN A.C.T. 2610



Dear Sirs,

Further to our recent telephone conversation regarding the forthcoming National Senior Weightlifting Championships in Melbourne on the 28th and 29th November, 1987, I am writing to you for assistance from the Australian Sports Commission and their drug programme to enable the Australian Weightlifting Federation to embark on an ambitious programme to eradicate the use of doping agents in the sport of weightlifting.

To this end, the Australian Weightlifting Federation Executive has decided to test all the competitors at the forthcoming National Senior Weightlifting Championships. The final number of entries for this championship is thirty-four and it is, therefore, imperative that the Australian Weightlifting Federation receive assistance from the Australian Sports Commission, both financially, and with man-power, to enable us to engage in such a programme of testing over the two days of the championship.

I look forward to your continuing support in the forthcoming programmes that have been instigated by the Australian Weightlifting Federation, including random testing for doping agents of all lifters who are capitated members of the Australian Weightlifting Federation as well as saturation testing for doping agents at major national and regional championships.

Yours faithfully,

A handwritten signature in cursive script, appearing to read "David Kennedy".

DAVID KAY KENNEDY, M.B. B.S. DIP. ANAT.
(A.S.A.N.Z.) F.A.S.N.F.

Federation was more than the total number of tests performed by all other sports federations combined under the auspices of the Australian Sports Commission. (Evidence, p. 3337)

However, on three occasions known to the Committee, adequate notice was provided to weightlifters to allow them sufficient clearance time for banned drugs. Moreover, the previous section discussed the four withdrawals from the 1987 Nationals, one of which was certainly because the athlete concerned (Mr Brittain) knew he would test positive, and all of which were subject to the same disciplinary procedures that would have been applied had they tested positive. That is, four Australian weightlifters have been 'deemed positive' under IWF Rules.

Mr Satry Ma

7.92 Mr Paul Coffa told the Committee that there had been no 'positive results on an international platform by Australian weightlifters and on a national platform - none of them'. (Evidence, p. 3388) Contrary to Mr Coffa's assertion, there has been a positive drug test in Australian weightlifting in the sense that a banned substance was actually found in the athlete's urine. This was in May 1987 when the Australian Weightlifting Federation had urine samples from 12 weightlifters tested by the Royal Brisbane Hospital Sport Drug Testing Laboratory. One of those samples tested positive for an anabolic steroid sold under the brand names Durabolin and Deca-Durabolin. (Evidence, p. 3390-1) The fact that this positive test occurred was not widely known in the Australian weightlifting community.

7.93 Mr Lyn Jones, former head coach of weightlifting at the Australian Institute of Sport, may have been aware of this matter. Nevertheless, Mr Jones told the Committee that:

there has never, I am sure you are aware of this, been a positive weightlifter in any of our testing programs in Australia. (Evidence, p. 820)

In making these kinds of statements, some AWF officials may have been deliberately misleading the Committee. As this could put them in contempt of Parliament, it is a matter that the Committee considers should be referred to the Privileges Committee. The Committee had an interest in this incident because the deterrent value of a testing program requires that positive results be widely publicised, and that appropriate penalties be seen to be applied to those who test positive.

7.94 Mr Sam Coffa explained that the lifter concerned was a '17 year old Cambodian boy', Satry Ma. Mr Coffa claimed that Satry Ma spoke very little English. Even if true, this is of limited relevance in the matter. Mr R.J. Ellicott, who was the responsible Minister when the AIS was established has confirmed that weightlifting was included as one of the original AIS sports because:

Weightlifting ... had a fairly high concentration of participants with an ethnic background. (Letter to Committee Chairman, 9 April 1989)

7.95 Mr Ma had apparently been given an injection by an unknown doctor, for a shoulder injury. Even before the positive notification had been received, Mr Ma had withdrawn from the team because of his continuing injury. In considering this case those members of the AWF executive involved in making a decision took into account the fact that Mr Ma 'had received some injections and could not tell us what the heck they were' and decided not to ban him for two years (as required by AWF guidelines) but instead to suggest to him that:

it would be far better if he did not compete internationally for at least 12 months. Anyway, he did not, and that is the story. (Evidence, p. 3394)

7.96 Mr Sam Coffa explained to the Committee that this was the first time the executive had ever been faced with such a problem and that 'the thing foremost in our minds was the fact that we were dealing with a young boy'. (Evidence, p. 3398) The

Committee was told by Mr Coffa that no attempt was made either to find out whether the injections received by Mr Ma were of anabolic steroids, or to talk to his coach. (Evidence, p. 3399) Dr Kennedy claimed before the Committee that 'you also have to understand that not every person who is tested positive gets suspended'. (Evidence, p. 3401)

7.97 Nevertheless, the Executive Director of the AWF, Mr Bruce Walsh spoke to Mr Ma's coach. He advised that Mr Ma's coach at the time:

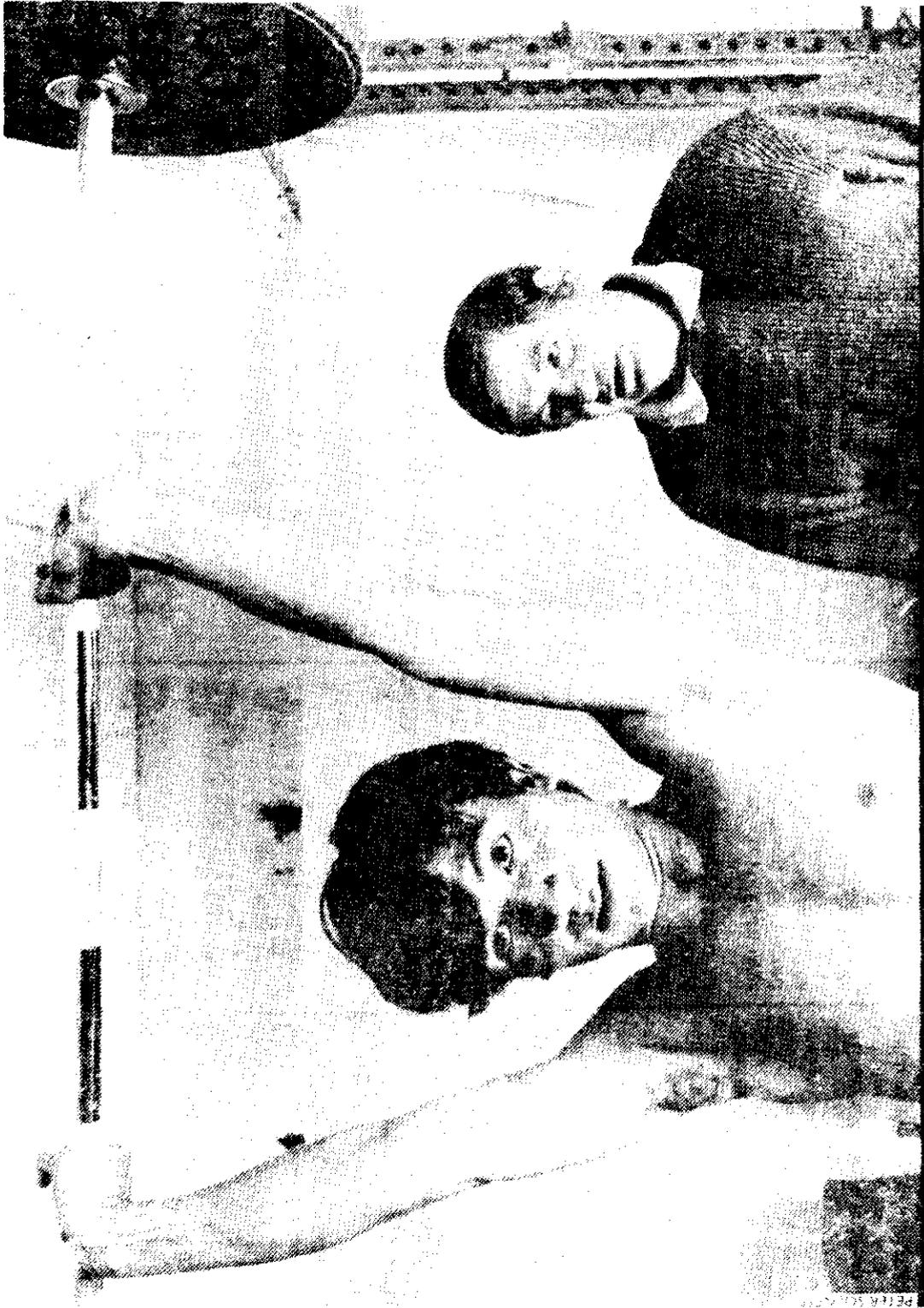
was Jan Czapla ... I questioned Czapla about the matter and he strenuously denied that he knew anything about it, other than the fact that the boy had been taken for an injection in his shoulder ... I was told, on legal advice, that nothing could be done about Czapla. (Evidence, p. 3145)

Figure 7.6 shows Mr Ma and his coach Mr Czapla.

7.98 As was noted at para. 7.48, the Committee was provided with a prescription for the anabolic steroid Anapolan; see Figure 7.7. Mr Czapla's name is on this prescription obtained by Mr Walsh from Bova's pharmacy. (Evidence, pp. 3073; 3093-4) The Committee has thus received corroborating evidence that Mr Czapla has obtained anabolic steroid prescriptions. The Committee believes that, by this means, Mr Czapla may have provided Mr Ma with Deca-Durabolin. Dr Witkowski, Mr Czapla's doctor, has advised that in 1987 he provided Mr Czapla with prescriptions for Deca-Durabolin, but did not administer the drug. (Letter to Committee Secretary, 6 March 1990) The Committee considers it likely that Mr Czapla procured the anabolic steroid for Mr Ma who was subsequently found positive for that drug. Dr Witkowski's patient cards for Mr Czapla are reproduced at Figure 7.8. Dr Witkowski confirmed:

As per our conversation, suffice it to say, it is quite possible that he had other prescriptions from me for steroids (under the guise of impotence). (Letter to Committee Secretary, 6 March 1990; emphasis in original)

FIGURE 7.6



Savvy Ma trains under the eye of Jan Czajla at the State Sports Centre: 'Australia is a wonderful place for weightlifting'.
(Photograph Courtesy Peter Solness)

FIGURE 7.7

Dr. R. WITKOWSKI
M.B., B.S. (Syd. Ont.)
30 C. BELL ST., BERALA
(Cnr MPBELL ST. & BURKE AVE.)

Tel.: 646 2228
A.H.: 646 2228

9
A
No. 108872

368561

ESVA CONTRACT

108873

Pharmaceutical Benefits Entitlement Number.

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CONCESSIONAL BENEFICIARY OR DEPENDANTS PENSIONER OR DEPENDANTS OR ENTITLEMENT CARD HOLDER
(CROSS RELEVANT BOX)

PATIENT'S NAME Jan CZAPKA
ADDRESS 5 Casino Ave
DATE 19, 10, 87 Oregstanes

Anapron 50 tabs.
(50mg tabs)
11/80
(100)

Zadine tabs 750
(50 x 20pts)
Igeoric tabs 7-11 24-6h 100
(50 x 20pts)
Witkowski

DOCTOR'S SIGNATURE _____
I certify that I have received this medication and the information relating to any entitlement to free or concessional pharmaceutical benefits is not false or misleading.

Date of Supply Patient's or Agent's Signature

N.H.S. _____
PB 35 (8/86) Agent's Address

JAN CHAZA (D)

- 9/10/86. Severe brachio - temp, etc to physioan. cert 1/52.
 16/12/86. Continuation but improved. cert 15/12-21/12.
 script Zadine
 15/1/87. yesterday (end of week) → jumped off truck →
 inversion injury @ ankle & lumbar
 paravertebral spasm muscles.
 Feldene, REST, cert 1/52
 21/8/87 Feldene working well. Clin improved. further 1/52 above
 3/3/87 Discomfort re Anabel for impotence.
 Will decide? in? + tabs.
 16/3/87 URTI → throat inj. chest V. Caprox, gargle.
 cert 1/52
 Discomfort in pt neck again. Small brachio 1/52
 9/4/87 and off L5 gain / discomfort. SE. Someth-5
 discomfort & mild @ sciatica. for Indocid
 ? Xray. Script Zadine, 52 in. cert 1/4
 21/4/87 Giving trouble 1/52. continue above. 1/52 cert.

- 25/4/87 WC. During past week 1/52. Xray? PT.
 30/4/87 WC Xray → minor degen. changes but disc spaces
 perfect. (recurve to @) (cert till end wk)
 Script Indocid. If not root off
 next wk.
 4/5/87 WC 1/52. Discomfort. TO Essay for PT. cert 1/52.
 18/5/87 WC Has had PT x6 → mobil. / interferential, 52 x 52
 → another 1/52 (x3). cert 1/52.
 21/5/87 WC. URTI → throat inj. +. Funder glands. chest →
 few noises → Caprox, Brandeom, etc.
 1/6/87 WC Back almost 100% but didn't attend PT.
 Able to get 20 knees. still pulling to @ side
 Able to get down shin to knee
 still 15-51 signs 15-51. Interferential help.
 15/6/87 WC. 1/52. Prof. J.M. NIELD (Cardwick). Reg. ECR for
 reassurance even though CVS clin V. cert 1/52
 25/6/87. WC. Still not seen Nield. cert. further 8/52
 (seeing co. dr today). Small chest burn 1/52 impotence.

CRAPPA JAN

(3)

30/6/87. No more "heart burn" (has put himself on bland diet)
 (S/B CS dr. → ref. to orthop. Mr. Sydney)
 Cytomem 1000 x 5 ranges
 Trial Becar-Divalelin 5mg/ml x 1 ml.

10/7/87. Further cert 1/2. Cyt 1000 given.
 Discussion re impotence.....

24 JUL 1987 Largely ISO. S/B dr. again & results
 Await report Sammeter. Cert further 1/2
 Rpt viz cyt. 1000 & 2-Dx1. 22/7-24/8

21 AUG 1987 WC: Repat. want sick leave till end Sept (24/8-28/9)
 Largely ISO. Script Lexotanony.

29/9/87 WC: "Saw" co no. on 28/9/87 but no records - no exam!
 Extr cert 28/9-28/10.

29/10/87 WC: Largely ISO. Extr. cert. 28/10-14/1/88.
 Script Zadine, Doxose for pain
 Anapeln 50 (B&D) for impotence

13/1/88 WC Had CT scan → no definite demyelination pattern
 one for lumbar myelo. (Dr Cohen 60/6555). Cert 14/1-14/2

15 FEB 1988 Jaw Inland → myelogram due to nerve
 irritation? operation. Extr cert. 15/2-15/3.

15 MAR 1988 WC Still distressed. Extr. cert 15/3-15/5.

11 MAR 1988 WC Back ISO (URTI → PVR 500mg) Extr cert 15/3-15/5.

8 JUL 1988 URTI. Insect inj. Tendon glands, Trachentis,
 & febrile. For PVR 500 @, gages

18 AUG 1988 WC Inland suggested op → refused. Cert 15/8-15/11
 Script Lexotanony.

18 OCT 1988 WC Inland → no op. if only 1/2 better → no
 myelogram at present.

12/11/88 WC Lost 5kg wt. Back better? Extr cert 15/11-15/12
 Script Lexotanony

18 NOV 1988 WC (N/C) Lost cert. given

7 DEC 1988 WC Discussion re impotence again! No
 further steroids → consider consult.
 Back 100% - finally.

5/2/90. Claims impotence not much improved since

7.99 In considering this May 1987 positive test, it should be noted that testing procedures would have required the Australian Weightlifting Federation to have had the second, B sample analysed by an accredited laboratory before taking any action, but there is no evidence that this was ever considered.

Lifters Failing to Test

Messrs Brittain, Scarffe, Stylianou, Kerr

7.100 The situation of the four people who failed to appear at the 1987 Nationals was dealt with more openly than the case of Mr Ma and the proper penalties were applied. The lifters concerned were temporarily suspended until February 1988, (Evidence, p. 3181) when the matter was discussed by Dr Kennedy at an International Weightlifting Federation meeting. At this meeting Dr Kennedy was told, 'Well, you set the penalty, the guidelines have been laid out'. (Evidence, p. 3396) As the lifters concerned were no longer members of the Federation and could not be suspended, they were advised that they were ineligible to apply for membership for two years. (Evidence, p. 3397) This complies with the IWF penalty regime. Mr Michael Brittain was later given a short 'remission for good behaviour'. (Evidence, p. 3403)

7.101 In fact Mr Brittain had earlier appealed against the suspension through his solicitor, Mr Jack Pappas, on the grounds that he had submitted his name as a potential competitor and that the letter advising that drug testing was to take place was not received until after his entry form had been submitted. (Letter from Mr John Pappas to Mr Boris Kayser, Honorary Secretary, Australian Weightlifting Federation Inc., 22 January 1988) In his response to this appeal Mr Kayser noted that:

6. As IWF Rules provide that a refusal or failure to submit to testing when properly required to do so is deemed to be a positive result, the AWF had no alternative but to prohibit Mr Brittain

from taking part in competition under our control pending the decision of the IWF.

7. You will note that no consideration has yet been given to Mr Brittain's membership of the AWF so that reference to the rules of Natural Justice is irrelevant at this time. (Letter from Mr Boris Kayser to Messrs Vandenberg, Reid, Pappas and MacDonald, 5 February 1989)

This correspondence serves to illustrate the need for appropriate appeal mechanisms as recommended in the Interim Report and at Chapter Two of this Report.

Mr Phillip Christou

7.102 While the Federation has acted in the case of four lifters, an allegation was made to the Committee that another lifter should also have received a ban for not competing. Mrs Gael Martin told the Committee that:

Another athlete ... Phillip Christou, and who is actually coached by someone at the Hawthorn Weightlifting Centre, did not compete either, and yet he did not get banned. (Evidence, p. 559-60)

7.103 In discussing his suspension Mr Brittain suggested that, 'There were approximately four other lifters in the same boat as me'. (Evidence, p. 3181) He told the Committee that he had spoken to Mr Rodney Kelly, the Australian Promotions and Equipment Officer who was looking after the entries for the 1987 national championships. Mr Kelly, on being asked in October, 'who had entered?', mentioned a number of names, including that of Mr Phillip Christou. Mr Brittain said he particularly remembered the name of Phillip Christou because he was in the same weight division and 'he was quite a comer in terms of results'. Mr Christou's name did not appear on the printed brochure handed out at the event. (Evidence, p. 3182) Mr Brittain commented that he thought that Mr Kelly meant:

that the guy had signed an entry form for the event and was intending to compete as I did

and therefore should have been eligible for testing as I was. (Evidence, p. 3183)

7.104 The Committee notes that Mr Brittain's conversation with Mr Kelly was in October, and entries did not close until 9 November. It also notes Mr Sam Coffa's statement:

I was the only person who selected ... I ascertained who was an entry. I got the file, I determined the names, I even went as far as asking who was qualified to compete in the A grade title and had not entered and for what reason, so that I could have a clear mind that no one was omitted. (Evidence, p. 3379)

7.105 Significantly, the Committee has received advice from Mr Michael Noonan, Mr Christou's coach, that:

Phillip Christou did not enter the November 1987 National Senior Championship. His Higher School Certificate examinations concluded just four days before this competition. Because of these he had not trained since appearing in an International tournament some eight weeks previous to the Championships. It would have been foolhardy in the extreme for me to have encouraged a youngster such as Phillip to risk injury by competing with this inadequate preparation. (Letter to Committee Secretary, 2 February 1990)

Mr Darren Walker

7.106 The Committee is aware of a more recent example of a weightlifter failing to present for a drug test. It concerns Mr Darren Walker, a lifter selected for targeted testing following information provided to the Australian Sports Drug Agency (ASDA). Mr Steve Haynes, Chief Executive of ASDA, received an anonymous call saying that at least two Hawthorn lifters were still 'on the beans' (Evidence, p. 2894) and that their names were Walker and McNamara. (Evidence, p. 2895) The caller was later identified as Mr Jason Roberts.

7.107 Mr Walker was required to attend a drug test at 5.00 pm on Tuesday, 14 November 1989. He was to be tested by Dr Peter Brukner for ASDA. Dr Brukner called Mr Sam Coffa at 10.00 am on

14 November and asked that the lifters (including Mr Walker) attend at 5.00 pm. The following is part of the text of a letter from Dr Peter Brukner to Mr Steve Haynes of ASDA, dated 22 November 1989:

Sam Coffa stated that the third lifter Darren Walker was not in Melbourne and that he had gone to Castlemaine to work. Sam stated that he had been to Darren's house and left a message for him and that he was expected back later in the week to train or certainly by the weekend as the club championships were being held. I arranged with Sam that he would contact me as soon as Darren appeared ... At the time of performing drug tests on Thursday at Hawthorn Recreation Centre, I noticed that Darren's name was on the list of entries for the club championships that Sunday.

As I had not heard from Sam Coffa by 10.00 am on Sunday, I rang the Hawthorn Recreation Centre where the championships were in progress and left a message for him to contact me. This he subsequently did at 12.30 pm and stated that Darren had not yet appeared and that he would ring me as soon as Darren appeared. I did not receive any further calls from Sam Coffa. I have not heard from him today (Monday). (Evidence, p. 4134)

Mr Walker was not subsequently tested until 25 November 1989, eleven days after the AWF was notified that he was required for testing. (Mr McNamara had tested negative on 16 November 1989.)

7.108 There are two major difficulties with this case. First, Mr Walker was not tested for eleven days after the AWF was notified - sufficient clearance time for oral and water-based injectable anabolic steroids. Second, Dr Brukner advised that Mr Walker was an entrant for the Hawthorn club championships on 19 November, but did not compete. This, then, is a case of a competitor failing to compete and being unavailable for testing within a credible period. There would seem to be little difference between this case and that involving Messrs Brittain, Scarffe, Stylianou and Kerr and yet those four lifters were suspended for two years.

7.109 The Committee investigated this matter closely, seeking the views of Mr Walker and Mr Sam Coffa. Mr Coffa advised that Mr Walker had gone to work at Castlemaine, having informed Mr Paul Coffa of that fact on Saturday 11 November 1989:

He told Paul Coffa that during the week away he would endeavour to do some training in Ballarat and would be back for the Club Championships. It was his intention to return on Friday or Saturday, November 17th, 18th, 1989. (Letter to Committee Secretary, 19 March 1990)

7.110 The Hawthorn Club Championships are of considerable importance to Club members and only extraordinary circumstances would be allowed to prevent Club members from competing. Mr Walker was also preparing for the Commonwealth Games Trials. Nevertheless, Mr Walker's response to the Committee asks the Committee to accept:

- . that he sought work in the country in the week prior to the Club Championships (preventing serious training that week);
- . that he did not provide his coach (Paul Coffa) with an address in Castlemaine for contact; and
- . that, while there was a telephone at the Castlemaine property he did not contact his coach to advise that fact and confirm that he would be present at the Club Championships on Sunday 19 November. (Letter to Committee Secretary, 17 March 1990)

7.111 Further, Mr Walker claimed that he was prevented from competing in the Club Championships because his car ran into a ditch at Castlemaine at 10.00 am on the day of their competition (Sunday 19 November). By contrast, the Castlemaine garage that repaired Mr Walker's car claimed that the car would have run off the road at about 1.00 pm. More importantly, Mr Walker called the garage on Sunday 19 November from the telephone at the Castlemaine property, yet neither Mr Coffa nor Mr Walker have claimed that Mr Walker attempted to telephone the Club or his coach on that day to advise that he would be unable to take part

in the Club Championships. Mr Sam Coffa in fact advised that he was present at the Hawthorn Club from 10.00 am until late on Sunday, and had rung the ASDA testing officer from the Club. (Letter to Hon Secretary/Treasurer ACGA, 11 December 1989)

7.112 Having considered closely letters from Mr Walker, Mr Sam Coffa and Mr Robert Tingay (who towed and repaired Mr Walker's car), the Committee considers it most unlikely that:

- . Mr Walker needed to leave Melbourne to find work;
- . Mr Walker would choose not to train seriously in the week prior to the Hawthorn Club Championships;
- . Mr Walker would not contact his coach, Mr Paul Coffa, from the telephone at the Castlemaine property during the week that he spent there;
- . Mr Walker would not call the Club when it was clear on Sunday 19 November that he could not return to Melbourne for the Club Championships; and that
- . Mr Walker would choose not to leave Castlemaine to compete at Hawthorn until about 10.00 am on the morning of the competition.

7.113 In summary, the Committee considers that Mr Darren Walker did not have a credible excuse for failing to be drug tested as required on 15, 16 or 17 November 1989. The Committee considers that Mr Walker should be 'deemed positive' and that the appropriate penalty should apply.

7.114 The Committee described this case to Mr Lyle Makosky, the Assistant Deputy Minister, Ministry of Fitness, and Amateur Sport, of the Federal Government of Canada. Mr Makosky informed the Committee that in Canada:

Our rules are pretty clear that if an athlete who fails to co-operate, or fails to present, at the time required and at the time indicated, unless there is very significant, clear and compelling reasons why not - such as, death in the family or significant illness - that athlete is subject to the same immediate procedural step, including sanction

penalty, as if the athlete had tested positive. (Evidence, p. 4149)

7.115 The Committee believes that enforcement is essential if a random testing regime is to have its full deterrent effect. For this reason the Committee believes that the legislation setting up the Australian Sports Drug Commission should require all athletes eligible for testing to register an address for the receipt of notification that they are required to appear for testing; and that any athlete not appearing for testing within 48 hours of delivery of the notification to the registered address should be deemed to have tested positive. Further, despite the maximum time of 48 hours, the sample should be collected as soon as possible following notification that a test was required.

Mr Nick Voukelatos

7.116 Mr Voukelatos was a Gold medalist at the Brisbane Commonwealth Games in 1982 and a triallist for weightlifting in the 1984 Olympic Games. The Senior Medical Director of the 1984 Australian Olympic Team, Dr Ken Fitch, arranged for out-of-competition drug tests to be conducted in the lead-up to the 1984 Olympic Games. Only the high risk sports were targeted.

7.117 The tests were conducted on 1 June 1984, and Dr Fitch had nominated Mr Voukelatos among those to be tested. While Mr Voukelatos was weighed on that occasion, he was not drug tested; Dr Fitch advised:

Due to an error on the part of the Sydney testing team, another athlete was tested in place of Voukelatos when the tests were undertaken on 1st June. As soon as I became aware of this mistake (late June) I contacted the:

- (a) Secretary-General of the AOF, Mr J.L. Patching
- (b) Chef de Mission 1984 Olympic Team, Mr W.J. Hoffman
- (c) The Sydney Medical Testing Team

to rectify the error. As I required Voukelatos to undergo further medical examination because of unsatisfactory findings in his initial medical (including the fact that he was 10.7% above his competition weight), I requested that Voukelatos attend urgently for further medical evaluation.

Attempts were made to locate Voukelatos via a senior weightlifting official, Mr Sam Coffa. After some days, Mr Coffa rang me with the information that:

- (i) he had located Mr Voukelatos who would attend for further medical examination.
- (ii) Voukelatos had admitted to him that he had recently taken anabolic steroids but had now ceased. My recollection is that he took Dianabol 2.5 mg 4 tablets daily, and the source of the tablets was American weightlifters in Tahiti where he competed in May 1984. (Letter to Committee Secretary, 23 January 1990)

7.118 Dr Brian Corrigan, Head of the Department of Rheumatology at Concord Hospital confirmed that Mr Voukelatos was taking anabolic steroids in 1984:

I had not met Voukelatos until 1988 and was talking to him about this incident ... He did say however at this time that he had been taking some steroids before the testing but said that he had only been taking them for a short time. (Letter to Chairman, 24 January 1990)

7.119 On Dr Fitch's recollection, then, Mr Voukelatos admitted to Mr Sam Coffa that he was taking anabolic steroids in the period leading to the 1984 Olympic Games and he failed to appear for a targeted drug test in June 1984. In total, the Committee has received written evidence from five sources that Mr Voukelatos took anabolic steroids in 1984; two of those sources advise that Mr Sam Coffa was aware of that fact. Mr Bruce Walsh presented compelling evidence on this matter. In a letter to the Committee Secretary (which the Committee resolved not to accept as in camera evidence), Mr Walsh advised:

After the selection of the weightlifting team to contest the 1984 Olympic Games, Nick Voukelatos was requested by the Australian Olympic Federation to submit to drug testing. As a result of this request I was contacted by Mr. Sam Coffa by telephone informing me that Voukelatos had appeared before Dr. Bill Webb or Dr. Brian Corrigan (I am not sure which one) and had informed the doctor that he would not be taking the test as he had been using anabolic steroids [sic]. I ask [sic] S. Coffa who had informed him of this information and was told that the source was a person from the A.O.F. He also requested me to contact Voukelatos and tell him to withdraw from the team due to injury or face the prospect of suspension. Shortly after I contacted Voukelatos. He was in a distraught state, alleging that he was affected by alcohol at the time of his admission to the A.O.F doctor. I informed Voukelatos of S. Coffa's request and he subsequently withdrew from the team with an injured shoulder. My actions were as a result of a direction by my employer.

Mr Walsh's letter is reproduced as Figure 7.9.

7.120 While Mr Coffa has denied all knowledge of steroid-taking by Mr Voukelatos, the Committee is concerned that Mr Voukelatos was not drug tested until 2 July 1984, theoretically allowing more than four weeks for clearance of an oral anabolic steroid such as Dianabol from his system. Of course, he tested negative; Mr Voukelatos subsequently withdrew from the Australian Olympic team citing personal problems as the cause. Nevertheless, he went on to win a gold medal at 56 kg in the 1986 Commonwealth Games.

7.121 The Committee considers that this matter reflects particularly adversely on the Australian Weightlifting Federation. According to evidence presented to the Committee:

- . Mr Voukelatos was on a course of anabolic steroids in preparation for the 1984 Olympic Games;
- . Mr Sam Coffa was aware that Mr Voukelatos had taken steroids; and

FIGURE 7.9

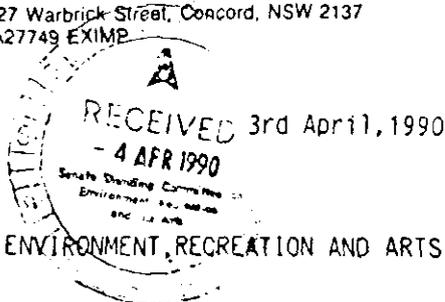


Australian Weightlifting Federation Inc.

Affiliated with Commonwealth and International Weightlifting Federations. Member of Australian Olympic Federation
Australian Commonwealth Games Association, Oceania Federation

President Sam Coffa AM 15 South St. Canberra VIC 3128 (02) 636 9071 (H) (02) 618 1788 (B)	Executive Vice President: Roger Cashner 8 Romberg Rd. Francis Ford NSW 2286 (02) 451 2273 (H) (02) 329 2988 (B)	Vice President: Tom Johnson 28 Washington St. Winton VIC 3181 (02) 511 5111 (B)	Vice President: Bob Edmund 31 Lyster Ave. Mt. Bachelor VIC 3152 (02) 870 2045 (H)	Secretary: Bob Kerner 88 Wilson Rd. Doncaster VIC 3128 (02) 808 1432 (B)	Treasurer: Paul Coffa AM P.O. Box 1 Hawthorn VIC 3122 (02) 819 8812 - 819 8814 (B)
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Mr. Grundy,
 Secretary,
 STANDING COMMITTEE ON ENVIRONMENT, RECREATION AND ARTS.

Dear Sir,

Further to my recent telephone conversation with yourself at 6.30pm on the 2nd April, I make the following submission to be taken as given in camera and under parliamentary privilege accorded to the Senate Inquiry into Drugs in Sport:

"It has been recently brought to my attention that your Committee has made written inquiries to Mr. Sam Coffa concerning Nick Voukelatos and his withdrawal from the 1984 Olympic Games weightlifting team. I have not been consulted about the contents of Mr. Coffa's reply and, as I was involved in the matter, I wish to outline my knowledge of the situation - After the selection of the weightlifting team to contest the 1984 Olympic Games, Nick Voukelatos was requested by the Australian Olympic Federation to submit to drug testing. As a result of this request I was contacted by Mr. Sam Coffa by telephone informing me that Voukelatos had appeared before Dr. Bill Webb or Dr. Brian Corrigan (I am not sure which one) and had informed the doctor that he would not be taking the test as he had been using anabolic steroids. I ask S.Coffa who had informed him of this information and was told that the source was a person from the A.O.F. He also requested me to contact Voukelatos and tell him to withdraw from the team due to injury or face the prospect of suspension. Shortly after I contacted Voukelatos. He was in a distraught state, alleging that he was affected by alcohol at the time of his admission to the A.O.F. doctor. I informed Voukelatos of S.Coffa's request and he subsequently withdrew from the team with an injured shoulder. My actions were as a result of a direction by my employer.

Bruce Walsh
 Bruce Walsh
 Executive Director.



- . Mr Sam Coffa knew that Mr Voukelatos would test negative in July 1984 if he had been taking Dianabol in June 1984.
- . Mr Coffa was unable to present Mr Voukelatos for a test until sufficient clearance time had elapsed.

7.122 This incident also reflects on the integrity of the Australian Olympic Federation (AOF) with regard to drug testing. Had the AOF fulfilled its responsibilities in this case it would have:

- . formally asked Mr Voukelatos for his account of the failure to test;
- . formally asked Mr Voukelatos to confirm whether he was on a course of anabolic steroids;
- . investigated the incident and considered whether action was appropriate to ban Mr Voukelatos from competition; and
- . informed the AWF and the IWF of the matter.

CONCLUSIONS

7.123 The Committee has examined closely the leading officials of the Australian Weightlifting Federation, their attitudes, expressed policies, and their performance across a number of most important issues. The Committee has written many letters to these officials and spent some hours in a public meeting in Melbourne discussing their views.

7.124 A number of clear conclusions have been reached by the Committee about the senior AWF officials. They are as follows:

Mr Sam Coffa

7.125 There was no corroborated evidence presented to the Committee of any direct involvement by Mr Sam Coffa in the supply of banned performance drugs to weightlifters. Nevertheless, the Committee considers that Mr Sam Coffa's performance as President of the AWF has been characterised by the following:

1. He failed to take proper actions over the unavailability of two weightlifters for drug tests.
 - . Instead of covering up these matters, he ought to have ensured that the cases of Darren Walker and Nick Voukelatos were comprehensively investigated and reported to the AWF.
 - . He ought to have reported those cases to the IWF.
 - . He ought to have ensured that appropriate procedures were followed concerning Mr Walker and Mr Voukelatos in order to demonstrate to other weightlifters that the AWF takes its drug control responsibilities seriously.
2. He allowed a positive drug test (Mr Satry Ma) to be treated in a manner less than required by IWF Rules; he was also compliant in the restricting of the knowledge that a positive drug test had eventuated.
3. He had made complacent comment on public media about a banned performance drug - diuretics.
4. He was party to gross inconsistencies in the treatment of weightlifters who offended the IWF Rules:
 - . Mr Brittain was suspended for two years;

- . Mr Voukelatos and Mr Walker were not properly investigated; and
 - . Mr Ma was not formally suspended and continued to compete in Australia although he returned a test positive for anabolic steroid.
5. He failed to act appropriately on the advice of this Committee's Interim Report (see Chapter Two of this Report).
 6. He may have misled the Committee in relation to his knowledge of Mr Voukelatos' use of anabolic steroids in 1984 and subsequent withdrawal from the 1984 Olympic team.

Mr Boris Kayser

7.126 Similarly, Mr Kayser's performance as AWF Secretary has included the following:

1. Mr Kayser may have knowingly misled this inquiry in the view that he presented on the authority of the AWF to conduct drug tests.
2. Mr Kayser was compliant with the grossly inconsistent AWF discussions on Mr Ma and Mr Brittain.
3. As AWF Secretary, Mr Kayser failed to notify the weightlifting fraternity (AWF and IWF) of the fact that Mr Ma had tested positive for anabolic steroid.

Mr Paul Coffa

7.127 The Committee considers that Mr Paul Coffa's performance as a senior AWF official is similarly reprehensible in that:

1. It is likely that Mr Paul Coffa encouraged the taking of banned performance drugs by weightlifters.
2. It is also likely that Mr Paul Coffa has been involved in the supply of anabolic steroids to weightlifters.
3. Mr Paul Coffa shares the responsibility for the AWF decisions on Mr Satry Ma, Mr Darren Walker and Mr Nick Voukelatos.

Dr David Kennedy

7.128 Dr Kennedy has been responsible for conducting drug testing for the AWF yet he has:

- . provided drug testing notice to weightlifters amounting to adequate clearance time.

Mr Bruce Walsh

7.129 Chief Inspector Topping investigated allegations that Mr Walsh supplied anabolic steroids to weightlifters at police boys clubs; Chief Inspector Topping concluded on the balance of probabilities that Mr Walsh was so involved and the Committee accepts that view.

7.130 Mr Walsh admitted his involvement in the cover-up of the circumstances surrounding Mr Voukelatos' withdrawal from the 1984 Olympic team.

The Board of the AWF

7.131 The Committee considers that the present board of the AWF is unsuitable to hold office:

- . It failed to adequately consider, and act upon, the Interim Report.

- . It has passed a unanimous vote of confidence in Lyn Jones who was found by the Interim Report to have supplied and administered anabolic steroids and other banned substances to AIS athletes.

- . It has failed to act properly in the cases of
 - Mr Satry Ma;
 - Mr Nick Voukelatos, and
 - Mr Darren Walker.

RECOMMENDATIONS

Recommendation Fourteen

7.132 The Committee concludes that the AWF has taken no effective action to prevent a recurrence of the activities outlined in the Interim Report. The Committee recommends that this and matters raised in the Second Report should be the subject of investigation by the Australian Sports Commission, the Australian Olympic Federation and the Australian Commonwealth Games Federation.

Recommendation Fifteen

7.133 The Committee recommends that, in view of the conclusions reached about senior AWF officeholders, the activities of the national organisation be reviewed at an international level. The Committee recommends that the performance of the AWF be reviewed by the IWF. The IWF should take into account the material presented in this Report and the Interim Report.

Recommendation Sixteen

7.134 The Committee further recommends that if no effective action is taken in relation to the conclusions in both the Interim Report and this Report by the IWF, then both the AOF and the ACGA should consult their international parent bodies with a view to the suspension of weightlifting as a Commonwealth Games and Olympic Games sport.

Recommendation Seventeen

7.135 That the Australian Sports Commission should review its funding of the AWF.

Recommendation Eighteen

7.136 That, with a view to disciplinary action, the Commonwealth Games Association investigate the circumstances surrounding the failure of Darren Walker to attend for a drug test as required during the week ending 19 November 1989.

Recommendation Nineteen

7.137 That to ensure Australia's compliance with international anti-doping agreements, the legislation establishing the Australian Sports Drug Commission should require all athletes eligible for testing to register an address for the receipt of notification that they are required to appear for testing, and that any athlete not appearing for testing within 48 hours of delivery of the notification to the registered address should be deemed to have tested positive. This should not prevent the earlier testing of athletes if they are available.

CHAPTER EIGHT

POWERLIFTING

INTRODUCTION

8.1 Unlike weightlifting, from which it broke away in 1972, powerlifting is not an Olympic sport. Nevertheless, it is a charter member of the World Games. It consists of three lifts: the back squat, the bench press; and the deadlift.

8.2 In the squat the weight is carried on the shoulders. Racks holding weights are adjustable to the lifter's height. The lifters step underneath the weight, take it on their backs, step back from the racks, do a deep knee bend, come up and put the weight back. A bench press involves lifters lying down on their backs on a bench. The weight rests on uprights. The lifters take the weight at arms length, lower it to their chests and then push it back up again. A dead lift involves the lifter bending down and picking up the weight until it is a little above the knees, at arms length when standing up straight. The weight is not raised above the head, as in Olympic weightlifting. As in weightlifting, however, the sport is contested in weight divisions.

8.3 In Australia the sport of powerlifting claimed 11,010 registered participants in 1987-88 when it received a grant of \$13,000 from the Commonwealth Government under the Sport Development Program. (Commonwealth Assistance to Australian Sport 1987-88, Appendix 1)

ORGANISATIONS

8.4 During the course of this inquiry Australian powerlifting was in turmoil, with a number of factional contests being waged over the administration of the sport. The changes taking place are related directly and indirectly to various

allegations about the involvement of drugs in the sport and the role played by various officials.

AAPLF

8.5 The Australian Amateur Powerlifting Federation (AAPLF) was established in 1972 as an unincorporated body. From the year of its foundation it was recognised by the International Powerlifting Federation as the governing body of powerlifting in Australia. The AAPLF has been receiving funding from the Australian Sports Commission. (Evidence, p. 3694)

8.6 In 1986 the AAPLF resolved to become an incorporated body. It received legal advice that it would be appropriate for each state powerlifting association to incorporate and for these incorporated bodies to join an incorporated national body. (Evidence, p. 3704)

Australian Powerlifting (to be incorporated)

8.7 By August 1988 each State powerlifting association belonging to the AAPLF had incorporated and a draft constitution for the to-be-incorporated national body had been prepared. However, at a general meeting of the AAPLF on 5 May 1989 the matter of incorporation was held over to a meeting on 4 August 1989. At this meeting it was resolved to dissolve the AAPLF so as to form a new incorporated body and this was accomplished by each state body withdrawing from the AAPLF. An interim body, called Australian Powerlifting, was set up with a view to a fully constituted and incorporated body being established at a general meeting to be held in Adelaide in October 1989. (Evidence pp. 3704-5) Mr Robert Wilks was convenor of this interim body.

8.8 Mr Wilks wrote to the Australian Sports Commission on 18 August 1989:

The formation of the new incorporated body should greatly enhance the administrative efficiency and unity of Australian

powerlifting. The constitution to be adopted includes a specific item mandating drug testing and making clear the penalties associated with positive test results. (Evidence, p. 2528)

8.9 At a general meeting of state powerlifting associations and interested individuals held in Adelaide in October 1989 an election for the office bearers of 'Australian Powerlifting (to be Incorporated)' was held with the following being elected:

President	Yuris Sterns
Vice President	Grant Ellison
Secretary	Jack Pappas
Treasurer	Michael Battenally
Coaching co-ordinator	Grant Ellison

(Evidence, p. 3706)

Australian Powerlifting Federation Inc

8.10 However, there remained concerns about the 'unrepresentative and undemocratic nature of the meeting of 20th - 21st October' and a belief that Mr Grant Ellison was unacceptable as a representative of powerlifting. There were also fears that the main office bearers would attempt to affiliate with the World Powerlifting Congress rather than with the International Powerlifting Federation. (Evidence, p. 3706) Consequently, a meeting was held at which it was resolved to incorporate another body, Australian Powerlifting Inc., as a continuation of the AAPLF and to seek the membership of State powerlifting associations. The unacceptability of Mr Grant Ellison related to his admitted role as a former dealer in performance enhancing drugs. (Evidence, p. 3470)

8.11 A general meeting of the Australian Powerlifting Federation Inc was held in Sydney on 5 November 1989 at which the following officers were elected:

President	Robert Orr
Vice President	Bill Keir
Secretary	Robert Wilks
Treasurer	Robert Stanton

8.12 The Australian Powerlifting Federation Inc., is the body now recognised by the International Powerlifting Federation as the Australian national body. (Evidence, p. 3823) It has recognised the bans placed on Australian powerlifters who have tested positive at international competitions. These bans are apparently not recognised by the breakaway 'Australian Powerlifting (to be incorporated)' group. (Evidence, p. 3824)

Australian Drug Free Powerlifting Federation

8.13 In 1986 a breakaway group, the National Drug Free Powerlifting Association of Australia, was formed by Mr Chris Turner. (Submission No 54, Attachment 1)

Summary

8.14 There are now three national powerlifting bodies:

- . the Australian Drug Free Powerlifting Federation which is affiliated with the World Drug Free Powerlifting Federation;
- . the Australian Powerlifting Federation Inc., recognised by the International Powerlifting Federation; and
- . Australian Powerlifting (to be incorporated).

8.15 It should be noted that the factional fighting between and within these bodies is very intense and it is not always apparent which state affiliate belongs to each federation. The minutes of the 'Semi-Annual AAPLF Federal Council Meeting' of May 1989 record, for example, that in the ACT there was a:

Large fall off in membership in 1989, mainly junior lifters. The Senate Drugs in Sport Inquiry and the alternate [sic] 'Drug Free' association have contributed to this. The ACT

association has incorporated the name 'ACT Drug Free Powerlifting' to forestall the other association. (Evidence, p. 3476)

8.16 Similarly, the Queensland Amateur Powerlifting Association had to incorporate as the 'Queensland Power Sports Association', as the Drug Free group would not allow the use of the term powerlifting. (Evidence, p. 2404)

Possible Amalgamation between Australian Powerlifting Federation and Australian Drug Free Powerlifting Federation

8.17 When asked about the possibility of an amalgamation between the Australian Powerlifting Federation and the drug free group, Mr Wilks told the Committee:

The individuals within (the Drug-Free) organisation are quite clearly not favourable to the AAPLF or the APF as it is now. They are very much isolationist, wanting to run their own show and their motivation is to have their own separate organisation. (Evidence, p. 3830)

8.18 Mr Wilks made the point that the AAPLF had never stopped anyone from belonging to both organisations. (Evidence, p. 3831) Mr Glenn Jones similarly noted that the Drug Free group was prepared to consider applications for membership from former members of the AAPLF. (Evidence, p. 2818) He stated that:

It is very much up to the individual States as to who they select, but the national body has a final veto. (Evidence, p. 2818)

8.19 Mr Jones explained that any member of the national executive could object to a person being admitted to membership. The objection is circulated to other members of the executive, with reasons for the objection being explicitly stated. If the executive decides to refuse membership an appeal process is available through which the potential member can make a written submission to the executive. (Evidence, p. 2819)

National Recognition

8.20 The Australian Sports Commission is able to recognise and fund only one national sporting organisation for each sport. For this reason it has:

deferred consideration of funding to the sport of powerlifting pending the report of [the] Senate Committee's Inquiry into Drugs in Sport. Once the results of the Inquiry are known, the Commission will determine its approach to any application from organisations representing this sport. (Letter from Mr Perry Crosswhite, Acting Executive Director, Australian Sports Commission to Committee Secretary, 18 December 1989).

8.21 Nevertheless, Mr Steve Haynes, Executive Director of the Australian Sports Drug Agency, has in effect recognised the Drug Free organisation by allocating it 50 dope tests to be financed by the Agency. (Evidence, p. 2816) Mr Haynes explained that:

It has been very difficult ... to work out where powerlifting is at in this country. All the communications I have had with various groups meant quite simply, 'If you are serious then you must give us the right to test any of your members any time'. The only group that has come forward on that is the [Australian Drug Free Powerlifting Federation]. (Evidence, p. 2934)

8.22 This de facto recognition of the Drug-Free Federation took place before the split in the AAPLF. Mr Wilks, ASC Liaison Officer for the AAPLF, wrote to Mr Haynes on 13 June 1989 expressing concern over this matter. (Evidence, p. 3780)

DRUGS BANNED IN POWERLIFTING

8.23 The International Powerlifting Federation list of banned substances is not as comprehensive as the IOC list. Mr Wilks advised that this is because it 'omits beta-blockers, which are of not great relevance to powerlifting, and a few other items'. (Evidence, p. 3798) Moreover, even for those substances which are the same in both lists, the length of time that bans apply for

breaches of the code may vary. The powerlifters will often impose shorter bans than the IOC by a considerable period.

8.24 Anabolic steroids, banned by the IOC Medical Commission in 1974, were first banned internationally in powerlifting in 1981. The first tests were conducted in 1982. The constitution of the Australian mainstream powerlifting group was not changed to ban drugs until 1989, although testing had been introduced by the AAPLF as early as 1987. (The Drug-Free group had broken away in 1986.) Mr Wilks explained the delay between the international banning of performance enhancing drugs and the change in the constitution of the Australian Powerlifting Federation Inc:

There was laxness in tying up the constitution and the legalities and naivety in understanding how hard people would fight these bans and underestimating the legal consequences we are getting ourselves into. (Evidence, p. 3838)

8.25 The blocking agent probenecid was not banned by the International Powerlifting Federation until 1988. (Evidence, p. 3798) The minutes of the 'Semi-annual AAPLF Federal Council Meeting' on 5 May 1989 record that the IPF delegate reported that 'Diuretics and probenecid are now banned and tested substances'. Both were banned by the IOC Medical Commission in 1987.

8.26 The Drug Free Powerlifting Federation uses the IOC list of banned substances. As discussed later, it conducts tests for, and may take action on, substances (such as beta-blockers) not banned by the IPF.

EXTENT OF DRUG USE

8.27 Table 6.1 summarises the data on powerlifting from the 1982 Survey of Drug Use in Australian Sport in order to give some indication of the general level of drug usage in the sport.

8.28 The Survey noted that 77.8% of powerlifting respondents knew of other Australian competitors who had taken drugs to

improve performance. Moreover, 20.4% of respondents said that they intended to use anabolic steroids in the future and 18.5% indicated their intention to use stimulants. The survey concluded that '50% or more of international level powerlifters' could be using anabolic steroids.

TABLE 6.1
 USE OF DRUGS BY POWERLIFTERS
 (Based on 54 respondents)

Drug	Percentage Using	Survey Page
Vitamins	77.8	77
Anti-inflammatory drugs	42.6	86
Analgesics	13.0	96
Bronchodilating drugs	20.4	108
Diuretics	27.8	118
Anabolic steroids	22.2	128
Stimulants	24.1	138
Sedatives	9.3	148

8.29 The high levels of drug usage by powerlifters seem to be a characteristic of the sport. Mr Glenn Jones advised the Committee that because powerlifting is not an Olympic sport its rules concerning performance enhancement were 'fairly loose' and that:

this was attractive to those in other sports who saw powerlifting as an adjunct to their own sport for use in strength enhancement during off season ... it quickly became evident that whilst Olympic lifting was the province of the 'government' police boys

clubs, powerlifting found its strength in private gyms where body building was at its strongest. (Evidence, p. 717)

8.30 Mr Robert Wilks, Secretary of the Australian Powerlifting Federation Inc., when asked about the level of drug usage in powerlifting at the present time, claimed:

It is impossible to put figures on it. I can only say that at the lower levels it is very low - minimal to nil. (Evidence, p. 3840)

However, he also said that drug abuse is 'frequent, common and widespread at the very high levels' (Evidence, p. 3841) and commented that:

There may be some lifters who will be put off by the prospect of testing. But many others will not be. They will resort to whatever means they can to get around the test. The majority who do use will try to subvert the test and get around the test in some way. (emphasis added) (Evidence, p. 3842)

8.31 As will be evident from Chapter Ten, bodybuilding is probably the only activity showing a greater level of performance enhancing drug abuse than powerlifting. Mr Ray Rigby, former President of the AAPLF acknowledged that there was a problem with drug abuse in the sport but said that the AAPLF had tried to eradicate the problem by introducing testing. (Evidence, pp. 3540-1)

8.32 Mr Christopher Turner, Secretary of the Australian Drug Free Powerlifting Federation, informed the Committee that:

In mainstream, ie funded, powerlifting, it [use] is widespread at National levels. At the AAPLF (or APLA) 1987 Senior Nationals, in Alice Springs, there were 62 lifters. Of 25 women, 8, or 32%, were on drugs. Of 37 men, 28 or 77.77%, were on drugs. In the 1980s, for events of this nature for which I have the figures, the percentage of women on drugs has ranged from 20% to 32%, and the men from as low as 50% to as high as 81%. (Evidence, p. 2324)

Mr Wilks' response to these figures was to ask how Mr Turner could possibly know, especially as he was not there:

Even if he were present I do not see how he could determine so precisely who was and was not on drugs. Perhaps with Mr Turner's extraordinary powers of detection the IOC could dispense with the messy business of urinalysis and simply arrange with him to spot drug users world wide, via clairvoyance from his Brisbane residence. (Evidence, p. 3697)

8.33 The Drug Free Powerlifting Federation presented figures to show that across the weight divisions, mainstream powerlifters in Australia demonstrated a 25 to 30 per cent strength increase compared with the records of the Drug Free group. It argued that this difference was a result of the use of steroids. (Evidence, p. 2341 and 2343) Mr Wilks, while accepting the figures, disputed the interpretation placed on them by Mr Turner. He pointed out, for example, that at the international level the difference between the effective World Drug Free records and the International Powerlifting Federation records is consistently around ten per cent. He claimed that the difference of up to 30 per cent in the figures was because in Australia 'the so called Drug Free association has very few lifters. In fact we would have more drug free lifters than they would'. (Evidence, p. 3847) Mr Turner accepted this as a partial explanation, pointing out that as the Drug Free Federation obtained new members the standard of competition performance was improving and the gap between the Drug Free records and those of the other Associations was being narrowed. (Evidence, p. 2344) However, the figure of 25 to 30 per cent improvement is consistent with figures given to the Committee by other athletes and by Dr Gavin Dawson (Interim Report p. 46) as well as with figures reported in the literature, for example by Dr Alex Tahmindjis in his study of Sydney weightlifters.

8.34 Mr Wilks commented that the AAPLF had many lifters who had never taken steroids but whose totals exceeded the Drug Free Powerlifting Federation records, and he said that if a 30 per

cent improvement from steroids was accepted and was added to the records of the World Drug Free Powerlifting Association, the figures produced far exceeded world records. He suggested that one reason for this might be that the (supposed) Drug Free lifters are not drug free. (Evidence, p. 3696) The Committee notes, on the basis of this evidence, that drug free powerlifters in the AAPLF could increase their competitiveness by joining the Drug Free Association. That they do not do so is perhaps due to a range of factors including the sport's politics, and the perceived international credibility of particular powerlifting organisations.

ADMINISTRATION

AAPLF

8.35 A number of serious allegations have been made about the administration of the AAPLF which, until the middle of 1989, was the governing body of powerlifting in Australia as recognised by both the International Powerlifting Federation and the Commonwealth Government. These are considered here in so far as they are relevant to the question which of the existing powerlifting bodies, if any, should receive public funding.

Financial Administration

Audits

8.36 Mr Chris Turner wrote to the Committee that:

The AAPLF's administrative record included never having their books audited, from their inception in 1972 to 1985. When funding from the ASC [Australian Sports Commission] began, they had the deployment of those funds only, audited, and at the last meeting of theirs that I attended in 1985, they were even talking of misdirecting THOSE into areas other than those stipulated by the ASC. (Evidence, p. 2312)

8.37 Mr Turner's assertion that the AAPLF had not had their books audited before 1985 was rejected by Mr Wilks, who said that in the 1970s and early 1980s audits were done by a Sydney accountant, Mr Terry Gibbs. As this period preceded Mr Wilk's time as an executive office bearer of the AAPLF, he did not himself have access to the relevant records. (Evidence, p. 3690) From the mid 1980s audits were carried out each year 'but many records were lost during the unfortunate reign of Mr Mason Jardine as AAPLF treasurer'. (Evidence, p. 3690) Mr Wilks told the Committee that copies of these audits would be on file with the Australian Sports Commission and that audits, 'although in some cases headed "Application for Government Grants", were actually of all funds utilised by the AAPLF'. (Evidence, p. 3691) Mr Wilks also informed the Committee that while a variation was made in the 1985-86 Australian Sports Commission grant to powerlifting, this was fully approved by the Commission. (Evidence, pp. 3720-3) Documentary evidence provided to the Committee demonstrated this to be the case.

Loss of Funds

8.38 Mr Wilks' reference to the 'unfortunate reign of Mr Mason Jardine as AAPLF treasurer' (Evidence, p. 3690) is explained by an article in Powerview, the official newsletter of the Queensland Amateur Powerlifting Association, dated Jan/Feb 1987:

Set Back for the QAPLA

Well, fellow lifters, the unthinkable has happened. Mason Jardine, treasurer for both the QAPLA and the AAPLF appears to have absconded with the major portion of QAPLA funds. It is not known at this stage exactly how much is missing as the books are in a complete shambles. The matter is being looked into by the Brisbane CIB. (Evidence, p. 2416)

8.39 Mr Jardine had been elected State Treasurer in June 1986, and National Treasurer in August 1986. According to Mr Dino Toci, then President of the Association, all the missing forms

and receipts 'and stuff' were subsequently found (Evidence, p. 2424) as Mr Jardine had left both the State and the Federal books with the auditors before he absconded. (Evidence, p. 2426)

8.40 The funds that were missing amounted to \$4000 from the QAPLA, which received State government grants but no Commonwealth funds. (Evidence, p. 2405) Mr Jardine, presently serving time in gaol as a result of social security fraud convictions (Evidence, p. 2424) is repaying the missing money to the QAPLA. (Evidence, p. 2688)

8.41 The AAPLF itself did not lose any money in this matter (Evidence, p. 2687) although, as Mr Toci explained, the Federal Association:

were worried about what amount of funds may have been missing, but this was because some of the Federal books were being audited with the State books and they did not have them. We had to track those down. (Evidence, p. 2426)

8.42 Mr Wilks emphasised that no AAPLF or Australian Sports Commission funds were involved in 'Mr Jardine's indiscretions' and stated that:

The only fiscal problem for the AAPLF connected with Mr Jardine was that difficulty in obtaining records held by him meant that the AAPLF could not meet an audit deadline imposed by the ASC and \$5000 of the AAPLF's grant therefore could not be forwarded. (Evidence, p. 3695)

Membership Numbers

8.43 Mr Chris Turner told the Committee that both the QAPLA and the AAPLF were guilty of exaggerating their membership numbers to gain increased Commonwealth and State government grants. (Evidence, p. 2314) He suggested that this was in part because:

In mainstream (ie funded) powerlifting, Associate membership numbers are small, and so

many official positions are manned by active top lifters, who as drug users themselves, are used to lying and cheating, and so show no hesitation in exaggerating figures. (Evidence, p. 2314)

8.44 He amplified this by tabling a document, allegedly in the handwriting of Mr Robert Wilks, then national vice president in charge of administration of the AAPLF, showing that in May 1984 the AAPLF had 364 registered members. (Evidence, p. 2325 and 2328) Mr Turner also said that at a meeting in May 1985 Mr Wilks reported approximately 700 registered members. (Evidence, p. 2325) However, because weightlifting had claimed a membership of 22,000:

The feeling of the powerlifting meeting in Sydney in May of 1985 was that, given that weightlifting was having its figures bumped up all the time and had no need apparently for corroborative evidence to that effect, the figures for powerlifting should be bumped up as well in the submission [to the Australian Sports Commission], so the round figure of 2,000 was latched onto. (Evidence, p. 2326)

Mr Ray Rigby agreed that the AAPLF tried to introduce as many people to the sport as possible, explaining that:

We try to get a large percentage of people down so that we can show numbers to help with our government grants. I do not deny that at all ... I do not have the exact figures but I think that it would be appropriate to say that the figures are greatly inflated because of the school children's participation. (Evidence, pp. 3516-7)

8.45 Mr Wilks discussed in some detail the allegations made concerning the inflation of membership numbers. He noted a belief that high registration would be pleasing to the ASC and implied that many Australian sports bodies have become involved in a race for registration numbers. (Evidence, p. 3692) He described how:

from approximately 1985 the ASC required each sport to submit a development plan, powerlifting devised and implemented a mechanism to increase participation in the

junior section of the sport, namely the Schools Bench Press Contest ... This event was very successful in terms of generating mass participation, less so (but certainly not unsuccessful) in terms of follow up. (Evidence, p. 3692)

8.46 Mr Wilks agreed that the School Bench Press Contest resulted in a surge of membership figures but pointed out that the details of the contest had always been clearly explained to the ASC. He also noted that the growth in membership figures of the AAPLF appeared to have had little impact on the level of ASC funding received. (Evidence, p. 3693) Mr Wilks pointed out that the May 1984 registration document tabled by Mr Turner showed the position before the majority of registrations for that year had been received. He said that all of the Australian Juniors/Masters Championships, the various State Championships and the National Championships were held in the May to August 1984 period. (Evidence, p. 3694)

Australian Drug Free Powerlifting Federation

8.47 The Australian Drug Free Powerlifting Federation was established in 1986 by Mr Christopher Turner, formerly a member of AAPLF. The Drug Free Federation is 'in total opposition to the use of anabolic steroids, amphetamines and other ergogenic drugs in sport' and is 'trying to present itself as a drug FREE body, not just a drug TESTED one'. (Submission No 54, Attachment 1, p. 1; Evidence, p. 2315A)

8.48 A number of arguments were put forward about the representative nature of the Drug Free Federation, in part because this was seen as potentially important in reaching a decision as to the funding of powerlifting in Australia. Mr Turner made the statement that the Drug Free Federation:

can hardly be blamed for seeing the continued funding of any other powerlifting body than ours as being a tacit approval for drug abuse and mismanagement of funds. (Evidence, p. 2309)

8.49 Mr Rigby claimed, in contrast, that Mr Turner established the Drug Free Federation only because he 'lost his position, I think on the National Council (of the AAPLF) ... I believe there was a lot of personality conflicts'. (Evidence, p. 3469)

8.50 Irrespective of the reasons for the formation of the Drug Free Federation, the questions that need to be answered concern how representative an organisation it is, how well managed it is, how open an organisation it is, and whether it deserves its 'Drug Free' title.

Membership Numbers

8.51 On 13 November 1989 Mr Turner told the Committee that the Federation was 'operating in Queensland, New South Wales, the Australian Capital Territory and Victoria, and ... commencing a group in Western Australia currently'. (Evidence, p. 2818) He indicated that the establishment of associations in the other States and the Northern Territory was being examined. Mr Glenn Jones said that the current membership was:

slightly fewer than 500, we believe. That does not include schoolboys, bench press programs, and associate members - people who support the sport but do not actually lift. That figure would be the number of genuine lifters. At our national championships we had 115 entrants of whom 105 lifted. (Evidence, p. 2830)

8.52 Mr Turner was aware of the administrative reorganisation taking place in mainstream powerlifting and said that he was not aware of any recent membership figures for the Australian Powerlifting Federation Inc or for Australian Powerlifting. However, he said to the Committee:

as far as I can tell from contacts in the states where we are affiliated ... our body has the majority of registered powerlifting members in all cases. (Evidence, p. 2340)

Mr Wilks described this statement as 'a falsehood', and stated that Mr Turner's organisation has no representation at all in Tasmania, South Australia, Western Australia and the Northern Territory. Mr Wilks could:

personally vouch for the fact that in Victoria the Drug Free Powerlifting Association has a very minimal membership relative to that of the Victorian Powerlifting Association Inc. (Evidence, p. 3695)

Mr Ray Rigby similarly claimed that the Drug Free Federation:

is only a very small minority group of people. We [the APF] are a part of the International Powerlifting Federation, which has an enormous amount of testing ... They are only a breakaway group ... In actual fact there are not many people involved in the so-called drug free association. (Evidence, p. 3516)

Representation

8.53 Mr Wilks suggested that the Drug Free Federation was not representative because:

the individuals involved in running it have very little credibility amongst the vast majority of lifters and people do not want to be associated with them. Plus, of course, people recognise that if there is to be any future in the sport for them, it is to maintain their association with us and thence to the IPF where the true world championships are held. It is meaningless to go into a world championship in which there are one or two competitors as happens in the so-called drug free world championships. The other factor, of course, is these drug free organisations are not drug free, especially at the international level. (Evidence, p. 3847)

DRUG TESTING

AAPLF

8.54 A number of allegations were made to the Committee that the drug testing carried out by the AAPLF was not always conducted in a fair and reasonable manner, or in accordance with the agreed protocols. (Evidence pp. 703; 735)

8.55 Mr Glenn Jones suggested that when testing was introduced in powerlifting:

Numerous stories began to do the rounds that the 'fix was in'. (Evidence, p. 719)

He suggested that testing was never carried out according to the IPF protocol and that the urine examined:

was often that of the testing commission or some other drug-free person. (Evidence, p. 719)

8.56 Mr Jones made the allegation that testing could be used to punish or 'blackmail' lifters. He described how:

At one recent national event, a State official who also happened to be a lifter was complaining about various trivial matters. He was pointedly told that unless he shut up, he would be required to supply a urine sample. (Evidence, p. 719)

The official concerned was Mr Bob Orr (Evidence, p. 737) who described Mr Jones' statement as 'just a complete fallacy'. He said:

It is some story out of a story book. There was a confrontation with Mr Rigby, who was announcing the competition ... and we did have a heated discussion and I was asked to put myself back in the audience at that time, and that was all that was said on that. (Evidence, p. 3849)

8.57 Mr Wilks noted that the AAPLF had attempted to institute a drug testing program in Australia, commencing in 1986. (Evidence, p. 3530) He stated that up to 1988 this program had been held back by a lack of funds and had been limited to a small number of tests at state championships and voluntary tests of those attempting world records. The first broad scale testing was carried out at the National Championships in 1988. Mr Wilks wrote to the National Program on Drugs in Sport (NPDS) on 8 September 1988 advising that:

It is now AAPLF policy that, subject to funding availability:

- . testing will be conducted at all Senior National Championships;
- . testing will be conducted at all State Championships, within the limits imposed by the travel costs for drug control officers, thus far testing has been carried out at the NSW, Queensland, Victorian and South Australian Championships;
- . testing will only be carried out by IPF appointed drug control officers (at present Robert Wilks and Ray Rigby) in accordance with IPF procedures, or if so arranged by the IPF appointed officers in conjunction with NPDS (National Program on Drugs in Sport) officials;
- . no lifter shall be selected for a team to the Senior World Championships unless he/she has passed a drug test at the previous National Championship or at a similar time;
- . the penalties for failure of a drug test shall be in line with IPF penalties, ie. 3 years suspension from International and Australian competition for a first offence, 4 years for a second;
- . testing of samples shall be carried out only at IOC laboratory. (Evidence, p. 3530)

8.58 In this letter to Mr Haynes, Mr Wilks described the IPF policy on dope testing and wrote that:

these guidelines have been very strictly followed, with none of the loopholes allowed in some other sports. Initially an average of 4-6 positives were found at tested championships, with this improving in recent years and no, or the occasional, positives typically being found in recent years. (Evidence, p. 3530)

8.59 The following section examines the AAPLF's record in doping control and provides some comparison with the approach now being adopted by the recently formed Australian Powerlifting Federation Inc., and Australian Powerlifting.

Drug Control Officers

8.60 Mr Glenn Jones told the Committee that drug testing in powerlifting 'became a joke from the very outset' because the two appointed drug testing officials 'were known to be pro-drugs'. (Evidence, p. 719) These two IPF-recognised Drug Control Officers were Mr Robert Wilks, the then Vice-President (Administration) and National Team Coach of the AAPLF, and Mr Ray Rigby, the then President of the AAPLF. The Australian Powerlifting Federation Inc. has applied to the IPF to have appointed another two drug control officers (additional to Messrs Wilks and Rigby).

8.61 Mr Rigby told the Committee that he 'was the person who instigated having drug testing in Australia back in 1986'. (Evidence, p. 3471) He was also the author of an article 'Simple Facts About Anabolic Steroids' published in Modern Athlete and Coach, Vol. 19 No 4. This article 'without taking into consideration any ethical problems ... presents, some simple and straight forward facts about anabolic steroids'. These simple facts include the statement that Mr Rigby 'doubts that there are any world class weightlifters who are not on steroids'. The article also claims that drug tests do not 'mean very much because an athlete only has to stop taking the pills for 21 days prior to a tested event to give a negative swab'. In addition, the article provides specific information on drug brand names and on the dosages and combinations in which they should be used. In the opinion of the Committee, the article does not give the

impression of being written by an opponent of the use of performance enhancing drugs. (Allegations that Mr Rigby was involved with the supply of drugs are noted in Chapter Ten of this Report which deals with the black market.)

8.62 Further, Mr Jones alleged that Mr Wilks 'writes pro-drug articles' (Evidence, p. 719; 735) and he gave to the Committee a paper 'Health Monitoring During Steroid Programmes'. The article contains statements such as:

By arming him or herself with some relatively accurate information the chemically inspired athlete will be able to make alterations to any steroid program.

The wiser steroid user (if there is such a thing) will take the appropriate steps to minimise the risks involved.

8.63 Mr Wilks told the Committee that the article was not intended to be pro-drug and that anybody reading it and becoming informed of all the potential side effects it describes 'is not going to get a view that steroids are going to make them healthier'. (Evidence, p. 3837) According to Mr Wilks the article does not oppose the use of anabolic steroids because, had it done so, the athletes would not have read it. He explained that it was written in a very even-handed way 'so as not to alienate people - not to come across as being on a soapbox and moralising'. (Evidence, p. 3839)

The 1988 National Championships

8.64 The Committee received a considerable body of evidence relating to the dope testing carried out at the 1988 National Championships held on 5 August to 8 August in Sydney. The allegations made concerning this event are important because they reflect on the integrity of senior office holders of the AAPLF who are still associated with the Australian Powerlifting Federation Inc.

8.65 A particular allegation was that made by Mr Glenn Jones, who told the Committee that testing at the Nationals was 'not fair dinkum'. He said:

The people were told that if they were going to be selected for the national powerlifting team that they would be tested. They were also told not to worry about going off steroids because the fix would be in and the test would not be fair dinkum. In view of past performances with the Powerlifting Federation's drug testing, they had no reason to believe that that was not so. (Evidence, p. 735)

Six Positives

8.66 Mr Wilks advised the Committee that to his knowledge:

no individual was told that there was any way he could avoid, defeat or be assisted in passing these tests. Surely the fact that 6 out of 14 lifters were found positive indicated the genuineness of the testing carried out. (Evidence, p. 3638)

Certainly six out of the 14 samples tested for the competition proved to be positive even though notice had been provided on 28 May that testing was going to take place. (Evidence, p. 3499) This suggests a surprising degree of complacency on the part of the competitors. With this length of notice (about 10 weeks) it should have been possible to stop taking oral and water-based injectable drugs and test negative for those at the competition. Nevertheless, given that six of the tests proved positive and urine samples arrived at the laboratory with seals intact and numbered consistently with the Athlete Signature Forms, it is clear either that 'the fix' did not take place or, that if it did, it was the reverse of that the lifters were expecting. It is possible, of course, that while they may have thought that the tests were to be 'fixed', this had never been intended by other officials. Mr Larry Wallen, who was tested positive for boldenone (an oily injectable with a clearance time running into months) was the official who issued the advice that drug testing was to

take place. He, at least, must have been convinced that there would be a 'fix'.

8.67 The sequence of events relating to the testing at the championships was as follows:

- . drug tests were carried out on 14 competitors at the 1988 Australian Championships held in Sydney in August of that year;
- . six of the lifters tested positive and were to receive suspensions;
- . the AAPLF received a letter alleging breaches in the sample collection procedures from a legal firm representing the six lifters who failed tests;
- . material regarding the lifters' appeal was circulated to those entitled to vote;
- . the vote was in favour of lifting the suspensions; and
- . two of the six lifters then went on to test positive at the 1988 World Championships held in Perth in November 1988, but did not lodge appeals against the international bans resulting from those tests although one appealed against the resulting Australian suspension.

8.68 The grounds for the appeal were that the 'fairly precise drug testing procedure rules laid down by the International Powerlifting Federation' were 'substantially disregarded'. (Evidence, p. 3491) According to some accounts this was certainly the case. Mr Glenn Jones said that he had:

spoken to a number of the lifters who did actually give urine at that particular event and were tested, and they said that the whole testing procedure was slapdash. They were told things like, 'don't worry; you go out there

and just have a leak in the bottle, and come back in' ... There was no witness there. It could have been anyone's urine. It was not sealed in their presence; they were not required to fill in the correct forms; there were not the right witnesses - the whole works - because it was being treated as a joke. (Evidence, pp. 740-1)

8.69 Mr Jones suggested that the testing was meant to be no more than a public relations exercise to demonstrate that drugs were not being used. (Evidence, p. 741) Mr Childs explained that the State Associations had 'had enough of the bad testing' and at a meeting prior to the Nationals had:

put forward for the minutes a motion that the tests should be done correctly. Mr Rigby agreed that this time the tests would be done properly, the forms filled out, the bags sealed ... and so forth. Part way through the competition, after these guys had been tested and before Mr Wilks had a chance to do whatever it is he does with the bottles, they disappeared. They turned up in California at the IOC testing laboratories at Sacramento. They were consequently tested properly and the lifters found to be positive. It was a shock to all. (Evidence, p. 740)

8.70 Mr Wilks rejected this description of what happened. He emphasised that all tests were carried out according to IPF procedures, using kits provided by the Australian Sports Commission. He pointed out that the lifters and their representatives all indicated their satisfaction with the sample taking procedures as demonstrated by their signature on the Athlete Signature Forms (provided to the Committee). He said the fact that the samples were received at the UCLA laboratory in California with their seals intact demonstrates that there could have been no intention to interfere with the samples once they had been taken. (Evidence, p. 3637)

The Appeal

8.71 Six lifters were found positive as a result of the tests conducted at the 1988 Nationals. They were Mr Mason Jardine, Mr Dino Toci, Mr Terry Lonsdale, Mr Larry Wallen, Mr Glenn Waszkiel

and Mr Wayne Scarffe. Following the release of these test results and the lifters being advised that they were suspended for a period of three years, the AAPLF received a letter from a firm of solicitors which alleged breaches of procedure in the collection of test samples. (Evidence pp. 3491-3) Legal advice obtained by Mr Wilks was to the effect that this letter should be accepted as an appeal against the suspensions. This required that the formal mechanisms for adjudication on the appeal be brought into effect. These procedures meant that each State body, plus executive office bearers, were given the opportunity to vote on the appeal. (Evidence, p. 3638)

Each of the ten grounds put forward for the appeal is considered separately below.

Grounds for Appeal

1. Notification of Tests

8.72 The first ground for appeal was that 'no notification was given to lifters in the form required'. (Evidence, p. 3492) The response of the AAPLF Executive to this was that:

verbal notification of being called for testing was given to the lifters at the championship; however, advice that all those available for selection for the World Championship team would be required to be tested was given well before the Australian Championships. (Evidence, p. 3489)

Mr Wilks said that, as it had been decided that to be eligible for selection in an Australian team lifters had to pass a drug test, the 18 lifters who made themselves available for selection had in effect selected themselves for drug testing. (Evidence, p. 3796)

8.73 It is certainly true that ample notification of testing was given. A memorandum dated 28 May 1988 sent to AAPLF State secretaries stated:

There will be drug testing at the Senior Nationals. In addition to random testing, a urine sample will be collected from all lifters who are selected as team members or alternates for the men's team to the World Championships in Perth. The testing will be funded by a grant from Canberra. (Evidence, p. 3499)

8.74 Notably, this memorandum was from Mr Larry Wallen, AAPLF General Secretary and one of the six lifters who tested positive and subsequently appealed, partly on the basis of the supposed lack of notification.

2. Only Two Executive Members Present

8.75 The appellants claimed that only two 'Executive' members were present during the testing procedure, whereas three are required under IPF by-law 5.02. (Evidence, p. 3492) The AAPLF response was to state that IPF procedures (6)(b) require only the two members of the 'Doping Commission' to 'perform the technical work in taking the samples'. (Evidence, p. 3489)

8.76 Mr Wilks explained that the mention of a doping commission in the IPF rules relates only to world championships. He pointed out that the IPF approves drug control officers around the world quite sparingly, and that in Australia he and Mr Rigby were the only officers so appointed. (Evidence, p. 3803)

3. Not Accompanied by a Steward

8.77 The third ground for appeal was that no lifter was accompanied from the platform area by a steward. The appeal document claimed that after being verbally notified that they were required for testing, the lifters were left to their own devices and that, even when at the testing station, some experienced a wait of up to one and a half hours unattended by any steward or testing official. (Evidence, p. 3492) The response of the AAPLF to this was to state:

lifters were observed and/or attended by the IPF drug control officers during any time

period in which they received medals etc.; the time of sample collection was recorded on the athletes signature forms and none of these times exceeded 60 minutes after the completion of the relevant event. (Evidence, p. 3489)

Mr Wilks told the Committee that this claim by the appellants was simply not true and that he himself had notified those being tested that they were required and asked them to 'come across to the doping control area'. (Evidence, p. 3803)

8.78 Table 6.2 which is based on data taken directly from the Athlete Signature Forms shows, for each of the athletes who tested positive, the elapsed time between notification of the test and the passing of the urine sample. Clearly, in no case was anyone left for anything like one and a half hours at the testing station, at least if the data on the forms are to be believed. As the athletes concerned each signed their own form, there is no reason to disbelieve them. If the data in Table 6.2 are remarkable for anything, it is the speed with which three of the urine samples were able to be provided following competition.

TABLE 6.2

Time Between Notification of Drug Test and Urine Sample being passed for the 6 lifters who tested positive.

Name	Notified	Arrived	Urinated	Total Time Lapsed
Jardine	9.40	9.45	9.48	8
Toci	3.13	3.20	3.38	25
Lonsdale	3.13	3.14	3.20	7
Wallen	12.02	12.20	12.23	21

Waszkiel	12.36	12.48	not recorded	not recorded
Scarffe	9.40	9.58	10.08	28

4. No Explanation of Procedure

8.79 The AAPLF responded to this argument by saying that the lifters had been informed well before the Championships as to who would be tested, the laboratory to be used etc. (Evidence, p. 3489)

5. No Chaperone

8.80 The appellants claimed that no lifter was accompanied by any commission official while the urine sample was given, each lifter entering a toilet cubicle of his choice at least 20 feet away from the officials and giving the sample with his back to the officials. Concerns were also expressed about the security of the testing station and that the lifter was not nude when providing the sample. (Evidence, p. 3492) The AAPLF response to this was that:

in the control room lifters were informed of the technical procedures; as these were carried out lifters were observed during collection by the drug control officers who approached within a few feet of the lifter; the lifters were required to lower their garments as appropriate to achieve sample collection. (Evidence, p. 3489)

8.81 Mr Wilks told the Committee that the lifters were all chaperoned by Mr Rigby and, on most occasions, by a representative of the athlete. (Evidence, p. 3797) In providing the sample the lifters 'were exposed from approximately the navel to mid thigh' and Mr Rigby was standing right next to them. (Evidence, p. 3798) Mr Wilks said that he did not think there was

a requirement that the lifters be nude, but that there had to be 'a nude area, from roughly the belly button to mid thigh'. (Evidence, p. 3805)

6. Coloured Bottles

8.82 The samples were placed in brown bottles, the colour of which, it was alleged, precluded persons from satisfying themselves that they were not contaminated, and the bottles were sealed only with a screw top. The bottles were then placed in a plastic envelope which was zipped up and secured only with a plastic clip tabbed onto the end of the zipper. The bottles themselves were not numbered. (Evidence, pp. 3492-3) In response to this the AAPLF said that the bottles and kits used were:

standard IOC laboratory equipment, in use throughout the world and universally accepted as providing adequate security. (Evidence, p. 3489)

8.83 Mr Wilks demonstrated to the Committee the procedures that were used, showing that there is a registration number on the 'envopack' seals and that there would be no way of opening the pack without breaking the seal. (Evidence, p. 3806)

7. No Knowledge of Procedure

8.84 The seventh ground of appeal was that the lifters were unaware of the nature of the procedures required and that they signed the confirmation form in ignorance of what the correct procedures should have been. (Evidence, p. 3493) This was disputed by the AAPLF who said that the procedures were explained and that the lifters were given ample opportunity to fully read any forms they signed. (Evidence, p. 3490) Mr Wilks commented that 'they were well aware what was going on. They read the forms and signed them'. (Evidence, p. 3808)

8. Lack of Security Once Samples Collected

8.85 It was claimed by those testing positive that the handling of the samples once collected did not pay proper attention to security and that they were stored in an unlocked motel refrigerator. (Evidence, p. 3493) According to the AAPLF, the knapsack in which the samples were stored was itself a laboratory issue carry bag, itself security sealed and the storage of the samples was in accordance with IPF protocols. (Evidence pp. 3490 and 3808)

9. No Consultation Prior to Analysis of B Sample

8.86 It was also claimed by the appellants that no lifter was consulted as to whether he wanted the B sample analysed or whether he wished to attend the analysis of the B sample in person or by delegate. (Evidence, p. 3493) The AAPLF response to this was simply that B samples were automatically tested (Evidence, p. 3490) and that this was done because of the desire to be as fair as possible and do both samples for all lifters. (Evidence, p. 3809)

10. Qualifications of Testers

8.87 The appellants claimed that the drug test procedure form was not signed by a person with the necessary qualifications and queried the minutes of appointment of the officials who carried out the testing procedure and their qualifications to do so. (Evidence, p. 3493) In fact the individuals conducting the sample collections and signing the forms were the two IPF appointed Drug Control Officers (Mr Wilks and Mr Rigby) one of whom (Mr Rigby) is a registered nurse. (Evidence, p. 3490)

Denials of Drug Use

8.88 None of the lifters who tested positive sought to appeal on the grounds that they had not been taking the drugs for which they tested positive. (Evidence, p. 3810) However, when Mr

Scarffe appeared before the Committee he claimed that he was not taking any anabolic steroids at the time of the competition and that, indeed, he had never taken anabolic steroids. He said that he believed he had tested positive because of 'faulty procedure'. (Evidence, p. 2431) Mr Scarffe explained that he did not use the fact that he was not taking steroids in the appeal because he 'did not lodge an appeal'. (Evidence, p. 2432) This was because he had made the decision to retire from the sport anyway and 'was not prepared to spend money on something that did not matter to me any more'. (Evidence, p. 2433) He had been included in the appeal by the other lifters without his knowledge.

8.89 The Committee remains unconvinced by Mr Scarffe's denial that he had ever taken anabolic steroids. The Committee notes that Mr Scarffe has offended the drug testing regimes both of powerlifting and weightlifting. In Chapter Seven it was noted that Mr Scarffe failed to provide a urine sample when required following the 1987 National Weightlifting Championships and was deemed positive by the Australian Weightlifting Federation.

8.90 Mr Toci agreed that there was no denial in the appeal document that he had been taking the drug concerned, but he did deny to the Committee that he had been using them. (Evidence, p. 2438) He said that he had not taken any banned sporting drugs in the lead-up to the competition and said:

I was not happy with the way that things were done and I was not convinced that the sample that they tested was my sample. (Evidence, p. 2435)

8.91 In a letter to the Committee, Mr Waszkiel pointed out that he had been tested by the IPF and found to be negative for banned substance in 1982, 1983, 1985, and 1987 at World Championships and that:

these tests were all carried out correctly hence, as Mr Childs points out, there were a number of irregularities with the testing of the Australian Senior Nationals 1988, hence the testing became void. (Evidence, p. 2407)

8.92 However, Mr Waszkiel then tested positive again in November 1988 at the World Championships in Perth, a competition at which presumably the tests were carried out properly.

Legal Advice

8.93 The legal advice obtained by Mr Wilks from a barrister, Mr Brian Keon-Cohen, on the matters raised in the appeal was that if the matter went to court there was little chance of the tests being ruled invalid on the grounds of sampling inaccuracies. It seemed likely that the court would accept that the samples had been intact from the time at which they had been taken to the time of arrival at the laboratory, and this would be seen as the key matter. (Evidence, p. 3811)

8.94 In the letter that Mr Wilks circulated to those entitled to vote on this matter, it was stated that:

The AAPLF Executive believes that if these matters were tested in court it is more likely than not that the suspensions would be upheld. A factor here is that any such case would apparently take a number of days to complete, with costs likely to run into many thousands of dollars. The awarding of costs would partially depend on in whose favour any decision is made. However against this must be weighed the question of upholding fair play and establishing a direction for the handling of such matters in the future. (Evidence, p. 3490)

8.95 Mr Wilks told the Committee that he had contacted Mr David Weir of the Australian Sports Commission to ask whether financial support would be available to the AAPLF if the matter should go to court. The advice received was the Commission could not assist with the legal costs that might be involved in defending the suspensions. (Evidence, p. 3817) Similarly, Mr Rigby described how, after the legal opinion had been obtained, he had approached his local member Mr John Mildren, asking him to approach the Federal Minister for Sport to seek financial backing to take the matter through the courts:

Unfortunately the reply came back that they would wish us to take them to court and to do all that type of thing, but there would be no money ... Unfortunately we could not afford to go ahead with it. (Evidence, p. 3510)

The Course of the Appeal

8.96 Material regarding the lifters' appeal was distributed to those entitled to vote, that is, to each State or Territory Organisation and to each member of the executive. However, two members of the executive (Mr Larry Wallen and Mr Waszkiel) had a vested interest in the matter, being two of the lifters who had tested positive. They were not consulted and did not vote. Mrs Merilyn Wallen, wife of Mr Wallen and a member of the executive, was also excluded from participating in the appeal process. (Evidence, p. 3812)

8.97 It is possible that some lobbying took place before the official letters were sent out from the AAPLF Executive. Mr Glenn Jones described how the ACT branch of the organisation was approached first by Mr Wallen:

The new President Joanne Pappas, received a letter from Larry Wallen, Secretary of the AAPLF indicating that litigation was being commenced against the AAPLF by the six lifters over anomalies in the testing protocols (Wallen coincidentally was one of the six lifters). He enclosed a photocopy of the solicitors letter to the AAPLF setting out the disputed grounds and asked for a vote by the ACTAPLF as to whether the six lifters should be banned on the basis of that dispute. Mrs Pappas and her husband (now a Vice President) decided without reference to any other member of the executive of the Association and in spite of the fact that the AAPLF had not answered any of the charges, to vote that no ban be instituted. This caused much consternation in the ACTAPLF at such a high-handed and patently stupid reaction. (Evidence, p. 720)

8.98 Subsequently, the letter from Mr Wilks was received containing the official voting papers and the APLF submission refuting the allegations made by the six lifters. This was then

considered by an extraordinary meeting of the ACTAPLF executive. (Evidence, p. 720) Mr Wilks denied any suggestions that he had rung round those entitled to vote, asking them to overrule the suspensions so that he could then vote to maintain the ban. (Evidence, p. 3815)

8.99 The result of the voting on the suspensions was as follows: The ACT, Queensland, South Australia and Victoria all voted to overrule the suspension; NSW, Mr Wilks and Mr Rigby voted to uphold the suspension. (Evidence, pp. 3813-14) Tasmania did not vote and the Northern Territory ballot paper was received after the deadline. (Evidence, p. 3815) No evidence was given as to why a vote was not recorded for Western Australia. There appears to be some confusion as to whether Mr Chris Wood, in his capacity of Treasurer of the AAPLF, voted, (Evidence, p. 3815) as the final result was recorded as a vote of four to three in favour of lifting the suspensions. (Evidence, p. 3638)

8.100 Mr Wilks provided copies of six of the Federal Council Voting Sheets to the Committee (Evidence pp. 3673-8) These were from ACT, NSW, South Australia, Victoria and Queensland, with one (Evidence, p. 3677) being indecipherable, but in the same handwriting as the one received from Victoria. (Evidence, p. 3678)

8.101 The Committee notes that the Federal Council Voting Sheet submitted by NSW shows that whereas the complaints put forward by the appellants were accepted, it was still felt appropriate to maintain the suspension. (Evidence, p. 3675) The ACT voted to overrule the suspension:

purely on two technical grounds. Samples had not been taken in accordance with the protocols and sample security was non-existent. On this basis, then the meeting concluded that no court would uphold a ban if the matter was put to the test. (Evidence, p. 720)

8.102 South Australia voted to overrule the suspension because of 'failure to notify of IOC procedure early enough and not

agreed to'. (Evidence, p. 3676) Victoria voted to overrule the suspension because:

'The AAPLF does not have the financial capacity to fight a legal battle especially when the outcome is uncertain'. (Evidence, p. 3678)

Queensland voted to overrule the suspension on the grounds that:

Due to the serious nature of the offence we feel the procedure must be exact also the financial burden and publicity of court action not warranted. (Evidence, p. 3674)

Mr Wilks' comment on this overruling of the suspension was:

I can say we tried. We imposed the bans. We were just left out on a limb, we could not go through a court case. That was the consensus of opinion. I might add that if the vote had been the other way I would have gone ahead, bearing in mind that the AAPLF was an unincorporated body and legally it probably would have been the executive who were up for the costs. However, I would have gone ahead if that had been the vote to do so. (Evidence, p. 3818)

8.103 The results of the appeal were recorded in the minutes of the semi-annual AAPLF Federal Council meeting of 5 May 1989 as follows:

Discussions took place regarding the drug test results from the August 1988 Senior Nationals in Sydney, and the decision to allow lifters who returned positive results to compete in the Australian team at the World Championships in Perth in November. R Wilks reported the results of the federal council postal vote conducted to decide if the particular lifters should be in the Australian team. The vote 4-3 in favour, with the President, V-P (Admin) and NSW the votes against. The main reason for the result seemed to be the fear of threatened legal action, and the costs involved. (Evidence, p. 3478)

The letter that was sent to the lifters letting them know that their suspensions had been lifted noted that:

the AAPLF feels that it should be pointed out that the vote to lift the suspension was far from unanimous. It is also the case that drug testing in Powerlifting will be continued for the foreseeable future. We trust that similar difficulties to those which occurred in 1988 will not arise again. (Evidence, p. 3680-5)

8.104 The Committee concludes in relation to this incident:

- . No 'fix' of the results took place. The six lifters concerned - Waskiel, Wallen, Toci, Scarffe, Jardine and Lonsdale - had all been using the drugs found in their samples and were correctly found to be positive. The Committee notes denials by relevant lifters who gave evidence but also observes that Messrs Waskiel and Wallen were both subsequently found positive for the same drugs at the World titles three months later. The Committee also notes that Mr Scarffe had earlier been suspended by the AWF for failing to attend a drug test and that Mr Jardine had tested positive at the 1984 World Junior Powerlifting Championships.
- . The six lifters concerned believed that a 'fix' would take place (consistent with the rumours described by Mr Glenn Jones). These lifters were involved in a sport with a high rate of drug use; they could reasonably be expected to have a rudimentary knowledge of personal clearance times (presumably they could have seen Mr Rigby's article). They also had up to three months notice that the tests would take place. One of the six, Mr Wallen, had in fact sent out the notice.
- . The other eight lifters may well have had some notice that the 'fix' was not on (if they had been using steroids) and hence were able to escape a positive test result.

- . This interpretation of events would go some way towards an explanation of the vigour with which the resulting appeals were fought and the subsequent split in the AAPLF.

The 1988 World Championships

8.105 With the suspensions overruled, the six lifters who had tested positive became members of the 11 member Australian team competing in the World Championships in Perth in November 1988. Mr Waszkiel and Mr Wallen again tested positive, and for the same drugs for which they had tested positive at the Nationals in August. (Evidence pp. 2439 and 3820)

8.106 Mr Wilks told the Committee that the same procedures and kits for testing were used in Perth as had been used at the Nationals, although the testing was carried out in Perth by a Dr Tony Galvin who had been appointed by the Drugs in Sport Program. Testing was overseen by the IPF President, Heinz Vierthaller. (Evidence, p. 3821)

8.107 Mr Waszkiel and Mr Wallen were both suspended for three years by the International Powerlifting Federation. The AAPLF, again without the votes of Mr Wallen, his wife or Mr Waszkiel, applied an Australian suspension. (Evidence, p. 3821)

8.108 Neither Mr Waszkiel nor Mr Wallen appealed against the IPF suspension. Mr Toci explained to the Committee that this was because:

to appeal any IPF procedures, the appeal must go through Sweden where the IPF is incorporated, and the cost of something like that is not worth it. (Evidence, p. 2439)

8.109 However, Mr Wallen, through his solicitor Mr Pappas, forwarded a letter disputing his AAPLF suspension on constitutional grounds. (Evidence, pp. 3770-2) At the AAPLF general meeting on 4 August 1989 it was determined by the majority of those present that Mr Wallen was not under suspension

by the AAPLF. This matter was taken up again by the Australian Powerlifting Federation Inc (Evidence, p. 3700) which reimposed the AAPLF suspension on Mr Waszkiel and Mr Wallen.

8.110 Mr Wilks stated that as nothing was heard from Mr Glen Waszkiel, it was presumed that he had accepted his suspension. (Evidence, p. 3700) The minutes of the semi-annual AAPLF Federal Council Meeting of 5 May 1989 recorded that the Vice-President (Programs) reported that:

G Waszkiel has not resigned. He has retired from lifting and ... intends to remain involved in powerlifting and will become more active in the AAPLF when his job permits. (Evidence, p. 3474)

The 1989 Australian Championships

The Testing Procedure

8.111 Mr Haynes described to the Committee how two samples were taken at the AAPLF Australian Powerlifting Championships on 5 August 1989. One of these two samples was found positive for two anabolic steroids. This sample was from Rosita Kruhse. (Evidence, p. 2529) Mr Haynes commented that he thought it 'very interesting that only two samples were taken at those championships'. (Evidence, p. 2529) Mr Wilks subsequently took exception to this remark, explaining that the reason only two samples were taken was that the AAPLF was already \$4,000 in debt at the time of the championships 'primarily due to drug testing expenditure'. (Evidence, p. 3702)

8.112 According to Mr Haynes, the sample which did not test positive 'was incorrectly processed, and had no accompanying security paperwork'. (Evidence, p. 2529) He said that even had this sample tested positive, he did not think sanctions could have been invoked against the lifter concerned. (Evidence, p. 2531) This claim was disputed by Mr Wilks who said that the sample arrived at the laboratory in good condition, but that the laboratory copy of the Athlete Signature Form was missing, even

though it had been attached to the 'envopacks' in which the samples were sealed. He could only assume that the form had been lost in transit or at the laboratory. (Evidence, p. 3702) As all other copies of the form had been distributed in accordance with the required procedures, and as the sample itself was intact and with identifying seals in place, Mr Wilks expressed the opinion that 'there would be virtually no chance of a successful appeal in the event that the sample had been positive'. (Evidence, p. 3703)

8.113 In a letter to the Committee, Mr Haynes disagreed with Mr Wilks' confidence that an appeal could not have succeeded:

If the laboratory form was lost within the laboratory this would have been the only occasion that this has occurred that I am aware of ... The fact that other copies of the form existed would almost certainly not have satisfied an appeals committee. (Letter to Committee Secretary, 12 January 1990)

The Positive Sample

8.114 One of the two samples collected at the 1989 Australian Championships proved to be positive for Dianabol and oxandrolone (which is contained in Lonavar). (Evidence, p. 2529) This sample came from Ms Rosita Kruhse. The Committee received evidence that Ms Kruhse had spoken of the pressure in her gym to use steroids and had said that all the lifters at the championships were using steroids and were all hoping that they would not be tested. It is also understood that Ms Kruhse described how, after her sample had been collected, Mr Wilks had said to her, 'See you in three years time'. (In Camera Evidence, p. 1191) Mr Wilks agreed that he might have made such a comment and said that this was because:

At the time it was very obvious that a positive result was going to accrue from that test ... A number of people had indicated to me that she was very concerned about testing. Her manner during the procedure was very tense; unhappy ... she admitted to other non-prohibited drugs on the form. (Evidence, p. 3832)

8.115 Mr Wilks also informed the Committee that very early in November 1989, after the test result became available, he had spoken to Ms Kruhse. She admitted to taking the Lonavar for which she had tested positive, but denied taking any other steroid. (Evidence, p. 3832) The Committee had received other evidence indicating that Ms Kruhse was 'disbelieving of the result of the test' because she had been taking only one of the substances for which she tested positive, namely the Lonavar. The Committee also understands that, despite her difficulty in believing the result, Ms Kruhse felt that the collection procedures had been carried out correctly. (In Camera Evidence, p. 1191)

8.116 Given that the penalty would be the same no matter how many kinds of prohibited substances she had been taking, it is not clear why Ms Kruhse would admit to taking only one of them unless that was true. The Committee has a copy of the steroid register kept by Mr Leon Azar showing that Ms Kruhse had prescriptions filled by Mr Azar for Lonavar but no prescriptions for Dianabol are recorded. Mr Wilks told the Committee that Ms Kruhse was 'perplexed' as to why she tested positive for the Dianabol and added:

If what she is saying is true she may have been given tablets and not known correctly what they were. Anything could have happened. You have to go by the results, that is the objective factor. (Evidence, p. 3833)

8.117 There was some disagreement as to what action was taken as a result of this positive test result. On 14 September 1989 Mr Haynes told the Committee that the Australian Sports Drug Agency had contacted Mr Wilks, 'who has not responded to that test on the grounds that that organisation [AAPLF] no longer exists'. (Evidence, p. 2529) Mr Rigby was aware that Ms Kruhse had been found positive but remarked that:

The problem that arises is that the Federation completely disbanded at that competition. (Evidence, p. 3511)

He later remarked:

I think the girl has actually been suspended though. (Evidence, p. 3512)

8.118 In a submission to the Committee dated 6 November 1989, Mr Wilks claimed that the comment that he had not responded to the Kruhse positive was not true. He wrote:

I have on a number of occasions spoken, by telephone, with ... Mr Haynes' office and indicated ... that despite severe financial problems within powerlifting it was the wish of the governing body, at that time Australian Powerlifting, to pursue this matter. (Evidence, p. 3701)

The Committee was provided by Mr Wilks with a memo from him to the 'Australian Powerlifting (to be incorporated)' interim committee. Dated 1 September 1989 it stated:

2. Drug Test Result, Adelaide

See attached - what do we do? I feel that it is untenable to drop this matter, perhaps Jack [Pappas] can advise on the legalities involved. (Evidence, p. 3785)

8.119 Subsequent to this memo the Australian Powerlifting Federation Inc was formed, and held a general meeting in Sydney on 9 November. At this meeting a motion was passed to impose a suspension on Rosita Kruhse for testing positive at the 1989 Nationals. (Evidence, p. 3823) A letter was sent by Mr Wilks to Ms Kruhse on 7 December 1989 informing her that under no circumstance would she be eligible for competition (and records) in the Australian Powerlifting Federation Inc until 5 August 1992. In speaking to Mr Wilks in November 1989 Ms Kruhse had said that as she admitted taking the Lonavar, she would accept her suspension from competition and hoped to return at the end of the three years. (Evidence pp. 3832-3)

The Action Taken

8.120 The action taken following the positive test for Ms Kruhse has been outlined. A number of claims were made, however, that the AAPLF had not acted properly once it became clear that certain members had been detected in the use of doping substances. Mr Chris Turner of the Drug Free Powerlifting Federation said that the AAPLF allowed:

known drug-users such as Gael Mulhall (now Martin) to lift and having lifters such as Mason Jardine, Scott Boyd, and Charlie Coleiro return positive samples at international events, and yet taking no disciplinary action. The same people were then receiving Federal Government grants under what was then known as the Elite Athlete Award Scheme. (Evidence, p. 2313)

Other Positives

Mrs Gael Martin

8.121 Mr Glenn Jones, then the Secretary of the ACTAPLF, told the Committee how Mrs Gael Martin tested positive at the 1988 Women's World Championships but:

she was not banned until the men's worlds this year, some five or six months afterwards because the whole thing was kept a secret. We have documentary evidence that the ban actually dated from 6 May [1988], but we - her home association were not even informed until October that this actually occurred. (Evidence, p. 741)

8.122 Subsequent to the positive test, Mrs Martin was elected as patron of the ACTAPLF, despite the knowledge of the President, Mr Jack Pappas and also of the Vice President, Mr Gabby Bujna, that Mrs Martin had tested positive. (Evidence, pp. 754-5)

8.123 Mr Robert Wilks suggested that Mrs Martin might still have legal action pending on the result of her May 1988 positive test. He agreed that, despite her three year suspension from the

IPF she was allowed to compete in August 1988 at the Nationals, but explained that this was:

because she had an appeal pending to the IPF, which was heard in November 1988. After she lost that appeal we sent a letter of suspension, I might add. (Evidence, p. 3834)

8.124 A meeting of the Australian Powerlifting Federation Inc on 9 November 1989 passed a motion reinstating the suspension on Mrs Martin. (Evidence, p. 3823)

Messrs Jardine, Coleiro and Boyd

8.125 Mr Wilks agreed that a number of AAPLF lifters had been tested positive at international competitions but were not suspended by the AAPLF.

8.126 Mr Mason Jardine and Mr Charles Coleiro tested positive at the 1984 World Juniors, and Mr Scott Boyd tested positive at the 1985 World Junior Championships. They were suspended from international competition for a period of three years by the IPF but did not receive suspensions from the AAPLF. This was because:

They were early days and there was nothing in our constitution at that stage specifically on drug testing. The climate of opinion was not what it is now and no further action was taken, given that it was felt that they had had the appropriate standard penalty imposed by an international body, which is three years' suspension from international competition. (Evidence, p. 3826)

8.127 Mr Toci had told the Committee that Mr Jardine had contemplated an appeal against his IPF suspension, but did not proceed because of the cost. Mr Toci commented that Mr Jardine 'should not have tested positive, because he was not taking anything'. (Evidence, p. 2442)

8.128 Mr Wilks told the Committee that despite the assertions made by Mr Turner, (Evidence, p. 2313) none of the people

suspended by the IPF were in receipt of Government funding. He explained that:

In the case of Scott Boyd, this lifter was awarded a grant virtually simultaneously with his positive result being returned - I personally informed the [Australian Sports Commission] of this and the grant was withheld. (Evidence, p. 3692)

Messrs Wallen and Waszkiel

8.129 As discussed earlier, Mr Larry Wallen and Mr Glen Waszkiel failed drug tests administered to them at the 1988 World Powerlifting Championships in Perth. As a result, they were suspended from international competition for three years by the IPF. Following the IPF suspension, the AAPLF Executive, excluding Mr Wallen, his wife and Mr Waszkiel, acted to suspend the two lifters from Australian competition for three years. (Evidence, p. 3699)

8.130 On 14 March 1989 the AAPLF Executive received a letter from Mr Jack Pappas, acting on behalf of Mr Wallen, arguing that Mr Wallen's suspension from the AAPLF was invalid. (Evidence, p. 3480) The letter stated that:

we see nothing in the International Powerlifting Federation Constitution or by-laws which requires the AAPLF to automatically suspend members who are suspended by the International Powerlifting Federation. (Evidence, p. 3482)

8.131 At the AAPLF general meeting in Sydney on 5 May 1989 'vigorous debate' took place on Mr Wallen's suspension from the AAPLF, the main issue being the validity of an executive vote to impose a suspension. No decision was taken then but at the general meeting on 4 August 1989 it was determined by a majority of those present that Mr Wallen was not under suspension from the AAPLF. As a result, Mr Wallen lifted at the Australian Masters Games in October 1989. (Evidence, p. 3700)

8.132 However, at the general meeting of the Australian Powerlifting Federation Inc held in Sydney on 9 November 1989, it was agreed that Mr Glen Waszkiel and Mr Larry Wallen would be suspended for three years from November 1988, because of the IPF positive tests. (Extract from Minutes provided by Mr Wilks)

8.133 It should be noted that Mr Jack Pappas and Mr Yuris Sterns, who were both instrumental in assisting Mr Wallen to have his AAPLF suspension overturned, are both senior office holders in Australian Powerlifting (to be Incorporated). Moreover, Mr Sterns was once suspended from the AAPLF for assaulting a female powerlifter at an event in South Australia. As a result of that incident Mr Sterns was suspended for two years from international events with the AAPLF converting this to a life ban from AAPLF membership at its next full meeting. This was subsequently overturned following legal action by Mr Sterns and the original three year ban restored as the penalty. (Evidence, p. 3824)

Australian Drug Free Powerlifting

Prior Use of Drugs

8.134 Mr Turner, on being asked whether any members of the Drug Free Federation had previously taken drugs, replied:

We have one fellow in our masters ranks ... who is about to turn 50 this year ... who once previously took a course of steroids for a couple of weeks about seven, eight or 10 years ago. Other than him, to my knowledge, we do not have any in my State body and I do not think we have any in our federal body. (Evidence, p. 2333)

8.135 All prospective members of the Federation are required to sign a statutory declaration (Submission No 37, p. 2) which not only states that performance enhancing drugs will not be used in the future and declares a willingness to be subject to any form of drug testing at any time, but also declares:

that, with the exception of amphetamines and diuretics, I have not ingested any of the above substances for a period of at least two years prior to my joining [the federation or associated State body]. (Submission No. 37, Attachment 1)

Approach to Testing

8.136 Mr Turner explained that the testing which had been carried out by the Federation was not random, but selective. He said:

Our first two tests were random ... They both turned out to be two of our best known bulk and power exponents who were by all physical appearances not likely to be taking steroids anyway. We decided that at that time with the cost of the testing ... it was not an efficient method to pursue so we began selective testing. (Evidence, p. 2333)

8.137 While practised for the best of intentions, it is apparent to the Committee that this kind of selective testing, when carried out by a sporting organisation itself, can be open to abuse. However, testing for powerlifting is now being carried out by the Australian Sports Drug Agency, and is no longer subject to this potential criticism.

Positive Tests

8.138 Since its establishment, the Drug Free Powerlifting Federation has had two positive tests for banned drugs among its members. The first of these was at a competition held on 21 June 1986 at BJ's gym, Mt Gravatt, Brisbane. A lifter, Mr Mitch Leaney, tested positive for Lonavar and Deca-Durabolin. He was subsequently banned from the Drug Free Federation 'for the term of his natural life'. (Evidence, p. 2330)

8.139 The second positive dope test for a member of the Australian Drug Free Powerlifting Federation came from the National Championships held on 23-24 September 1989. Mr James Skinner (competing in the junior master and senior open in the

100 kg men's division) was selected for drug testing conducted by ASDA. At the time of testing he declared that he had been taking beta-blockers and a diuretic. The A sample tested positive for diuretics and the B sample is to be tested. If positive, the matter will be referred to the national executive. Mr Skinner has been asked to prepare a written submission to the executive and has been informed that it is incumbent on him to explain the use of any prohibited substance. (Evidence, p. 2813) Mr Skinner has indicated that he was using the drugs to control blood pressure, (Evidence, p. 2814) and it has already been noted that beta-blockers are not banned by the mainstream powerlifting groups because they are not seen to be capable of enhancing powerlifting performance. However, Mr Jones said that when Mr Skinner declared the use of these drugs to the ASDA representative, he had indicated that a secondary benefit of the drugs was that of making weight using the diuretics. (Evidence, p. 2815)

THE CURRENT POLITICS OF POWERLIFTING

8.140 The Committee has been advised by Mr Wilks, Secretary of the Australian Powerlifting Federation (APF) Inc, that Australian Powerlifting (to be incorporated) does not enjoy recognition by the International Powerlifting Federation. In effect, Mr Wilks has claimed that the Australian Powerlifting Federation Inc is the only viable organisation representing powerlifters in Australia:

At the 1989 IPF Congress held last November the vote was 19-0 to recognise the Australian Powerlifting Federation Inc as the governing body of powerlifting in Australia, rather than 'Australian Powerlifting' or any such organisation. If 'Australian Powerlifting' still exists its membership would not even reach triple figures. (Letter to Committee Secretary, 12 December 1989)

And Mr Dino Toci, who is a former president of the Queensland Amateur Powerlifting Association, has confirmed that if the Australian Powerlifting Federation Inc is the recognised IPF

organisation, then he would join it. This is because the IPF is the World Games recognised body. (Telephone call to Secretariat, 4 December 1989)

8.141 Further, Mr Wilks circulated APF Inc State Associations on 2 January 1990 that:

States may be interested to know that Yuris Sterns, Alan Colquhoun & Craig Learner of South Australia have resigned as office-bearers of "Australian Powerlifting" and that the South Australian Amateur Powerlifting Association will be joining the A.P.F. Inc. for 1990. I have also been informed that the secretary of "Australian Powerlifting", Jack Pappas, is no longer involved with that organization. It would thus seem unlikely that "Australian Powerlifting" will continue as an organization. (Attachment to letter to Committee Secretary, 27 December 1989)

Given the recent history of powerlifting in Australia it is unlikely that APF Inc would become (or continue indefinitely) as the sole representative of powerlifting. Nevertheless, that it is the IPF recognised body simplifies the present question about the allocation of public funding; currently the most feasible bodies to fund are either the APF Inc or the Drug Free Powerlifting Federation.

8.142 On 12 December 1989, Mr Wilks made a submission to the Committee that discussed this point. He argued that:

- (i) APF Inc is the main organisation in Australian powerlifting with 1,000-1,200 seniors and 7,000-9,000 juniors. The drug free associations "would be likely to total 150-200 members in 3 states".
- (ii) Drug Free organisations have arbitrary membership requirements.
- (iii) APF Inc aims to restore to its membership those who have associated with the Drug Free organisations.
- (iv) Criticism of AAPLF or APF Inc has been related to drug-testing, yet:

(a) AAPLF was one of the first sporting bodies in Australia to carry out drug-testing; AAPLF/APF Inc has undertaken testing and imposed suspensions.

(b) APF Inc will co-operate with Government programs. (Submission 79(c), 12 December 1989)

8.143 The Committee understands, however, that the situation may not be quite as represented by Mr Wilks. Dr Jill Walker has advised that there is no NSW branch of the Australian Powerlifting Federation:

NSW disaffiliated from all national power lifting organisations at its AGM in August, being dissatisfied with their performance on a number of fronts, among them drug testing. (Letter to Committee Secretary, 28 January 1990)

Whatever the status of the NSW branch of the APF Inc, this demonstrates the Committee's concern, already expressed, that APF Inc is unlikely to persevere without challenge as the major credible organisation for powerlifters despite its IPF recognition.

8.144 In her advice to the Committee Dr Walker went on to articulate a particular concern already outlined in the Interim Report. Dr Walker stated:

In the preface to its Interim Report, the Committee commented that "old feuds and grievances have been reflected in some of the evidence presented" (pp. xxi-xxii). Unfortunately, amateur sport has always been rife with such activities. There is now a danger that the drug free banner (and indeed drug testing) could be used to settle these scores by preventing legitimate athletes from competing in their sport. As a senior public servant, I am acutely aware of the importance of applying the principles of natural justice in decision making by public bodies. I strongly believe that the application of these principles should be a condition of any organisation receiving public funding. If tax

payers are funding a body, they should be entitled to receive natural justice when dealing with it. These principles have not been applied in my dealings with the Drug Free Power Lifting Association; I have yet to be officially informed of the case against me and have therefore been unable to comment on the allegations. This of course is the traditional mode of operation of sporting bodies in Australia, but I do not think it should be the future way of organisations which are committed to "fair play". (Letter to Committee Secretary, 28 January 1990)

The Committee remains aware that whichever powerlifting organisation receives Government funding it will need to be careful not to offend the rights of its members (and applicants for membership) in the ways described by Dr Walker.

CONCLUSION

8.145 The Committee has closely examined the activities of the AAPLF (and its subsequent forms) and the Drug Free Powerlifting Association. And the record of AAPLF in drug testing is unacceptable in the Committee's view for an organisation receiving public funds. The major grounds for the judgement are:

- . Officials of the AAPLF have not presented an unambiguous opposition to drug use until quite recently.
- . Some AAPLF officials do not seem to understand the proprieties to be observed for drug testing in sport. Mr Robert Orr, for example, is a competing powerlifter, but as an official Mr Orr submitted an application to be an IPF approved drug control officer. The Chief Executive of ASDA has advised:

This does not meet with the approval of ASDA and could only be seen as a clear conflict of interest. (Letter to Committee Secretary, 12 January 1990)

- . Drug testing under the AAPLF has not always been credible. The Committee has indicated its conviction

that drug testing for the 1988 National Championships was expected to be 'fixed'. In the event, the 'fix' did not eventuate and six powerlifters including the official who sent out the notice that drug testing would be conducted, were found positive.

- . The Committee is not convinced that the APPLF has demonstrated its bona fides in reacting to positive drug tests. Gael Martin, for example, was permitted to compete after testing positive at the 1988 Women's World Championships. Mr Glenn Jones told the Committee that Mrs Martin's test result was kept a secret and she was not actually banned for some six months.

RECOMMENDATIONS

Recommendation Twenty

8.146 That the Australian Drug Free Powerlifting Federation Inc. (ADFPF) be recognised as the national sporting organisation for official recognition and public funding.

Recommendation Twenty-One

8.147 That the ADFPF process applications for membership in an impartial manner, within the rules of the Association and that the Australian Sports Drug Tribunal review the membership practices of the Drug Free Powerlifting Federation in 1991, to ensure that they are suitable for a national sporting organisation.

Recommendation Twenty-Two

8.148 That, in the interim period, persons seeking membership of the ADFPF have any related appeals arbitrated by the Australian Sports Drug Tribunal. Any persons admitted through an appeal and subsequently testing positive would not count as ADFPF positives for the purposes of Recommendation Four of this Report.

Recommendation Twenty-Three

8.149 That, in the event that any penalties resulting from positive drug tests are not automatically and promptly applied by the ADFPF, all public funding be withdrawn until such penalties are applied.

SECTION IV

DRUG SUPPLY, DISSEMINATION AND SOCIAL EFFECTS

CHAPTER NINE

ETHICS

BACKGROUND

9.1 There are three professions directly involved in the prescribing and dispensing of drugs that are being used for performance purposes. They are medical practitioners, veterinarians and pharmacists. The Committee heard evidence of corruption or incompetence across the three professions with respect to performance drugs.

MEDICAL PRACTITIONERS

AMA Policy

9.2 The Committee has been advised by the Australian Medical Association Limited (AMA) that its Federal Council resolved in May 1987:

That Federal Council deplores the practice of prescribing anabolic steroids for athletes where the sole intent is to improve athletic performance. (Letter to Committee Secretary, 15 December 1989)

Dr Igor Jeremijenko

9.3 While AMA policy, then, condemns the prescribing of anabolic steroids for performance enhancement the Committee was advised of doctors who did prescribe for that purpose. Mr Kriss Wilson confirmed that Dr Jeremijenko, a doctor from Chermside in Brisbane, wrote prescriptions for him for three courses of anabolic steroids; the dosage program had been written out by Mr Wilson's bodybuilding coach. (Evidence, pp. 2196, 2197) Mr Grant Ellison also received prescriptions from Dr Jeremijenko:

... at that stage he was a major controller in Queensland: a doctor with the name of Dr Jeremijenko ... it had got to that stage even in Melbourne where I was basically just sending him a \$20 note and asking him to write out a script of 10 x 10 millilitre vials of various veterinary drugs and with no hesitation he would send me those scripts even interstate ... That is when I was in Melbourne he used to send me the scripts but before that I was living in Queensland and I used to see him directly. (Evidence, pp. 3875-6)

9.4 Dr Jeremijenko was quoted in an article in The Courier Mail of 23 February 1989:

Dr Igor Jeremijenko said he prescribed sports performance-enhancing drugs only under sufferance and only after all attempts to dissuade his patients from their use had failed ... He said it would be far easier for him to turn his back on anyone requesting steroids, but he was afraid that would only drive them to use substandard black market supplies with which they would inject themselves ... He said bodybuilders and powerlifters were not the only sportsmen and women using performance-enhancing drugs.' Its now into football and judo ... just about every sport. It has almost reached the point where, if you want to be world-class, you have to use this stuff.'

9.5 Dr Jeremijenko no longer practices medicine in Queensland. The Medical Board of Queensland advised the Committee Secretary in a letter dated 20 December 1989, that at a recent meeting of the Board:

Igor Jeremijenko's name was ordered to be erased from the Register of Medical Practitioners, Queensland, by the Medical Assessment Tribunal ... The prescribing of steroids was not taken into consideration into [sic] the charges laid against Dr Jeremijenko.

Dr Mark Mitchelson

9.6 Other doctors who have prescribed anabolic steroids for bodybuilders, however, continue to practise medicine. The most active prescriber of anabolic steroids made known to the

Committee was Dr Mark Mitchelson who practises at the Wembley Road Medical Centre at Woodridge, Queensland. The Queensland Department of Health compiled the following list of Dr Mitchelson's steroid prescriptions filled by a pharmacy during a seven month period to 20 February 1989; the pharmacy was the Azar pharmacy at Woodridge:

DECA 50	366
PRIMOBOLAN	165
LONAVAR	152
NOLVADEX	83
STANAZOL	73
TESTOSTERONE CYP	60
HCG 5000	46
METHANDRIOL	42
DEPO TESTOSTERONE	32
PROFASI 5000	27
ANAPOLAN	14
TESTOSTERONE	14
SUPERTEST	12
SUSTANON	7
PROVIRON	6
PROFASI 2000	3
SUPER BOLIN	2
HALOTESTIN	1
BOLDEC	1
VIBRABOLI	1

(Evidence, p. 2476)

9.7 At Figure 9.1, a prescription written by Dr Mitchelson for anabolic steroids is reproduced. The prescription ordered LONAVAR, DECA 50, NOLVADEX and HCG 5000. The prescription was filled by the Azar pharmacy at Woodridge, following which it was stamped 'cancelled'.

9.8 Dr Mitchelson, then, had 1107 steroid items provided by just one pharmacy over a seven month period. (In the same period Dr Jeremijenko, who has since been struck off in Queensland for offences not related to steroids, had 39 steroid items also provided by Azar's pharmacy at Woodridge.) Significantly, Dr Mitchelson's prescriptions for these items were filled in the period following the passing of the AMA resolution in May 1987 deploring the practice of prescribing anabolic steroids solely for performance reasons.

FIGURE 9.1

Dr. M MITCHELSON
MB BS (Med)

WEMBLEY RD., MEDICAL CENTRE
CNR. BENZ ST. & WEMBLEY RD.,
WOODRIDGE 4114
QUEENSLAND
Phone (07) 808 1000
All Hours

David Burgess
H Maclear Dr

054745

Pharmaceutical Benefits Entitlement Number.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CONCESSIONAL BENEFICIARY OR DEPENDANTS PERSONER OR DEPENDANTS OR ENTITLEMENT CARD HOLDER
(OR RELEVANT BOX)

PATIENT'S NAME D. Burgess

ADDRESS H Maclear Dr

DATE 16.1.88 Bromo Plus 500

CANCELLED 2x 8/12/86
3x 27-11-88 B
2.5g an (100) + 4rpts

2x 224 88 60 -
50 2x 8/12/86 8/20/85
108 + 6 rpts

1x Nalvodisc + daily
1x 30 21-12-88
H.C. 5000, U (3) - DAY AND NIGHT CHEMIST

LEONAZAR
DAY AND NIGHT CHEMIST
84 WEMBLEY RD.
WOODRIDGE 4114
6381E

DOCTOR'S SIGNATURE [Signature]

I certify that I have received the medication and the information relating to any entitlement to free or concessional pharmaceutical benefits is not false or misleading
23.11.88
Date of Supply Patient's or Agent's Signature

NHS
PH 36 (6/88) Agent's Address

9.9 Dr Mitchelson, according to evidence, provided advice at Archer's Gym at Woolloongabba, Brisbane. Dr Mitchelson's consulting with clients at that gym included guidance about steroids. The former proprietor of Archer's Gym, Mr Gary Jensen, advised the Committee that:

I was very well aware that he was seeing some of the people in my gym about steroids. (Evidence, p. 2647)

Mr Jensen also confirmed that Dr Mitchelson prescribed a course of anabolic steroids for Mr Jensen. (Evidence, p. 2648) Importantly, Mr Jensen stated that Dr Mitchelson prescribed his course of steroids for the purpose of bodybuilding. (Evidence, p. 2649) While Mr Jensen was prescribed human anabolic steroids by Dr Mitchelson, he recalled that Dr Mitchelson had advised him that veterinary steroids would be cheaper:

He suggested that, for cheaper purposes, I could take the animal steroids ... It can be cheaper, if you cannot afford the Deca-Durabolin, to get the DECA 50. It is basically the same product ... He was suggesting to me that there was an affordable alternative and that a lot of bodybuilders were using it. (Evidence, p. 2651)

9.10 Further, the Committee considers that Dr Mitchelson put Mr Jensen in touch with a ready source of supply for his anabolic steroids - Mr Leon Azar. Mr Jensen stated:

When I first saw Mark he basically said, 'There is a chemist next door. You can go and fill your prescription there'. (Evidence, p. 2658)

9.11 The Committee has examined closely the evidence concerning Dr Mark Mitchelson of Woodridge. It considers it likely that:

- . Dr Mitchelson encouraged steroid use among bodybuilders in Brisbane;

- . Dr Mitchelson has prescribed anabolic steroids solely for bodybuilding purposes;
- . Dr Mitchelson advocated veterinary anabolic steroids to Mr Jensen (at least); and
- . Dr Mitchelson confirmed a source of supply among pharmacists (Mr Leon Azar).

Further, the Queensland Department of Health has established that Dr Mitchelson provided prescriptions for more than 1100 steroid products in a seven month period, mostly veterinary anabolic steroids.

9.12 The Committee considers this behaviour reprehensible in a medical practitioner. Not only is it unprofessional for a doctor to seek out clients in gymnasiums, it is contrary to AMA policy to provide steroid prescriptions for bodybuilding purposes. Further, and perhaps most condemning in a medical practitioner, if the evidence provided to the Committee about the deleterious effects of anabolic steroids is accurate, then Dr Mitchelson ran an unnecessary and not insignificant risk of harming his patients both physically and psychologically (see Chapter Three). Dr Mitchelson was aware of the possible side-effects of steroids; he explained some of them to Mr Jensen. (Evidence, pp. 2649-50). The AMA advised the Committee that all applicants for membership, prior to their selection, must undertake to abide by the principles stated in the Declaration of Geneva. One such principle states:

The health of my patient will be my first consideration. (Letter to Committee Secretary, 15 December 1989)

9.13 The Committee wrote to Dr Mitchelson advising him of the evidence given about him to the inquiry. Copies of the evidence were provided. Despite a reminder telephone call from the Committee Secretary, Dr Mitchelson did not respond with an explanation of his activities.

9.14 Dr Mitchelson's case was discussed by the Committee with two members of the Victorian Branch of the AMA: Dr Richard Whiting, President Elect of the branch, and Dr Peter Larkins, an AMA member specialising in sports medicine. When asked what was the view of the AMA in Victoria to the prescribing of veterinary steroids for ergogenic purposes, Dr Whiting advised:

If that sort of complaint came to the Australian Medical Association, I am quite sure that the complainant would be referred on to the medical board where the far greater sanction could apply. (Evidence, p. 3436)

Dr Whiting explained:

There is the question of the use of veterinary steroids in humans; then there is the question of the inappropriate use of anabolic steroids in humans. (Evidence, p. 3439)

9.15 The Committee accepts Dr Whiting's view. That is, the Medical Board of Queensland is the appropriate body to consider Dr Mitchelson's conduct and to decide whether breaches have occurred sufficient to justify deregistration. In considering Dr Mitchelson's case, the Medical Board should review his prescribing of both human use anabolic steroids and veterinary steroids.

Dr Stephen Hinchy

(a) Steroid Prescriptions

9.16 Dr Stephen Hinchy is Chairman of the Queensland Rowing Council and President of the Boat Race Officials Association; his medical practice is at Woodridge and Browns Plains. The Woodridge pharmacist who filled anabolic steroid prescriptions from Dr Mitchelson, Mr Leon Azar, also filled prescriptions for steroids from Dr Hinchy. The Courier Mail of 22 February 1989 reported:

Dr Hinchy, who is president of the Queensland Rowing Council, said he had agreed to

prescribe anabolic steroids - injectable Durabolin and tablet form Lonovar - to a small number of bodybuilders and weightlifters to stop them from using poor-quality black-market drugs ...

'At least the stuff here is tested. By prescribing the well-known brands, the quality stuff, I was at least minimising the risk of side-effects'.

9.17 In evidence to the Committee, Dr Hinchy explained:

Basically over the past six years, I have been approached by, I would say, no more than six people who came to me at different times and asked me to monitor their general state of health. The initial visit was from two bodybuilders who came to me and said, 'Look, we are obtaining anabolic steroids through the gymnasium but we have heard that they may have some adverse side effects and we are rather concerned. Would you be prepared to look after our general health?'. We discussed the side effects of the anabolic steroids, basically the effects on the liver and psyche and also the possibility of infertility. I agreed then that if they were to undergo regular liver function tests and sperm counts I would monitor their progress provided that they then ceased using the drugs which they were getting through the gymnasium and used only the ones which I would prescribe for them. So, then we would have a control and any injections had to be administered by me at the surgery. (Evidence, pp. 2504-5)

9.18 Dr Hinchy also confirmed that he administered 'massive' doses of anabolic steroids to those bodybuilders:

A couple of them were picking up towards their bodybuilding competition. They would have been using, say, 750 milligrams of Sustanon in a day, and doing that two to three times a week. That is a fairly massive dose, but they would have a peak. They would have one Sustanon in the next week, then two lots of Sustanon the next week, then three lots; and they would reach their peak and then just taper off. (Evidence, p. 2507)

And, in addition to the Sustanon, Dr Hinchy's patients were taking three Lonovar tablets per day; the Lonovar tablets are 2.5

milligram (Evidence, p. 2506, 2507). At their peak, then, some bodybuilders under Dr Hinchy's care were receiving in excess of 2300 milligrams of anabolic steroid per week. Dr Hinchy confirmed that he wrote prescriptions for the amounts that the bodybuilders requested. (Evidence, p. 2507)

9.19 The Committee understands that the medically recommended dosages of most anabolic steroids are limited to 100-150 mg per week. The Department of Community Services and Health advised that the recommended doses for Deca-Durabolin are up to 50 mg each two to three weeks except in the case of aplastic anaemia where the dose is 150 mg each week. For Testoviron the dose is up to 100 mg per week and for Proviron 25 mg three times a day for a maximum of three months. (Letter from Department of Community Services and Health to the Australian Government Solicitor, 1 December 1989) Significantly for Dr Hinchy's case, the recommendation for Sustanon is that the dosage should be individually adjusted but limited to 100 mg (1 ml injection) every two weeks or 250 mg (1 ml injection) every three weeks. (MIMS Annual 1989, 13th Edition, 6-248)

9.20 Importantly, Dr Hinchy conceded that he had facilitated the administration of anabolic steroids in doses heavier than normally would be considered safe. According to Dr Hinchy, provided that liver function and sperm count tests were acceptable, the program could continue:

In terms of maximum side effects, or maximum doses, I did not think he was going to have any problem provided, as I said, we monitored it. You can give people doses far in excess of what is recommended ... There really is not anything documented on the use of the anabolic steroids in any of our medical literature in the way that the bodybuilders use them. (Evidence, p. 2509)

When asked about monitoring for the longer term side effects such as cancer, Dr Hinchy responded:

There is no way of doing that, but I think in 20 years if cancer turned up, you would find

it very difficult to relate it back to that anyhow. (Evidence, p. 2510)

9.21 While Dr Hinchy may have been monitoring the functions of liver and kidney and the cholesterol level through the Multiple Bio-Assessment (MBA) (Evidence, p. 2505), the Committee was most concerned to hear from a medical practitioner that he had prescribed 'massive' doses of anabolic steroids, albeit to a limited number of bodybuilders. Notably, some dosages prescribed by Dr Hinchy, at more than 2300 milligrams per week, were the second highest dosages mentioned to the Committee throughout its inquiry. The only evidence of a higher dosage, 3000 milligrams per week, was self-administered by Mr Grant Ellison and he subsequently suffered a severe breakdown. (Evidence, pp. 3868, 3878, 3883) Dr Hinchy confirmed in September 1989 that this took place 'over the past six years'. (Evidence, p. 2504)

9.22 Another matter of concern to the Committee is the fact that the records of the Azar pharmacy show that veterinary anabolic steroids were dispensed on the authority of prescriptions from Dr Hinchy. Dr Azar's steroid register shows that 4 units of DECA 50 were dispensed on Dr Hinchy's prescriptions from July 1988 to February 1989. The register also shows that the hormone HCG 5000 was dispensed on a Hinchy prescription in that period. (Evidence, p. 2476)

9.23 Dr Hinchy denied ever ordering veterinary steroids or the HCG 5000:

Deca-Durabolin and Durabolin - the plain one - and Sustanon, were the three basic injectibles I used. I see there is one listed there, HCG 5000, which I cannot recall ordering. I never ordered anything specifically as a veterinary product. Deca-Durabolin is available in human form. I never ordered any specific veterinary product. If it was dispensed it may have been done so by the chemist because of the dose structure. It might have been cheaper for the patient to do it but I cannot recall ever giving any veterinary injections. (Evidence, p. 2511)

9.24 Mr Azar's claims in evidence, however, directly contradict those of Dr Hinchy. Mr Azar advised:

I have at all times ensured that the patient has received exactly what the doctor has prescribed. (Evidence, p. 2464)

In answer to the Chairman's question whether the prescriptions 'actually originally prescribed the veterinary steroids', Mr Azar confirmed that they did. (Evidence, p. 2465)

9.25 Subsequently, at the invitation of the Committee, Mr Azar supported his evidence by a sworn statement, and his assistant, Mr Leung, made a declaration. Mr Leung advised that Dr Hinchy's prescription was written for Deca-Durabolin and that that drug had been dispensed (see para. 9.102).

9.26 On balance, the Committee is satisfied that Dr Hinchy did not prescribe veterinary anabolic steroids for his patients. The reasons are as follows:

- . Mr Leung, who dispensed the drug at Azar's pharmacy, stated that Dr Hinchy prescribed Deca-Durabolin.
- . Dr Hinchy has always maintained that he agreed to prescribe steroids to bodybuilders in order to ensure that they received quality products. This view was put to Mr Wayne Smith, journalist for The Courier Mail in February 1989 and was repeated to the inquiry in September 1989.
- . Dr Hinchy claimed that he could not recall ever giving veterinary injections. (Evidence, p. 2511) Given that, when dispensed, the steroids handed to Dr Hinchy by his patients for injection would have the pharmacist's label over any proprietary label, it is possible that Dr Hinchy was administering a veterinary product unwittingly.

- . No prescriptions have been produced by Mr Azar showing that Dr Hinchy ordered veterinary drugs; Mr Azar was invited to provide such evidence in a letter from the Committee Secretary on 10 November 1989.

Accordingly, Dr Hinchy probably confined the prescribing of steroids to those manufactured for human use.

9.27 With regard to the dispensing of the HCG 5000, the Committee notes that this is not a veterinary anabolic steroid. The Committee did not receive sufficient evidence to allow a finding whether Dr Hinchy prescribed that drug or not.

(b) Misappropriation of Narcotics

9.28 Given that narcotic analgesics are banned by the IOC and are directly relevant to performance in sport, the Committee determined that it would examine the circumstances surrounding allegations that Dr Hinchy misappropriated quantities of morphine and pethidine.

9.29 Narcotic analgesics have a direct application in sport. The List of Doping Classes and Methods proscribes narcotic analgesics and notes:

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. (Interim Report, p. 515)

9.30 During in camera evidence the Committee was advised of two circumstances under which Dr Hinchy misappropriated narcotic analgesics. The first series of cases concerned the writing of additional items into legitimate prescriptions for patients at the Trinder Park Nursing Home who were treated by Dr Hinchy. Dr Hinchy explained to the Committee that:

- . The Government allows a box of five pethidine ampoules and a box of five morphine ampoules for a doctor's bag;
- . normal practice is to write a prescription in the patient's name to replenish that used from the bag during house calls;
- . Dr Hinchy, however, added items to the prescriptions for patients at the Trinder Park Nursing Home to top up his doctor's bag;
- . the narcotics ordered for Dr Hinchy's bag would not be sent to the nursing home, but would be given to him directly by the pharmacy. (In Camera Evidence, pp. 1074, 1075, 1076)

Clearly, Dr Hinchy was acquiring narcotic analgesics without cost to himself by this method; they were in fact being financed under the National Health Scheme. Dr Hinchy was in breach of Section 88(3) of the National Health Act which states that there is no provision for drugs to be used for the treatment of a patient other than the patient named on the prescription. Of course, Dr Hinchy was acquiring drugs for his doctor's bag that could be onsold although they were provided initially under the Pharmaceutical Benefits Scheme.

9.31 At Figure 9.2 is reproduced a prescription written by Dr Hinchy for morphine which was not administered to the patient. The notes around the prescription were made by a staff member of the Trinder Park Nursing Home and relate to other patients for whom narcotic analgesics were prescribed, but not administered.

9.32 Dr Hinchy was interviewed by the Commonwealth Department of Health on this matter; five patients were involved. Dr Hinchy was advised by letter from the Department of Health that he had 'not always observed the conditions under which you are authorised to prescribe Pharmaceutical Benefits'. (Letter to Dr Hinchy from Commonwealth Director of Health, 10 April 1985) No further action was taken.

FIGURE 9.2

1/15 Stock
 Naproxen 30mg x 5
 1/15

20 Naproxen 100mg x 5
 - taken by B.H.

1/15
 Naproxen
 100mg x 5

1/15
 Naproxen
 30mg x 5
 N. Naproxen

Handwritten notes: Sold 5 of Health Dept's stock = two boxes from H.D. Pharmacy about the Naproxen. Had Mr. Morrell's receipt. He said B.H. asked D/D for it when in fact he was writing about for his 30mg. Health Dept had sold Naproxen. He said the H.D. was very strong, then now on all medication you'd expect to see checked already sample returned.

Dr S HINCHY
 STEPHEN HINCHY PTY LTD
 CENTREPOINT MEDICAL CENTRE
 KINGSTON RD, WOODRIDGE 1116
 208 5211

REGENTS PARK SURFACES
 CIV. BEAUDESERT and
 VAN SITTART ROADS
 BROWNS PLAINS 4118
 200 3188

438010

Entitlement Number for Free or Concessional Pharmaceutical Benefits

73-267-993-139

Health Care Card
 Pharmaceutical Benefits Concession Card
 Health Benefits Card
 Pensioner Health Benefits Card

Please cross relevant box

The patient or agent whose signature appears below is responsible for the validity of this information.

N.M.S. Date: 21/2/85

Patient's Name: Mr. J. Clark

[Signature]

7986

1/15
 Naproxen 30mg
 1/15
 Naproxen 100mg

[Signature]

I certify that I have received this medication and the information relating to any entitlement to free or concessional pharmaceutical benefits is not false or misleading.

1.3.155 Date of Supply

[Signature] Patient's or Agent's Signature

P.O. BOX 97, WENTWORTH

9.33 The second matter concerning the misappropriation of narcotic analgesics by Dr Hinchy also occurred at the Trinder Park Nursing Home. In examining the Trinder Park dangerous drug book, the Committee found that on 12 February 1985 Dr Hinchy took 20 ampoules of pethidine from the nursing home's drug cupboard. At first Dr Hinchy denied that he had taken the ampoules. When shown the relevant page in the Nursing Home drug book, however, Dr Hinchy confirmed that he took the drugs and that he either used them in his doctor's bag or destroyed them. (In Camera Evidence, p. 1079)

9.34 In connection with his activities at the Trinder Park Nursing Home in the period October 1984 to February 1985, then, Dr Hinchy acquired 20 ampoules of pethidine from the drug cupboard in addition to the narcotics misappropriated under prescriptions. The total amount of drugs acquired were 35 ampoules of pethidine and 15 ampoules of morphine; Dr Hinchy indicated in his interview with the Department of Health that he administered two ampoules of morphine and one ampoule of pethidine from these prescriptions at the Trinder Park Nursing Home. Over a period of about four months, then, Dr Hinchy acquired 47 ampoules of narcotic analgesic under prescriptions for patients at Trinder Park, but not administered to them.

9.35 The Committee discussed these matters with the President Elect of the Victorian branch of the AMA, Dr Richard Whiting. Dr Whiting advised that it was the Committee's obligation to refer them on to the relevant body. (Evidence, p. 3443). The Committee recommends such consideration at paragraph 9.118, and notes the similarity of Dr Hinchy's case with that of Dr Paul Miller. Dr Miller pleaded guilty in March 1990 to having unlawfully supplied and unlawfully possessed a dangerous drug. Dr Miller had also been found guilty in 1987 of having stolen morphine and pethidine. Dr Miller was placed on probation for three years by a Brisbane magistrate, and ordered to perform 100 hours community service. (The Courier Mail, 31 March 1990)

9.36 In summary of the evidence presented about Dr Hinchy, the Committee considers that Dr Hinchy has prescribed dangerous dosages of human use anabolic steroids, and questions his professional competence on the matter. Dr Hinchy also appears to have misappropriated 47 ampoules of narcotic analgesic. As already noted the Committee is recommending the consideration of Dr Hinchy's actions by the Medical Board of Queensland.

Dr Tony Millar

9.37 Dr Stephen Hinchy claimed that he had prescribed anabolic steroids for bodybuilders on condition that he monitored their health and that they would use only the quality drugs provided under prescription. In so doing, Dr Hinchy had adopted a view very similar to that put to the Committee by Dr Tony Millar who is Director of Research at the Institute of Sports Medicine, Lewisham Hospital.

9.38 Dr Millar argued before the Committee that, by prescribing anabolic steroids for athletes, he could minimise the dosage taken and monitor the health effects:

I admit that I do prescribe them because I feel that I can keep the dose down relative to what the gym person would do. I monitor these people every two months ... With these I am able, in discussion with the athletes with reference to side effects, to come to a decision as to what ought to be done about it. (Evidence, p. 208)

9.39 This attitude maintained by Dr Hinchy and Dr Millar was the subject of comment by Dr Peter Larkins, a sports medicine specialist, in evidence to the Committee. Dr Larkins argued that Dr Millar's approach faced a number of difficulties:

- . The steroid dosages that doctors are happy to prescribe are not the dosages on which athletes gain maximum ergogenic benefit.
- . Accordingly, athletes are not satisfied with the dosages of anabolic steroids

that they can obtain from medical practitioners of good conscience.

- . Athletes could obtain a prescription from Dr Millar for anabolic steroids and then obtain more from their gym.
- . Additionally, athletes could obtain even more steroids by visiting more than one doctor holding to the attitude expressed by Dr Millar.

Dr Larkins advised that:

There is a dose-related response with a number of these anabolic agents. Athletes could experiment with that up to the limit ... It is a fact of life that there will always be options available for alternative sources other than medical practitioners, even if one accepted the fact that there are no side effects of medically administered dosages which I, personally, do not believe has been substantiated either. (Evidence, p. 3447)

9.40 Dr Larkins summarised the approach of Dr Tony Millar as 'totally laughable'. (Evidence, p. 3446) The Committee concurs with the observations of Dr Larkins on this matter and notes that Dr Millar's approach was shared by the now deregistered Dr Jeremijenko (see paragraph 9.4). Notably, Dr Gavin Dawson once held a similar view to Dr Millar. However, Dr Dawson has now ceased prescribing anabolic steroids, in part because:

there is the danger of having to trust the athlete not to add to my prescribed dose with legal or illegal anabolic steroids. (Evidence, p. 1348)

Dr Richard Ward

9.41 Dr Ward titles himself 'sports medicine consultant'. He has been involved with the following Victorian Football League Teams since 1967: South Melbourne, Carlton, St Kilda and Richmond. The Committee first heard of Dr Ward when he was named on 30 November 1988 by the athlete Gael Martin as the doctor who

injected her with an oil-based anabolic steroid. Mrs Martin was subsequently tested positive for anabolic steroids and banned for life. (Evidence, pp. 577, 579).

9.42 In addition to his evidence directly concerning Mrs Martin, Dr Ward's other views were of interest to the Committee. This was particularly so in that Dr Ward purports to be a 'sports medicine consultant' and has been the club doctor of four VFL clubs.

9.43 The Committee was interested to examine Dr Ward's knowledge of anabolic steroids. This was the case despite Dr Ward's disclaimer:

I have never prescribed or administered anabolic steroids for performance enhancing purposes. (Evidence, p. 3214)

Indeed, Dr Ward claimed that he had no record of prescribing anabolic steroids along medical guidelines for such conditions as secondary osteoporosis:

If I did - and I have no record of this - it would be a very rare event. (Evidence, p. 3215)

Nor did Dr Ward have any recollection of such prescriptions. (Evidence, p. 3215)

9.44 Dr Ward compounded his denials of familiarity with prescribing anabolic steroids by claiming that he knew little about these drugs. When asked whether anabolic steroids increased aggression, Dr Ward responded:

Anabolic steroids? They are supposed to reduce libido, so I cannot imagine how that would add aggression. (Evidence, p. 3224)

When pressed, Dr Ward continued:

I do not know about the aggression. I said it is supposed to reduce libido. I am not an

expert on anabolic steroids. (Evidence, p. 3224)

It was pointed out to Dr Ward by the Committee that his view that anabolic steroids reduced libido and did not increase aggression was contrary to all expert evidence before the Committee. In response to Dr Ward's advice that he knew a little about anabolic steroids, the Deputy Chairman stated:

Your evidence as to their effect is in total and stark contradiction to everything else that has been presented to us. (Evidence, p. 3226)

To which Dr Ward replied:

I am not an expert in this matter ... if other people who are more highly qualified and use the substance much more than I may have used it - I have used it very little for strictly medical purposes - are saying things, I would not believe my summary of the drugs but I would certainly take their expert advice. (Evidence, p. 3227)

9.45 Not only did Dr Ward claim ignorance of the general effects of anabolic steroids and their use in the treatment of injuries and therapeutic applications generally, but he also claimed to be unaware that anabolic steroids could improve sports performance:

I have not been shown any evidence which makes me believe that they lead to any performance enhancement, and I have not used them in the sporting field. (Evidence, p. 3230)

9.46 The Committee found these claims of ignorance about the basic effects of anabolic steroids difficult to accept from a medical practitioner, and virtually unbelievable coming from one describing himself as a 'sports medicine consultant'. When advised of this case, the then President Elect of the Victorian branch of the AMA, Dr Richard Whiting, stated that such lack of knowledge was not desirable in a sports medicine doctor and added:

There is not, strictly speaking, consultant status given to people in the area of sports medicine at this stage. (Evidence, p. 3456)

Dr Whiting went on to agree that it was surprising that a sports medicine specialist would not claim knowledge of the effects of anabolic steroids. (Evidence, p. 3456)

9.47 The Committee does not accept Dr Ward's claims of ignorance about anabolic steroids and their effects. This judgement is based in part on the fact that Dr Ward is a qualified medical practitioner who specialises in sports medicine. It is also based on the fact that, despite his disclaimers, Dr Ward displayed a knowledge of such matters in the course of questioning by the Committee.

9.48 For example, Dr Ward stated that specific drugs can have application to specific medical purposes. With regard to anabolic steroids, Dr Ward advised:

The things I am talking about would include secondary osteoporosis following a fracture in a footballer. He may have been immobilised in a plaster cast for some considerable time and the x-rays may reveal that he has radiological signs of osteoporosis. He may wish to effect a quicker return to his normal mobility, and I think under those circumstances it could be regarded that the provision of such an anabolic steroid would be along medical guidelines as accepted and would be correct medicine. (Evidence, p. 3214)

Dr Ward acknowledged that he has used anabolic steroids for osteoporosis. (Evidence, p. 3231) This acknowledgement contrasts with Dr Ward's earlier claim that he had no recollection of such prescriptions. (Evidence, p. 3215)

9.49 Dr Ward also acknowledged the use of anabolic steroids in advanced cancer treatment. (Evidence, p. 3220). Further, Dr Ward recognised that anabolic steroids tend to create more muscle tissue and therefore give more strength. (Evidence, p. 3216) And Dr Ward advised that there could be side-effects from such use:

One of the side effects you will see of anabolic steroids is the fact that it increases peripheral circulation and muscle bogginess of a haemorrhagic nature. (Evidence, p. 3222)

9.50 In summary, the Committee does not accept Dr Ward's claims that he is ignorant of the essential uses and possible side-effects of anabolic steroids. If he were, he would have been unable to counsel Mrs Gael Martin about anabolic steroids; on his own admission Dr Ward did so:

I believe that I probably did initially, in my original practice back in 1980. (Evidence, p. 3219)

If Dr Ward was capable of counselling Mrs Martin about anabolic steroids in 1980 and had the knowledge of them that was detected by the Committee during his evidence, then Dr Ward has been capable of providing advice on anabolic steroids to many athletes and administering the drug when required. It was on the basis of his counselling in 1980, so Mrs Martin claimed, that Dr Ward administered an oil-based steroid to her. (Evidence, p. 577)

9.51 Dr Ward wrote to the Committee Secretary on 7 December 1988 denying that he had administered anabolic steroids to Mrs Martin:

My investigations of my records does not disclose that at any time while Mrs Martin was my patient she was prescribed Anabolic Steroids. (Evidence, p. 3210)

Dr Ward was, however, inconsistent about these records.

9.52 Dr Ward advised the Committee that:

Gael Martin was a patient of mine towards the latter part of 1980 ... (Evidence, p. 3211)

and Dr Ward stated that at the commencement of 1981 he moved his practice. (Evidence, p. 3212) According to Dr Ward's evidence in November 1989, the records for Mrs Martin that would be

applicable to the period of late 1980 (when she must have received an injection of anabolic steroid) had been destroyed. (Evidence, p. 3213). Mrs Martin had tested positive for steroid at the Christchurch Pacific Conference Games in January 1981.

9.53 Dr Ward, then, made two references to his records about Mrs Martin that are inconsistent:

- . In December 1988, Dr Ward claimed in a letter to the Committee that investigations of his records did not disclose that he prescribed anabolic steroids for Mrs Martin. (Evidence, p. 3210)
- . In November 1989, Dr Ward advised the Committee in evidence that his relevant records had been destroyed. (Evidence, p. 3213)

Importantly, Dr Ward did not claim in his letter of 7 December 1988 that the relevant records had been destroyed; quite the opposite - he stated that he had 'investigated' them. It was not until his appearance before the Committee in November 1989 that Dr Ward claimed that the relevant records had been destroyed. And Dr Ward implied that they had been destroyed prior to December 1988:

The history applicable to Gael Martin was at my old practice at BHP House. I contacted the practitioner there and these records, since she had not returned to that practice, had been destroyed. (Evidence, p. 3213)

9.54 Dr Ward claimed that he was consulted by Mrs Martin until October 1981. (Evidence, p. 3214). In his evidence, Dr Ward offered that he had a history card for Mrs Martin at the end of 1981 when she was still seeing him. (Evidence, p. 3213) Reference to that card, however, is irrelevant to the question of Dr Ward's treatment of Mrs Martin in 1980.

9.55 The Committee, then, found unconvincing Dr Ward's denial that he had administered anabolic steroids to Mrs Martin in 1980. The Committee's judgement on this matter does not depend only on

the inconsistency in Dr Ward's evidence about his records. The Committee is also mindful of the fact that Mrs Martin was issued with a summons to ensure her appearance to give evidence in November 1988, that Mrs Martin was very reluctant to name anyone concerning her steroid test and that she was particularly reluctant to name Dr Ward. (Evidence, pp. 563-79) On these grounds the Committee considers it likely that Dr Ward provided Mrs Martin with anabolic steroids. Prior to naming Dr Ward, Mrs Martin advised:

I was going to him for oral steroids and he said, 'Oral steroids can knock your kidneys around a little bit, knock your liver around a little bit. Why not try an injectable because it is not as harsh on your body?'. So he hit me with an oil-based steroid which stayed in my body for about 10 months. He had no idea I was competing in international competitions about three or four months later and I had no idea about the drug itself, that it stayed in my body, and he never discussed it with me. (Evidence, p. 577)

9.56 Importantly, the Committee was presented with corroborating evidence for its judgement about Dr Ward. During an in camera hearing, the Committee heard evidence from a sports medicine specialist that:

I have heard from athletes and I have heard from medical colleagues that Dr Richard Ward was a source of anabolic steroids. (In Camera Evidence, p. 1288)

The witness advised (in November 1989):

This is some time ago. It was probably earlier last year when I heard this, certainly prior to any allegations made by Gael Martin or anyone else. (In Camera Evidence, p. 1288)

9.57 Finally, Mrs Martin claimed that there was a witness to an occasion when Dr Ward injected her with testosterone. Mrs Martin alleged that she provided the testosterone to Dr Ward at the Richmond Football Club and asked him to administer an injection:

The drug was my own and he did inject me with the substance in his medical room at the club. Also present was Bev Francis a training partner of mine who observed Dr Ward injecting me with the Testosterone. (Submission No. 50)

However, in responding to this claim, Ms Francis advised that she had no recollection of this incident. (Letter to Committee Secretary, 25 February 1990)

Dr Alex Tahmindjis

9.58 Dr Tahmindjis, a general practitioner from Sydney, published an article on anabolic steroids in 1976 in the Medical Journal of Australia, 26 June 1976: The Use of Anabolic Steroids by Athletes to Increase Body Weight and Strength. The precis to the article advised:

Over the past 20 years the taking of anabolic steroids by healthy athletes for the purpose of increasing body weight and strength has become very widespread. The ability of these agents to cause potentially serious side effects is discussed. In a series of 20 subjects studied over 18 months, no side effects of significance were recorded, and marked increases in strength and body weight were achieved. (p. 991)

9.59 Dr Tahmindjis claimed in his paper that he was approached by a number of male athletes who were proposing to take anabolic steroids to increase their strength. He advised that 'subjects who had previously taken anabolic steroids were excluded from the study'. (p. 992)

9.60 The paper examined the side effects of steroid use on the twenty subjects; it found:

a total absence of any side effects in the 20 subjects in the present study. (p. 992)

9.61 The weightlifter Mr Bill Stellos was asked whether he could recall participating in any experiments involving Dr

Tahmindjis to monitor performance after taking anabolic steroids.
Mr Stellios responded:

Now that you mention it, I do not know the doctor's name, but yes, there were tests completed. (Evidence, p. 3044)

Mr Stellios trained at the Burwood Police Boys Club from 1972 until 1979. His coach was Mr Bruce Walsh. (Evidence, p. 3026).

9.62 Mr Walsh was asked about the journal article by Dr Tahmindjis. Mr Walsh stated:

I knew Alex Tahmindjis ... I may at the time have taken some of my lifters over there if they required medical treatment. I lost track of Alex Tahmindjis somewhere about 1973-74. (Evidence, p. 3111)

Mr Walsh was asked where the athletes for Dr Tahmindjis' sample had come from:

Really I could not answer that question ... The only thing I could suggest is that the person who could answer that is Dr Tahmindjis himself. (Evidence, p. 3111)

9.63 The Committee considers it possible, given that Dr Tahmindjis knew Mr Walsh and that Mr Walsh admitted taking weightlifters to Dr Tahmindjis, that some of the weightlifters being trained by Mr Walsh were used in Dr Tahmindjis' study. The Committee does not accept the view put by solicitors for Dr Tahmindjis that 'he has prescribed anabolic steroids for many patients for recognised conditions of a strictly medical nature'. (Letter to Committee Secretary, 7 March 1990)

Other Australian Doctors

9.64 In the course of this inquiry, the Committee has become aware of a number of other doctors involved in the prescribing of anabolic steroids. Importantly, they all wrote steroid prescriptions that were filled by a major supplier of anabolic

steroids in Queensland, Mr Leon Azar. Those doctors are: Dr J C Ryan, Dr B Breitzkreutz, Dr A Roudenko, Dr G Martin, Dr K Trevor and Dr J G Mullett. Each of these doctors was listed in Mr Azar's steroid register.

9.65 With the exception of Dr Mullett whose address was unknown, the Committee wrote to these doctors seeking advice on their steroid prescriptions. Only Dr Ryan responded; his letter, which presents a view accepted by the Committee, is shown at Figure 9.3. The other doctors need to be investigated by the relevant Medical Boards.

Doctors Overseas

9.66 In examining the case of Mr Donald Steedman who imported large amounts of anabolic steroids through Sydney in October 1989 (see Chapter Ten), the Committee was made aware of the extent to which the activities of foreign doctors can have an effect in Australia with regard to performance drugs. In that this case could receive further attention in court, this Committee is commenting only on the material already considered before Mr Justice Forster on 1 December 1989.

9.67 In Mr Steedman's case, in an affidavit he advised the Federal Court of Australia of doctors overseas who had been prescribing anabolic steroids for him:

I have been using regularly anabolic steroids which have been prescribed to me by Doctors since 1981. I say I did this because I had trained for a period extending over five years immediately prior to 1981 without significantly improving my physique. In 1980 I wrote to Doctor Wright and Doctor Robert Kerr, both of the United States, seeking their literature and information published by them upon the subject of building body tissue by the use of anabolic steroids. Both Doctors replied sending me their literature and otherwise, I gained literature in New Zealand upon the subject. Having fully considered the literature, I then consulted my medical practitioner at the time, Doctor Lindsay Cooper who practices and continues to practice



October 4th 1989

Dr J Ryan
Wembley Rd Medical Centre
Cnr Benz Street
Woodridge Qld 4114

Dear Senator Black,

thank you for the opportunity to make a written submission to the select Senate Inquiry into the use of drugs in sport.

My name was mentioned in an article in "The Courier Mail" on September 14th 1989. In this article the journalist refers to a document tendered to the Inquiry by the State Department of Health and infers that the doctors named in the article had prescribed Steroids for athletes. Several doctors were named including a Dr Ryan.

I am concerned that the mention of my name is *damaging to my reputation* especially as I have been strongly opposed to the prescribing of steroids for athletes.

However, on one occasion, as a result of a consultation by an athlete who had been on steroids, not prescribed by me, who was suffering one of the side effects, *hypogonadism*, I prescribed Human Chorionic Gonadotrophin (trade-name Profasi) in an attempt to normalise gonad function, not to in any way give an unfair advantage to an athlete. HCG, it should be noted, is a glycoprotein, not a steroid.

While I fully support the exposure that your inquiry gave to the scandalous use of drugs in sport my family and myself are deeply upset by the inclusion of my name among the list of doctors involved.

I would like to emphasize to you that in my association with this practice I have had many requests for prescriptions for steroids for non medical use and have on all occasions declined these requests and indeed attempted to counsel them on the hazards of drug misuse.

Yours sincerely

Dr J. Ryan M.B., B.Ch., B.A.O., D.O., D.Ch., M.I.C.G.P.

cc Queensland Dept. Health
Medical Board Queensland

in New Zealand and discussed with him my desire to take steroids. I undertook a thorough medical examination performed by Doctor Cooper when ultimately, Doctor Cooper prescribed and administered the drugs to me. The drugs were both prescribed and administered at Doctor Cooper's clinic on a weekly basis. After about six months, the drugs were prescribed and administered to me by the Doctor twice each week. During 1980, I took Deca Durbalin once per week, I took Testoviron once per week. I took daily, Anapolon 50 (oxymetholone syntex). The aforementioned drugs are anabolic steroids. I say, when I have spoken to Doctors regarding anabolic steroids including Doctor Cooper and Doctor Dastagir, they and all Doctors refer to the anabolic steroids as drugs.

I consulted Doctor Lloyd Drake in 1986, a recognised sports medicine Medical Practitioner in Auckland. Doctor Drake is known in Auckland as a sports medicine specialist. I was referred to Doctor Drake by Doctor Cooper. I spoke to Doctor Drake at length regarding my use and dosage of the drugs. (Attachment to Letter to Committee Secretary from the Department of Community Services and Health, 8 January 1990)

9.68 Mr Steedman explained that the drugs seized at Sydney Airport on 18 October 1989 had been prescribed by a medical practitioner in Lahore, Pakistan; Dr Golam Dastagir practises at the Tausohmid Medical Centre, Lahore:

Gold's Gym referred me to see Doctor Dastagir of Pakistan. I consulted Doctor Dastagir on the 13th September, 1989 in his consulting rooms known as the Tauheed Medical Centre in Lahore. At that time, I understood Doctor Dastagir to be very well qualified as a General Practitioner who had practiced sports medicine. I believed his qualifications to include M.B.B.S. F.C. PS(i). On the day I saw Doctor Dastagir, I spoke to him at length upon the subject of bodybuilding and building muscle tissue through the use of anabolic steroids. We discussed my occupation and my medical history. Doctor Dastagir examined me including taking my blood pressure, checking my heart beat and listening to my lungs. He weighed me. I told him of my past use of anabolic steroids, the quantities of steroids I had been used to taking and the quantity I proposed taking. Arising out of that lengthy

consultation, the Doctor prescribed the drugs for my personal use. The drugs prescribed to me have printed upon the vials or ampoules the words "Use within five years". (Attachment to Letter to Committee Secretary from the Department of Community Services and Health, 8 January 1990)

9.69 The prescription referred to by Mr Steedman was provided to the Committee and is reproduced as Figure 9.4. The Committee notes that, while Mr Steedman advised that Dr Dastagir provided the steroids for bodybuilding purposes, the prescription is written for hypogonadism. Further, the Committee observes that Dr Dastagir has prescribed more types of anabolic steroid than is necessary to treat the nominated condition - hypogonadism. More importantly, however, the prescription does not specify the dosages that are ordered. The prescription, rather, appears to allow for any quantity required over five years. On the basis of Dr Dastagir's prescription, Mr Steedman imported into Australia an amount of steroids adequate to treat hypogonadism for more than seventy years (see para. 10.11). The Committee observes that Mr Steedman is already 37 years old, and the drugs are marked 'use in 5 years'.

9.70 The Committee is most concerned that Australian residents can obtain prescriptions for performance drugs such as that written by Dr Dastagir for Mr Steedman. The Committee draws to the notice of the medical authorities in Pakistan that Dr Dastagir provided a prescription for anabolic steroids that would be totally unacceptable in Australia. The Committee suggests that the appropriate Pakistani authorities should consider the professional ethics observed by Dr Dastagir and take appropriate action. The Pakistani authorities should also have regard to the fact that Mr Steedman is not a Pakistani citizen.

9.71 Mr Steedman's case, of course, also raises the question of the ease with which Australian residents can obtain sports drugs in New Zealand. This is of particular concern in that travel to and from New Zealand is so easy and common.

FIGURE 9.4



دوحیدہ میڈیکل سنٹر

نون نمبر 711408

بھالک امامہ کالونی میں - لی روڈ لاہور

Patient/Name Doustaidman

ڈاکٹر غلام دستگیر
ایم۔ بی۔ ایس۔ ایم۔ سی۔ ایس۔ جی۔ ایس۔ (1)

Age 37 yr (Male)

ڈاکٹر محمد فیاض یزدانی
ایم۔ بی۔ ایس۔ ایم۔ سی۔ ایس۔ جی۔ ایس۔ (1)

Hypogonadism

ڈاکٹر عابد
ایم۔ بی۔ ایس۔ ایم۔ سی۔ ایس۔ جی۔ ایس۔ (1)

- Ry
- Ⓐ inj. Deca. Durabolin 100mg
 - Ⓑ Tab. Proviron 2.5mg
 - Ⓒ inj. Testoviron 250mg
 - Ⓓ Tab. Nalivan 10mg
 - Ⓔ Tab. Anvar 2.5mg

For Sign. when
should be required.

→ Muhammad Dawood
13/9/89.

f.c.s.s.

24 گھنٹے ایمر جیٹس سرورس

This is the annexure marked "D" mentioned and referred to in the affidavit of Donald Bruce Steedman, sworn at Auburn this 26th day of November 1989, before me:

.....
Solicitor
S.T.F. Noss

9.72 The Committee refers the New Zealand medical and government authorities to the advice by Mr Steedman that he obtained anabolic steroids from Dr Lindsay Cooper and received advice from Dr Lloyd Drake. The Committee suggests that the activities of those doctors should be examined by the appropriate New Zealand authorities in the context of Mr Steedman's case. The Committee notes that Mr Steedman is a New Zealand national.

9.73 The Committee also refers both of its Reports on Drugs in Sport to the appropriate New Zealand authorities for their consideration.

VETERINARIANS

9.74 Like medical practitioners, veterinarians are entitled to employ restricted drugs in the treatment of various conditions. These drugs include anabolic steroids listed as schedule 4 and schedule 6 drugs. The Australian Veterinary Association Ltd advised the Committee:

Members of the veterinary profession acknowledge that their right to administer and dispense restricted drugs is also a privilege. The overwhelming majority of veterinarians are scrupulously careful to protect that privilege by rigorous attention to the accompanying responsibilities. (Letter to Committee Secretary, dated 21 December 1989)

9.75 A Tasmanian doctor explained the pressure that can be placed on veterinarians with respect to veterinary anabolic steroids:

The fact of the matter is that they are cheaper, they work and they are safer than the black market material. A veterinary surgeon told me that on several occasions a fellow arrives and says, 'I want some anabolic steroids for my dad's racehorse'. This is not uncommon. (Evidence, p. 1364)

9.76 The Committee heard evidence concerning a small minority of veterinarians who have abused their right to provide anabolic

steroids. Mr Grant Ellison advised the Committee that he would write to a Queensland medical practitioner, Dr Jeremijenko, and secure a prescription through the mail for 10 x 10 millilitre vials of various veterinary drugs:

I would then proceed to the local vet and have them filled. (Evidence, p. 3876)

Mr Ellison was asked by the Chairman whether he took a dog with him to the vet on those occasions. Mr Ellison responded:

My theory is that if there is anything in the world you want you ask for it; you either get a yes or no. I would ask four or five vets on the assumption that one would say yes and four would say no and I would leave it at no. (Evidence, p. 3876)

When asked about the occasional refusal Mr Ellison stated:

Occasionally, yes. But that was occasionally. I suppose they probably had better ethics. It was quite obvious what we wanted it for, but [sic] it was human use. (Evidence, p. 3876)

9.77 The Committee does not accept on the basis of this evidence that a large number of veterinarians would provide veterinary products for human use. Mr Ellison probably knew the most likely veterinarians to ask. Given their access to anabolic steroids veterinarians have always been a possible source of veterinary anabolic steroids for athletes. Nevertheless, no veterinarians were named before the inquiry as reliable sources of anabolic steroids. In part this may have been because there were many medical practitioners willing to provide that service. (All doctors named to the inquiry have been mentioned in this chapter.)

9.78 One notable mention was made of a veterinarian who lent his status to the activities of a drug wholesaler, Bio-John Pty Ltd. In an interview with officers of the Health Department of Western Australia, the proprietor of Bio-John Pty Ltd, Mr Michael John, advised that he had been supplying TRINERGIC to a

horsetrainer. TRINERGIC, an anabolic steroid for human use, is an S4 drug. Mr Jordan stated:

I have a pet vet who makes it legal ... the
vet was involved in all my S4 sales.
(Evidence, p. 2230)

Mr John was subsequently prosecuted on fourteen charges of supplying human anabolic steroids. (Evidence, p. 2216)

9.79 The Committee welcomes the advice of The Australian Veterinary Association Ltd concerning ethical standards in these matters:

The veterinary profession is anxious that the use of anabolic steroids in human athletes should be stamped out. We are especially anxious to ensure that veterinary anabolic steroids are not available for human use. (Letter to Committee Secretary, 21 December 1989)

The Committee will be seeking the support of the Australian Veterinary Association for stricter regulations to control the availability of veterinary anabolic steroids. A new regulatory regime is outlined in Chapter Twelve of this Report.

9.80 Should the regulatory regime for veterinary anabolic steroids recommended at Chapter Twelve be adopted, the ethics outlined by the Australian Veterinary Association will be even more significant than to date. This is because the recommended regime will proscribe the possession and administration of injectable veterinary anabolics except by veterinarians. That is, the major scope for corruption with these drugs will lie with veterinarians. Importantly, any human use of veterinary anabolic steroids would then be in breach of the type of legislation already enacted in Queensland and Western Australia.

PHARMACISTS

Background

9.81 The major issue that arose in evidence before the Committee concerning pharmacists was the dispensing of veterinary anabolic steroids. Prior to November 1988 in Western Australia, and August 1989 in Queensland, it was not proscribed by law in any State for doctors to prescribe veterinary anabolic steroids and pharmacists to dispense them.

9.82 Whether the practice of prescribing and dispensing veterinary anabolic steroids was, or is, legal is a separate question from the issue of professional ethics. That is, while not proscribed by law in any state or territory until little more than one year ago, the practice may be considered unprofessional.

9.83 It has been noted already in this chapter that with regard to any kind of anabolic steroids the AMA resolved in May 1987 that it deplored the practice of prescribing such drugs for the sole purpose of improving athletic performance (see para. 9.2).

9.84 For the pharmacy profession, however, the position has not been clarified in the manner undertaken by the AMA. The Committee consulted the Pharmaceutical Society of Australia on the issue. In a letter of 11 December 1989 to the Committee Secretary, the National President of the Pharmacy Guild responded:

We have also considered your question regarding the professional standards set by our Society in relation to this matter. There appear to be two distinct professional issues involved.

The first issue is whether, in the Society's view, it is acceptable for a pharmacist to dispense any drug product intended or labelled for veterinary use only, for a human. I can appreciate that your Committee may feel that this is a straightforward question but

unfortunately it is not. One of the reasons is that this is not an issue which is addressed specifically by our current policies - mainly because it is not something we have previously needed to consider.

The situation is further complicated by other factors, as well. It is possible to envisage certain circumstances which might make the assessment of particular cases difficult. For example, we are aware that where a drug is approved for both human and veterinary use, some manufacturers produce identical products for human and veterinary use. In the case of anabolic steroids, animal use is more common than human use and we are aware that there have been instances where the identical product labelled for animal use has been used in humans in emergency situations where the human use labelled product is unavailable. Such instances may well be considered professionally appropriate.

Nevertheless there are other circumstances which would be considered inappropriate from a professional point of view - particularly where the product was not also approved for human use and/or where the health of the patient was put at risk by taking the drug.

The second professional issue concerns the Society's policy position regarding drug abuse in sport. This seems to be much more pertinent to your Committee's deliberations. The Society is opposed to the use by, or distribution to, athletes of drugs whose sole purpose is to modify athletic performance. Consequently the Society takes the attitude that its members are under a professional obligation to refuse to be knowingly involved in aiding and abetting drug abuse in sport and to take reasonable steps to avoid becoming unwittingly involved.

Mr Leon Azar

9.85 Mr Azar is a Brisbane pharmacist. He is the proprietor of the Leon Azar Medical Centre Chemist at Waterford and the 24 Hour Medical Centre Chemist, Woodridge.

9.86 Mr Azar first came to the Committee's notice through an article in The Courier Mail of 22 February 1989. The article

revealed that Mr Azar was filling prescriptions for anabolic steroids including veterinary anabolic steroids.

9.87 Following the article in The Courier Mail, the Queensland Department of Health seized dispensing records from Mr Azar's pharmacy including a steroid register. The Department of Health subsequently compiled a table of steroid dispensing by Mr Azar's Woodridge pharmacy. The table was represented in the transcript of evidence, page 2476, and is reproduced at Figure 9.5.

9.88 Six of the totals provided by the Queensland Department of Health in the column to the far right are incorrect. The column should read 419, 208, 205, 89, 108, 75, 47, 66, 63, 46, 27, 14, 33, 10, 14, 3, 12, 1, 11, 1, 15, 5, 9, 1, 3, 1. This provides an overall total of 1486 steroid items dispensed by Mr Azar's Woodridge pharmacy in the period from the end of July 1988 to 20 February 1989.

9.89 The list includes twelve veterinary anabolic steroids supplied by United Veterinary Supplies Pty Ltd. Those drugs are DECA 50, STANAZOL, METHANDRIOL, DEPO TESTOSTERONE, TESTOSTERONE, SUPERTEST, SUPER BOLIN, BOL DEC, DRIVE, TRIBOLIN 75, LIBRIOL and ANDROBOL FORTE. The total of these items on the list compiled by the Queensland Department of Health is 756. More than half of the anabolic steroids sold by Mr Azar in the seven month period to 20 February 1989, then, were veterinary.

9.90 Importantly, Mr Azar advised the Committee in September 1989 that he had been retailing veterinary anabolic steroids for a period of about five or six years. (Evidence, p. 2465) Mr Azar explained his approach to the dispensing of veterinary anabolic steroids.

The first time I had a prescription for a veterinary steroid I was somewhat confused. I got a prescription for a substance called Deca 50. I went to my reference books and could find no information on Deca 50 so I contacted the doctor and asked him what this was. I had

FIGURE 9.5

STERIOD REGISTER - AZAR PHARMACY, WOODRIDGE

This list has been compiled from the Steroid Register kept by the above Pharmacy from end of July 88 to 20/2/89. Errors may have occurred in its interpretation due to (a) information not recorded in full; (b) Entry could not be read and; (c) record listing as "1 x 'Name of Drug'" which could mean a dispensing of 1 amp or a unit pack.

NAME OF DOCTOR \ NAME OF DRUG	Mitchelson	Surgery, Ryan Arecco	Breitkreutz	Roudenko	Jeremijenko	Martin	Trevor	Hinchy	Mullett	Other Doctors	Unknown Doctor Not Recorded	Total
DECA 50 <i>vet.</i>	366	1	11	4	1	1	4	7	9	15	419	
PRIMOBOLAN ●	165		4	4	6	5			14	10	208	
LONAVAR ●	152	1	2	5	10	4	2		15	14	205	
NOLVADEX ●	83									6	89	
STANAZOL <i>vet.</i>	73		9	3	1	1		7	1	13	108	
TESTOSTERONE CYP ●	60	1			1				4	9	75	
HCG 5000 ●	46							1			47	
METHANDRIOL <i>vet.</i>	42		12	1		2		3	1	5	65	
DEPO TESTOSTERONE ●	32	1	13	8				3	3	3	61	
PROFASI 5000 ●	27	1	1			17					47	
ANAPOLAN ●	14								12	1	16	
TESTOSTERONE <i>vet.</i> ^{thum} 4	4										14	
SUPERTEST <i>vet.</i>	12		14	2					5		28	
SUSTANON ●	7							3			10	
PROVIRON ●	6				6	2					19	
PROFASI 2000 ●	3										3	
SUPER BOLIN <i>vet.</i>	2		5	3		1				1	12	
HALOTESTIN ●	1										1	
BOLDEC <i>vet.</i>	1		2	3	1	1				3	11	
VIBRABOLI (?)	1										1	
DRIVE <i>vet.</i>			10	2		1					15	
TRIBOLIN 75 <i>vet.</i>				2						3	5	
LIBRIOL <i>vet.</i>			7	2							9	
ANDROBOL FORTE <i>vet.</i>									1		1	
DECA DURABOLIN ●									3		3	
ALAFFORE (?)							1				1	

never heard of it before. He assured me it was a veterinary product. (Evidence, p. 2465)

9.91 Mr Azar explained that, not thinking that a doctor could prescribe a veterinary product, he checked with the poisons regulations and other information and found that they could be prescribed and dispensed legally:

There is no indication in the regulations that precludes a doctor from prescribing these or a pharmacist from dispensing them. (Evidence, p. 2465)

The Committee accepts that until August 1989 this is an accurate description of the situation prevailing in Queensland. That is, the law did not proscribe the supply of veterinary anabolic steroids for human use.

9.92 Nevertheless, the Committee Chairman suggested to Mr Azar that the law did not proscribe the supply of veterinary anabolic steroids only because there was no perceived need to do so:

Did it occur to you that veterinary steroids were not specifically named and excluded because of the reason that nobody really thought that anybody would write scripts for humans for veterinary steroids? (Evidence, p. 2472)

Mr Azar confirmed that that had not occurred to him.

9.93 In that Mr Azar had planned to begin supplying a veterinary product for human use, the Committee enquired what steps were taken by Mr Azar to satisfy himself of the quality of the drugs. Mr Azar confirmed:

- . he contacted the veterinary wholesale supply company;
- . a 'gentleman' there assured him that they were made to the highest standards of purity and sterility;

. the contact with the wholesaler was a telephone call. (Evidence, p. 2472, 2473)

9.94 While Mr Azar made this contact with United Veterinary Supplies Pty Ltd, the Committee notes that the approach was less than satisfactory. Mr Azar did not establish the identity of the 'gentleman' who informed him of the quality of the drugs, nor did he establish that person's qualifications to give such an assurance; it is possible that Mr Azar spoke to a storeman. Further, Mr Azar did not put his inquiry in writing, nor did he consult the State Health Department. (Evidence, pp. 2472, 2473, 2499) The Committee considers this negligent on Mr Azar's part, in particular given the volumes of veterinary anabolic steroids that he subsequently marketed.

9.95 In contrast with his lack of knowledge about the quality of the veterinary anabolic steroids that he sold, Mr Azar claimed that he knew sufficient about anabolic steroids to explain the side effects:

If the patient is unknown to me, or if I believe him to be unaware of the side effects of the drug I have explained these side effects to him. (Evidence, p. 2464)

9.96 Mr Azar, however, admitted that he was not knowledgeable about the proper dosages for anabolic steroids:

I was never familiar with the use of these things for this sort of thing, so I could not relate that to my comprehension of what a safe dose was. (Evidence, p. 2474)

I have no experience of the dosage levels that are appropriate for this sort of thing. I am dependent on the fact that the patients have assured me that the doctors had indicated clearly to them what they wanted them to use. (Evidence, p. 2483)

Mr Azar advised that the clients:

usually had the dosages written on separate pieces of paper in the doctor's handwriting. (Evidence, p. 2474)

9.97 There are three aspects that concern the Committee about Mr Azar's lack of knowledge about proper dosages for anabolic steroids:

- . If only the clients had a note of the dosage, and Mr Azar did not know what the dosage was, then he was dispensing S4 drugs without indicating the proper dosage on a label. Mr Azar had confirmed that there were never any indications of dosages. (Evidence, p. 2474)
- . If Mr Azar did not know what the proper dosage was, and did not indicate that on the dispensing label, he could not claim with integrity that 'I have at all times ensured the patient is aware of the dosage'. (Evidence, p. 2464)
- . If Mr Azar had no knowledge of proper dosages, and if the potential for side effects is influenced largely by the level of dose, then Mr Azar's assurance that he explained the side effects to his clients is not credible. (Evidence, p. 2490)

9.98 Accordingly, if Mr Azar had no knowledge of the proper dosages for anabolic steroids, the Committee cannot envisage how Mr Azar met the ethical criteria under which he claimed to practise:

We have a handbook of pharmacy practice. My understanding of that is that I must ensure that the patient gets exactly what the doctor has prescribed; that the patient understands what it is that he or she is receiving; that the patient is aware of the dosages involved; that the patient is made aware of any potential side effects, if that is appropriate. (Evidence, p. 2490)

9.99 Importantly, Mr Azar acknowledged that he was supplying anabolic steroids for bodybuilding purposes:

In some instances people told us they were going into competitions - bodybuilding competitions to my knowledge. (Evidence, p. 2494)

Essentially, then, Mr Azar knew that he was providing anabolic steroids for ergogenic purposes, not therapeutic. He must have been aware that large doses of anabolic steroid are taken for such purposes. Mr Azar was perhaps happy to dispense the drug without the proper therapeutic dosage noted on his label because the therapeutic dose would be irrelevant to the purpose for which the drug was supplied, and a therapeutic application of the drug presumably would have accompanied only the dispensing of human-use anabolic steroids.

9.100 Another aspect of Mr Azar's activities that concerned the Committee was whether every prescription filled by Mr Azar with veterinary anabolic steroids had actually ordered the veterinary product. Mr Azar informed the Committee:

I have at all times ensured that the patient has received exactly what the doctor has prescribed. (Evidence, p. 2464)

9.101 Dr Stephen Hinchy provided evidence to the Committee on 13 September 1989 following Mr Azar. Dr Hinchy was shown a copy of pages in Mr Azar's steroid register which indicated that the veterinary steroid DECA 50 and the epitestosterone hormone HCG 5000 had been dispensed on Dr Hinchy's prescriptions on 14 November 1988 and 13 January 1989 respectively. Dr Hinchy denied ever ordering either drug. (Evidence, p. 2511)

9.102 The Committee wrote to Mr Azar on 10 November 1989 advising him of this discrepancy and inviting him to substantiate his evidence to the effect that he always dispensed exactly what had been prescribed. Mr Azar's solicitors responded by providing a statement sworn by Mr Azar and a declaration made by an employee of Mr Azar, Mr Michael Chun Cheung Leung. Mr Azar swore that:

. the entries in the steroid register were entered by Mr Leung;

- . Mr Leung dispensed Deca Durabolin in response to prescriptions for Deca Durabolin;
- . however, Mr Leung wrote Deca 50 into the register as an abbreviation for Deca Durabolin;
- . the entry for HCG 5000 is accurate and correct and indicates that the drug was dispensed in response to an appropriate prescription.

Further, Mr Leung declared that:

- . he had dispensed Deca Durabolin but wrote Deca 50 into the steroid register as a shorthand;
- . he dispensed HCG in accordance with the prescription;
- . no copies of either prescription have been retained by the pharmacy. (Letter to Committee Secretary from Goodfellow and Scott, Solicitors, 18 January 1990)

9.103 The Committee is less than satisfied by Mr Azar's response to its invitation to him to substantiate his evidence concerning the dispensing of anabolic steroids in response to Dr Hinchy's prescriptions. Mr Leung claims to have dispensed Deca-Durabolin but wrote 'Deca 50' in the steroid register. However, the Committee notes that:

- . Although not a registered pharmacist, Mr Leung was a graduate in pharmacy;
- . Mr Leung was not new to practising pharmacy - he was in the ninth month of his pre-registration year;
- . Mr Leung claims to have written 'Deca 50' as a shorthand for Deca-Durabolin on two occasions - 14 November 1988 and 3 January 1989. Presumably his 'shorthand' would have been practised consistently over at least those six weeks - otherwise why would he have used the shorthand only twice, and with Dr Hinchy's prescriptions in both

cases? In that time Mr Leung dispensed anabolic steroids on prescriptions from Dr Mitchelson, a doctor about whom there is no doubt that he wrote prescriptions for Deca 50 - the Committee holds copies of such prescriptions. On 16 November 1989 there is an entry in the Azar steroid register in what appears to be the same handwriting as the one in question on 14 November. The latter entry shows that Deca 50 was dispensed, presumably by Mr Leung, on a Mitchelson prescription. Clearly Mr Leung was used to dispensing anabolic steroids at the Azar pharmacy and was familiar with Deca 50. The Committee can only question what 'shorthand' Mr Leung might have been tempted to use for Deca 50 when he in fact dispensed that drug - clearly, in the event, he did not employ such a shorthand. Mr Leung would have realised that there was no way in which 'Deca 50' written as a shorthand could be distinguished from a genuine 'Deca 50'; it clearly would be misleading to do so.

9.104 In summary, the Committee cannot accept that a graduate pharmacist familiar with Deca 50 and filling prescriptions for that drug, would use that drug's name as a 'shorthand' for Deca-Durabolin, and do so consistently over a period of more than six weeks. Furthermore, Mr Azar's explanation requires the Committee to accept that during the period in question none of the other registered pharmacists at Azar's pharmacy, including Mr Azar, noticed Mr Leung's 'shorthand'.

9.105 Having closely examined Mr Azar's case, the Committee considers that:

- . Mr Azar provided large quantities of veterinary anabolic steroids in response to prescriptions.
- . Some of these prescriptions may not have specified the veterinary form of anabolic steroid.

- . In all cases, the veterinary anabolic steroids dispensed by Mr Azar were for bodybuilding purposes and Mr Azar knew that.

- . In no case, according to Mr Azar's evidence, did he provide an indication of the correct dosage on his labels for the veterinary anabolic steroid, an S4 drug.

- . Mr Azar could have contributed to placing at serious risk the health of clients.

- . Mr Azar is in breach of the professional standards he advised apply to pharmacists, viz:
 - to dispense exactly what has been prescribed;

 - to ensure that clients understand the medication provided;

 - to ensure that the clients understand the dosages prescribed;

 - to ensure that clients understand the potential side-effects.

- . Mr Azar is in breach of the ethic advised by the Pharmaceutical Society of Australia, viz:

The Society is opposed to the use by, or distribution to, athletes of drugs whose sole purpose is to modify athletic performance. Consequently the Society takes the attitude that its members are under a professional obligation to refuse to be knowingly involved in aiding and abetting drug abuse in sport and to take reasonable steps to avoid become unwittingly involved. (Letter to Committee Secretary, 11 December 1989)

Mr Michael Rothnie

9.106 Mr Rothnie is the pharmacist at the Upper Mt Gravatt Day and Night Pharmacy, Queensland. His pharmacy is near BJ's gym; Dr Ross, the proprietor of BJ's has expressed his concern at the access to anabolic steroids by young persons attending his gym.

9.107 Like Mr Azar, Mr Rothnie has purchased veterinary anabolic steroids from United Veterinary Supplies Pty Ltd. Between July 1988 and July 1989 Mr Rothnie was supplied with the following quantities of veterinary anabolic steroids:

TESTO L/A	104
DECA 50	161
DEPO TESTOSTERONE	39
SUPERTEST	18
STANAZOL	32
TESTO PROP	3

(Letter to Committee from United Veterinary Supplies Pty Ltd, 7 November 1989)

Mr Rothnie, then, purchased 357 items of veterinary anabolic steroid over twelve months from one supplier.

9.108 The Committee requested Mr Rothnie to provide copies of all his records concerning the dispensing of these drugs, including details of any sales without prescription. Mr Rothnie responded by advising the Committee, inter alia, that:

- . there is no requirement to maintain a Steroid Register;
- . there is no requirement to maintain copies of S4 prescriptions dispensed;
- . the people presenting prescriptions for veterinary anabolic steroids were 'complete strangers' who did not live at Mt Gravatt;

- . Mr Rothnie had no recollection of the names of those clients, nor of the prescribing doctors. (Letter to Committee Secretary, 14 November 1989)

9.109 The Committee, then, has received assurances from Mr Rothnie with respect to veterinary anabolic steroids that entail that:

- . despite the fact that anabolic steroids are common among those patronising a gymnasium at Upper Mt Gravatt (In Camera Evidence, p. 952, 953; Evidence, p. 2447, 2449), local patrons of that gym have not obtained their veterinary anabolic steroids from the local pharmacy;
- . persons not local to Mt Gravatt must have been aware that the Upper Mt Gravatt pharmacy was a ready source of veterinary anabolic steroids, and secured their veterinary anabolic steroids from that pharmacy.

Importantly, Mr Rothnie's response to the Committee made no claim that the veterinary anabolic steroids that he dispensed were ever sold for veterinary purposes.

9.110 While the evidence available to the Committee about Mr Rothnie is not as comprehensive as that involving Mr Azar, there are clear questions about Mr Rothnie's professional standards. The Committee considers that Mr Rothnie's marketing of veterinary anabolic steroids for the purpose of athletic performance is worthy of investigation by authorities including the Pharmaceutical Society of Australia.

Mr Ross Everett

9.111 Mr Everett is the proprietor of Ross Everett's Pharmacy at Gladstone, Queensland. As with Mr Azar and Mr Rothnie, Mr Everett purchased veterinary anabolic steroids from United Veterinary Supplies Pty Ltd. But there the similarity with the other two cases ceases.

9.112 Mr Everett's purchases for the twelve months ending July 1989 were:

SUPERTEST	3
STANAZOL	76

In response to a letter from the Committee Secretary, Mr Everett advised:

The steroids of concern were supplied to several of the local horse trainers, Mr M. Brown and Mr D. Wetter.

Further, Mr Everett confirmed:

I can assure you the above steroids were not used for human use.

And Mr Everett assured the Committee:

Since being made aware of possible human use of these steroids I have ceased to stock them. (Letter to Committee Secretary, 24 November 1989)

9.113 The Committee considers that all pharmacists should immediately adopt Mr Everett's attitude and cease stocking injectable veterinary anabolic steroids. The Committee notes that when the recommendations contained at Chapter Twelve of this Report are effected, it will not be lawful for pharmacists to stock or supply injectable veterinary anabolic steroids.

Supply without Prescription

9.114 The Committee is aware of the possibility that veterinary anabolic steroids have been marketed by pharmacists without prescription. For instance, the Australian Veterinary Association Ltd advised:

Experience has apparently shown that some veterinary anabolic preparations from veterinary wholesalers have become available

for human use through pharmacies, with or without medical prescriptions. (Letter to Committee Secretary, 21 December 1989)

9.115 There are clear ways in which pharmacists can demonstrate that they have not supplied such 54 drugs without prescription. The maintenance of a steroid register and the retention of prescription copies would demonstrate the ways in which such drugs were provided. Pharmacies without such records cannot but be the subject of speculation about supply without prescription if they are known to have purchased supplies of veterinary anabolic steroids. Mr Rothnie's pharmacy at Upper Mt Gravatt is a case in point.

RECOMMENDATIONS

Recommendation Twenty-Four

9.116 That Recommendation Nine of the Interim Report be implemented as soon as possible:

Recommendation Nine

The Committee recommends that the Australian Medical Association and the responsible Medical Boards develop and implement policies prohibiting the prescription of drugs purely to enhance sporting performance.

The Committee further recommends that the development and implementation of these policies be monitored by the Implementation Unit in DASETT.

Recommendation Twenty-Five

9.117 That the Queensland Medical Board consider the activities of Dr J.C. Mullett and Dr M. Mitchelson in prescribing veterinary anabolic steroids for human use, and that Dr T. Millar, Dr R. Ward and Dr A. Tahmindjis be examined by the AMA with regard to the prescribing of anabolic steroids, to determine whether their patterns of prescription are consistent with AMA policy.

Recommendation Twenty-Six

9.118 That Dr Hinchy's case be considered by the Medical Board of Queensland with regard to the misappropriation of narcotic analgesics and the prescribing and administering of anabolic steroids.

Recommendation Twenty-Seven

9.119 That the Commonwealth Department of Community Services and Health, the Queensland Department of Health, The Pharmacy Board of Queensland and the Pharmaceutical Society of Australia consider the activities of Mr Leon Azar and Mr Michael Rothnie with regard to the dispensing of anabolic steroids including veterinary anabolic steroids for human consumption.

Recommendation Twenty-Eight

9.120 That the Pharmaceutical Society review its code of ethics, particularly in so far as it relates to the dispensing of performance enhancing drugs and the dispensing of veterinary products. In particular the code should prohibit the filling of prescriptions for human consumption with veterinary products.

Recommendation Twenty-Nine

9.121 That the Pharmaceutical Society, together with appropriate State Pharmacy Boards, conduct an investigation into the practices of pharmacists who are known to have supplied veterinary drugs for human consumption or to have knowingly supplied to a person performance enhancing drugs in greater quantities, or more frequently, than would normally be required for personal therapeutic use.

Recommendation Thirty

9.122 That the Pharmacy Boards ensure that professional standards are enforced and that appropriate penalties are imposed for those in breach of the standards. Penalties should include deregistration.

Recommendation Thirty-One

9.123 That State Health Authorities investigate the extent to which veterinary pharmaceuticals are provided to pharmacies and the extent to which such substances have been prescribed by doctors, and take appropriate action against those involved in these practices. Such investigations should make use of the records of the wholesale suppliers of these drugs to pharmacies.

CHAPTER TEN

THE BLACK/WHITE MARKET OF DRUG SUPPLY

HOW LUCRATIVE IS THE BLACK MARKET IN PERFORMANCE DRUGS?

10.1 In an article in The Courier Mail of 23 February 1989, allegations were published that anabolic steroids were readily available at Archer's Gym in Brisbane. The gym proprietor, Mr Gary Jensen, was reported to have emphasised that it was almost impossible for proprietors to keep anabolic steroids out of their gyms. Mr Jensen, however, confirmed that there was 'big money' to be made in steroids.

10.2 Another gymnasium proprietor advised that were he to take up the sale of steroids, it could be most lucrative. Mr Phillip Kabakoff stated:

I could, quite conceivably, have quite a nice little underground operation from my facilities selling steroids on the black market; there is no doubt about that.
(Evidence, p. 2306)

10.3 A third gymnasium proprietor, Dr Brian Ross, when asked whether there was money to be made from black market performance drugs responded:

I really cannot comment on that. I know that the drugs are sold at exorbitant prices, grossly inflated at the rate of 200 percent or 300 percent on the actual cost of the drug.
(Evidence, p. 2457)

This view was supported during evidence received in camera. There the Committee was told that profit on the sale of a bottle of performance drugs would be \$70 or \$80 a bottle. (In Camera Evidence, p. 1250) Further, a former dealer in performance drugs, Mr Grant Ellison, advised the Committee:

Remember that steroids now have risen a touch and are still very, very expensive, so a \$2000 lot would not fill the corner of a shoe box. (Evidence, p. 3861)

10.4 This kind of evidence was confirmed by two medical practitioners. The sports medicine practitioner, Dr Peter Brukner advised that he knew of people who spent \$1,000 a week on performance drugs. (Evidence, p. 3544) And Dr Gavin Dawson suggested:

Gymnasium owners can make over \$5,000 a year and the drug pusher up to \$50,000 a year all tax free. (Evidence, p. 1308)

OVERSEAS SOURCES

10.5 There would be a number of methods of importing black market performance drugs. Three methods were reported to the Committee - accompanied baggage, international mail and direct importation.

Accompanied Baggage

10.6 The Committee is aware that large quantities of performance drugs have been imported into Australia by individuals in their accompanied luggage.

10.7 The champion bodybuilder and marketer of vitamins and other bodybuilding 'supplements', Mr Peter McCarthy advised the Committee that his brother-in-law, Mr Don Mahoney travels frequently between Australia and the United States. (Evidence, p. 2677) Mr McCarthy confirmed that, when arriving in Australia in August 1989, a quantity of steroids was seized by Customs from Mr Mahoney's baggage. The drugs were subsequently returned to Mr Mahoney following his claim that they were for his personal use. (Evidence, p. 2677)

10.8 Further, the Committee was advised by the former AIS weightlifter, Mr Paul Clark, that he had carried drugs into Australia. The drugs were anabolic steroids. Mr Clark advised

that the steroids had been purchased at various international competitions including the Panonia championships in Hungary in 1981, and the junior championships of 1981 and 1982 held in Brazil. (Evidence, pp. 646, 647)

10.9 The most recent example of a similar incident made known to the Committee involved Mr Donald Steedman of Bexley in Sydney. Mr Steedman arrived in Australia from Pakistan on 18 October 1989; on passing through Sydney Airport, Mr Steedman was found to be in possession of:

- . 1 carton (200 bottles) Proviron
- . 3 cartons (1500 ampoules) Testoviron
- . 1 carton (2000 ampoules) Deca-Durabolin

On subsequent representation to a court, Mr Steedman was released 3 boxes of Proviron and 100 ampoules of Deca-Durabolin on the understanding that they were for his personal use over a fourteen day period.

10.10 In order to present his drug importation as being entirely for personal use, Mr Steedman provided a prescription from a medical practitioner from Lahore in Pakistan. The prescription held by Mr Steedman for the drugs was written in Pakistan for the condition hypogonadism; the prescription did not specify the quantity of steroids to be taken. The Department of Community Services and Health advised the Australian Government Solicitor on 1 December 1989 that:

In respect of the issue of 'personal use' in regulation 5A(2)(c) of the Regulations, I note that in paragraph 9 of the Affidavit of Mr D B Steedman sworn on 28 November 1989 ('the Steedman Affidavit'), various dosage levels are described. Based on these dosage levels and the quantities of the substances referred to at Annexure 'C' to the Steedman Affidavit, this would indicate a 40 year supply of Deca-Durabolin and a 30 year supply of Testoviron. Given the lack of evidence provided by Mr Steedman concerning the origin, manufacture and contents of these substances, and concerns held relating to the shelf-life

of these substances I am of the view that it can not be said that the large amount of these substances are for the 'personal use' of Mr Steedman.

10.11 This view was also reflected in advice from the Chief Executive of the Australian Sports Drug Agency:

The highest recommended weekly doses for each of these drugs is:

- . Proviron - 525mg per week
- . Testoviron - 100mg per week
- . Deca Durabolin - 50mg per week

(Source MIMS Manual 1989 - IMS Publishing Sydney)

Proviron

One carton Proviron contains (200 x 20 x 25) mgs Mesterolone, ie, 100,000 mgs.

At 525 mg per week, 100,000 mg is sufficient for approximately 190 weeks (3.65 years).

Testoviron

Three cartons of 1500 ampoules of Testoviron contains (3 x 1500 x 250) mgs Testosterone propionate, ie, 1,125,000 mgs.

At 100 mg per week, 1,125,000 mg is sufficient for approximately 11,250 weeks (216 years).

Deca Durabolin

One carton of 2000 ampoules of Deca Durabolin contains (2000 x 100)mgs of Nandrolone, ie, 200,000 mgs.

At 50 mgs per week, 200,000 mgs is sufficient for approximately 4000 weeks (76.92 years).

It should be noted that, with respect to the highest recommended doses, these three preparations would not be used simultaneously.

(Letter to Committee Secretary, 31 January 1990)

10.12 Somewhat inconsistently, Mr Steedman claimed in an affidavit seeking the release of his drugs that the goods were

'therapeutic substance' in that they are used as a synthetic form of male hormone, yet Mr Steedman sought the drugs on the grounds that they were required so that he could complete a contract for bodybuilding appearances in Pakistan. The drugs were prescribed for hypogonadism, not bodybuilding.

10.13 Further, Mr Steedman claimed that he would use the drugs 'potentially within three years'. The Committee referred this claim to Dr Nichols Keks, Head of Psychopharmacology and Psychoneuroendocrinology with the National Health and Medical Research Council. Dr Keks advised that, to consume the quantities seized of Proviron and Testoviron would entail 'heavy use consumption' as specified in a paper in the American Journal of Psychiatry, 145:4, April 1988. That paper by Pope and Katz, 'Affective and Psychotic Symptoms Associated with Anabolic Steroid Use', noted the development of affective disorder and/or psychosis. Dr Keks advised that the Proviron and Testoviron imported by Mr Steedman, if consumed over the time envisaged by Mr Steedman, would result in mental state effects at the severe end of those reported in the journal. Those effects amounted to a manic state. (Letter to Committee Secretary, 13 January 1990)

10.14 Further, however, Mr Steedman also imported 2000 ampoules of Deca-Durabolin. With regard to that steroid Dr Keks advised:

Quantity of Decadurabolin was of order of 20 to 50 times heavy abuse doses reported by Katz and Pope (ie even if used over 3 years doses taken would exceed heavy use by factor over 20). Consequences would be expected to be something of order of 20-50 times worse than noted (assuming dose-effect relationship) and there is a virtual certainty of profound psychiatric (and probably physical although not my expertise) consequences which may not be compatible with continuing existence. My comments here are speculative since there is no information concerning overdose of this degree that I am aware of.

By far the more likely possibility is that only a small fraction of the available Decadurabolin would be consumed by one person.

The dose consumed would be over 1000 times maximum recommended dose and volume of injection alone may not be physically realistic. (Letter to Committee Secretary, 13 January 1990)

10.15 The importation of performance drugs including steroids has been possible as accompanied baggage because the Customs (Prohibited Imports) Regulations previously have allowed for importation of quantities considered to be for personal use. Importantly, as is noted in Chapter 12 (para. 12.7), such importation is now not possible without permission in writing from the Secretary of the Department of Community Services and Health; an amendment to the Regulations was gazetted on 21 December 1989 making that provision.

10.16 The Committee recommended in the Interim Report that Australian athletes should not continue in a low risk category for the Passenger Control guidelines of Australian Customs. This Second Report recommends at para. 10.58 that bodybuilders be classified as a high risk category for the illegal importation of performance drugs.

International Mail

10.17 The Committee examined the suggestion that quantities of performance drugs have been distributed in Australia through the US Embassy. The unnamed 'former drug dealer' interviewed on the ABC Four Corners program of 30.11.87, and since identified as Mr Grant Ellison (Evidence, p. 3860), originally made this allegation:

There are other steroids that will come in through the docks and the wharves in various States. A lot of the guys in the US marines will bring it in, basically because they don't have to go through Customs and there's no great hassle there. (Department of the Parliamentary Library Transcript, p. 13; Evidence, p. 3859)

10.18 During in camera evidence, further reference was made to a marine at the US Embassy in Canberra. It was suggested that a

white US marine serving at the US Embassy was involved in the distribution of performance drugs. The Committee was told that the marine was a bodybuilder who:

went from being a nobody to winning everything there was to be had six months later. He really had a body that could have competed internationally and done very well. (In Camera Evidence, p. 1275)

The evidence provided to the Committee in camera alleged that:

- . the marine was stationed at the Embassy some years ago;
- . the drugs were posted to the Embassy;
- . the drugs included some that were not otherwise available in Australia;
- . they included growth hormone. (In Camera Evidence, p. 1257)

It was further suggested that the marine must have been using the growth hormone himself. (In Camera Evidence, p. 1257)

10.19 As with all allegations of this type, the Committee sought to establish its veracity. In response to a letter, the US Embassy confirmed that:

- . a white Marine departed the Embassy before the end of 1984;
- . that marine was an active weightlifter. (Letter to Chairman from Charge, US Embassy, 31 May 1989)

Further, the Embassy confirmed to the Committee Secretary the name of that Marine; the name is the same as was mentioned during in camera evidence. (In Camera Evidence, p. 1220) It was alleged in that evidence that the Marine received his drug supply through the post. (In Camera Evidence, p. 1220)

10.20 The Committee considers that the advice of the US Embassy corroborates details about the white US marine serving at the Embassy up to the end of 1984. The Committee further

considers that, while postal articles received by personnel at the US Embassy are subject to Australian Customs inspection, a quantity of performance drugs could have been received through the international post without detection.

10.21 One significant source of importation of banned performance drugs, then, probably has been international postal delivery. This judgement is supported by earlier evidence received by the Committee and referred to in the Interim Report. The former AIS weightlifter, Mr Stan Hambesis, confirmed the use of the mail as a means of importing banned performance drugs:

When I was there it was being mailed over.
(Evidence, p. 650)

10.22 Some drug importation through the international mail, however, is detected. One witness informed the Committee in camera that he had imported steroids from Spain in 1986; those drugs were intercepted by Customs although they were subsequently released to the witness on application to the Commonwealth Department of Health. (In Camera Evidence, p. 1351)

Direct Importation

10.23 In July 1987 the Western Australian Police Drug Squad found considerable quantities of anabolic steroids at the house of Mr Ken Ware in Hammersley, a suburb of Perth. Mr Ware was prosecuted under the State Poisons Act for supplying those drugs without a licence. The advice of this matter to the Committee from the Health Department of Western Australia included an attachment showing photographs of capsules of methandienone seized from Mr Ware but known to have been imported directly from India for veterinary use. (Evidence, pp. 2269-70)

DISTRIBUTION WITHIN AUSTRALIA

Background

10.24 The black market in performance drugs includes suppliers, purchasers and users. It is not realistic to believe that purchasers and users are not part of the black market, and that only sellers are. This point was put during in camera evidence to the Committee:

If you are buying, you are still involved in the black market. To me, whether you are actually the seller or you are the receiver makes no difference. They all have a knowledge of what they are doing and where they buy it from and they pass on information. So if you are a user and you pass on that information to someone else, you are as bad as the person who sells it. (In Camera Evidence, p. 1211)

Further, Mr Mason Jardine was asked whether he had been involved in the black market for anabolic steroids. He responded:

Yes, I have used them.

When asked to clarify that comment, Mr Jardine replied:

Using black market steroids, I assume, would be being involved in them. (Evidence, p. 2688)

Mail Distribution

10.25 While performance drugs have been imported through the international mail, they have also been distributed within Australia through the post. In a submission to the Committee, the Health Department of Western Australia provided a dated list of the names and addresses of people against a listing of performance drugs; the list was compiled from docket books seized from Mr Ken Ware in Perth. (Evidence, pp. 2291-9) The material provided to the Committee by the Western Australian Department of Health (as Submission No. 15) included records of interviews with Mr Paul Jordan and Mr Michael John. Mr Jordan, a horse trainer

confirmed that he obtained the anabolic steroids for Mr Ware from Mr John, the licensee of BIO-JOHN Pty Ltd of Camden Street Belmont. BIO-JOHN is a drug wholesaler. (Evidence, p. 2222-36)

10.26 Mr Joe Lopez, a gymnasium proprietor, explained to the Committee that his name appeared on the list because he had ordered steroids from Mr Ware. Mr Lopez explained that he received a booklet from 'SAA Research':

When this book was sent to us it was sent to just about every gymnasium everywhere. I actually did, even though you may think it was only for the time, but it was an actual report put out by some organisational body because there were no laws against steroids. Nobody was making any noises in those days. I then wrote away to this individual who sent me a list. On the list it said that you had to keep the prices as they were given. You had to buy five of each. So four other persons plus myself got together and we sent away for some of the products. When the products arrived they were veterinary products and they were just the products. (In Camera Evidence, p. 1353)

Mr Lopez explained that when the drugs arrived and they were marked for veterinary use, he decided not to use them. The drugs had cost about \$500. (In Camera Evidence, p. 1369) Mr Lopez stated that he had been charged and convicted of possession and supplying steroids, and was given twelve months probation. (In Camera Evidence, pp. 1376, 1377)

10.27 While there were prosecutions in Western Australia and Victoria concerning the sale of steroids by Mr Ware, the New South Wales Government has advised that in that State no such prosecutions were possible of persons who had purchased steroids through the mail from Mr Ware. The list of names of people in NSW was drawn up by the Western Australian Department of Health and is shown at Figure 10.1. The Director-General of the NSW Cabinet Office has confirmed to the Committee Secretary:

Advice recently received from the Minister for Police and Emergency Services indicates that

FIGURE 10.1

NEW SOUTH WALES

14.5.87	Scott Brodie Comet Depo Alexandria 2015	5 Deca 5 Primobolan 5 Test/Cyp
19.5.87	Scott Brodie Comet Drive Alexandria 2015	10 D/Bol
22.5.87	Andreas Olbrich Total Share Gym 5 Camellia Grove Bomaderry	2 Red D/Bol
26.5.87	Scott Brodie Comet Depo Alexandria 2015	3 HGH 3 Finjet
29.5.87	Bill Moore 107 Crown Street Sydney 2000	12 Primo 10 Test/Cyp 10 ml 10 Test/Cyp 20 ml 10 Orabolin 10 Noladex 20 Win-U 1 Pregnyl 6 Boldec 4 DPN
2.6.87	Bill Moore 107 Crown Street Sydney	3 Win-U 2 S/Bol 1 Primo Depo
5.6.87	Bill Moore 107 Crown Street Sydney	20 Dec 10 ml 10 Deca 20 ml 20 Win-U 10 Deca 50 10 Deca 200 10 Fin 10 Proviron 10 Linivar
5.6.87	Scott Brodie Comet Depo Alexandria 2015	10 Dia/Bol 5 Primo/D
10.6.87	Scott Brodie Comet Depo Alexandria 2015	10 Deca 2 HGH
11.6.87	Scott Brodie Comet Depo Alexandria 2015	10 D/A Bol 5 Test 20 ml

FIGURE 10.1

-2-

12.6.87	Scott Brodie Comet Depo Alexandria 2015	1 Fin 2 HGH
17.6.87	Doug Powell 24 Curranwang Street Blakehurst 2211	2 Red D/Bol 2 G.H. 3 Fin
19.6.87	Scott Brodie Comet Depot Alexandria 2015	1 GH 10 Deca
19.6.87	Andreas Olbrich Total Shape Gym 3 Camella Grove Bomaderry	5 D/Bol
22.6.87	Tony Strutt 1/46 Inwood Street WOOLLOOWIN 4030	1 H.G.H.
26.6.87	Scott Brodie c/ Geraldine Hunter Comet Depot Alexandria 2015	10 D/Bol
1.7.87	Scott Brodie c/ Geraldine Hunter Comet Depo Alexandria 2015	10 Primo/D
6.7.87	Scott Brodie c/ Geraldine Hunter Comet Depot Alexandria 2015	5 Test 20ml
(217JK)		

no action has been taken by officers of the Department's Drug Enforcement Agency to prosecute any of the persons mentioned for any offence connected with the supply or possession of anabolic steroids. They are in any case now unable to do so.

In explanation, while it is an offence in New South Wales under Section 9(b) of the Poisons Act, 1966 to supply a substance falling within the category of an anabolic steroid, there is no offence here for possession of such a substance. Action to prosecute must, however, be taken under this section within 2 years of the alleged offence being committed.

As more than this period has elapsed since the steroids were apparently supplied, it is not now possible to prosecute any person nominated for any offence. (Letter to Committee Secretary, 30 December 1989)

10.28 With regard to the person Scott Brodie whose name appears numerous times on the list, the NSW Cabinet Office advised:

There is a Constable Scott John Brodie attached to the Mounted Section, Redfern Police Complex whose details are identical with those of a person listed on the schedule. Departmental records indicate however that he joined the Police Service on the 25 March, 1988, well after the steroids were allegedly supplied. When interviewed by a Police Internal Affairs Branch investigator, this officer admitted receiving and taking steroids prior to joining the Police Service, but denied supplying these substances to any other person. No action was subsequently taken against him. (Letter to Committee Secretary, 20 December 1989)

10.29 In the same way as Mr Scott Brodie dominates Mr Ware's order list for NSW, the name Robbie Huber is prominent on the Victorian list. That list is at Figure 10.2. The Canberra powerlifter, Mr Grant Ellison provided a submission to the Committee in which he advised:

In 1986/87 after the establishment of SAA Research, Bruce Rigby, Robby Huber and I would order veterinary anabolics directly from SAA Research. I would provide cash to Rigby or

FIGURE 10.2

VICTORIA

14.5.87	Lesley (ie) Rudolf 29 Uuitier Street N. Geelong 3215	4 Test 6 Primo 3 Win V 6 Deca 3 D/Bol 1000 A/A
19.5.87	Robbie Huber 2 Jean Court Keyborough 3173	20 D/Bol
29.5.87	Robbie Huber 2 Jean Court Keysborough 3173	10 Test 5 Prime Depot
2.6.87	Joe Lopez 10 Gaunt Street Lara 3212	5 Deca 200 5 Primo 3 Test/cyp 4 Primo Tab
5.6.87	Robbie Huber 2 Jean Court Keysborough 3173	10 Dia 5 Deca 200 1 Finajet
11.6.87	Robbie Huber 2 Jean Court Keysborough 3173	5 Fin
11.6.87	Leslie Rudolf 29 Uuitier Street N. Geelong	7 Deca 50 6 Test 10 ml 5 Primo/D 3 Fin 3 Proviron
17.6.87	Leo Wimmera Health and Fitness 2 O'Callaghan Pde Horsham 3400	10 Dia/Bol 4 Deca 200
23.6.87	Rod Sylvia Golden Life Gym 3 Ninth Street Mildura 3500	10 D/Bol
25.6.87	Robbie Huber 2 Jean Court Keysborough 3173	5 Deca 5 Cyp 10ml 5 Proviron
26.6.87	Leslie Rudolf 29 Uuitier Street N. Geelong	1 x Deca 200 1 Win-V 1 Primo/D 3 Primo/T 1 Proviron 1 Test 10 ml 10 Proviron
30.6.87	Joe Lopez 10 Gaunt Street Lara 3213	10 Proviron

Huber for the purchase. (Submission No. 80,
7 December 1989)

Mr Ware's method of distributing anabolic steroids - the mail - is the way in which most steroids are shipped around Australia according to one in camera witness. (In Camera Evidence, p. 1218)

Distribution through Gymnasiums

10.30 The distribution of black market performance drugs can occur directly, rather than through mail order. It was suggested by the Western Australian Department of Health in commenting on the distribution of drugs by Mr Ware to gymnasium proprietors that:

The experience gained in these cases and information received as a result of publicity has led the Department to believe that anabolic steroids are available in virtually all gymnasia which specialize in strength sports and probably most others. (Evidence, p. 2218)

10.31 The Committee received a wide spectrum of evidence suggesting that the view put by the Western Australian Department of Health is accurate.

- . The Queensland gymnasium owner, Mr Phillip Kabakoff, advised the Committee that he had received the steroid booklet For the Proper Use and Understanding of Anabolic Steroids issued by SAA Research. (Evidence, p. 2213 and pp. 2251-64) Mr Kabakoff confirmed that SAA Research attempted to recruit him as a selling agent, but he did not take up the offer. Mr Kabakoff advised that he had constant requests for steroids at his gymnasium. (Evidence, p. 2300)

- . Mr Phillip Kabakoff, also advised:

I know of one gymnasium where I walked in and saw empty steroid bottles sitting on the front counter. I asked the person behind the counter, 'What have you got those for?' and was told, 'They are not full; they are empty

ones that were found in the dressing rooms after closing, so we are putting them there to show people that we know that they are taking steroids'. That is a strange statement because I would not think you would display empty containers on the front desk. (Evidence, p. 2306)

. Mr Kriss Wilson, who suffered severe side effects from steroids, was provided with the drugs by a coach at a gym. (Evidence, p. 2192)

. Dr Hinchy, who prescribed anabolic steroids to weightlifters, stated:

They all came in saying they were obtaining these things through the gymnasium that they were attending. (Evidence, p. 2505)

. Mr John Quayle, general manager of the NSW Rugby League advised that young players involved in gymnasiums have access to drugs for their training program. (Evidence, p. 2732)

. Mr Nathan Jones was asked whether others at the gymnasium he used were on steroids and whether steroids were 'shop talk'. Mr Jones confirmed that that was the case. (Evidence, p. 2169)

. Dr Brian Ross, a medical practitioner and part owner of BJ's Gym in Brisbane advised:

I have been approached many times and put under considerable pressure to medicalise the administration of drugs in sport by the public and by people who attend the centre. (Evidence, p. 2447)

. Dr Ross also advised that some gymnasium owners were reluctant to join the Queensland Gym Owners Association:

I have knowledge, on hearsay, that other gym owners use steroids themselves and also are not adverse to them being used within their centres ... There has been a reluctance for some gym owners to address this issue within

the forum that we have for gym owners because they themselves are the ones implicated ... Some of those gym owners not within the organisation are aware of drug use in their gym and are not willing to have an active policy to stop it. (Evidence, pp. 2455, 2456)

- . Callers to a Courier Mail phone-in on 22 February 1989 named Archer's gym at Woolloongabba as a major outlet for illicit anabolic steroids in Brisbane. (The Courier Mail, 23 February 1989, p. 1)
- . Two phials of injectable steroid and a strip of tablet form steroids were provided to a fifteen-year-old boy at Archer's gym. (The Courier Mail, 23 February 1989, p. 1)
- . A pharmacist, Mr Leon Azar, made deliveries of veterinary anabolic steroids to Archer's Gym. (Evidence, pp. 2482, 2660, 2662)
- . The champion bodybuilder Mr Peter McCarthy was advised to take a course of steroids by a doctor training in the gymnasium also being used by Mr McCarthy. (Evidence, p. 2674)
- . The former gym proprietor Mr Gary Jensen advised that Dr Mark Mitchelson was seeing some people at his gym about steroids. (Evidence, p. 2647)
- . Mr Grant Ellison alleged that, when he bought human anabolic steroids from Mr Ray Rigby, Mr Rigby would deliver them to Mr Ellison at the Carnegie Fitness Centre, Caulfield. (Submission No. 80)
- . Mr Ellison also stated:

Unfortunately I have a lot of people in various gyms ask me about what they should take and where they can buy it. (Evidence, p. 3868)

. Mr Ellison confirmed of his former girlfriend:

Sue-Ellen had the unfortunate problem that whatever she was getting and using while training with me she quadrupled by asking other guys in the gym to help her out at the same time. (Evidence, p. 3884)

. Dr Peter Brukner told the Committee that anabolic steroids are very easy to obtain in gymnasiums and there is no need for patrons to consult a doctor. (Evidence, p. 3550)

. Mr Bill Stellos, the weightlifter, stated that if he really wanted a bottle of anabolic steroids he would have approached a bodybuilding gymnasium. (Evidence, p. 3052)

10.32 The Committee has received advice from the Queensland Gymnasium Owners Association that it voted unanimously to insert the following clause into its code of ethics: 'not sell, distribute, condone or knowingly tolerate anabolic steroids and other sport enhancing drugs'. (Letter to Chairman, 31 October 1989) Given the evidence available to this Committee, there is a need for all gymnasium owners to abide by such a code.

10.33 One option discussed with the Committee would tend to reinforce the adoption of the Queensland Gymnasium Owners Association code of ethics. Dr Ross explained that, under the arrangement a person joining such a gym would have to sign a statement or a declaration that they will not sell or distribute any form of medication in the gym, or be liable to legal action. (Evidence, p. 2453). The Committee encourages the adoption of that voluntary code.

10.34 The Committee also endorses the establishment of a uniform licensing system for gymnasiums. The Interim Report at Recommendation Eleven records:

The Committee recommends that the meeting of Commonwealth and State Ministers responsible for sport and health matters proposed in Recommendation One develop a uniform licensing

system for gymnasiums and health centres in Australia, recognising that this is a State responsibility. It should be a condition of the licence that anabolic steroids and other drugs not be available, admitted, or used on the premises and action should be taken to check regularly that the conditions of the licence are being complied with.

The Committee further considers that the licensing system may benefit from the requirement that gymnasiums allow for some form of drug testing among their patrons; a recommendation that this be considered by the Ministerial meeting appears at the end of this chapter. This concept was raised with Dr Brian Ross, owner of BJ's Gym in Brisbane. Dr Ross was asked by the Chairman whether he could envisage the formation of a drug free gym owners association where there was a possibility of drug testing. Dr Ross responded positively:

I intend to become very active in making a testing presence known within this city.
(Evidence, p. 2457)

Direct Supply by Sport Coaches

10.35 Some witnesses before the Committee suggested that anabolic steroids were provided directly to weightlifters from time to time. Mr Grant Ellison alleged:

In Melbourne I have heard hearsay reports from various juniors and other lifters who have gone backwards and forwards from Olympic lifting to power lifting both ways and whom I do know were on steroids. I have said that a lot of what they obtained, at that stage, was from either Sam or Paul Coffa. I cannot remember which one. They were training at that stage at the Hawthorn recreation centre.
(Evidence, p. 3871)

10.36 Mr Michael Brittain was more specific with a similar allegation:

I was a member of the Hawthorn club from mid-1976 to 1982 and I was supplied with drugs by the coach at that time ... Paul Coffa, on a number of occasions from December 1980 until I

left that gymnasium at that time in 1982.
(Evidence, p. 3149)

And Mr Ian Traill advised:

Mr Paul Coffa came up to me at a competition at Mt Clear Tech High and made it clear to me that he want(ed) to introduce Drugs to me for my lifters. (Letter to Committee, 14 December 1989)

10.37 These allegations were discussed in Chapter Seven. The point here is that several suggestions have been made to the Committee that one form of black market supply of performance drugs is through coaches. Mr Grant Ellison, for example, advised that he began steroid use unwittingly in this manner:

I was being supposedly injected with B vitamins to pep me up for a couple of upcoming competitions. I was just new to training and at that stage steroids were not talked about at all in any circumstances ... I was being fed, I think, testosterone ... by my coach.
(Evidence, p. 3866)

The Bodybuilding Fraternity

10.38 Mr Ellison, a former dealer in performance drugs, advised the Committee:

In Queensland there were two or three other people who were solely into body building and they were not associated with power lifting. At that stage I suppose they dealt in quite large volumes. I think I can probably name them. One was Tony Strutt, who has been mentioned before regarding growth hormone. I suppose Tony and I when we were in Queensland were in sorts of cahoots and at that stage veterinary stores were very, very easy to obtain direct from a vet; there was no great regulation in the veterinary industry.
(Evidence, pp. 3874-5)

It should be noted that Mr Strutt's name appears on the list of persons who ordered steroids from Ken Ware; see Figure 10.1.
(Evidence, p. 2294)

10.39 Mr Ellison alleged that a French bodybuilding champion, Serge Nubret, was a source of performance drugs for Australian bodybuilders. The bodybuilders named by Mr Ellison and involved in the black market in Queensland were Tony Strutt and Danny Mackay. With regard to Danny Mackay, Mr Ellison alleged:

The other one was Danny Mackay ... He was from Brisbane, he owned a gym in Chermside at that stage. He had direct personal dealings with Serge Nubret in France. He used to get Serge over once a year to do guest posing and seminars of sorts and we would always find him quite willing to oblige us by selling us some of the French and Italian steroids that are not available in Australia. (Evidence, p. 3875)

Mr Ellison alleged that Serge Nubret initially brought the steroids to Australia himself, although he subsequently sent them directly to Danny Mackay. (Evidence, p. 3875) Further, the Committee was told during an in camera hearing that whenever bodybuilders are in Paris they:

will always go to see Serge Nubret and do a lot of buying while they are there. (In Camera Evidence, p. 1221)

10.40 Evidence received by the Committee concerning the steroid black market and bodybuilding is varying in its nature. While numerous allegations were made about people who were involved in the market, many denials were also made. Nevertheless, there was broad agreement among bodybuilders that anabolic steroids are part and parcel of the bodybuilding culture. Dr Gavin Dawson advised the Committee:

In the sport of bodybuilding, they see a necessity for steroids in the same way that a beauty queen sees for makeup. (Evidence, p. 1331)

10.41 The point is demonstrated in the affidavit sworn by Mr Donald Steedman in the Federal Court (NSW Registry) on 28 November 1989. In seeking an order for the return of steroids

obtained in Pakistan and seized by Customs, Mr Steedman confirmed that his occupation was a professional bodybuilder and swore:

On the day I saw Doctor Dastagir, I spoke to him at length upon the subject of bodybuilding and building muscle tissue through the use of anabolic steroids ... Arising out of that lengthy consultation, the Doctor prescribed the drugs for my personal use ... Should I be unable to continue to maintain my required level of dosage of the anabolic steroids, I say the ratio of my anabolic and androgenic level will fall out of balance, such that I will lose my body size. I will gain body fluid and fat due to a rebound of my hormones. I will not obtain sufficient body condition to perform effectively in any bodybuilding competition and I shall not be in suitable body condition to perform my contract with Gold's Gym in Lahore during December 1989. (emphasis added) (Attachment A, Letter to Committee Secretary from the Department of Community Services and Health, 8 January 1990)

Importantly, Mr Steedman confirmed that it is to sources other than legitimate medical prescription in Australia to which bodybuilders must resort for their anabolic steroids:

I am unable to obtain the drugs in Australia readily or the dosage I require to maintain my competitiveness. (Attachment A, Letter to Committee Secretary from the Department of Community Services and Health, 8 January 1990)

10.42 Bodybuilders gave evidence to the Committee claiming that it is obvious when bodybuilders are taking performance drugs. Typical comments were:

- . It is pretty obvious when people are on Finajet because they swell up like big balloons overnight, they carry a lot of fluid. With women who are on steroids, it is just very obvious within a very short time. (In Camera Evidence, p. 1225)
- . Most of them think it will not hurt them. They really have this inflated view and, you see, people on steroids - I have lived with them; I have trained with them; I have looked after so many of them - do not realise that they are changing.

All they see is what they see in the mirror which is what they like. It is an addiction. It is a very addictive thing because they cannot do without it: they do not train as well without it; they do not recuperate as fast without it; they do not do anything as well without it. (In Camera Evidence from a female bodybuilder, p. 1236)

- . Another reason why I am very against steroids is that for myself I have no desire to look like a man. The general public only sees what the media decide to show them and they are usually the freaks of our sport. A lot of these women who take steroids were very masculine to start with and taking steroids just makes them more so. (In Camera Evidence, p. 1238)
- . Primabolan gives them a very low voice very quickly. (In Camera Evidence p 1246)
- . She would have been on growth hormone ... Her hands just grew, everything grew, in matter of six months. She was just gigantic, absolutely enormous. There is no training method at all that will give you that. But she changed facially. She is still a very attractive lady, but we have known her before so we know how she started out. (In Camera Evidence, p. 1247)
- it is so obvious that you are on them, so what difference does it make? But who is going to stand there and say, 'Yeah, I am on this and I am on that'? (In Camera Evidence, p. 1249)

Direct Supply from Legitimate Sources

10.43 Anabolic steroids have been available through prescriptions and many abusers of steroids have begun in that way. An article in the Journal of Clinical Psychiatry 50:1, January 1989 examined such a case in the United States:

The patient began using steroids 1 year earlier because of his dissatisfaction with his body image in comparison with others. For his first 3 months of use, he obtained the drugs by prescription, and he cycled on and off them, as directed by his physician. The

directions were to take the drugs for 4 weeks and then discontinue them for the next 4 weeks. After the third month, however, the patient wanted to continue taking the steroids. He was satisfied with the effects on his weight-lifting performance and his muscle mass; when he discontinued using the steroids he felt that his motivation for training and his endurance declined. He quit seeing his physician and discovered an illicit source of supply. ('Anabolic Androgenic Steroid Dependence' by Kirk J. Brower, Frederic C. Blow, Thomas P. Beresford and Craig Fuelling)

10.44 An alternative was demonstrated by Mr Grant Ellison who advised the Committee that he would obtain prescriptions for veterinary anabolic steroids from a medical practitioner, Dr Jeremijenko, and would then have the scripts filled by the local vet:

I would ask four or five vets on the assumption that one would say yes and four would say no and I would leave it at no. I suppose we are very lucky. We would ask five and get four yeses ... At that stage we were getting 10 vials which is 100 millilitres which for any normal user, if you can classify a normal user, or under prescribed doses even, would last you six years and we were getting that in one hit. I suppose at that stage we were using that ourselves in probably ten weeks. (Evidence, pp. 3876-7)

This matter is discussed in Chapter Nine of this Report.

10.45 Further, it is possible that anabolic steroids have been sold without prescription by corrupt pharmacists. That question is also examined in Chapter Nine.

Indirect Supply from Legitimate Sources

10.46 While anabolic steroids may be obtained directly through careless or unscrupulous doctors, veterinarians and pharmacists they may also be obtained indirectly in a similar manner. When asked whether he resold any of the drugs he obtained from veterinarians, Mr Ellison confirmed that he resold some. (Evidence, p. 3878)

10.47 Another indirect manner of obtaining steroids illegally from otherwise legitimate sources has already been noted in Chapter Nine. That is, it is possible for persons to misrepresent themselves to doctors and obtain anabolic steroids from pharmacies by presenting their prescription. Mr Azar, the Brisbane pharmacist, filled scripts for a 'skinny' man who obviously had not been training. (Evidence, p. 2487) Presumably he onsold the anabolic steroids at a large profit. Mr Azar commented:

What most concerns me is what is happening to the stuff after I sell it ... I fear some of it is being sold on the black market at hugely inflated prices. (Evidence, p. 2493)

Mr Azar also claimed:

Once someone leaves here with steroids they could be doing anything with them, including selling them on the black market. It is a real problem. Judging from the demand we get in this one pharmacy, the size of the black market in steroids must be enormous. (Evidence, p. 2497)

Are there Black Market Networks?

10.48 It was suggested to the Committee that black market networks in performance drugs could be operating in Australia. Submission No. 33D noted the activities of SAA Research (now trading as West Coast Pergolas) and the involvement of Mr George Farquhar and Mr Ken Ware in that operation. That Submission, however, also alleged that Mr Peter McCarthy, who operates from Queensland an Australia-wide distribution network for his bodybuilding products and Balance Sports Supplements, also marketed steroids.

10.49 The Committee examined this allegation, questioned Mr McCarthy about it and sought advice from other witnesses in order to establish its credibility. To the allegation Mr McCarthy responded:

I have never, ever supplied steroids to gymnasiums in Australia. I am in the sports supplement business and I supply a range of sports supplements to a majority of gyms throughout Australia. These sports supplements are supplements that have natural effects from natural ingredients which have a steroid-type effect on the body and will enhance muscle growth. They enhance hormone levels and energy production, and these sorts of things, and I get them manufactured in Australia through proper manufacturing companies. (Evidence, p. 2672)

And, when asked whether he had ever supplied steroids or vitamins to Mr Ware or Mr Farquhar for distribution in their network, Mr McCarthy advised in September 1989:

No, never. It is only this last week that I have delivered any vitamins or protein powders to Ken Ware. (Evidence, p. 2682)

10.50 Nevertheless, the Committee received first hand testimony that a house once rented by Mr McCarthy at Brighton in Melbourne included a store room which contained anabolic steroids. During in camera evidence the Committee was advised:

Peter McCarthy - yes. He had pretty good stuff - not animal steroids or anything else; it was for human consumption - and I would imagine that he would have had to have got the amounts that he had from somewhere. Whether it was in Australia or outside Australia, I do not really know. (In Camera Evidence, p. 1211)

The witness provided the following details:

- . the house was at Brighton;
- . the steroids, for human consumption, were Lonavar, Primabolan and Dianabol;
- . the drugs were in stacked boxes;

- . the witness actually saw the boxes of the drugs in the room at Brighton. (In Camera Evidence, pp. 1212, 1213, 1214)

10.51 While the Committee found that this evidence could be useful, on its own it is not conclusive. The allegation came from only one source, although it was repeated in Submission 33D. Further, a number of important questions remain unanswered. They include:

- . Did anyone other than Mr McCarthy use the storeroom? The witness admitted that that was a possibility. (In Camera Evidence, p. 1214)
- . Where was the house? The witness claimed that it was on a corner, in Bay Street; (In Camera Evidence, p. 1262) Mr McCarthy said that he had rented a house in Boxshall Street, Brighton. (Evidence, p. 2684) Bay Street and Boxshall Street do not intersect.
- . Why would Mr McCarthy's brother-in-law carry steroids into Australia if Mr McCarthy had a ready supply of them?
- . Why would a knowledgeable former dealer who had resided in both Queensland and Victoria, Mr Grant Ellison, not have better than 'hearsay' familiarity with the allegation about Mr McCarthy's network? (Evidence, p. 3871)

10.52 The Committee considers that there may be answers to these questions which, together with advice from other sources, would justify further examination of Mr McCarthy's activities. At this stage, however, there is *no* justification in concluding that Balance Sports Supplements constitutes a network employed for the distribution of black market performance drugs in Australia. And Mr McCarthy denied the in camera allegations against him in a letter to the Committee Secretary dated 6 December 1989.

10.53 Importantly, the Committee does not rule out the possibility that organised networks operate for the distribution of performance drugs in Australia, although Mr McCarthy may not be involved. Further, the Committee considers it likely that other illegal drugs, such as narcotics and amphetamines, could be retailed through such networks. Crucially, any such networks will have strong links with the bodybuilding fraternity and many gymnasiums.

RECOMMENDATIONS

Recommendation Thirty-Two

10.54 That all relevant authorities, both sporting and government, acknowledge that the activity of bodybuilding (and its organised competitions) entails a high risk of performance drug abuse. Such acknowledgment will bear on any applications from bodybuilding organisations for governmental or other support.

Recommendation Thirty-Three

10.55 That public funding not be provided to assist bodybuilding associations but that education campaigns emphasising the health risks of performance enhancing drugs be directed towards bodybuilding associations.

Recommendation Thirty-Four

10.56 That bodybuilding associations contract out drug testing to the independent Sports Drug Agency.

Recommendation Thirty-Five

10.57 That bodybuilding be reviewed by the Australian Sports Drug Tribunal in 1991.

Recommendation Thirty-Six

10.58 That bodybuilders be placed in the high risk category of the Australian Customs Passenger Control Guidelines; bodybuilders are high risk passengers for the illegal importation of performance drugs.

Recommendation Thirty-Seven

10.59 That when the Ministerial meeting (proposed in Recommendation One, Interim Report) considers the licensing of gymnasiums, it should also review the need for additional voluntary arrangements to permit drug testing of gymnasium patrons, taking account of negotiations between gymnasium associations and ASDA on this matter.

Recommendation Thirty-Eight

10.60 That State police forces and any relevant authorities such as the Criminal Justice Commission (Queensland) investigate the criminal activity of the marketing of sports drugs. That the results of the State investigations be forwarded to the National Crime Authority and the Bureau of Criminal Intelligence for consideration.

CHAPTER ELEVEN

SOCIAL EFFECTS: EMPLOYEES IN SECURITY ROLES

NIGHT-CLUB BOUNCER EMPLOYMENT

11.1 This inquiry has centred on the use of performance enhancing drugs in sport. The Committee was interested in the market for these drugs and the side-effects of drug usage. During the hearings, however, the Committee also sought information about linkages in the patterns of sporting drug abuse.

11.2 One of the most directly relevant activities was euphemistically called the 'security industry' in evidence before the inquiry. The Committee heard on numerous occasions that it was commonplace for people using performance drugs to be employed as bouncers, particularly in clubs and hotels. This is the case because bodybuilders, powerlifters and weightlifters are the type of persons required as bouncers for their size and strength. And, most of these people are likely to use performance drugs, particularly anabolic steroids.

11.3 In the normal course of events it is unremarkable that persons of size and strength are employed as bouncers or 'security guards'. The Committee's interest in the matter, however, has arisen both because it is very common for bodybuilders and powerlifters to be so employed and because the incidence of steroid use by bodybuilders and powerlifters is so high. A former steroid user, Mr Kriss Wilson, advised the Committee that eighty per cent of the competition bodybuilders in Queensland would be using anabolic steroids. (Evidence, p. 2204) And the former 'Mr America', John Grimek, suggested that 'between 99 per cent and 101 per cent of the entrants in the contest in 1972 used anabolic steroids'. (The Medical Journal of Australia, 26 June 1976, p. 993)

BOUNCER VIOLENCE

11.4 The coincidence of steroid use and the employment of bouncers would not be of significance to the Committee except for a further factor connected with bouncers and night-clubs - that of violence. Violence has been a familiar aspect of the late night licensed premises environment. Recently, however, reports have begun to appear that link licensed premises, bouncers and violence. In Victoria on 5 October 1989, for example, Commissioner Ryan imposed a \$10,000 fine on the owners of the Melbourne Underground Restaurant for five offences involving assaults. On the same day Commissioner Bond found that the owners of a Melbourne night-club, The Hippodrome, had been grossly negligent in twenty-three incidents including attacks on patrons by bouncers. In reporting the hearing, The Age, advised that Commissioner Bond said:

I am appalled by the incidents at this club and manner in which it has been operated. The level of drunkenness and violence which management has thought tolerable and unremarkable would in my view be abhorrent to most reasonable people. (The Age, 6 October 1989, p. 1)

11.5 A further account of violence by night-club bouncers appeared in The Courier Mail of 6 January 1990. There it was reported:

Too many Gold Coast nightclub bouncers were thugs who relished bashing people, a security training officer said yesterday ... Reports of bouncer brutality have increased since the holiday period started ... A police spokesman said yesterday police received many complaints from people claiming they had been bashed by bouncers.

And in the Sunday Mail of 28 January 1990 it was stated:

Southport's ambulance superintendent, Syd Cross, says an average of two people a week allegedly bashed by bouncers are treated by his officers.

11.6 On 25 January 1990, The Courier Mail reported that two bouncers were involved in a hotel brawl over a packet of cigarettes. The bouncers were charged with having assaulted two men at the Hamilton Hotel in September 1989 and with having caused grievous bodily harm. The Age of the same day reported that one man's skull was fractured in the brawl.

11.7 A much more tragic case occurred on the Gold Coast in 1984. The Courier Mail of 25 January 1990 recorded the case of Mr Mark Doolan who was thrown down stairs by a Gold Coast night-club bouncer:

Mark Doolan, 21, fell head-first down a flight of stairs after an encounter with a bouncer at a Surfers Paradise nightclub. He died three days later from massive head injuries.

11.8 The Committee received numerous accounts of this kind of violence at night-clubs involving bouncers. Importantly, the evidence received linked steroid-using bodybuilders and powerlifters to night-club violence.

11.9 Sergeant Glenn Jones advised the Committee of links between weightlifters, powerlifters and assaults by bouncers:

I would say probably one half of the membership of the ACT Powerlifting Association at some stage or another was employed in the security field and a number of them as a consequence were arrested and charged with assault. (Evidence, p. 2820)

Sergeant Jones also mentioned a commercial organisation in the ACT where there are clear links between the security industry, weightlifters/powerlifters/bodybuilders and violence:

We know of at least one firm in the Australian Capital Territory, MIL Security, which hires a lot of powerlifters, cum bodybuilders. Several of the ex-AIS lifters [weightlifters] and the owner of the firm, Michael Ian Lawrence, have records as long as your arm, for want of the better word. My understanding is that he has a number of convictions for assaulting police

and that sort of thing. Violence seems to be run-of-the-mill for people who work for him. (Evidence, p. 2821)

Mr Lawrence, the principal of MIL Security responded to a letter from the Committee by confirming that he had a criminal record including four counts of assaulting police over the past four years. (Letter to Committee Secretary, 12 February 1990)

11.10 Sergeant Jones added concerning some security guards:

We have had information that some of them, once they get involved in these fights, become impossible to stop to the stage where they actually do grievous bodily harm to the victims and, from my understanding, with little provocation. (Evidence, p. 2822)

When asked whether this was caused by what is commonly described as 'steroid rage', Sergeant Jones responded:

I would assume so, yes. (Evidence, p. 2822)

BOUNCERS AND STEROIDS

11.11 Dr Nicholas Keks, an academic psychiatrist with the National Health and Medical Research Council (NHMRC), also suggested a link between steroids, bouncers and night-club violence. In advising that anabolic steroids tend to induce increased aggressiveness, Dr Keks suggested that:

Certainly these kinds of effects, which perhaps could be termed mild, may explain such instances as the excessive violence by nightclub bouncers and so on. (Evidence, p. 3278)

11.12 The Sunday Sun of 28 January 1990 reported two bouncers whose views graphically support those of Dr Keks. One bouncer, Mr Jason Bardell, was reported to have said that he knew of doormen around Brisbane who used steroids and it had changed their personalities for the worse:

'They have become much more aggressive - they develop really short wicks', he said. He described them as dangerous because they became apathetic about damage they did to patrons.

The same newspaper reported an anonymous bouncer:

He said some bouncers used steroids to puff themselves out.

'They go on a six-month course of steroids and blow out,' he said. 'But it affects them in the head and they get aggro really easy.'

11.13 The Committee has found this kind of evidence most disturbing. A number of elements come together to compose a picture of considerable antisocial potential. Bouncers whose strength, size and aggression have been significantly increased through steroid use combine with an environment where high spirits and alcohol consumption are involved. Some inebriated patrons perhaps present a provocative and attractive target for certain bouncers to expend their aggression. Also, of course, some patrons will be provocative and aggressive. Mr Dino Toci, a powerlifter and bouncer advised the Committee in camera:

I was stabbed in the stomach at work. I stopped a guy and told him he could not take his beer outside, so he went to the car, got a knife and came back and stabbed me. (In Camera Evidence, p. 961)

11.14 The Committee was presented with first-hand evidence that bouncers can exploit these situations. Mr Nathan Jones advised the Committee that he took two courses of anabolic steroids entailing doses as high as 1300 milligrams per week. (Evidence, p. 2179) When asked about the context in which he was introduced to steroids Mr Jones replied that it was in the course of his employment as a security guard:

Where I worked it was like a bouncer situation and most bouncers are bodybuilders; so it was in that way. (Evidence, p. 2163)

In Mr Jones' case, he began work as a bouncer at age 16 and was introduced to steroids by another bouncer. At the time Mr Jones had not been to a gym and had not been in any bodybuilding competitions at all. (Evidence, p. 2164)

11.15 Mr Jones, in fact, was purchasing what he understood to be black market human anabolic steroids. Jones believed that they had been prescribed for his bouncer colleague who resold them to Mr Jones. And the supplier injected Mr Jones with the steroid provided. (Evidence, p. 2166)

11.16 Mr Jones described how, a couple of days after first receiving the drug he experienced an increase in aggression:

I felt aggressive, yes - touchy, on little things. (Evidence, p. 2170)

Subsequently, Mr Jones advised, he ceased taking the steroids because of the side effects including back pain, but also aggressiveness and paranoia. When asked whether he got involved in physical conflicts, Mr Jones stated that he did:

I got really aggressive very easily.
(Evidence, p. 2173)

And Mr Jones confirmed that this was his experience at the time during which he was employed as a bouncer. (Evidence, p. 2173)

11.17 Mr Jones also revealed the extent of his loss of self-control when aggressive. The Chairman asked whether Mr Jones was more prone to get into fights, particularly given the nature of his work as a bouncer. Mr Jones confirmed that that was the case and that basically, in these circumstances, he could not stop. (Evidence, p. 2174) (It should be noted that Mr Jones is 207cm tall and weighs in excess of 125kg.)

11.18 Further, Mr Jones was asked whether being a bouncer gave legitimacy to the use of his aggression and whether his occupation screened his misbehaviour, or disguised it. Mr Jones confirmed that it did. (Evidence, p. 2174) The Deputy Chairman

mentioned to Mr Jones that in Western Australia a number of cases of assault charges against bouncers had arisen; in response to the suggestion that, by the use of anabolic steroids bouncers were indulging themselves in the symptoms rather than fulfilling their normal responsibilities as bouncers, Mr Jones confirmed that that was the case. (Evidence, p. 2174) Mr Jones explained that, on steroids, he would do more than 'keep the peace' as a bouncer; he would give:

A bit of punishment at the time when I felt the person deserved it because of the way he carried on. (Evidence, p. 2175)

And Mr Jones confirmed that his steroid consumption affected his attitude to the law whereby he felt invincible and that his wrongdoing would not be detected. (Evidence, p. 2179)

11.19 Mr Jones advised that while he took doses of anabolic steroids up to twenty times the maximum that would be prescribed by a medical practitioner, those doses were commonplace amongst the people with whom he worked. Mr Jones affirmed that these people had similar problems from time to time, as he did, with the law. (Evidence, p. 2178)

11.20 The picture confirmed by Mr Jones is, in some aspects unique to his experience: some details would not be shared by many steroid takers. Nevertheless, there are significant elements of Mr Jones' evidence that apply widely among bouncers. Chief among these are the tendency for a very high percentage of bouncers to be steroid takers, the enormous doses of anabolic steroids consumed by bouncers, the likelihood that bouncers will have an excessively aggressive attitude to night-club and hotel patrons, and that many bouncers had problems with the law. The emerging picture provided by a number of witnesses before the Committee, and confirmed by Mr Jones' first hand account, is one that is considerably antisocial and which contains the potential for particularly dangerous confrontations. The Committee is most concerned to note this consequence of the abuse of anabolic steroids.

11.21 The Committee is also concerned that the deleterious psychological effects of steroids on bouncers may be compounded by other drugs, especially amphetamines. Mr Nathan Jones advised that, in addition to a steroid intake of up to 200 milligrams per day, he was taking 60 milligrams a day of amphetamines. (Evidence, p. 2184)

RESEARCH ON BOUNCERS AND VIOLENCE

11.22 The Committee believes that there are connections between the sports of powerlifting, bodybuilding and weightlifting and the security industry, in particular the employment of bouncers. Those links may be compounded by the high incidence of anabolic steroid use among such people and the frequency of night-club violence.

11.23 It is understandable that at this point there is little by way of clear crime statistics and police evidence of links between steroid use by bouncers and night-club violence. This is the case because the problem identified before the Committee in this regard has not been widely recognised as a potential cause of such breaches of the law, and those committing assaults are not likely to have been asked by investigating officers whether they have used anabolic steroids recently. The ACT Deputy Commissioner of Police advised that:

Investigations ... have confirmed that a large percentage of men who are employed as bouncers at ACT night spots are bodybuilders and sports oriented people. Some are personally recruited from such places as gymnasiums and it is possible that some do use steroids.

The Deputy Commissioner went on to confirm, however, that the ACT Region Drug Operations Branch had no reports indicating steroid use among ACT security guards. He added:

Bouncers, though not necessarily violent, do have a reputation for being aggressive, a trait no doubt considered by employers to be

occasionally necessary. There is no evidence to suggest that any such aggressiveness is related to steroid use. (Letter to Committee Secretary, 22 November 1989)

11.24 While it is understandable that in the past the incidence of bouncer violence has not been widely acknowledged to have a steroid connection, the Committee considers that a substantial body of evidence concerning that link is now available. A selection of recent reports confirming the connection has been quoted in this Chapter. Nevertheless, more research is required on this topic in order to assist the law enforcement authorities in dealing with bouncer violence. A recommendation to that effect is made at the conclusion of this Chapter.

THE LICENSING OF BOUNCERS

11.25 The Committee notes that it would be most desirable for all security workers including bouncers and doormen to be licensed and required to wear identification. Commissioner Ryan expressed this view on 5 October 1989 in finding the owners of The Hippodrome grossly negligent in 23 incidents including assaults on patrons by bouncers. (The Age, 6 October 1989) The Committee was informed by Chief Inspector Topping that under NSW legislation those engaged in security work are obliged to be licensed. (Evidence, p. 2849) The Committee considers that this should be the case throughout Australia for the security industry, including bouncers.

11.26 The Committee understands that two states are already moving to regulate the 'security' industry and license bouncers - Queensland and Victoria. The Courier Mail of 23 January 1980 reported that hotel and night-club doormen will have to be licensed under laws prepared by the Queensland Police Minister:

Bouncers could lose their licence for 'rough-house' tactics on patrons without provocation under the laws, to be introduced in the February parliamentary session ... Under the licensing arrangements, bouncers with criminal histories would not be eligible

to apply for registration. Those who abused their positions would face prosecution ... A training system would be implemented.

11.27 With regard to Victoria, The Age of 25 January 1990 reported:

The Police Minister, Mr Crabb, is today expected to endorse a recommendation by the Community Council against Violence that a registration system be set up to ensure bouncers are properly regulated ... The report is believed to have recommended that all registered bouncers be required to carry identification badges with a photograph.

POLICE AND THE SECURITY INDUSTRY

11.28 There is, however, a further dimension to this problem and it compounds the Committee's concern. Chief Inspector Topping of the NSW Police confirmed to the Committee that police are allowed to accept 'second jobs':

They apply through normal channels. They seek permission to work. (Evidence, p. 2849)

Further, Chief Inspector Topping advised that they may work in the security industry but only subject to review:

In relation to whether they are permitted to hold a job in a certain particular security sphere, if the Commissioner considers that that job is in conflict, that it is perceived to be in conflict by the public, that it be in conflict with their interests, then such permission would not be granted. (Evidence, p. 2849)

11.29 Sergeant Glenn Jones was also questioned about the possibility of police officers 'moonlighting' as bouncers or security guards. Sergeant Jones advised that a number of police were involved in powerlifting, that they can be tempted to use anabolic steroids, and that:

Should a policeman obviously be in that position he would be as susceptible as the next person to the side-effects. (Evidence, p. 2823)

11.30 Sergeant Jones was subsequently to suggest to the Committee that, were police 'moonlighting' as security officers, there might be a 'conflict of interest':

I think there is a definite conflict of interest there. (Evidence, p. 2831)

Sergeant Jones explained that:

you are providing a service such as acting on behalf of an occupier, an owner in a premises and asking people to leave; generally that is what a security officer is supposed to do, to throw people out, for want of a better word. If that person refuses, you then have the conflict as to whether or not you are acting on behalf of the owner or you are acting as a member of the police force. Of course, that can bring all sorts of problems into effect. (Evidence, p. 2831)

11.31 The Committee considers that the conflict of interest may be exacerbated when police take courses of anabolic steroids. It is understandable that police officers would be tempted to do so - size and strength are obvious benefits in the task of law enforcement. Nevertheless, the adverse psychological effects of anabolic steroids can be particularly dangerous in police officers. Time magazine of 4 December 1989, for instance, reported:

To build muscles that will help them outwrestle suspects, some police officers have taken to popping anabolic steroids. But mental-health experts warn that the drugs can make users emotionally unstable and aggressive. Such concerns were expressed in Houston after Patrolman Scott Tschirhart, a body builder, fatally pumped six shots into an armed off-duty security guard he had stopped for speeding on Nov. 15. While not linking the killing to steroid use, Police Chief Lee Brown has proposed random drug testing of his men.

11.32 The Committee is aware that steroid-taking is not unknown among Australian police officers. It has been noted at Chapter Ten that one person whose name appears on the list of clients who purchased steroids through the mail from Western Australia was Scott Brodie. The NSW Cabinet Office advised the Committee that Mr Brodie subsequently joined the NSW Police Force. (Letter to Committee Secretary, 20 December 1989) Further, the Committee heard that Bruce Walsh, when a serving NSW police officer, supplied anabolic steroids to weightlifters at the Western Suburbs Police Citizens Youth Club in the 1970s. (Evidence, p. 2836)

RECOMMENDATIONS

Recommendation Thirty-Nine

11.33 It is clear that more research is required in order to establish the nature and dimension of the problem of night-club violence and the incidence of steroid use by bouncers. The Committee accordingly recommends that this be the subject of a research project to be carried out by the Australian Institute of Criminology.

Recommendation Forty

11.34 The Committee refers to the Ministerial Council on Drug Strategy the issue of steroids and violence involving bouncers. The Committee recommends that the Council consider the following resolution:

That all States and Territories regulate the bouncer industry by:

- . screening applicants for criminal records;
- . licensing each bouncer; and
- . requiring bouncers to wear numbered badges with photographic identification.

Recommendation Forty-One

11.35 The Committee recommends that Police Commissioners no longer approve 'moonlighting' by their officers in the security industry. Further, Police Commissioners should provide directions to their officers not to use anabolic steroids other than for therapeutic purposes.

SECTION V

REGULATIONS

CHAPTER TWELVE

REGULATIONS FOR RESTRICTING THE AVAILABILITY OF ANABOLIC STEROIDS

INTRODUCTION

12.1 The Committee received a considerable body of credible evidence concerning the detrimental effects of sports drugs. These issues were discussed at length in Section II. At this point, however, it should be observed that the evidence supported the Interim Report's advice that:

In the Committee's view there is no doubt that drugs currently used to enhance performance pose a health risk. All of the classes of drugs used have side effects which can be both immediate and longer term. (para. 2.93)

12.2 With regard to anabolic steroids, the Interim Report advocated controls to be the same for both human use anabolics and veterinary anabolic steroids. Recommendation 10 (iii) put forward this concept; it recommended that the meeting of Commonwealth and State Ministers investigate the possibility of making veterinary anabolic steroids subject to the same degree of control as applies to anabolic steroids for human use.

12.3 Since making that recommendation, the Committee has received significant evidence, including evidence provided in camera, confirming its concern that the same controls should apply for human and veterinary anabolic steroids. On one hand, for example, the Committee was advised by Mr Kriss Wilson, that Dr Jeremijenko prescribed human anabolics for him on the basis of a program written out by a gym coach. (Evidence, pp. 2192-8) And on the other, the Committee received evidence from a Brisbane pharmacist, Mr Leon Azar, that he filled a significant number of doctors' prescriptions with veterinary steroids. (Evidence, pp. 2498-9) Mr Azar claimed that the doctors had written the

prescriptions specifically for veterinary steroids. (Evidence, p. 2465)

12.4 The Committee, then, has received evidence confirming that:

- anabolic steroids are being used extensively as sports drugs;
- there are significant detrimental physical and psychological effects of steroid use;
- anabolic steroids are being recognised as drugs of dependence;
- some doctors have been prescribing anabolic steroids specifically as sports drugs;
- some doctors have also been prescribing veterinary anabolic steroids; and
- some pharmacists have been filling prescriptions for anabolic steroids as sports drugs; they have provided both human use anabolic steroids and veterinary steroids for the purpose.

The Committee is therefore convinced that strict controls must be in place for limiting the availability of anabolic steroids and restricting their use; the controls must result in the same degree of restriction for human use anabolic steroids as for veterinary anabolics. Without such uniform restrictions, those abusing anabolic steroids would move to the variety most easily obtainable.

12.5 Accordingly, the Committee endorses recommendation 10 (iii) of the Interim Report: the restrictions on the availability of human use anabolic steroids and veterinary anabolics must result in a uniform control for those drugs.

IMPORTATION CONTROLS

12.6 The Committee has noted that the Minister for Housing and Aged Care requested the Minister for Science, Customs and Small Business in 1989 to implement changes to the Customs (Prohibited Imports) Regulations to tighten controls over the importation of substances used to enhance sporting performances. The Minister for Community Services and Health advised in a letter to the Committee Chairman (10 July 1989) that:

These changes will close loopholes previously in the legislation which enabled arriving passengers to bring unlimited quantities of medicines into Australia and will specifically restrict the importation by arriving passengers of substances such as anabolic steroids which may be used in attempts to enhance sporting performance. It will also remove the exemption from import control previously applied to many substances imported for veterinary use.

The Committee notes that these changes were gazetted on 21 December 1989. Importantly, anabolic steroids for human use and veterinary anabolics are not distinguished for this control - for importation purposes they are now subject to the same Customs Regulations.

12.7 Essentially, the changes bring anabolic steroids within the scope of Regulation 5A (I) of the Customs (Prohibited Imports) Regulations. The importation of substances named in that Regulation is prohibited unless permission, in writing, has been provided by the Secretary of the Department of Community Services and Health. In effect, importation of small amounts for personal use is not allowed as a matter of course; Departmental approval is required in every case.

12.8 The Committee is satisfied that the Customs Regulations have been amended to enable the prosecution of importers of even small quantities of anabolic steroids destined for performance drug use. Further, the Committee notes that the measure taken to

ensure this control over anabolic steroids complies with Recommendation Eight of the Interim Report:

The Committee recommends that regulations concerning the importation of veterinary anabolic steroids be made as stringent as those that apply to anabolic steroids for human use.

DISTRIBUTION CONTROLS

Anabolic Steroids for Human Use

12.9 Since the Interim Report, the Committee has been able to devote some attention to the ways in which controls on the supply of anabolic steroids might be effected. The Interim Report recommended (Recommendation 10) that Commonwealth and State Ministers:

- (i) agree to make anabolic steroids prepared for human use a Schedule Eight drug.

This recommendation has been acknowledged by the Minister for Community Services and Health. In his letter to the Committee Chairman dated 10 July 1989, Dr Blewett confirmed that the Ministerial Council on Drug Strategy had agreed to form a working party to examine options for putting in place additional controls on anabolic steroids. The working party was due to meet in September 1989. However, the domestic airline dispute caused that meeting to be postponed. It is now scheduled to be held after the tabling of this Report.

12.10 The Committee confirms its recommendation that anabolic steroids prepared for human use should be a Schedule Eight drug; Schedule Eight covers drugs of dependence. The Committee notes in support of its recommendation that anabolic steroids are becoming recognised as drugs of dependence. The Journal of the American Medical Association in the first week of December 1989 published a report from the Yale University School of Medicine. This report advised that 'evidence reviewed by the researchers points to a:

previously unrecognised drug addiction, a sex steroid hormone-dependence disorder. (Reuter report, 7 December 1989)

The researchers concluded that the steroid dependence was characterised by extended use, failed attempts to quit despite psychological damage, withdrawal symptoms and use of hormones to relieve such symptoms.

Recommendation Forty-Two

12.11 That anabolic steroids prepared for human use be listed as Schedule 8 drugs and that only medical practitioners (and not veterinarians) be entitled to prescribe them.

Veterinary Anabolic Steroids

12.12 The Interim Report advised (at para. 4.11) that any controls over banned drugs would need to extend to veterinary as well as human pharmaceuticals. Recommendation Six prescribed:

action to make the supply for human use of any anabolic steroid labelled for veterinary use a criminal offence punishable by the same penalties as those that apply to the unauthorised use of human anabolic steroids.

12.13 It was noted in the Interim Report that the Government of Western Australia was to introduce a regulation to make the administration and supply to humans of any medium labelled for veterinary use an offence under the Poisons Regulations. The Report advocated (para. 4.17) that this lead be followed by the other States.

12.14 The Health Department of Western Australia has since advised that the human use of veterinary preparations has been proscribed in that State. (Letter to Committee Secretary from Health Department of Western Australia, 24 October 1989) Regulation 33A of the Poisons Regulations was gazetted on 11 November 1988; it states:

A person shall not:

a) administer to himself or another person

or

b) sell or supply for human use a medicine or other product which contains a poison and which was prepared for use in animals.

12.15 Further, Queensland has adopted similar regulations. The human use of veterinary steroids in Queensland has been proscribed through subregulation A5.04 of the Poisons Regulations 1973. The subregulation, which was gazetted on 19 August 1989, is as follows:

A5.04 A person shall not:

(a) administer to himself or to any other person; or

(b) prescribe, dispense, sell, supply or use for human use a dangerous drug, restricted drug or poison which is manufactured, prepared, packed or labelled for use in the treatment of animals, unless he has received the written approval of the Director-General.

12.16 The Committee considers that regulations and/or legislation of the kind adopted by Western Australian and Queensland is essential for all States and Territories. It covers the supply and administering of veterinary steroids to humans, a restriction that needs to be in place across Australia. The question remains, however, whether (even for those States with such legislation) those controls are comprehensive enough.

12.17 The Committee considers that the risk of veterinary steroid abuse by humans will in fact rise should all States and Territories list human anabolic steroids as Schedule Eight drugs.

While it will continue to be necessary to have a prescription for human anabolic steroids, veterinary steroids would be available on the understanding that they were intended for animals.

12.18 The Committee was advised by a veterinary drug wholesaler, Mr G. Zeltzer, that vets would very seldom write a prescription for Schedule 4 drugs.

Vets do not need to give a scrip, according to the Act. They can prescribe medicine and hand it over to their client or inject it into the animal without writing any script. I think the law states that they can leave up to seven days' treatment at any one time, per animal. (Evidence, pp. 2960-1)

With regard to Schedule Eight drugs Mr Zeltzer advised that:

There are some S8 and products such as prostaglandins, where the Veterinary Association has stated that he must actually administer the drug. He cannot hand over the drug to you. Vaccines are of that nature, for instance. (Evidence, p. 2962)

The following discussion then took place:

CHAIRMAN - So if steroids were made S8 you could not actually sell them to the owner of the dog and let him walk out the building with them?

Mr Zeltzer - As far as I understand it, that is right.

CHAIRMAN - They would have to be administered by the vet?

Mr Zeltzer - He would have to administer it, yes.

CHAIRMAN - And you would have to keep a record, presumably, of the transaction?

Mr Zeltzer - We keep a daily book on all transactions of S8 products.

CHAIRMAN - Would the vet have to keep that as well? He would have to account for them, would he not?

Mr Zeltzer - In practice I have not seen any vet keep that kind of record.

CHAIRMAN - For S8 drugs.

Mr Zeltzer - But he should have a record of any treatment that he gives to any animal.

CHAIRMAN - So you are obliged to keep a register of S8 drugs but the vet is not?

Mr Zeltzer - As far as I know. I am not exactly sure of that; I have not had any experience with it. (Evidence, p. 2962)

12.19 The Committee considers that there are three major principles to be observed in attempting to constrain the abuse of veterinary steroids by administration to humans; two concern access to the drug. First, access to anabolic steroids should be restricted as far as is possible. Second, where possible pastoralists should have reasonable access to anabolic steroids for the purpose of preventing pizzle rot in sheep and stimulating growth promotion in food producing animals. Third, the human abuse of veterinary anabolics should be punishable by law.

12.20 Essentially, the Committee considers that the first principle is necessary because it is not sufficient to control a problem as widespread as that concerning anabolic steroids simply by relying on legal sanctions centred on use. Were it possible to possess veterinary anabolic steroids without penalty or other limitation, many persons tempted to use steroids would take the veterinary form if:

- human anabolic steroids become a Schedule 8 drug obtainable only on prescription, and
- the risk of detection of the administration of steroids for a person involved in say, bodybuilding, would be very remote; the chances of a successful prosecution of such an offence then would be quite low.

The black market in steroids demonstrates the lengths to which steroid users will go to use anabolic steroids.

12.21 Accordingly, there should be an effective regime in place for veterinary anabolic steroids that:

- . allows legitimate necessary access by pastoralists;
- . provides sanctions against human use; and
- . restricts possession of veterinary anabolic steroids as tightly as possible.

12.22 This situation is achievable in a number of steps.

ACCESS

12.23 Anabolic steroids for pizzle rot and promoting growth are available to pastoralists without prescription as Schedule 6 drugs. Schedule 6 drugs are those:

Poisons that must be available to the public but are of a more hazardous or poisonous nature than those classified in Schedule 5. (NHMRC Standard for the Uniform Scheduling of Drugs and Poisons No. 3)

To prevent the open availability of veterinary steroids suitable for human use, anabolic steroids available under this schedule should not include injectable forms. That is, anabolic steroids listed as Schedule 6 drugs should be limited to those with a subcutaneous (pellet) application. The Tasmanian Department of Health Services advised that:

Pellets appear to have a limited liability to misuse. Pellets could be taken orally, but the effects are likely to be weak because of metabolism in the liver. Subcutaneous implants of testosterone are already used in human medicine (eg Organon brand, 100 and 200 mg), and it is possible that the veterinary product could be illegally used subcutaneously in a similar way. However, the number of pellets required and the unpleasant procedure make it unlikely that any but the most determined drug

user would consider employing this procedure.
(Letter to Committee Secretary, 19 October
1989)

12.24 The Committee received advice that there continues to be a legitimate need for injectable oil-based anabolic steroids in veterinary practice. The Australian Veterinary Association Ltd advised the Committee:

Both sub-cutaneous implants and oil based preparations of testosterone are used in wethers with the recommendation in both cases that treatment should not be given within 21 days of slaughter. The significant difference is that pellets are used largely for prevention or protection in periods of risk while the oil based injections are given as treatment once balanoposthitis begins to occur
...

In summary both implants and oil based injections have specific uses but the implants would be inconvenient to use and less effective in most cases and in most animal species. (Letter to Committee Secretary, 10 January 1990)

12.25 The Committee recognises the possibility that there may continue to be a need for pastoralists in certain circumstances to have their animals treated with the oily injectable form of veterinary anabolic steroid. For this reason the Committee takes the view that this form of treatment should continue to be available, but only through the administration of an injection by veterinarians. The Tasmanian Department of Health Services, in supporting this view, concluded that:

In summary, therefore, a prohibition on the possession and use of oily injections by anyone other than a veterinary surgeon, and the replacement of the oily injection by wider use of pellets, would appear to be a practicable way of tightening of controls to limit opportunities to misuse steroids. However, the impact on pastoral practices needs to be considered closely before a final decision is made. Amendments would need to be made to poisons legislation in each jurisdiction to implement such a prohibition. (Letter to Committee Secretary, 10 January 1990)

12.26 Significantly, the Committee was advised only that oily injectables continue to be necessary; no such claim was made for water-based anabolic steroids.

Recommendation Forty-Three

12.27 The Committee recommends that no injectable veterinary anabolic steroids be available as Schedule 6 drugs. Veterinary anabolic steroids available to the community without prescription under Schedule 6 should be limited to the pellet form, having subcutaneous application.

SCHEDULING

12.28 Of course, the objective behind removing injectable veterinary anabolic steroids from Schedule 6 - the removal of access to them by the general public - will not be satisfied merely by removing those drugs from Schedule 6; they must be relisted so as to prevent general access.

12.29 The Minister for Primary Industry and Energy, in a letter to the Committee Chairman, provided a briefing paper on rescheduling measures for veterinary anabolic steroids. That paper advised that rescheduling veterinary steroids as Schedule 8 drugs would be inappropriate:

Schedule 8 drugs are those illicit narcotic and stimulant drugs referred to DPSC for scheduling by the Drugs of Dependence Branch of the Department of Community Services and Health

- inclusion of drugs in Schedule 8 is a consequence of Australia's obligations under the International Conventions dealing with narcotic and psychotropic drugs and accords with the recommendations of the Williams Report resulting from the 1980 Australian Royal Commission of Inquiry into Drugs

... Consequently it would seem inappropriate to place anabolic steroids

in Schedule 8. (Letter to Chairman, 2 June 1989)

The paper, however, went on to suggest that:

Whilst scheduling has never been completely successful in restricting availability and possession of drugs, eg heroin and cocaine, if this option was to be pursued, the most appropriate schedule would appear to be Schedule 4, Appendix D, of the Standard for the Uniform Scheduling of Drugs and Poisons. Such a move will no doubt be seen by some as an over reaction to the perceived use of these veterinary preparations in humans.

- The list of drugs in Appendix D includes substances in S4 and S8 to which additional controls on possession and/or supply should be imposed by State/Territory Regulation. Controls may relate to possession, recording, destruction, prescribing and dispensing. (Letter to Chairman, 2 June 1989)

12.30 The Committee accepts this suggestion. Were oily injectable veterinary anabolic steroids listed under Schedule 4 Appendix D with a notation that required both administration and possession only by registered veterinarians, an adequate control over possession of such drugs would be in place, while permitting them to be administered to animals as necessary.

12.31 Support for this proposed scheduling came from the Health Department Victoria. The Acting Chief Manager advised the Committee:

The Health Department Victoria would support the following actions intended to control access to veterinary anabolic steroids for inappropriate human use:

- . amendments to drugs and poisons legislation to proscribe the supply for human use of anabolic steroids intended for veterinary purposes;
- . the inclusion in Appendix D of the NH&MRC's Standard for the Uniform Scheduling of Drugs and Poisons of those veterinary anabolic steroids which are

the subject of inappropriate human use, in order to confine their supply to the prescription of a veterinarian; and

- . the rescheduling to Schedule 4 of those current formulations of Schedule 6 anabolic steroids intended for veterinary purposes which have been found to be the subject of inappropriate human use. (Letter to Committee Secretary, 11 January 1990)

Recommendation Forty-Four

12.32 The Committee recommends that oily injectable veterinary anabolic steroids be listed under Schedule 4 Appendix D with the notation that possession and administration is proscribed except by registered veterinarians, who must maintain strict records of such administration. Further, the only form of injectable veterinary anabolic steroid available even to veterinarians should be the oil-based versions which are relatively easy to detect if ultimately misused for human consumption.

SCHEDULING VERSUS LAWS PROSCRIBING USE

12.33 The view has been put to the Committee that the rescheduling of veterinary anabolic steroids to Schedule 4 Appendix D will not be as efficacious as (simply) legislating to proscribe human use of veterinary products (as Queensland and Western Australia have done). The Western Australian Commissioner of Health has advised that:

Concerning the proposal by the Commonwealth Department of Primary Industries and Energy to place injectable veterinary steroids in Appendix D of Schedule 4 of the Standard for the Uniform Scheduling of Drugs and Poisons proscribing supply to veterinarians, I do not believe this would assist our objectives to the same extent as Regulation 33A mentioned earlier. I would not, however, oppose the proposal provided the injectable steroids referred to are those currently in Schedule 4 and not those in Schedule 6 which, I am advised, must be available to farmers without prescription for growth promotion purposes and

prevention of pizzle rot in sheep. (Letter to
Committee Secretary, 24 October 1989)

The question, then, is whether the scheduling of veterinary anabolic steroids is necessary where the law proscribes application to humans.

12.34 The Committee's view is that it is necessary to have both appropriate scheduling of veterinary anabolic steroids, and laws proscribing human use. The reasons are as follows.

12.35 The Committee has recommended that human anabolic steroids become a Schedule 8 drug and that veterinary anabolic steroids be subject to the same degree of control. However, the Department of Primary Industry and Energy has advised that it would be inappropriate to list veterinary anabolic steroids under Schedule 8 (see para. 12.29), and pastoralists are currently perceived to have a legitimate need for access to some steroids. Therefore, the Committee has recommended that pellet form veterinary steroids should remain available under Schedule 6. Injectable veterinary anabolics (having possible human application), however, should be listed under Schedule 4 Appendix D so that they may be used only by a veterinarian.

12.36 It may be asked, then, why legislation is required proscribing human use of veterinary anabolics if this scheduling regime is in place. The answer is that those laws perform three functions:

- they provide sanctions against the application to humans of the (freely available) Schedule 6 veterinary drugs;
- importantly, in the law as adopted in Queensland, they proscribe the prescribing of injectable veterinary steroids (Schedule 4 drugs) by doctors; and
- they proscribe the retailing of veterinary anabolics by veterinarians.

12.37 Approaching the problem from the other side, if such legislation is in place, why is scheduling necessary? The answer is that without scheduling, the possession of these drugs would not be subject to control. The fact that the illegal human application of those drugs would take place in private with real prospect that it would not be detectable, means that the temptation for people (like bodybuilders) to use veterinary anabolics would be very considerable. Possession of such drugs would not be illegal and human application would be difficult to detect and prosecute.

12.38 Further, because possession of veterinary anabolic steroids of any form by anyone would not be illegal without scheduling, there would be no definition of the veterinary anabolic black market unless scheduling was in place. While there may be laws against human use, veterinary drugs sold privately for that purpose could not be identified as such. Indeed, there could be no assurance that veterinary anabolic steroids sold in any circumstances were not bought for that purpose. If veterinary anabolic steroids are scheduled as this Report recommends, however, then any possession of Schedule 4 veterinary steroids by anyone except a licensed wholesaler or registered veterinarian would amount to black market possession. The prospects for controlling human application, therefore, are much greater with scheduling (in addition to legislation against use) than without it. And the task of law enforcement regarding these substances would be facilitated.

CONSEQUENCES FOR RACING, PACING AND COURSING

12.39 The Committee is mindful of the fact that the restrictions that it has recommended for veterinary anabolic steroids will have implications beyond the pastoral industry. In particular, the consequences will be felt in animal sports.

Racing

12.40 The Committee's recommendations should have minimal effect, however, on Thoroughbred horse racing. The Australian Rules of Racing are administered in each State and Territory by the relevant Turf Club and its racing stewards. Those rules provide, since 1 August 1988, for the testing of horses (on the days that they race) for anabolic steroids. A raceday sample positive for anabolic steroids would be a breach of the requirement for trainers to present horses free of 'prohibited substances'. Notably, the Australian Jockey Club has advised that 'since the ban on steroid usage in racehorses has been imposed there have been no confirmed positives to them as yet in Australia'. (Letter to Director, NSW Department of Sport, Recreation and Racing, 6 October 1989) The point is that limiting possession of injectable veterinary anabolics to veterinarians would not impose constraints on Thoroughbred racing additional to those already in place.

12.41 Indeed, the Manager of Racing Services for the Queensland Government has advised that in that State the Rules of Racing countenance the therapeutic application of anabolic steroids provided that it does not result in detection in raceday samples and that:

it has been prescribed by and administered under the supervision of a registered veterinary surgeon. (Letter to Committee Secretary, 2 November 1989)

12.42 The Committee's recommendation on the availability of veterinary steroids should have no effect on Thoroughbred racing in that:

- steroids are proscribed substances in raceday samples, and
- for Queensland at least, the administration of anabolic steroids to registered racehorses must occur under the supervision of a veterinarian; if the Committee's

recommendation is adopted that will be the case in all States.

12.43 Further, the Committee notes that the Thoroughbred racing industry has ceased the use of anabolic steroids on the scale practised prior to the banning of them from August 1988. The Committee was advised by the General Manager of United Veterinary Supplies that:

Since then there has been a dramatic drop in sales of anabolic steroids. In fact, there has been approximately a 75 percent drop, which indicates that the main use of the anabolic steroid was to enhance the performance of racing animals. (Evidence, p. 2974)

Pacing

12.44 For Standardbred Pacing the Committee understands that the situation varies across Australia. The Western Australian Office of Racing and Gaming has confirmed that:

At present, there is no ban on the administration of steroids to pacers. However, this position is under review by the Australian Harness Racing Council.

Despite the use of steroids not being banned, swabs are taken from pacers and tested for steroids. Data on the prevalence of these substances is being collated. (Letter to Committee Secretary, 23 November 1989)

In Tasmania, by contrast:

they are not permitted to be used on racing animals so as to affect the performance of such animals in a race at a registered race meeting. (Letter to Committee Secretary, 19 October 1989)

And the South Australian Harness Racing Board advised that:

The Australian harness racing industry through its controlling body the Australian Harness Racing Council is undertaking an in depth

study of the question of the use of anabolic steroids. (Letter to South Australian Department of Recreation and Sport, 12 October 1989)

12.45 While anabolic steroids are not banned throughout Australia in Pacing in the way adopted by the Thoroughbred racing authorities, it seems that the question of nominating the drug as a proscribed substance in raceday samples is under review. It is difficult to conceive that the Pacing authorities could have objections to this option such that it could be adopted for Thoroughbred racing but not Standardbred pacing. Accordingly, the Committee considers that its recommendations concerning veterinary steroids ought not to be an inconvenience to the Pacing industry.

Coursing

12.46 For Greyhound racing, there is also a varied picture across Australia on anabolic steroids. In Western Australia both anabolic and cortico steroids are prohibited and the analysis of swabs is routinely carried out. While the Greyhound Racing Association has successfully proceeded against several trainers for the use of dexamethasone, the Western Australian Office of Racing and Gaming has advised that there is no process available to the Government Chemical Laboratories to test for anabolic steroids. It is hoped, however, that a procedure will be available in early 1990. (Letter to Committee Secretary, 23 November 1989)

12.47 In South Australia, steroids are permitted for therapeutic treatment of Greyhounds as long as they are not administered within seven days of a race. Further, the Greyhound Racing Control Board advised the South Australian Department of Recreation and Sport that a new testing laboratory was being set up in Melbourne capable of detecting steroids in Greyhounds; the laboratory is known as Racing Analytical Services Ltd. Nevertheless, the Chairman of Stewards in South Australia considered that, because of inadequate statistics on the persistence of steroids in Greyhounds, it would be difficult for

stewards handling an inquiry into a positive swab. (Letter to South Australian Department of Recreation and Sport, 18 October 1989)

12.48 The Committee understands that the anabolic steroid issue is under consideration by Greyhound racing authorities and recommendations concerning the administration of steroids to racing Greyhounds are being developed. Significantly, there is no indication that the Committee's recommendation to limit the administration of injectable veterinary steroids to veterinarians would inconvenience unduly the Greyhound racing industry. Provided they were administered by a veterinarian within the rules of Greyhound racing, trainers would continue to be able to treat their animals with steroids for therapeutic purposes.

12.49 That said, the Committee considers that the health effects of the use of anabolic steroids in racing animals is likely to be similar to that in humans. That is, racing animals may be at risk of serious physical and psychological damage.

RECOMMENDATIONS

Recommendation Forty-Five

12.50 The Committee recommends that the Pacing and Coursing industries ban the use of anabolic steroids in racing animals in order to limit the legitimate demand for veterinary anabolic steroids.

Recommendation Forty-Six

12.51 The Committee recommends that the Senate refer the matters raised in Chapter Twelve of this Report to the Senate Select Committee on Animal Welfare for investigation and report.

SECTION VI

INTERNATIONAL

CHAPTER THIRTEEN

INTERNATIONAL CONTEXT: AGREEMENTS AND TESTING

INTRODUCTION

13.1 In its Interim Report the Committee recommended that the Commonwealth Government:

request the Australian Sports Drug Commission, and the Australian Olympic Federation, to adopt a strong international role in order to take steps to ensure that the Committee's views are presented to major international forums (eg, Second World Anti-Doping Conference in Moscow and the Dubin Inquiry) and to promote the world-wide acceptance of mandatory random and targeted drug testing regimes and the development of uniform policies. This is necessary in order to ensure that Australian athletes are not penalised because of Australia's strong stance on this issue. (Interim Report, p. xxxv)

13.2 It was a major concern of the Committee that Australia's elite athletes should not be disadvantaged in any way in international competitions by the Committee's proposals. In particular the Committee felt that any independent out-of-competition testing program conducted in Australia could place our nation's athletes at a real or perceived disadvantage relative to their international competitors if other countries did not introduce testing regimes of equal rigour.

13.3 Evidence collected since the inquiry began has contained numerous references from individual athletes about their concern that their competitors are using ergogenic aids and that this concern could be a factor in any decision to do the same.

13.4 Ms Lisa Martin suggested that if Australian sport became drug free:

in track and field, I would say in events below 800 metres and especially for women, including throws and jumps, it would leave us far behind the rest of the world. Once you move to middle distance events we would still be competitive, but definitely not in throws, jumps or sprints. (Evidence, p. 1671)

13.5 Mr Mike Hurst a coach noted:

Darren Clark and Maree Holland would ... be able to give [the Committee] a real sense of what it is like 'out there' competing against fully supported Soviet and American athletes ... of the temptation to take drugs 'just to start on equal terms' with their opponents. (Evidence, pp. 464-5)

13.6 Of some concern to the Committee was the view expressed by Mr Haynes concerning an Australian elite female athlete:

What do you do if you throw the qualifying standard, you have been tested drug free, and somebody tells you that you are not competitive? You have two choices. (Evidence, p. 1663)

13.7 Athletes who make the decision not to use performance enhancing drugs also become extremely discouraged when they are defeated by athletes they believe may have been using drugs. This explanation for their defeat serves only to compound the dilemma of their younger colleagues who have yet to make their decision whether or not to use drugs.

13.8 Mr Darren Clark advised the Committee:

In 1984 I was in the top four then I went down to the top 16. I might have a bit of a chip on my shoulder but I just thought everyone in the world was on [anabolic steroids]. (Evidence, p. 472)

13.9 In her evidence to the Committee Ms Maree Holland recalled:

the race that I ran in I would swear was a man's race. I actually saw one of the girls in

the morning and I thought she was a man ... She was as hard as nails. Her face was a man's face with a square jaw and thick neck. (Evidence, p. 480)

13.10 Miss Raelene Boyle told the Committee:

Obviously the rest of the world is so advanced in the use of anabolics and the rest of it that we are losing ground all the time. You have basically got to take drugs to be in there in certain events these days. (Evidence, p. 1720)

13.11 A similar view was expressed by Miss Lisa Martin.

The reason why I keep running is because I am in the marathon and because I think I can be the best in the world without drugs. If I was a shot-putter I would have made the decision not to use drugs and I would not be bothering to throw any more. It is as simple as that. (Evidence, p. 1668)

13.12 The Committee therefore accepted the responsibility of ensuring that the relevant bodies such as the Australian Olympic Federation and the Australian Sports Drug Agency took all available steps to encourage independent and equally stringent testing arrangements in all countries whose athletes compete against Australian athletes at international events.

INTERNATIONAL INITIATIVES

Background

13.13 The first significant international anti-doping development occurred in 1960 when the Council of Europe (a group of 21 western European nations founded in 1949) tabled a resolution against the use of doping substances in sport. This resolution was based on medical, ethical and moral principles.

13.14 During the 1960s and 1970s various nations enacted national anti-doping legislation.

- Belgium, France 1965
- Italy, Turkey 1971
- Greece 1976
- Portugal 1979

13.15 The first national sporting bodies to undertake domestic anti-doping initiatives were:

- Swiss Sports Association 1969
- Danish Sports Federation 1978
- Deutscher Sportbund 1979
- Norwegian Sports Confederation 1979
- Finnish Sports Federation 1982

13.16 In 1967 the Medical Commission of the International Olympic Committee was established and conducted the first drug tests during the 1968 Olympic Games in Mexico City and Grenoble.

13.17 Drug testing programs in Australia commenced in the early 1980s.

World Conferences

First World Conference on Anti-doping in Sport

13.18 In a report to the Committee the Chief Executive of the Australian Sports Drug Agency advised that the recent momentum for international change began with the First Permanent World Conference on Anti-Doping in Sport in Ottawa in June 1988. An informal international advisory group was formed to guide the development of this Conference. This group was subsequently expanded and formalised into the International Working Group on Anti-Doping in Sport (IWG). The membership of the IWG is as follows:

- Prince Alexandre de Merode (IOC)] Co-chairman
- Mr Lyle Makosky] Co-chairman
- Dr Don Catlin (USA)

- Dr Manfred Donike (IOC Medical Commission)
- Dr Robert Dugal (IOC Medical Commission)
- Sir Arthur Gold (European Sports Conference)
- Mr Vassily Gromyko (USSR)
- Dr Gunther Heinze (GDR)
- Mr Hans Skaset (Norway)
- Mr Ole Sorensen (Canada)
- Mr George Walker (Council of Europe)

13.19 Its agreed purpose was to discuss a strategy and plan for furthering the international anti-doping campaign, specifically for the advancement of the International Olympic Charter Against Doping in Sport (see Appendix 11); to aid with this campaign where appropriate and to carry on the work of the world conferences.

13.20 The IWG focused on four key aspects of anti-doping initiatives. Firstly, the development of a series of annexes to support the Charter and to provide the necessary background for its implementation. Secondly, the design of a strategy for the advancement of the Charter throughout the world. Thirdly, the organisation and provision of a program for the Second Permanent World Conference on Anti-Doping in Sport. Lastly, to establish a forum to exchange information and suggestions on the next global anti-doping campaign.

13.21 The IWG prepared and finalised the following annexes:

- . The IOC list of doping classes and methods of doping (see Appendix 6).
- . The IOC requirements for accreditation of laboratories and good laboratory practice (see Appendix 12).
- . A model national anti-doping program (see Appendix 13).

13.22 In addition draft versions of the following annexes were prepared for discussion in Moscow at the Second World Conference.

- . Standard operating procedures for doping control.
- . Principles and guidelines for out-of-competition testing.

- . Rights and responsibilities of athletes and their entourage.
- . Guidelines for sanctions and penalties. (Evidence, pp. 4016-38)

Second World Conference on Anti-doping in Sport

13.23 At the invitation of the Soviet Government, the Second Permanent World Conference on Anti-Doping in Sport was held in Moscow from 10-12 October 1989 under the chairmanship of Prince Alexandre de Merode, Vice-President of the International Olympic Committee and Chairman of the IOC Medical Commission and Mr Nicolai Rusak, Chairman of the State Committee for Physical Culture and Sport of the USSR.

13.24 The Conference was structured to receive a series of progress reports on activities and programs since the first conference in Ottawa. Four themes were addressed through a series of workshops with the intention of exchanging experience and information on the development and implementation of national anti-doping programs and to provide comment on the proposed additions to the International Olympic Charter Against Doping in Sport.

13.25 A total of 181 delegates from 31 countries participated in the Moscow Conference. There were representatives from governments, National Olympic Committees, National Sporting Organisations, International Sport Federations; laboratory directors and personnel, the IOC Medical Commission, the IOC Athletics Commission, the World Health Organisation, La Federation Internationale de Medecine Sportive, the Council of Europe, the European Sports Conference and UNESCO.

13.26 Australia was represented by the President of the Australian Olympic Federation, Kevan Gosper; Member of the Medical Commission of the IOC, Dr Ken Fitch; Chief Executive of the Australian Sports Drug Agency, Steve Haynes; and Chairman of

the Senate Standing Committee on the Environment, Recreation and the Arts, Senator John Black.

13.27 The Conference considered the following topics:

- . The Model National Program for Anti-Doping;
- . Out-of-competition testing;
- . Education and information;
- . Rights and responsibilities of athletes and their entourage.

13.28 The Committee notes that Recommendations from its Interim Report formed a significant part of the topics discussed in Moscow.

13.29 In his report on the conference Mr Haynes noted that:

Delegates welcomed the progress that had been made since the 1st Permanent World Conference in Ottawa noting in particular:

- . the adoption by the IOC [International Olympic Committee] at its 96th Session in Seoul of the Charter which was produced in Ottawa as the International Olympic Charter Against Doping in Sport;
- . the promotion of the Charter to all NOCs [National Olympic Committees] at the IOC/ANOC [Association of National Olympic Committees] Session in December 1988;
- . the agreement to the principles of the Charter and to the need to harmonize anti-doping rules and procedures by the Association of Summer Olympic International Federations at its meeting with the IOC in April 1989;
- . the support for national adoption of the Charter by member states at the Second UNESCO Conference of Ministers and Senior Officials Responsible for Sport in Moscow, November 1988;
- . the endorsement of the Charter by the 25 nations attending the 6th Conference of European Ministers Responsible for Sport

in Reykjavik in June 1989. (Evidence, p. 3901)

13.30 The Conference made the following recommendation:

that as part of the upcoming amendments to the IOC Charter consideration be given to changes that reflect the importance of anti-doping in particular with regard to athlete eligibility, NOC responsibilities and to the inclusion of the International Olympic Charter against Doping in Sport as part of the bylaws of the IOC Charter. (Evidence, p. 3901)

13.31 The Conference also:

- . re-emphasized their common concern for the need for international harmonisation, co-ordination and uniformity.
- . stressed the shared responsibility of governments and sport for the anti-doping campaign and encouraged further collaborative efforts in this regard.
- . encouraged the development of further bi- and multi-lateral agreements between countries which utilise various approaches including cross-testing, as a means of building mutual understanding, trust and a common approach.
- . emphasized the importance of the Olympic ideals to education programmes to reinforce the ethics of sport and fair play.
- . supported the staging of the World Conference as a valuable forum for the exchange of views and information between governments and sport and as a means of encouraging mutual understanding.
- . lent their support to the continuing work and co-ordination efforts of the International Working Group.
- . agreed that sporting nations and international sport authorities of the world gather again in two years in Norway for the Third Permanent World Conference on Anti-Doping in Sport. (Evidence, pp. 3901-2)

International Agreements and Co-operation

13.32 In his evidence to the Committee Mr Lyle Makosky, Assistant Deputy Minister, Ministry of Fitness and Amateur Sport in Canada noted:

the real catalyst for change is coming about where countries themselves are undertaking to enter into arrangements between them and among them to bring about a common approach and common standard ... I guess it is our considered belief that the real agreement for change is going to occur by countries coming together and developing mutual agreements. (Evidence, pp. 4136-7)

International Olympic Charter Against Doping in Sport

13.33 The concerns expressed by the Committee at the beginning of this Chapter are clearly represented in key elements of the Charter which was revised in Moscow:

ACCREDITED LABORATORIES

It is universally agreed by sport and governmental authorities involved with the doping issue, that the analysis of samples taken during doping controls must be undertaken only at IOC accredited laboratories. This is essential to ensure that the highest standards of scientific analysis are maintained, and to ensure that samples and the results of sample analysis are handled in accordance with ethical standards set out in the IOC Medical Commission's document on 'good laboratory practice'. (Evidence, p. 4009)

CO-OPERATION WITH CUSTOMS AND CIVIL AUTHORITIES

Several aspects of the anti-doping campaign must be pursued through close and careful co-operation with civil authorities.

In some countries, doping is regarded as being sufficiently serious that the effort to control and eradicate is a matter for civil and criminal authorities. In other countries, the rules against doping are maintained only by sporting bodies.

In both cases, however, the civil authorities are key players in dealing with certain areas of the anti-doping campaign.

We know that the elimination of doping requires not only a focus on the ultimate user - the athlete; but also on those responsible for the supply and distribution of banned substances. The 'criminalization' of the

importation of and trafficking in doping agents can be vital to the curtailment of doping in sport.

The apparent free flow of some doping agents would be stemmed in many countries if the classification of these drugs were elevated from 'controlled' or 'restricted' status to that of an 'illegal' substance. While the international conventions surrounding the classification of drugs makes such measures difficult, steps may still be taken within countries to control the unrestricted distribution of many doping agents.

Civil authorities and self-regulating bodies related to the pharmaceutical industry and the medical and pharmacy professions may be helpful in tracking the distribution of otherwise legal drugs which may be being abused for doping purposes. Patterns of distribution of doping agents may provide leads for further investigation of the unethical or illegal distribution of banned drugs.

The national co-ordination authority for doping should collaborate with the civil authorities in the areas noted above. (Evidence, pp. 4014-15)

INTERNATIONAL ACTIVITIES

Countries will need to undertake a number of measures with other nations if the full impact of national anti-doping initiatives is to be achieved. Included on this list are the following items:

- 11.1 arranging for testing of one's athletes when they are resident, training or competing in another country;
- 11.2 cooperation on investigation of trafficking or importing activities
- 11.3 access to an IOC accredited laboratory in another country for analysis of doping control samples;
- 11.4 restriction of formal bilateral sport relations to countries which have taken a pro-active stand against doping in sport;
- 11.5 access to expertise and experience of other countries;

- 11.6 support to representatives of national sport federations to advocate at the IF [international federation] level for stronger measures against doping in sport.

Following the adoption of the International Olympic Anti-Doping Charter by the IOC in September 1988 and the endorsement in principle by UNESCO of the Charter, countries committed to the eradication of doping in sport should sign the Charter and work toward the implementation nationally, bilaterally and multi-laterally of its essential elements. (Evidence, p. 4015)

European Anti-doping Convention

13.34 Mr George Walker, from the sports section of the Council of Europe outlined the development of the European Anti-Doping Convention by the Council (see Appendix 14). The articles in the convention reinforce those concerns of this Committee expressed at the beginning of this chapter. Specifically:

ARTICLE 4

Measures to restrict the availability and use of banned doping agents and methods

1. The Parties shall adopt where appropriate legislation, regulations or administrative measures to restrict the availability (including provisions to control movement, possession, importation, distribution and sale) as well as the use in sport of banned doping agents and doping methods and in particular anabolic steroids.
2. To this end, the Parties or, where appropriate, the relevant non-governmental organisations, shall make it a criterion for the grant of public subsidies to sports organisations that they effectively apply anti-doping regulations.
3. Furthermore, the Parties shall:
 - a. assist their sports organisations to finance doping controls and analysis, either by direct subsidies or grants, or by recognising the costs of such controls and analyses when determining the overall

subsidies or grants to be awarded to those organisations.

- b. take appropriate steps to withhold grant of subsidies, from public funds, for training purposes, to individual sportsmen and sportswomen who have been suspended following a doping offence in sport, during the period of their suspension from the sport.
 - c. encourage and, where appropriate, facilitate the carrying out by their sports organisations of the doping controls required by the competent international sports organisations whether during or outside competitions; and
 - d. encourage and facilitate the negotiation by sports organisations of agreements permitting their members to be tested by duly-authorized doping control teams in other countries.
4. Parties reserve the right to adopt anti-doping regulations and to organise doping controls at their own initiative and on their own responsibility, and that are compatible with the relevant principles of this Convention. (Evidence, p. 4107)

ARTICLE 8

International Co-operation

1. The Parties shall co-operate closely on the matters covered by this Convention and shall encourage similar co-operation amongst their sports organisations.
2. The Parties undertake:
 - a. to encourage their sports organisations to operate in a manner that promotes application of the provisions of this Convention within all the appropriate international sports organisations to which they are affiliated, including the refusal to ratify claims for world or regional records unless accompanied by an authenticated negative doping control report;
 - b. to promote co-operation between the staffs of their doping control

laboratories established or operated in pursuance of Article 5; and

c. to initiate bilateral and multilateral co-operation between their appropriate agencies, authorities and organisations for the purposes, also on the international level, set out in Article 4.1

3. The Parties with laboratories established or operating in pursuance of Article 5 undertake to assist other Parties to enable them to acquire their own laboratories. (Evidence, p. 4110)

Nordic Agreement

13.35 Among the first reciprocal agreements or conventions to be formulated was the Nordic Anti-Doping Convention which was completed in 1985. The key element of this Convention is that drug testing can be undertaken at events or out of competition without notice on any Nordic athlete competing in any Nordic country.

Joint Soviet-American Commission Against Doping

13.36 In 1988 the National Olympic Committees of the USSR and USA produced a declaration which stated a unification of their efforts to eliminate the use of doping in sport.

13.37 An anti-doping agreement between the two Olympic Committees was signed and the Joint Soviet-American Commission Against Doping was formed.

13.38 The Chairman of this Inquiry met with the Soviet American Commission in Moscow in October 1989. The members were:

Mr Baaron Pittenger,	Executive Director, USOC
Mr Vasily Gromyko,	Vice Chairman, USSR State Sports Committee
Dr Don Catlin,	USA
Dr Robert Hale,	USA
Mr Edwin Moses,	USA
Dr Vitali Semenov,	USSR
Dr Sergei Portugalove,	USSR

13.39 The key elements of this mutual doping agreement include cross-testing, education and research programs. The agreement appears in full at Appendix 15 of this Report.

13.40 The Chairman of this Inquiry was invited to discuss an extension of this bilateral agreement to a multilateral agreement. As a result a meeting in Rome was scheduled for December 1989, two months after the Moscow conference.

The Rome Meeting

13.41 On 13 and 14 December 1989 twelve countries met in Rome to discuss the development of further bilateral or multilateral anti-doping agreements based on the USA/USSR agreement.

13.42 The countries who attended the Rome meeting were: Australia, Bulgaria, Canada (observer status), Czechoslovakia, Germany, Great Britain, Italy, Korea, Norway, Sweden, USA and USSR.

13.43 An agreement signed by representatives from those countries became operative on 1 January 1990. The agreement is reproduced at Appendix 16 of this Report.

13.44 The significance of these agreements cannot be understated. Research carried out by the Australian Sports Drug Agency shows that signatories to this agreement represent the majority of successful performers in the high risk sports at the Olympic Games held in Seoul in 1988 (see Figure 13.1). (Evidence, p. 2880)

13.45 The ASDA allocated a score of six points for each gold medal performance down to one point for sixth place. An examination of Figure 13.1 reveals that at the Seoul Games the USSR gained 20.07 per cent of the possible successes using the ASDA scale, East Germany 16.42 per cent and USA 13.6 per cent.

FIGURE 13.1

	ATHLETICS	BALL SPT	FIGHTING	ROW/CANOE	CYCLING	GYMNASTICS	SWIMMING	WEIGHTLIFTING	TOTAL	PERCENT
URS	146	27	142	69	41	120	72	48	665	20.07%
GDR	134		33	114	43	46	156	18	544	16.42%
USA	156	16	93	34	7	9	133	3	451	13.61%
FRG	28	4	33	30	20		29	13	157	4.74%
HUN	2		39	32		9	39	15	136	4.10%
BUL	27	2	62	49		39	19	21	219	6.61%
ROM	2		14	46		53	14	8	137	4.13%
FRA	13		23	4	9		14	2	65	1.96%
ITA	16	3	14	14	3	1	6	1	58	1.75%
GER	37		10	20	7		15	4	93	2.81%
AUS	20	6	5	19	24		37		111	3.35%
YUG		10	13	5					28	0.84%
TCH	17		7	3	4	1		2	34	1.03%
NZL			2	28			8		38	1.15%
CAN	7	1	22	4	3	1	21	1	60	1.81%
POL	1		50	20	7		11	15	104	3.14%
NOR			9	5					14	0.42%
HOL			10	13	11		11		45	1.36%
DNV				7	10		5		22	0.66%
FIN	9	14							23	0.69%
POR	6								6	0.18%
SWE	3		17	6	4		8		38	1.15%
KOR			84			4		11	99	2.99%
CHN	7	5	3	10	1	20	22	24	92	2.78%
JPN	3		47			12	9	4	75	2.26%
TOTAL	634	74	746	532	194	315	629	190	3314	100.00%

Those countries that attended the Rome meeting account for nearly 60 per cent of the successes in Seoul using the ASDA scale.

13.46 This Committee notes that Australia is eighth in this table indicating significant all round sporting strength in the sports at the greatest risk from the use of performance enhancing drugs and other banned doping practices.

13.47 The ASDA study indicates some obvious pairings for bilateral cross-testing arrangements. For example:

USA	-	USSR
Australia	-	Great Britain
West Germany	-	Bulgaria
Canada	-	Italy
Sweden	-	Czechoslovakia

These paired countries have similar overall sporting strengths.

13.48 However it is essential to match countries with cross-testing programs with regard to compatible strengths in specific sports. While the total strength at the Seoul Games was similar for Australia (3.35 per cent) and Korea (2.99 per cent), the compatibility on a sport by sport basis shows relative strength to Australia in swimming, rowing, cycling, and athletics whereas Korea's strength is in the 'fighting' sports and gymnastics.

13.49 From the athlete's perspective they want to know that their closest overseas competitor is also being tested. An Australian swimmer, for example, is generally unconcerned about Korean competitors.

13.50 Other bilateral agreements have already been developed. The USSR has an agreement with Bulgaria, Poland, Hungary and Czechoslovakia. A copy of this agreement was made available to the Chairman of this Inquiry by USSR Sports Ministry officials.

13.51 Clearly if East Germany were involved in a similar agreement this would add greatly to the international drug

testing webb. Fortunately there is evidence that significant changes to drug testing in Eastern Europe may occur as a result of the political reforms during late 1989.

13.52 Michael Janofsky reported in the New York Times on 15 December 1989:

Dr Claus Clausnitzer, the chief of East Germany's only drug-testing laboratory, said today that from 1978 until last month, his staff tested all athletes selected by officials to compete outside the country, where they might be tested again. Only athletes who tested negative in Clausnitzer's lab were allowed to go, and over the years just three had positive results at a foreign event.

But Clausnitzer, who called himself the country's "doping police", conceded that pre-testing might have taught athletes when to use drugs and when to stop, thus protecting them and East Germany from international disgrace.

"The athletes knew when they would be tested before they left," he said. "So they knew how long they could take drugs and what time they had to stop their use. I am not sure we were getting the real picture of the situation with this way of testing."

In 1987 and 1988, an Olympic year, the lab analysed 6,641 urine samples of athletes waiting to compete outside the country. Only 10 were positive for banned substances. Such a low number, combined with mounting pressures worldwide to intensify efforts against drug use, finally convinced Clausnitzer to scrap the pre-testing program.

In its place, he said, a short-notice, out-of-competition testing program, the kind now used in many other countries, will begin next month.

Another measure designed to discourage drug use was begun in October. Now, he said, the name of any athlete who tests positive will be published.

Commonwealth Initiatives

13.53 Members of the Australian delegation at the Moscow conference, including the Chairman of this Inquiry, met with experts from New Zealand, United Kingdom, and Canada to discuss reciprocal agreements. An agreement between New Zealand and Australia was initiated earlier in 1989. Following the talks in Moscow a meeting was scheduled in Canberra for 9 December 1989 with these Commonwealth countries to draft an agreement.

13.54 The Committee notes that following the Moscow conference and prior to the Canberra meeting, testing officers from ASDA visited New Zealand, Canada, United Kingdom and Norway to inspect the testing programs in place in those countries. Reciprocal visits were made by Canada, United Kingdom and New Zealand during the same period. At the December meeting in Canberra draft agreements were developed and proposed for endorsement at a meeting of Commonwealth Sports Ministers scheduled for 4 February 1990 in Auckland.

Testing

Emerging Trends

13.55 The concern of Australia's athletes to ensure equity in testing is clearly evident in other countries.

Without question the athletes of most nations that are being subjected to reviews, inquiries, more stringent controls, enhanced anti-doping campaigns, are saying, 'What about the international scene? Are we going to have a level playing field? What are we doing internationally?'. That traditionally is the No. 1 or certainly one of the top two or three main questions. So any country that attempts within the country to adopt a more stringent regime is going to be facing this question. When it attempts to go internationally presumably it is going to be asking that question of other countries: How do we bring about a sense of a level playing field and a sense of mutual accountability? (Evidence, pp. 4151-2)

13.56 Of equal importance was the need to develop appropriate techniques to detect the new generation of doping agents including human growth hormone (hGH) and erythropoietin (EPO). Mr Haynes advised the Committee that:

measuring the hormone erythropoietin, the hormone responsible for red blood cell production ... is going to need some sort of quantum leap in technology. (Evidence, p. 1660)

13.57 The black market for sporting drugs in other countries also was a legitimate cause for concern to the Committee as the ready supply of black market drugs in other countries is clearly a major causal factor in the abuse of those drugs overseas.

13.58 The Committee notes that this concern is expressed in the International Olympic Charter Against Doping in Sport:

the criminalisation of the importation of and trafficking in doping agents can be vital to the curtailment of doping in sport.

The apparent free flow of some doping agents would be stemmed in many countries if a classification of these drugs were elevated from controlled or restricted status to that of an illegal substance. (Evidence, pp. 4014-15)

Growth Hormone

13.59 Unlike many hormones, such as insulin, the growth hormones of most other animal species are biologically inactive in the human. Therefore, for use in clinical situations where hormonal replacement is required human growth hormone is prepared by extraction of cadaver pituitary glands. This technique, however, has now been superseded by recombinant DNA methods (genetic engineering).

13.60 A review paper published in the Australian Journal of Science and Medicine in Sport outlines how growth hormone is currently measured in the body.

Bioassay techniques to measure growth hormone (hGH) in biological fluids lack sensitivity and specificity for human growth hormone. The method of choice for the measurement of hGH is radioimmunoassay. The availability of monoclonal antibodies has significantly improved the specificity of immunoassays. Urinary excretion of hGH does not directly reflect changes in plasma levels or secretory rates of the hormone and so the measurement of urinary growth hormone is of little value. This will cause further problems for those concerned with the proscription of doping agents. However, selective radioactive carbon labelling of synthetic hGH could facilitate the detection of administered hormone in the presence of the endogenous hormone. (Vol. 18 No. 1, March 1986, p. 6)

Erythropoietin

13.61 An article by Virginia S. Cowart in The Physician and Sportsmedicine identifies erythropoietin as the newest doping agent:

Erythropoietin, which stimulates the bone marrow to produce more red blood cells (RBCs), has been dramatically successful in reversing anemia in patients with kidney disease. It may also be used to treat other types of anemia. But this exciting medical breakthrough may have a dark side. Some physicians fear that athletes - especially endurance athletes who have experimented with blood doping in the past - will see erythropoietin as an easier, more effective way to blood dope ...

Theoretically, erythropoietin could enhance athletic performance the same way blood doping does - by improving oxygen transport and therefore endurance. With erythropoietin, however, a series of injections would replace the lengthy and somewhat complicated blood doping procedure. Blood doping generally involves removing 2 pt of blood 8 to 12 weeks before competition. The RBCs are separated

from the plasma and preserved by a freezing technique. The athlete continues to train at full aerobic capacity while the body replenishes the blood supply. About one to four days before competition, the frozen RBCs are thawed, reconstituted with saline, and infused over one to two hours.

How Does Erythropoietin Work?

Erythropoietin, a hormone, is normally produced by the kidneys. 'The kidney has a mechanism that can sense low circulating levels of hemoglobin (anemia) or low oxygen tension,' ... 'When the blood count is low, the kidney manufactures erythropoietin and releases it into the blood. Erythropoietin stimulates the bone marrow to manufacture RBCs and then is metabolized by the liver'.

... Whether erythropoietin is made by human kidneys or in the laboratory, its effect is the same - it causes the percentage of RBCs (hematocrit) in the blood to increase, so more oxygen is carried to exercising muscles. An athlete who uses erythropoietin may report feeling more energetic after taking the drug. However, if the hematocrit keeps going up, the blood will get thicker. At a certain point - and many hematologists think that point is a hematocrit of 55% or greater - an element of danger comes in. The thickened blood begins to move to vital organs more slowly. It also clots more quickly, thus increasing the risk of heart attack and stroke. (Vol. 17 No. 8, August 1989, pp. 115-16)

13.62 Clearly the problem facing the analyst is not the ability to measure growth hormone or erythropoietin but the ability to distinguish normal body levels (endogenous) from levels due to the administration of synthetic hormones (exogenous).

Steroid Profiling

13.63 Anabolic steroids are synthetic compounds similar to the male sex hormone, testosterone. Hormones, in general, are produced in relatively small amounts and levels do not normally fluctuate greatly. The production of hormones are usually

switched on and off by a master hormone, eg, the production of testosterone by the testes is controlled by a master hormone from the pituitary gland called luteinising hormone. If the testes are producing too little testosterone then the pituitary gland produces more master hormone which in turn signals the testes to produce more testosterone. When the body has produced enough testosterone it signals the pituitary gland to stop producing the master hormone.

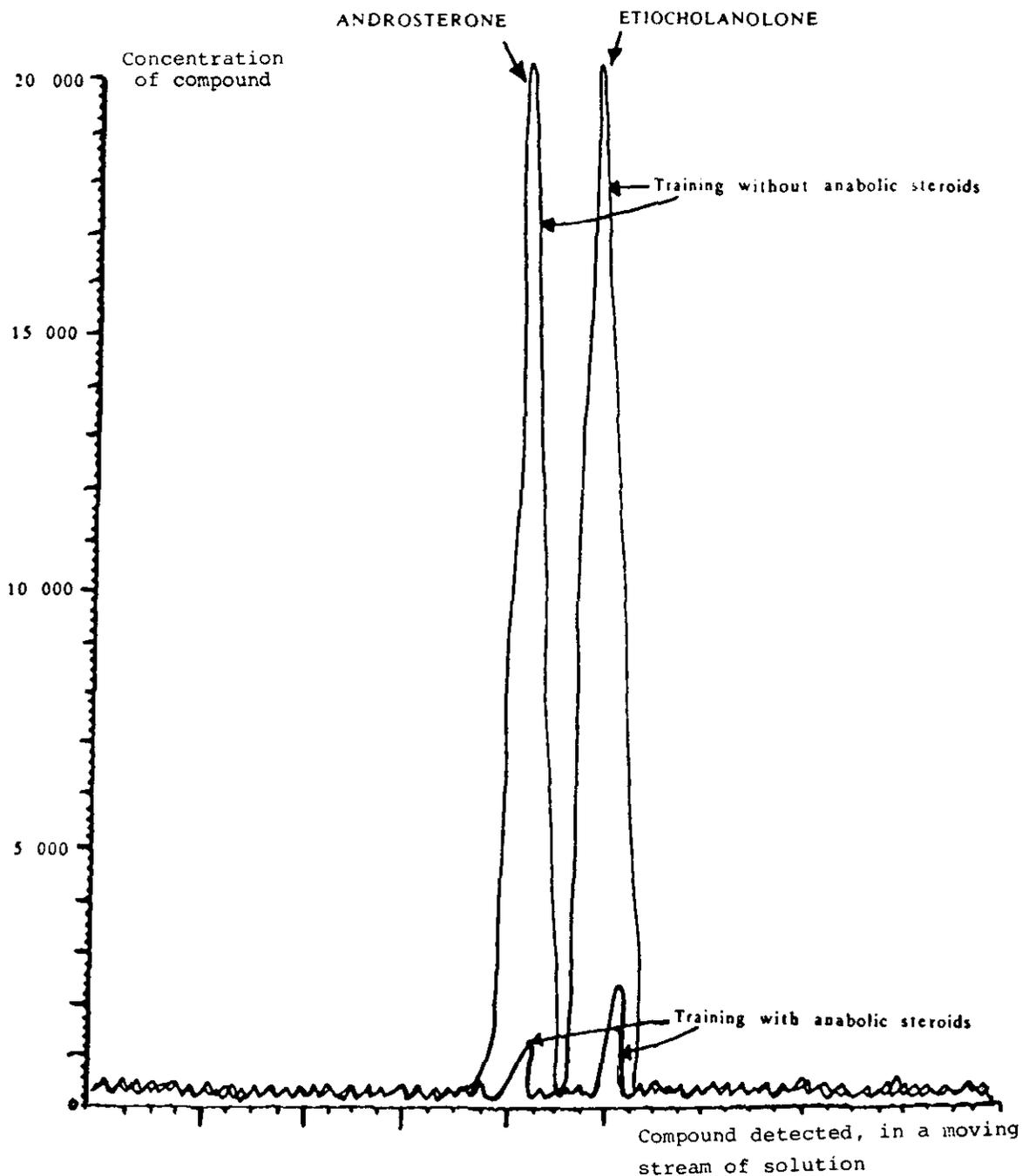
13.64 When anabolic steroids are introduced into the body the pituitary gland is tricked into thinking that extra testosterone is in the body (this is because anabolic steroids are so similar to testosterone). The pituitary gland therefore does not switch on the production of normal testosterone from the testes. Hence the incidence of testicular atrophy or what athletes call 'raisin nuts'.

13.65 When anabolic steroids are introduced into the body, therefore, little natural testosterone or other natural testosterone-like hormones are produced. These testosterone-like hormones include androsterone and etiocholanolone. When anabolic steroid administration ceases, it usually takes some time before normal production of the natural testosterone-like hormones recommences. The technique of steroid profiling measures levels of the ratio of the natural hormones androsterone and etiocholanolone. These levels and the ratio appears to be diminished with anabolic steroid administration.

13.66 Most significantly early research shows that the diminished levels and ratios are still evident for a period of time after anabolic steroids become undetectable in urine samples. Figure 13.2 shows the obvious change in the levels and ratios of an individual: a. training without anabolic steroids; and, b. training with anabolic steroids.

SCHEMATIC REPRESENTATION OF STEROID PROFILES

[NOTE REDUCED LEVELS AND CHANGES WITH TRAINING ON STEROIDS]



International Drug Testing Flying Squads

13.67 During the Moscow conference Dr Arne Ljungqvist, Chairman of the Medical Commission, International Amateur Athletic Federation (IAAF), and Dr Tamas Ajan, General Secretary, International Weightlifting Federation, advised the delegates of the progress with independent drug testing controlled by international federations.

13.68 In the International Olympic Charter the Draft principles and guidelines for out of competition testing notes:

Where International Federations decide to carry out out-of-competition anti-doping measures this should be done in close co-operation with the Central National Organization (Evidence, p. 4021)

The Committee notes that drug testing officers from ASDA will act as agents for the IAAF flying squad to undertake testing in the Oceania and South East Asian area on a full cost recovery basis.

13.69 The Committee is aware that the IAAF undertook testing at an international marathon event in Queensland in 1989 and that an Australian female athlete was found to be positive for ephedrine.

13.70 Dr Ajan told the Moscow Conference that the IWF:

is very much in favour of the application of the so called steroid profile [see below] ... our doctors are not involved in the doping controls anymore ... (Evidence, pp. 4101-2)

Clearly the IWF supports the independent testing recommended in the Interim Report of this Committee.

13.71 The Committee understands that the International Rowing Federation is also developing a flying squad for international drug testing.

General Association of International Sports Federations

13.72 The need to develop uniform policies within Australia and throughout the world was noted in this Committee's Interim Report (see Recommendation Four (iii)).

13.73 The Committee notes that since the tabling of the Interim Report the General Association of International Sports Federations, at a meeting in Budapest on 21 October 1989, adopted principles for the Harmonisation of Anti-Doping Regulations.

Visiting Athletes

13.74 The Draft International Olympic Charter Against Doping in Sport notes:

Bilateral or multi-lateral sports agreements should contain reference to out-of-competition anti-doping measures which would allow athletes from one country training on the territory of another country to be tested by the authorised doping control team of the latter country at the request of their home country. Appropriate action would be taken on positive results as if the control had taken place in their own territory. (Evidence, p. 4021)

13.75 Mr Makosky supports this point:

... international testing arrangements on a bilateral basis should also include the acceptance that if a representative or a nationalist of one country was training in another he would be subject to the regime of that foreign country or to competition testing. Secondly the same country could request to have its own athlete - quite out of the normal order of that host country - tested in that foreign country, if that athlete came up with their own consideration of their random selection. (Evidence, pp. 4138-9)

13.76 The ASDA has advised this Committee that arrangements are in place to ensure that Australian athletes who are selected for testing under the auspices of ASDA can be tested when

training or competing overseas. The Committee notes that prior to the Commonwealth Games in Auckland ASDA carried out drug testing on Canadian track and field athletes in Canberra and on cyclists in Launceston on behalf of the Sports Medicine Council of Canada.

The Commonwealth Games

13.77 The Australian Government Analytical Laboratory in Sydney carried out the drug testing on those athletes tested at the Commonwealth Games in Auckland.

13.78 Mr Coates had advised the Committee 12 months earlier:

It is anticipated that provided the Sydney laboratory successfully conducts the testing program for the Auckland Games in February 1990 under the supervision of Professor Donike of the Cologne laboratory, IOC accreditation could follow almost immediately. (Interim Report, p.112)

13.79 This Committee highly commends the progress made by the Australian Government Analytical Laboratory following the loss of accreditation by the Royal Brisbane Hospital in 1987 (see Interim Report, p. 110).

13.80 The drug testing officers from ASDA also provided their valuable expertise to the Commonwealth Games Association during the drug testing procedures carried out in Auckland. Australia has played a major role in the drug testing requirements for the Auckland Games.

Research Agreements

13.81 The need to undertake analytical, medical and other research into sports drugs is noted by this Committee. The professional expertise, for example, that is required to gain and maintain Olympic laboratory accreditation must be of an extremely high standard. Australia can not afford to operate in a professional vacuum. This could lead to a similar situation that

resulted in the loss of accreditation by the Royal Brisbane Hospital in 1987.

13.82 The Committee notes that the Chief Executive of ASDA is initiating research agreements with experts from the Medical Commission of the IOC. The elements of this may include analytical scholarships to enable an exchange of laboratory experts between Australia and the USA. Mutual research projects that may be undertaken include caffeine metabolism, the health risks of substance abuse, steroid profiling and new techniques for the analysis of endogenous hormones, such as growth hormone and erythropoietin.

AUSTRALIA'S INVOLVEMENT

Introduction

13.83 Representatives of a number of Australian bodies have played a role in and contributed to the international initiatives already described. This involvement has included discussions with representatives of other nations and formal talks preparatory to the conclusion of international agreements.

The Dubin Inquiry

13.84 The Federal inquiry into doping in amateur sport in Canada opened on 11 January 1989. The inquiry was established after Canadian sprinter Ben Johnson tested positive to the anabolic steroid stanozolol, during the Olympic Games in Seoul.

13.85 The Canadian newspaper, The Globe and Mail, records on 12 January that Justice Charles Dubin, Commissioner of the Inquiry, and Ontario's Associate Chief Justice would 'exchange information with similar probes as far away as Australia'.

13.86 The Chairman of this Inquiry has met with Justice Dubin and his counsel on two occasions.

Discussions

13.87 The forum of the Moscow Conference allowed the Australian delegation to initiate international agreements reflecting the elements of the International Olympic Anti-Doping Charter and the concerns of this Committee.

13.88 The Chairman of this Senate Committee and the Chief Executive of the Australian Sports Drug Agency had discussions with:

Dr A Ljungqvist	Chairman Medical Commission IAAF
Dr M Marshall	Medical Commission NZ Olympic and Commonwealth Games Association
Mr H Tronvik	Confederation of Norwegian Sports
Mr L Makosky	Assistant Deputy Minister Fitness and Amateur Sport Canada
Mr O Sorensen	Sport Canada
Ms A Hoffman	Sport Canada
Dr A Pipe	Chairman Advisory Committee on Drug Abuse in Sport, Sport Medicine Council of Canada
Sir A Gold	Chairman Drug Abuse Committee European Sport Conference
Mr N Kingam	Head, Recreation Division, Department of Environment, UK
Mr D Casey	Sports Council, UK
Ms M Verroken	Sports Council, UK
Prof V Semenov	Director Moscow Dope Control Laboratory
Mrs V Ostapenko	Anti-Doping Control Service, Goskomsport
Mr E (Ed) Moses	Chairman Substance Abuse Committee, United States Olympic Committee
Mr B Pittenger	Executive Director, United States Olympic Committee
Dr R Hale	Physician, United States Olympic Committee
Dr R Dugal	Head Montreal Laboratory
Dr D Cowan	Head London Laboratory
Dr H Oftebro	Head Oslo Laboratory
Dr A Beckett	Medical Commission, IOC
Mr G Walker	Head Sports Section, Council of Europe

International Agreements

13.89 The importance of Australia forging links with other nations, especially through formal agreements, cannot be overestimated.

13.90 The agreement between Australia, Great Britain, Canada and New Zealand, which was initiated at the Moscow Conference and drafted during the Canberra meetings, was discussed by the relevant Sports Ministers in Auckland. It is worth noting that these nations won just over 81 per cent of medals at the Commonwealth Games this year.

13.91 This agreement, in combination with that reached in Rome, links Australia to a significant international network. The Mercury of 17 January 1990 noted:

Australia is set to join a world-wide network of interlocking drug testing treaties that will make it almost impossible for drug-taking athletes to sidestep the rigorous testing program being conducted at home by training abroad.

CONCLUSION

13.92 On the first day that evidence was presented to this Committee Mr Haynes advised that:

without a strong and firm national program it is quite impossible to have a strong and firm international program. (Evidence, p.183)

13.93 Clearly the key recommendation of this Committee to establish a new independent Australian Sports Drug Commission has provided a focus for anti-doping initiatives in this country. In addition, it has placed Australia in a position to provide a lead internationally. As Mr Makosky, the Canadian Assistant Deputy Minister for Fitness and Amateur Sport, stated in his evidence:

Everything that I have seen - where you are beginning to put in place the new doping commission and the approach, and all the agreements that you are striking with the Olympic Association and the Commonwealth Federation, and so on - is really very significant and provides an excellent model for the rest of the world to see. (Evidence, p. 4164)

RECOMMENDATIONS

Recommendation Forty-Seven

13.94 That continued efforts be made to develop and expand international agreements and co-operation to develop uniform procedures and protocols for sports drug testing and to restrict the availability and use of those drugs used purely to enhance performance.

Recommendation Forty-Eight

13.95 That ASDA include in its Annual Report a list of the names of all athletes tested over the period to which the Report relates and that for each athlete results of each test be given in full. This is essential for public scrutiny and to allow Australia's testing program to be verified by countries with which Australia has negotiated bilateral testing agreements.

Recommendation Forty-Nine

13.96 That the AGAL budget appropriation include sufficient funds for the public interest aspects of sports drug testing.

Recommendation Fifty

13.97 That AGAL liaise with other laboratories in the forefront of new detection techniques, e.g. Los Angeles (with regard to hGH) and Europe (with regard to erythropoietin and blood doping).

Recommendation Fifty-One

13.98 That AGAL begin testing for hGH and EPO to assist in the provision of an international data base so that doping rules for these hormones can be formulated as soon as practicable.

Recommendation Fifty-Two

13.99 That AGAL liaise with Professor Donike (Cologne Laboratory) to prepare a report to the Commonwealth Games Federation of steroid profiles, by sport and country, of competitors in the Auckland Commonwealth Games and that this report be made available to ASDA and the Implementation Unit to assist with future negotiations.

Recommendation Fifty-Three

13.100 That ASDA and AGAL continue research, data collection and analysis directed towards the use of steroid profiles as a means of unambiguously detecting prior drug use.

John Black
Chairman

May 1990

SECTION VII

APPENDICES

APPENDIX 1

SUBMISSIONS SINCE INTERIM REPORT

SUBMISSIONS SINCE INTERIM REPORT

The following individuals and organisations made written submissions to the Committee after the tabling of the Interim Report.

Submission No.

64. The Hon. M.J. Ahern, Premier of Queensland, Brisbane, QLD
65. Queensland Gymnasium Owners Association, Brisbane, QLD
66. Australian Athletic Union, Moonee Ponds, VIC
67. Dr M. Sheehan, Department of Social and Preventive Medicine, University of Queensland, Herston, QLD
68. Queensland Rugby Football League Ltd., Milton, QLD
69. Mr L. Azar, Carrindale, QLD
70. Mr S. Shortis, Chatswood, NSW
71. Mr S. Zammataro, Miriwinni, QLD
72. Mr C. Dumke, Trinder Park Rest Home, Woodridge, QLD
73. National Basketball League, South Yarra, VIC
74. Victorian Football League, Melbourne, VIC
75. The Hon. N. Greiner, Premier of NSW, Sydney, NSW
76. Ms D.L. Jensen, Combined Regional Bodybuilding Association, Newcastle West, NSW
77. Mr J.G.H. Refshauge, Carlton, VIC
78. Ms Debbie Flintoff-King, Moorooduc, VIC
79. Mr Robert Wilks, Australian Powerlifting Inc., South Yarra, VIC
80. Mr G. Ellison, Kaleen, ACT
81. Mr S. Haynes, Australian Sports Drug Agency, Curtin, ACT
82. Mr G. Jones, Australian Drug Free Powerlifting Federation, Queanbeyan, NSW
83. Mr H. Cerncic and Ms J. Dobson, PO Box 3, Rushcutters Bay, NSW
84. Mr J. Czaplá and Mr S. Ma, 5 Casino Avenue, Greystanes, NSW
85. Mr R. Rigby, PO Gordon, VIC

APPENDIX 2

SCHEDULE OF PUBLIC HEARINGS

SCHEDULE OF PUBLIC HEARINGS

Date of Hearing	Individuals/ Organisations	Represented By
11 September 1989 (Brisbane)	Mr N.B. Jones	
12 September 1989 (Brisbane)	Mr K.A. Wilson Mr P. Kabakoff Australian Drug Free Powerlifting Federation Department of Social and Preventive Medicine, The Medical School, University of Queensland	Mr C.J. Turner, Secretary Dr M. Sheehan, Senior Lecturer Mr R. Henderson, Student Researcher Mr B.B. Kelly, Student Researcher
	Brisbane Broncos Rugby League Club Mr C.R. Dumke	Mr B.W. Canavan, Development Officer
13 September 1989 (Brisbane)	Queensland Powersports Association Mr W.A. Scarffe Dr B.T. Ross Mr L.A. Azar Dr S. Hinchy	Mr D.D. Toci, Coaching Co-ordinator

Date of Hearing	Individuals/ Organisations	Represented By
14 September 1989 (Brisbane)	Australian Sports Drug Agency Mr W.J. Lewis Mr G.L. Olling Dr K.T. Hobbs Queensland Rugby Football League	Mr S. Haynes, Chief Executive Mr R.A. Livermore, Managing Director
15 September 1989 (Brisbane)	Mr G.S. Jensen Mr P.J. McCarthy Mr M. Jardine Australian Sports Drug Agency	Mr S. Haynes, Chief Executive
25 October 1989 (Canberra)	NSW Rugby League Inc.	Mr J.R. Quayle, General Manager
1 November 1989 (Canberra)	Australian Soccer Federation	Mr I. Brusasco, Chairman Dr A.B. Corrigan, Director, Medical Commission
13 November 1989 (Sydney)	Australian Drug Free Powerlifting Federation Chief Inspector L.G. Topping Mr J.C. Brent	Mr G.A. Jones, National Testing Officer

Date of Hearing	Individuals/ Organisations	Represented By
	Australian Sports Drug Agency	Mr S. Haynes, Chief Executive
	Australian Government Analytical Laboratories	Dr R. Kazlauskas, Principal Chemist
	Mr G. Zeltzer	
	Mr C.J. Bova	
14 November 1989 (Sydney)	Mr B. Stellios	
	Mr R. Caine	
	Australian Weightlifting Federation	Mr B.B. Walsh, Executive Director
15 November 1989 (Melbourne)	Mr M.K. Brittain	
	Mr R. Kabbas	
	Dr R.A. Ward	
16 November 1989 (Melbourne)	Dr N.A. Keks	
	Victorian Weightlifting Association	Mr P. Coffa, Executive Director
	Australian Weightlifting Federation	Mr S. Coffa, President
		Mr B. Kayser, Secretary
		Dr D.R. Kennedy, Chairman of Medical Committee
	Australian Medical Association	Dr R.J. Whiting, President Elect
		Dr P.A. Larkins, Member

Date of Hearing	Individuals/ Organisations	Represented By
	Australian Amateur Powerlifting Federation	Mr R.E. Rigby, Member
17 November 1989 (Melbourne)	Dr P. Brukner	
	Victorian Football League Players Association	Mr S.J. Madden, President
	Australian Football League	Dr A.G. Capes, Chairman of Drug Subcommittee
	Australian Football League Commission	Mr R. Graham, Chairman
20 November 1989 (Canberra)	Australian Powerlifting Federation Inc.	Mr R.J. Orr, President
		Mr R. Lewis, Secretary
6 December 1989 (Canberra)	Australian Powerlifting	Mr G.D. Ellison, Vice-President and Coaching Co-ordinator
7 December 1989 (Canberra)	Federal Government of Canada	Mr L.M. Maskosky, Assistant Deputy Minister, Ministry of Fitness and Amateur Sport

APPENDIX 3

**SCHEDULE OF COMMITTEE CONTACT WITH PERSONS
ADVERSELY MENTIONED IN THE SECOND DRUGS IN SPORT REPORT**

**SCHEDULE OF COMMITTEE CONTACT WITH PERSONS ADVERSELY MENTIONED
IN THE SECOND DRUGS IN SPORT REPORT**

CHAPTER	NAME	HEARING	LETTER FROM COMMITTEE	LETTER TO COMMITTEE
One	No adverse mentions			
Two	No adverse mentions			
Three	Mr Sam Coffa	16.11.89	23.01.90	19.03.90
Four	Mr Paul Coffa	16.11.89		
	Mr Barry Parnell		07.03.90	16.03.90
	Mr Bruce Walsh	14.11.89		
Five	Mr Alistair Edwards		Overseas	
	[The AIS provided the Committee with a set of documents relating to this incident, which included a letter from Mr Edwards detailing his knowledge of the incident.]			
	Mr Darren McCarthy		25.01.90*	
			27.02.90	
			29.03.90	

<u>CHAPTER CONTACT</u>	<u>NAME RESPONSE</u>	<u>HEARING</u>	<u>LETTER FROM COMMITTEE</u>	<u>LETTER TO COMMITTEE</u>
Six	No adverse mentions			
Seven	Mr Michael Brittain	15.11.89	06.02.90	18.02.90
	Mr Phillip Christou (per Michael Noonan coach)		25.01.90	02.02.90
	Mr Paul Coffa	16.11.89	25.01.90*	07.02.90
	Mr Sam Coffa	16.11.89	15.12.89	18.12.89
			03.01.90	08.01.90
			23.01.90	19.03.90
			31.01.90	19.03.90
			19.02.90	27.02.90
				and
			08.03.90	19.03.90
			17.04.90	21.04.90
	Mr Neville Cornelius		22.03.90*	
	Mr Jan Czapla	Informal discussion with Chairman on 14.02.90	07.12.89	05.02.90
	Mr Frank Falcone		14.03.90	14.02.90
	Mr Robert Kabbas	15.11.89		
	Mr Boris Kayser	16.11.89	06.02.90	09.11.89
				15.02.90

<u>CHAPTER CONTACT</u>	<u>NAME RESPONSE</u>	<u>HEARING</u>	<u>LETTER FROM COMMITTEE</u>	<u>LETTER TO COMMITTEE</u>
Seven cont.	Dr David Kennedy	16.11.89	02.01.90 01.02.90 19.02.90	10.01.90 07.02.90 22.02.90
	Mr Phillip Kerr		28.03.90*	
	Mr David Lowenstein		14.03.90	06.11.89
	Mr Satry Ma	Informal Discussion with Chair-man on 14.02.90	25.01.90	05.02.90 14.02.90
	Mr Jason Roberts		29.11.89 02.03.90 08.03.90	
	Mr Wayne Scarffe	13.9.89	28.03.90*	
	Mr Bill Stellios	14.11.89		
	Mr Christopher Stewart		(address unknown)	
	Mr George Stylianou		28.03.90*	
	Dr Alex Tahmindjis		25.01.90* 08.02.90	31.01.90 14.02.90 07.03.90
	Mr Ian Traill		11.12.89	14.12.89

<u>CHAPTER CONTACT</u>	<u>NAME RESPONSE</u>	<u>HEARING</u>	<u>LETTER FROM COMMITTEE</u>	<u>LETTER TO COMMITTEE</u>
Seven cont.	Mr Nick Voukelatos	Informal Discussion with Chairman on 14.02.90	06.02.90 29.03.90	
	Mr Darren Walker		09.03.90	17.03.90
	Mr Bruce Walsh	14.11.89		
Eight	Mr Scott Boyd		22.03.90*	
	Mr Charlie Coleiro		(address unknown)	
	Mr Mason Jardine	15.09.89		
	Ms Rosita Kruhse		25.01.90*	
	Mr Terry Lonsdale		13.03.90*	
	Mrs Gael Martin	30.11.88		
	Mr Ray Rigby	16.11.89		
	Mr Wayne Scarffe	13.09.89		
	Mr Yuris Sterns		13.02.90*	
	Mr Dino Toci	13.09.89		
	Mr Larry Wallen		19.07.89	(Overseas)
	Mr Glenn Waszkiel		19.07.89	04.09.89

<u>CHAPTER CONTACT</u>	<u>NAME RESPONSE</u>	<u>HEARING</u>	<u>LETTER FROM COMMITTEE</u>	<u>LETTER TO COMMITTEE</u>
Eight cont.	Mr Robert Wilks	20.11.89		
Nine	Mr Leon Azar	13.09.89	10.11.89 29.11.89	22.11.89 18.01.90
	Dr Breitzkreutz		06.02.90*	
	Mr David Burgess		01.02.90	
	Mr Ross Everett		10.11.89	24.11.89
	Ms Bev Francis		21.02.90	25.02.90
	Dr Hinchy	13.09.89		
	Dr Jeremijenko		25.01.90*	
	Mr Michael John		07.02.90*	
	Dr Martin		06.02.90*	
	Dr Millar	21.11.88		
	Dr Mitchelson		Sept. 89 [Phoned on 12.12.89] 13.12.89	
	Dr Mullett		(address unknown)	
	Mr Michael Rothnie		10.11.89	14.11.89
	Dr Roudenko		06.02.90*	

<u>CHAPTER CONTACT</u>	<u>NAME RESPONSE</u>	<u>HEARING</u>	<u>LETTER FROM COMMITTEE</u>	<u>LETTER TO COMMITTEE</u>
Nine cont.	Dr Ryan		20.09.89	04.10.89
	Mr Donald Steedman		16.02.90	
	Dr Alex Tahmindjis		25.01.90* 08.02.90	31.01.90 14.02.90 07.03.90
	Dr Trevor		06.02.90*	
	Mr Bruce Walsh	14.11.89		
	Dr Ward	15.11.89		07.12.88
Ten	Mr Leon Azar	13.09.89		
	Mr Scott Brodie		25.01.90*	
	Mr Paul Coffa	16.11.89	See Chapter 7 above	
	Mr Sam Coffa	16.11.89	See Chapter 7 above	
	Mr George Farquhar		25.01.90*	
	Mr Robert Huber		25.01.90*	
	Dr Jeremijenko		25.01.90*	
	Mr Michael John		07.02.90*	
	Mr Paul Jordan		25.01.90*	

<u>CHAPTER CONTACT</u>	<u>NAME RESPONSE</u>	<u>HEARING</u>	<u>LETTER FROM COMMITTEE</u>	<u>LETTER TO COMMITTEE</u>
Ten cont.	Ms Sue-Ellen Law		02.04.90*	[Returned]
	Mr Joe Lopez	16.11.89		
	Mr Danny Mackay		01.02.90*	
	Mr Peter McCarthy	15.09.89	29.11.89	06.12.89
	Dr Mitchelson		Sept. 89 [Phoned on 12.12.89] 13.12.89	
	Mr Bill Moore		25.01.90*	
	Mr Serge Nubret		Overseas	
	Mr Andreas Olbrich		25.01.90*	
	Mr Doug Powell		25.01.90*	
	Mr Bruce Rigby		11.01.90	
	Mr Ray Rigby	16.11.89	11.01.90	22.1.90
	Mr Leslie Rudolf		25.01.90*	
	Mr Donald Steedman		16.02.90	
	Mr Tony Strutt		25.01.90*	
	Mr Rod Sylvia		25.01.90*	

CHAPTER CONTACT	NAME RESPONSE	HEARING	LETTER FROM COMMITTEE	LETTER TO COMMITTEE
Ten cont.	Mr Ken Ware		07.02.90*	
	Mr Leo Wimmera		25.01.90*	[Returned]
Eleven	Mr Scott Brodie		25.01.90*	
	Mr Michael Lawrence		22.01.90	
	Mr Bruce Walsh	14.11.89		12.02.90
Twelve	Dr Jeremijenko		25.1.90*	
Thirteen	No adverse mentions			

* pro forma letter

APPENDIX 4

PARLIAMENTARY PRIVILEGE

PARLIAMENTARY PRIVILEGE

Procedures to be observed by Senate committees for the protection of witnesses

That, in their dealings with witnesses, all committees of the Senate shall observe the following procedures:

- (1) A witness shall be invited to attend a committee meeting to give evidence. A witness shall be summoned to appear (whether or not the witness was previously invited to appear) only where the committee has made a decision that the circumstances warrant the issue of a summons.
- (2) Where a committee desires that a witness produce documents relevant to the committee's inquiry, the witness shall be invited to do so, and an order that documents be produced shall be made (whether or not an invitation to produce documents has previously been made) only where the committee has made a decision that the circumstances warrant such an order.
- (3) A witness shall be given reasonable notice of a meeting at which the witness is to appear, and shall be supplied with a copy of the committee's order of reference, a statement of the matters expected to be dealt with during the witness's appearance, and a copy of these procedures. Where appropriate a witness shall be supplied with a transcript of relevant evidence already taken.
- (4) A witness shall be given opportunity to make a submission in writing before appearing to give oral evidence.
- (5) Where appropriate, reasonable opportunity shall be given for a witness to raise any matters of concern to the witness relating to the witness's submission or the evidence the witness is to give before the witness appears at a meeting.
- (6) A witness shall be given reasonable access to any documents that the witness has produced to a committee.
- (7) A witness shall be offered, before giving evidence, the opportunity to make application, before or during the hearing of the witness's evidence, for any or all of the witness's evidence to be heard in private session, and shall be invited to give reasons for any such application. If the application is not granted, the witness shall be notified of reasons for that decision.
- (8) Before giving any evidence in private session a witness shall be informed whether it is the intention of the committee to publish or present to the Senate all or part

of that evidence, that it is within the power of the committee to do so, and that the Senate has the authority to order the production and publication of undisclosed evidence.

- (9) A chairman of a committee shall take care to ensure that all questions put to witnesses are relevant to the committee's inquiry and that the information sought by those questions is necessary for the purpose of that inquiry. Where a member of a committee requests discussion of a ruling of the chairman on this matter, the committee shall deliberate in private session and determine whether any question which is the subject of the ruling is to be permitted.
- (10) Where a witness objects to answering any question put to the witness on any ground, including the ground that the question is not relevant or that the answer may incriminate the witness, the witness shall be invited to state the ground upon which objection to answering the question is taken. Unless the committee determines immediately that the question should not be pressed, the committee shall then consider in private session whether it will insist upon an answer to the question, having regard to the relevance of the question to the committee's inquiry and the importance to the inquiry of the information sought by the question. If the committee determines that it requires an answer to the question, the witness shall be informed of that determination and the reasons for the determination, and shall be required to answer the question only in private session unless the committee determines that it is essential to the committee's inquiry that the question be answered in public session. Where a witness declines to answer a question to which a committee has required an answer, the committee shall report the facts to the Senate.
- (11) Where a committee has reason to believe that evidence about to be given may reflect adversely on a person, the committee shall give consideration to hearing that evidence in private session.
- (12) Where a witness gives evidence reflecting adversely on a person and the committee is not satisfied that that evidence is relevant to the committee's inquiry, the committee shall give consideration to expunging that evidence from the transcript of evidence, and to forbidding the publication of that evidence.
- (13) Where evidence is given which reflects adversely on a person and action of the kind referred to in paragraph (12) is not taken in respect of the evidence, the committee shall provide reasonable opportunity for that person to have access to that evidence and to respond to that

evidence by written submission and appearance before the committee.

- (14) A witness may make application to be accompanied by counsel and to consult counsel in the course of a meeting at which the witness appears. In considering such an application, a committee shall have regard to the need for the witness to be accompanied by counsel to ensure the proper protection of the witness. If an application is not granted, the witness shall be notified of reasons for that decision.
- (15) A witness accompanied by counsel shall be given reasonable opportunity to consult counsel during a meeting at which the witness appears.
- (16) An officer of a department of the Commonwealth or of a State shall not be asked to give opinions on matters of policy, and shall be given reasonable opportunity to refer questions asked of the officer to superior officers or to a Minister.
- (17) Reasonable opportunity shall be afforded to witnesses to make corrections of errors of transcription in the transcript of their evidence and to put before a committee additional material supplementary to their evidence.
- (18) Where a committee has any reason to believe that any person has been improperly influenced in respect of evidence which may be given before the committee, or has been subjected to or threatened with any penalty or injury in respect of any evidence given, the committee shall take all reasonable steps to ascertain the facts of the matter. Where the committee considers that the facts disclose that a person may have been improperly influenced or subjected to or threatened with penalty or injury in respect of evidence which may be or has been given before the committee, the committee shall report the facts and its conclusions to the Senate.

Resolutions of the Senate - 25 February 1988

APPENDIX 5

IN CAMERA EVIDENCE

IN CAMERA EVIDENCE

A Senate Committee may agree to take evidence in camera. This means that the evidence will be taken in private, with the public and press excluded. In agreeing to take evidence in camera the Committee will inform a witness whether it is the intention of the committee to publish or present to the Senate all or part of the evidence. For example, where a matter is either before a court of law or pending legal proceedings (sub judice), the Committee might wish to hear evidence in camera in order to avoid influencing or prejudicing the outcome of court proceedings. In these circumstances the Committee may indicate that it will authorise the publication of the in camera evidence once the legal proceedings have been completed.

When receiving in camera evidence for other than sub judice reasons it will generally be the intention of the Committee that the evidence will not be published. However, it should be noted that the Committee is unable to give a binding assurance that evidence taken in camera will not be disclosed. This is because disclosure can be authorised by three mechanisms:

- . a resolution of the Committee concerned can result in the publication or the presentation to the Senate of evidence taken in camera;
- . the production and publication of undisclosed evidence can be authorised by the Senate;
- . an individual member of the Committee preparing a dissenting report may, without reference to the Committee or the witness, disclose in camera evidence which the member claims is clearly relevant to the matter on which the Senator dissents and which forms a necessary part of the reasoning of the dissent.

Clearly, the first of these mechanisms is under the control of the Committee and is unlikely to be applied if the Committee has indicated it does not intend to disclose in camera evidence. However, the membership of the Committee may change or the Committee may decide at some later stage that the reasons for confidentiality may no longer exist. In this case the Committee would normally notify the witness and seek his or her up-to-date preference about the matter. The other two mechanisms through which disclosure can be authorised are outside the direct control of the Committee. However, it should be noted their use has been rare.

In giving in camera evidence it should be noted that the resolutions adopted by the Senate on 25 February 1988 concerning procedures to be observed by Senate committees for the protection of witnesses state that:

[w]here evidence is given which reflects adversely on a person ... the committee shall provide reasonable opportunity for that person to have access to that evidence and to respond to that evidence by written submission and appearance before the committee. (paragraph 13)

When a Committee has taken evidence in camera involving allegations made against an individual, the Committee will normally try to raise these allegations with the individual concerned in such a way that the identity of the witness making the allegations is not disclosed. This would be done during the course of an in camera hearing.

Distribution of the Hansard transcript of in camera evidence is limited to the witness, the Committee members, the Committee secretariat and to Hansard. Extra security, such as double enveloping is used in the distribution of such evidence.

Unauthorised disclosure of in camera evidence is both a contempt of the Senate and a criminal offence. The Parliamentary Privileges Act 1987 sets out the penalties for unauthorised disclosure of in camera evidence as:

- . in the case of a natural person, \$5 000 or imprisonment for 6 months;
- . in the case of a corporation \$25 000

It should be noted that disclosure can be authorised only by the three methods described. Disclosure cannot be authorised by the witness providing the evidence. If a witness later changes his or her mind about the need for secrecy, the Committee should be advised as, in this case, the Committee might wish to consider the possibility of disclosure.

If a witness wishes to keep confidential the fact that he or she has appeared to give evidence before the Committee, as well as the evidence given, this should be made clear to the Committee secretary as soon as possible.

Note:

Where there is an absolute need to ensure confidentiality a Committee may agree to hold private discussions with a prospective witness rather than take formal evidence.

APPENDIX 6

**INTERNATIONAL OLYMPIC COMMITTEE LIST OF DOPING
CLASSES AND METHODS 1989**

**INTERNATIONAL OLYMPIC COMMITTEE
LIST OF DOPING CLASSES AND METHODS 1989**

I. DOPING CLASSES

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

II. DOPING METHODS

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

III. CLASSES OF DRUGS SUBJECT TO CERTAIN RESTRICTIONS

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

NOTE:

The doping definition of the IOD 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

clobenzerox
cloprenaline
cocaine
cropropamide (component of 'micoren')
crothetamide (component of 'micoren')
dimetamfetamine
ephedrine
etafedrine
ethamivan
etilamfetamine
fencamfemin
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 PRODUCE FOR USE IN COLDS, FLU OR HAY FEVER PURCHASED BY A COMPETITOR OR GIVEN TO HIM 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
orciprenaline
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 analogs, 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 IS NOT BANNED AND MAY BE USED AS AN ANTI-TUSSIVE. DIPHENOXYLATE IS ALSO PERMITTED.

C. Anabolic steroids e.g.

bolasterone
boldenone
clostebol
dehydrochlormethyltestosterone
fluoxymesterone
mesterolone
metandienone
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.

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 androgenic steroids. The use of these substances is therefore banned.

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 sport cannot be justified medically. Health risks are involved in such misuse because of serious side-effects which might occur.

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

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

II. 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 blood products to an athlete other than for legitimate medical treatment. This procedure may be preceded by withdrawal of blood from the athlete who continues to train in this blood depleted state.

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

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

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.

III. CLASSES OF DRUGS SUBJECT TO CERTAIN RESTRICTIONS

A. Alcohol

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

B. Local anaesthetics

Injectable local anaesthetics are permitted under the following conditions:

- a) that procaine, xylocaine, 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).

C. 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 7

JOURNAL ARTICLE ON THROMBOGENIC EFFECTS OF ANABOLIC STEROIDS

ARE ANDROGENIC STEROIDS THROMBOGENIC?

To the Editor: The abuse of androgenic steroids persists in spite of their known toxic effects. The reported risks of such abuse have not been deemed serious enough by steroid-using athletes to diminish their use. Indeed, the credibility of official warnings about androgen toxicity have been questioned by many users. However, only recently has acute thrombosis been temporally linked to androgenic-steroid abuse.

Such a link has been proposed by reports of the development of nonfatal myocardial infarction and stroke in several athletes using androgens.¹⁻³ An additional unreported case has also recently come to light: a 22-year-old college athlete who was using androgenic steroids died suddenly. Postmortem examination revealed acute thrombotic occlusion of the left main and left anterior descending coronary arteries (Simson LR: personal communication). Other reports in nonathletes have linked medically administered androgens to thrombotic complications.⁴⁻⁶ The clinical circumstances of these reports suggest that a causal relation between androgens and thrombosis should be investigated.

There is no direct experimental evidence that androgens are thrombogenic in humans. Nevertheless, acute thrombotic events and sudden death may represent an underappreciated, and therefore underreported, risk of androgen abuse. This is suggested in part by experimental data in which animals pretreated with an androgen had higher mortality rates, a greater clot size, and lower vessel-occlusion times in response to thrombotic stimuli than untreated controls.⁷⁻⁹ These effects may be mediated through platelet aggregation.

Androgens potentiate platelet aggregation both in vitro and in vivo.¹⁰⁻¹² Platelet sensitization correlates directly with the concentration and potency of the specific androgen used.^{11,12} Androgens may potentiate platelet aggregation through increased production of thromboxane A₂ (a potent platelet aggregator) or, in aortic smooth muscle, a decreased production of prostacyclin (prostaglandin I₂, an inhibitor of platelet aggregation).^{12,14}

Alterations in coagulation or fibrinolytic proteins may theoretically predispose patients to thrombosis. Several 17-alpha-alkylated androgens have been used therapeutically to influence both systems; however, no association with thrombosis has been reported.^{15,16}

Androgens may also predispose patients to thrombosis by increasing collagen and other fibrous proteins in arterial vascular tissue and skin.^{17,18} Functionally, androgens have been linked to an enhancement of vascular reactivity.¹⁹ Interestingly, specific androgen receptors have been identified in vascular tissues and the myocardium of several species of animals.²⁰ The function of these receptors is unknown.

Existing evidence is consistent with but does not establish the thrombogenicity of androgenic steroids. Although caution is needed in extrapolating conclusions from indirect data to normal subjects (i.e., athletes using androgens), these findings do provide some insight into possible mechanisms of androgen-associated thrombosis. Further studies are needed to assess the influence of androgenic steroids on thrombotic risk among athletes and the hemostatic mechanisms. The abuse of androgens may diminish if acute thrombotic complications become clearly associated with their uncontrolled use among athletes.

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APPENDIX 8

JOURNAL ARTICLE ON ANABOLIC STEROID DEPENDENCE

Anabolic Androgenic Steroid Dependence

Kirk J. Brower, M.D., Frederic C. Blow, Ph.D., Thomas P. Beresford, M.D., and Craig Fuelling, M.D.

The authors believe that this is the first published case report of a patient whose dependence on a combination of anabolic and androgenic steroids meets the DSM-III-R criteria for psychoactive substance dependence. Tolerance, withdrawal symptoms, and the use of steroids to alleviate withdrawal symptoms occurred. An uncontrolled pattern of steroid use continued, despite adverse consequences, such as severe mood disturbance, marital conflict, and deterioration of the patient's usual values. Clinicians should be alerted to the possibility of dependence when asked to prescribe anabolic or androgenic steroids and should suspect steroid use among athlete patients who have mood or psychosocial disturbances.
(*J Clin Psychiatry* 50:31-33, 1989)

Androgenic steroids, which include testosterone, function primarily to develop and maintain male sex characteristics. Anabolic steroids are synthetic derivatives of testosterone that were developed to minimize testosterone's androgenic or masculinizing effects while promoting its effects on protein synthesis and muscular growth.¹ Both anabolic and androgenic steroids are increasingly being used by athletes to add muscle bulk and to enhance athletic performance.² (Although athletes and others commonly refer to the androgenic and anabolic steroids together as "anabolic steroids," we use the technically more correct designation "anabolic-androgenic steroids." That designation is preferred because none of the compounds are purely anabolic or purely androgenic in their effects and because athletes usually use the steroids in combination.)

The long-term health consequences of chronic anabolic-androgenic steroid use are largely unknown, and that ignorance raises concerns, because athletes often use steroids in doses and for durations that exceed the regimens described in existing controlled studies.³ The reported psychiatric effects of anabolic-androgenic steroids include euphoria, aggression, irritability, nervous tension, changes in libido, hypomania, mania, and psychosis.⁴⁻⁶ Some reviews⁷ of the subject suggest that anabolic-androgenic steroids may even have an addictive potential similar to other drugs of abuse, although we are unaware of any case reports, let alone systematic studies, of the phenomenon.

In this case report, we describe a patient who met the diagnostic criteria for psychoactive substance dependence on anabolic-androgenic steroids as defined in DSM-III-R.⁸ As anabolic-androgenic steroids are not specifically mentioned by DSM-III-R as a class of substances associated with dependence, the diagnosis was coded as psychoactive substance dependence not otherwise specified (304.90).

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CASE REPORT

A 24-year-old man, a noncompetitive weight lifter, came to the psychiatric emergency room. He complained chiefly of depression and increased outbursts of anger, which he associated with his use of anabolic-androgenic steroids. He requested professional help to discontinue the steroid use because he felt controlled by the steroids and was unable to stop on his own. On the night before he came to the emergency room, he had fleeting suicidal thoughts of crashing his car. He was admitted to a psychiatric inpatient unit, where further assessment could be quickly provided. He had no prior psychiatric history or treatment for chemical dependency. He had a family history of drug abuse but not of mood disorders.

The patient began using steroids 1 year earlier because of his dissatisfaction with his body image in comparison with others. For his first 3 months of use, he obtained the drugs by prescription, and he cycled on and off them, as directed by his physician. The directions were to take the drugs for 4 weeks and then discontinue them for the next 4 weeks. After the third month, however, the patient wanted to continue taking the steroids. He was satisfied with the effects on his weight-lifting performance and his muscle mass; when he discontinued using the steroids, he felt that his motivation for training and his endurance declined. He quit seeing his physician and discovered an illicit source of supply.

For the next 9 months, he used the drugs nearly every day and trained at the gym 6 days a week. He gradually increased the dosage and added other hormonal preparations. By the time of his admission, he was taking approximately the following: (1) testosterone cypionate (Depo-Testosterone and others) 200 mg i.m. q. 3 days, (2) nandrolone decanoate (Deca-Durabolin and others) 100 mg i.m. q. 3 days, (3) oxandrolone (Anavar) 25 mg p.o. q. d., (4) methandrostenolone (Dianabol) 40 mg p.o. q. d., (5) bolasterone (Finaject) 30-45 mg s.q. q. 2-3 days, and (6) human chorionic gonadotropin 1000-2000 U.S.P. Units i.m. q. 2-3 days. His last use of steroids was 3 days before his admission. He denied using any other drug, including alcohol and tobacco, except for trying marijuana several times at age 16. His use of caffeine was limited to three or four beverages a day.

On that regimen of hormones, the patient experienced a lability of mood, with alternating elation and irritability. As a result, he tried to titrate his doses against his mood states and performance. When he tried to stop or cut down the steroid use, he felt depressed, low in energy, fatigued, and weak, and he suffered from headaches. Without the drugs, he missed the high he felt from them. With the drugs, he felt energetic, he required only 4 to 5 hours of sleep each night, and he thought he looked and performed better, but he was disturbed by his temper outbursts, over which he lacked control. Two weeks before his admission, he and his wife separated after 5 years of marriage because of his temper outbursts associated with his steroid use.

Despite a stable work history, the patient began to deal steroids illicitly to other weight lifters at his gym in order to cover the costs of his own use. The patient had no prior arrest record and no childhood history of antisocial behavior.

At admission, his mental status examination revealed a well-dressed and well-groomed muscular man who was fully alert and oriented. His muscles were markedly hypertrophied. His mood

was predominantly depressed, with some anxiety. His affect was appropriate, constricted to dysphoria, but not labile. Irritability was not noted, and the patient was pleasant and cooperative with the examiner. Mild psychomotor retardation was present. The patient's thought processes were intact and associated with normal speech. No delusions or hallucinations were manifested, nor were any paranoid ideas present. He was no longer suicidal, despite the thoughts noted above, and homicidal ideation was likewise absent. Cognitive testing revealed five digits forward and four backward, one mistake out of five calculations of serial sevens, and three out of three words remembered in 5 minutes.

The results of physical and laboratory examinations, including thyroid-function tests, were essentially normal except for mild elevations in creatinine, SGOT, and SGPT. (Weight lifters can be expected to have elevations in creatinine because of increased muscle mass and elevations in nonspecific liver tests on the basis of intensive training alone, even without steroid use.) The results of the admission urine-drug screen were negative for amphetamines, barbiturates, benzodiazepines, other sedatives, cannabinoids, cocaine, opiates, and phencyclidine. Urine testing for steroid use is not routinely available at our institution and, thus, was not performed.

By the second hospital day, the patient's mood had improved, the full range of affect was apparent, and his psychomotor behavior was normal. He was optimistic about treatment and participated fully in a chemical dependency program until the fifth hospital day, when he signed out against medical advice for no clear reason.

DISCUSSION

Anabolic-androgenic steroids are psychoactive compounds, as evidenced by their well-documented effects on behavior and psychological functioning.¹ Neuronal androgen receptors have been identified in the brain,² suggesting the neurochemical basis for their psychoactive effects. Not all psychoactive substances, however, have the potential to produce dependence.

According to DSM-III-R,³ at least three out of nine criteria must be met for a period of at least 1 month for a diagnosis of psychoactive substance dependence to be made. Our patient met at least six of those criteria: (1) the substances were taken over a longer time period than was intended initially, when the patient was cycling on and off the substances; (2) he was unsuccessful in his efforts to cut down on use; (3) he continued to use the substances despite his knowledge that he was having emotional and marital problems related to their use; (4) he had tolerance, as shown by the supratherapeutic doses taken at the time of his admission; (5) he had withdrawal symptoms of depression, fatigue, psychomotor retardation, and headaches; and (6) he regularly took the substances to avoid those withdrawal symptoms. In short, the patient exhibited the core signs and symptoms that are characteristic of most definitions of dependency: an uncontrolled pattern of use, persistent use despite adverse consequences, tolerance, and withdrawal.

The course and the consequences of his drug use were strikingly similar to those observed with the use of alcohol, cocaine, and the opioids. With those other addictive substances, the initiation of use is often related to peer influences. Similarly, our patient initiated steroid use because he wanted to be comparable to and competitive with his peers, some of whom he knew were using steroids to enhance their body images. Another similarity to the users of cocaine and opioids was the deterioration of the patient's usual values as he began to deal drugs illicitly to support his own habit. In addition, his abuse of multiple substances (five different steroids and human chorionic gonadotropin) is a pattern commonly found among those dependent on alcohol, co-

caine, and opioids. Among athletes, the pattern of using multiple steroid substances is called "stacking."⁴ The patient used human chorionic gonadotropin to stimulate his testes to produce endogenous androgens, thereby augmenting the exogenous steroids that he was self-administering. Although the patient became dependent by using high doses of several anabolic and androgenic steroids in addition to human chorionic gonadotropin, the differential addictive potential of any one of those substances is unknown. It is also unknown whether dependence occurs at smaller doses than those reported here.

Many of the patient's symptoms were suggestive of a mood disorder. He reported a history of irritability, euphoria, decreased need for sleep, increased activity, and increased self-esteem when taking the drugs. During the first 24 hours of his evaluation, we observed suicidal ideation, depressed mood, low energy, psychomotor retardation, and trouble in concentrating on cognitive tasks. We attributed those symptoms and signs to drug use and drug withdrawal, respectively. The lack of any reported affective symptoms preceding his first use of steroids, the disappearance of those symptoms after 4 days of abstinence, and the lack of any family history of mood disorders argued against a diagnosis of mood disorder in our patient. However, only a longer period of observation of the patient when he was not taking drugs could have determined with certainty if he had an independent bipolar disorder that may have first become apparent during, if not triggered by, his steroid use.

Similarly, Pope and Katz⁵ recently reported that 9 (22%) of 41 steroid-using athletes in their sample developed either a full manic or a depressive episode during periods of steroid use or withdrawal, as determined by a structured diagnostic interview. Thus, we recommend that athletic patients with affective symptoms be closely questioned about their possible use of steroids. Such patients may not be aware of the connection themselves or may fear criticism of their use and, therefore, may not report it.

The prevalence of anabolic-androgenic steroid dependence is not known. With our patient, there was a time lag of 1 year between the onset of use and the troublesome effects that precipitated treatment-seeking. Therefore, as the prevalence and the awareness of steroid use increases, clinicians may begin to see increasing numbers of steroid addicts within 1 or 2 years. The trend will be particularly troublesome among adolescent athletes,⁶ because their developing nervous and skeletal systems may be more vulnerable to adverse effects and because they lack the psychological maturity to cope with the powerful mood changes produced.

CONCLUSION

Our patient developed a dependence on a combination of anabolic and androgenic steroids that was strikingly similar to dependencies seen with other substances. Clinicians should be alerted to the possibility of dependence when asked to prescribe anabolic or androgenic steroids and should suspect steroid use among athletes with mood disturbances, psychoses, or psychosocial disturbances. Further study of the prevalence, the course, and the optimal treatment of those syndromes is warranted.

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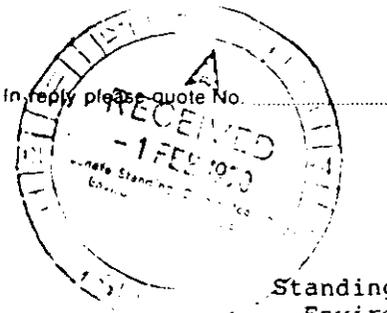
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APPENDIX 9

POST-MORTEM REPORT ON BODYBUILDER



CORONER'S COURT
40-46 Parramatta Road
Glebe, N.S.W. 2037
Telephone: 660 5977

24 January 1990

Standing Committee on
Environment, Recreation
and the Arts
Australian Senate
Parliament House
CANBERRA A.C.T. 2600

Attention: Mr P C Grundy

Dear Sir/Madam

Death of Maurice FERRANTI
Your Ref: letter 8/11/89

Please find enclosed a copy of the postmortem
report relating to the abovenamed deceased.

Yours faithfully,


Clerk of the Local Court. jd

enc.

RECEIVED

CORONERS ACT, 1980

24 JAN 1990

CORONERS COURT

Medical report upon the examination of the dead body of:

Name: Maurice FERRANTI

PM Number: 89/1912

I Johan Duflou a legally qualified medical practitioner, carrying on my profession at the Division of Forensic Medicine, in the State of New South Wales, do hereby certify as follows:

At 8.00 in the fore noon, on the 26 day of October, 1989 at Sydney in the said State, I made an internal examination of the dead body of a male identified to me by Dr. Hollinger of Division of Forensic Medicine in the State aforesaid, as that of Maurice FERRANTI aged about 23 years.

I opened the three cavities of the body.

Upon such examination I found:

The body was that of very well-built, heavily muscled adult male whose appearances were consistent with the stated age. There was minimal subcutaneous body fat. Body weight 79 kg. Body length 1.75 m. The body was cold to touch and there was faint dorsal postmortem lividity. Early decompositional change was evident in the form of softening of organs and green discolouration of the anterior abdominal wall.

External examination of the body:

1. There was an endotracheal tube in situ.
2. There were three E.C.G. dots on the anterior trunk.
3. Intravenous cannulae were in situ in the right antecubital fossa as well as on the anterior surface of the left lower arm.
4. No ante- or peri-mortem injury was identified on the surface of the body.

Head and neck:

The scalp and skull were normal. Specifically there were no skull fractures. The meninges were similarly normal and there was no extradural, subdural or subarachnoid haemorrhage. The brain weighed 1680 g and was placed in formalin of later detailed examination once fixed. The eyes, ears, nose and mouth were normal. The neck was similarly of normal appearances and there were no cervical spine fractures.

Cardio-vascular system:

The pericardium was healthy.
The heart weighed 360 g and showed mild biventricular dilatation.
The atria and valves of the heart were within normal limits.
The free wall thickness of the right ventricle was 3 mm and that of the left ventricle was 15 mm.
There were areas of alternating pallor and congestion of the myocardium of the left ventricle.
There were no mural thrombi, nor were there areas of old fibrosis within the myocardium.
The coronary arteries were involved by very early atherosclerotic disease, but there was no obvious narrowing of their lumina.
The aorta, proximal carotid arteries, renal arteries and iliac arteries all showed moderately advanced fatty streaking of the intima.
The venous system was normal.
There were no pulmonary emboli.

Respiratory system:

The pharynx, larynx and trachea contained grey charcoal-like material.
The bronchi contained blood-stained fluid.
The left weighed 740 g and the right lung weighed 860 g.
Both lungs were markedly congested throughout.
No focal pulmonary lesions were identified.
The chest wall and diaphragm were normal.
There were no rib fractures.

Gastro-intestinal system:

The tongue, oesophagus, and stomach mucosae were coated by charcoal-like material.
The stomach contained approximately 300 ml black fluid.
The duodenum was normal.
The remainder of the bowel on external examination appeared normal and was not opened further.

Hepato-biliary system:

The liver weighed 2420 g and was markedly congested and fatty.
No focal hepatic lesions were identified macroscopically.
Bile from a normal gallbladder could be expressed with ease through the extrahepatic biliary system into the duodenal cavity.
The pancreas was autolytic.

Haemopoietic system:

The spleen weighed 200 g and was uniformly congested.
There was no lymphadenopathy.

Genito-urinary system:

The left kidney weighed 180 g and the right kidney weighed 150 g.
The capsules of both kidneys stripped with ease to reveal normal renal parenchyma throughout.
Both ureters were patent throughout their lengths, ending in a normal urinary bladder containing approximately 50 ml cloudy urine.
The prostate gland was of normal appearances.

The right testis weighed 15 g and the left testis weighed 12 g. Both testes were markedly atrophic.

Endocrine system:

The pituitary gland and thyroid gland appeared normal. The left adrenal weighed 9 g and the right adrenal weighed 8 g. The adrenal glands were of normal macroscopic appearances.

Histology being performed. (Brain)

Blood was sent for the estimation of alcohol, and blood, liver, stomach and contents, urine and bile for chemical analysis.

The body was identified to Dr. Hollinger by Const. D. Kneipp of No. 24 Division.

MICROSCOPIC EXAMINATION:

Heart:

Sections of right and left ventricles, interventricular septum and cardiac conductive system show no abnormalities apart from occasional agonal subendocardial contraction bands.

Lungs:

Show fairly extensive intra-alveolar haemorrhage and oedema in all sections. Bronchial basement membranes are thickened.

Liver:

Shows centrilobular congestion only.

Spleen:

No abnormality detected.

Pancreas:

There is advanced autolysis.

Kidneys:

No abnormality detected.

Adrenals:

Numerous eosinophilic intracytoplasmic inclusion bodies are noted in the zona glomerulosa of the adrenal cortex, highly suggestive of "Aldactone bodies". There is cortical lipid depletion.

Pituitary:

Shows no histological abnormalities.

Thyroid:

Normal.

Testes:

There is some fibrosis of the seminiferous tubules and partial spermatocytic arrest is identified.

Skeletal Muscle:

Sections stained with H & E, and frozen fat stains show no histologic abnormalities.

MACROSCOPIC REPORT OF THE BRAIN:

The leptomeninges are thin and transparent. The vessels at the base of the brain have a normal architectural pattern with no atheroma. The external surface of the cerebrum, cerebellum and brain stem appears normal.

The cerebrum is sectioned in the coronal plane in 1 cm slices. No abnormalities are seen on the cut surfaces of the cerebral cortex, white matter, basal ganglia, hippocampi or diencephalon.

The cerebellum is sectioned in the sagittal and parasagittal planes. No abnormalities are seen on the cut surfaces of the cerebral cortex, white matter or dentate nuclei.

The brain stem is sectioned in the transverse plane in 0.5 cm slices. No abnormalities are seen on the cut surfaces of the midbrain, pons or medulla.

MACROSCOPIC DIAGNOSIS

Normal brain.

MICROSCOPIC REPORT OF THE BRAIN:

Normal.

In my opinion death had taken place about 5 days previously and the cause of death was:

1. DIRECT CAUSE:

Disease or condition directly leading to death:

(a) CARDIAC ARREST (due to)

ANTECEDENT CAUSES:

Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last:

(b) HYPERKALAEMIA (following)

(c) COMBINED SPIRONOLACTONE AND POTASSIUM INGESTION.

2. Other significant conditions contributing to the death but not relating to the disease or condition causing it:

ANDROGENIC STEROID INGESTION.

TO THE STATE CORONER,
SYDNEY

(Signature).....

(Date) 23rd January, 1990.

ANALYST REPORT SEEN



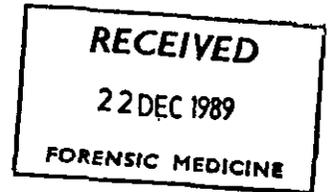
Australian Government Analytical Laboratories

1 Suakin Street
PYMBLE
NSW 2073

P.O. Box 385
PYMBLE
NSW 2073

Tel: (02) 449 0111
Fax: (02) 449 1653
Telex: AA61906 AUSCI

Address all correspondence to the Director



CERTIFICATE OF ANALYSIS

CLIENT (0350) Department of Health
Division of Forensic Medicine
42-50 Parramatta Road
GLEBE NSW 2037

SAMPLE DESCRIPTION : URINE SAMPLE T890757 FERRANTI

Laboratory Report Number - NS9/049711
Client Reference Number -

DAL-89 AEH.ML

A sealed urine sample was given to me for the analysis of anabolic steroids and diuretics. The sample was that of Maurizio Ferranti and was labelled with the code T890757

The pH was measured at 7.0 and the specific gravity was 1.000.
Analysis of the sample using our standard screening procedure using gas chromatography/mass spectrometry gave three detectable anabolic steroids.
METHENOLONE (Primobolan)
METHYLTESTOSTERONE (Testomet)
STANZOLOL (Winstrol)

This procedure also confirmed the presence of canrenone which is a metabolite of SPIRONOLACTONE (Aldactone). This method does not quantitate each substance

The natural androgenic steroids were greatly suppressed indicating the possibility of long term steroid use. The epitestosterone was not detectable while testosterone was easily seen. This could indicate the use of testosterone as an anabolic steroid as well.

Further analysis using High Pressure Liquid chromatography gave Hydrochlorothiazide (23.5ug/l) (Diuretic) and Caffeine (11ug/l)

Signed

(For Regional Director)

Date 18/12/89

Department of Administrative Services

APPENDIX 10

**LETTER FROM AUSTRALIAN GOVERNMENT ANALYTICAL LABORATORIES,
6 MARCH 1990**



Australian Government Analytical Laboratories

1 Suakin Street
PYMBLE
NSW 2073

P.O. Box 385
PYMBLE
NSW 2073

Tel: (02) 449 0111
Fax: (02) 449 1653
Telex: AA61906 AUSCI

Address all correspondence to the Director



P.C. Grundy,
Secretary, Standing Committee on Environment,
Recreation and the Arts,
Parliament House,
Canberra, ACT, 2600.

Dear Mr Grundy,

In answer to your questions in the letter dated 21/2/90 I can give you the following information.

1. AGAL (NSW) performed the drug testing for the Commonwealth Games and during this period we received 391 samples over a period of 10 days. This ranged from 22 to 50 samples per day and all results were reported within 20 hours of sample receipt.
2. The benefit with regards us reaching accreditation was considerable. The laboratory gained more experience in this short time than we would have in years of testing national samples. We also successfully completed two sets of 10 samples for the IOC preaccreditation requirements. We are now set for the accreditation examination this month to be ratified in April.
3. During the period of the Games we found 8 positive samples. Four of these were the control samples. The remainder were reported as positive for:-
Stanozolol,
Nandrolone,
Testosterone/epitestosterone > 6 and
dextropropoxyphene (Digesic).

All of these were found in weightlifters. The later one was not acted upon since it was an Over-the-Counter preparation and it had been decided at the 84 Olympics that these would not be treated seriously.

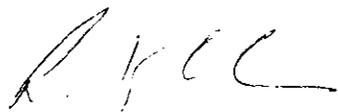
4. The level of the metabolites of stanozolol in one of the Welsh weightlifters was very high. The level was higher than experienced before by the German visitors. This indicates either a heavy usage of oral formulations right up to the Games or heavy multiple doses of the injectable crystalline suspension stopped some time before the Games. I have no data on the latter scenario as yet but since this is a slow release preparation it would be excreted slowly from the site of deposition over several weeks. This is a similar problem to that of nandrolone which is used as an oil based injection and can be excreted up to a year after the last

use. The level of nandrolone found in the Indian weightlifter was also high the ratio of the main metabolite to that of the androsterone (a natural steroid) was close to 10. This could indicate a heavy program stopped up to a month or so before the Games.

The value for the testosterone/epitestosterone ratio found in a Welsh weightlifter was 12. There are so many esters of testosterone which have markedly different excretion times that it is not possible to say when the last dose was taken. However it may have been a few weeks before the Games. The steroid profile of this person suggested that he had been heavily using steroids during training. His endogenous steroid levels were greatly depressed and the androsterone/etiocholanolone ratio was shifted to a level consistent with steroid misuse. The other weightlifters had relatively normal steroid profiles.

5. Professor Donike took the B-samples of the weightlifters with him for his own profiling studies. Our results indicated that all the other weightlifters had "normal" steroid profiles.

I am still analysing the data for caffeine and t/e ratios. When these statistics are available I will send them to you.



Dr R. Kazlauskas,
Principal Chemist.
6 March, 1990

APPENDIX 11

**INTERNATIONAL OLYMPIC COMMITTEE CHARTER AGAINST
DOPING IN SPORT**

International Olympic Charter against doping in sport

Preamble and principles

- A. Considering that the use of doping agents in sport is both unhealthy and contrary to the ethics of sport, and that it is necessary to protect the physical and spiritual health of athletes, the values of fair play and of competition, the integrity and unity of sport, and the rights of those who take part in it at whatever level;
- B. Considering that doping, as defined and adopted by the International Olympic Committee (IOC) is the administration of the use of prohibited classes of drugs and of banned methods;
- C. Considering that doping in sport is part of the problem of drug abuse and misuse in society;
- D. Stating an unequivocal opposition to the use of, or encouragement or provision for the purpose of using doping agents and methods in sport;
- E. Supporting the declaration of athletes and coaches at Baden-Baden in 1981 and of the IOC Athletes' Commission in Lausanne in 1985 calling for stronger doping controls and more severe sanctions;
- F. Encouraged by the numerous initiatives taken by the sports movement and by governments to reduce doping in sport, and recognizing that there has been considerable scientific progress in the detection and analysis of doping agents and methods;
- G. Determined to prevent the spread of doping in sport to those countries and regions hitherto unaffected by the problem;
- H. Esteeming that a commonly accepted international policy is necessary for the elimination of doping from sport;
- I. Considering that such a policy would lead to an improved and more consistent approach for the benefit of all sportsmen and sportswomen, and would contribute to equality and equity in the international sporting community;
- J. Considering that both public authorities and the independent sports organizations have separate but complimentary respon-

sibilities for the goal to eliminate doping in sport, and that a pre-requisite for success is that they should work together in co-operation and mutual respect for this purpose at all appropriate levels:

- K. Recognizing that the division of responsibilities in the implementation of this common policy will vary from country to country in accordance with its traditions, structures and laws, but sharing a common determination to ensure that it is carried through effectively and in accordance with acceptable standards of natural justice;
- L. Stressing the need for a consistent application by all the partners involved of the common anti-doping policy and strategy, particularly in elite sport;
- M. Inviting the autonomous international sports federations to cooperate whole-heartedly in this policy and towards this end;
- N. Inviting the IOC to take the leading role in securing approval of the Charter as well as in overseeing its implementation; The countries and organizations which endorse this Charter hereby agree:
 - i) that the following elements are fundamental elements of a common anti-doping policy and strategy, and that they should be applied by governments and sports organizations, acting both individually and in co-operation.
 - ii) to implement those measures which are within their competence, and to encourage their partners to implement those which fall within their powers.

Fundamental elements

- A. Role of sport community
 - I. Regulations
 - 1. Sports organizations, when adopting or amending their anti-doping programme, should adhere to a number of uniform and standardized elements of the anti-doping strategy as contained herein.
 - 2. Anti-doping regulations should be harmonized; they should be consistent with, and not less effective than, those of the IOC, making, where necessary, appropriate provision for the anti-doping requirements of a particular sport.
 - 3. These regulations will include, inter alia:
 - a list of prohibited classes of drugs and of banned methods which will accord with the relevant IOC decisions, and allow for their periodic updating;

- mechanisms and clear procedures for: the collection of samples and the conduct of controls; the interpretation of the results derived from the analyses of controls; for the conduct of consequent disciplinary measures; and for the imposition of penalties;
 - procedures giving effect to the principles of natural justice; the conduct of a fair hearing by judges who are independent; recognition of the rights of athletes including the provision for appeals; protection of confidentiality until a decision is reached.
4. International Federations and other superior bodies should adopt rules to ensure compliance by National Federations or other member bodies, including those which would allow them to impose penalties.
 5. When positive cases are reported by a National Federation or a National Olympic Committee, the International Federation should inform the federation concerned and the IOC of action taken.
 6. All international and national sports bodies organizing events should include clear eligibility criteria relative to the anti-doping campaign.
These criteria should include:
 - a) an obligation for any athlete wishing to take part in an event organized by such a body to agree to submit to a duly authorized doping control decided by that organization;
 - b) rules on the ineligibility of suspended athletes, including those suspended by another sport organization, or in another country.
 7. Sports organizations should actively encourage athletes to participate in the working out of effective anti-doping policies and support their initiatives.

II. **Doping Control**

8. Sports organizations should adopt regulations making doping controls on a significant percentage of competitors obligatory at:
 - a) national championships
 - b) regional, continental and international championships and games
9. Furthermore at events where a regional or world record is to be anticipated or is claimed, similar doping controls will be conducted. The International Federations should adopt regulations whereby the analysis, by an IOC accredited laboratory, of the doping control samples of the claimant athlete would be an essential part of the documentation submitted in support of the request for ratification, without which the International Federation would refuse to consider it.
10. Out of competition doping controls should be introduced as soon as possible by the International Federations and national sports organisations on a year-round basis. These controls should be conducted impartially, and in equal manner for all federations and taking into account factors such as geographical balance and level of sport achievement. Common pre-conditions should be agreed for such testing.

11. National sports organizations, supported by their governments where appropriate, should conclude agreements between themselves so as to enable athletes from one country training in another country to be tested by a duly authorized doping control team of the latter country, and ensuring that appropriate action would be taken on the ensuing reports by the authorities of the former.
12. Governments should facilitate the carrying out of duly authorized doping controls on their territory, and provide constructive assistance when International Federations announce such controls, for example in granting visas, making appropriate import/export arrangements.

III. Penalties and Disciplinary Procedures

13. All sports organizations should provide in their regulations for the imposition of realistic and effective penalties. The penalties should be sufficient for the offence proved, based on the severity of the infraction, and not encourage disregard for the regulations.
14. These penalties should be consistent (i.e., having similar effects) both between different sports in one country and between International Federations.
15. Sports organisations should always investigate how the athlete concerned breached the regulations, and consistent penalties should be applied to all those implicated, including coaches, managers, officials, medical personnel etc.

B. Role of governments

I. Legislative and Financial Measures

16. Governments or their delegated authority should ensure that there is an effective anti-doping programme implemented at the national level.
17. Governments may wish to apply the provisions of general anti-drug abuse legislation, to adopt legislation specific to doping in sport, or to provide enabling legislation for national sports organizations to carry out their anti-doping programme.
18. Governments may wish to adopt legislation on the movement and possession of selected prohibited classes of drugs or material used in banned methods.
19. Governments may employ financial inducements, for example, by making it a condition for the granting of a public subsidy that a sports organization has effective regulations, or by forbidding the use of public money to support the training of athletes who have been convicted of a serious doping offence.
20. Governments or their delegated authority should assist with the financing of doping controls or recognize their cost when determining the level of public subsidy to sports organizations.

II. Laboratories

21. Governments or their delegated authority, in consultation with the IOC, should set up and run doping control laboratories of the highest technical and ethical standard and provide them with the means of employing, training and retraining qualified staff.
22. These laboratories should be of such a standard that they would be capable of being accredited, and reaccredited at regular intervals, by the IOC.
23. Sports organizations should make full and efficient use of the IOC accredited laboratories.
24. Research and development into analytical bio-chemistry and pharmacology should be encouraged in doping control laboratories. New data should be circulated and results published quickly in order to speed the adaptation of techniques and policies shown to be necessary.

III. Distribution of Doping Agents

25. Public authorities and agencies (such as the police, customs, veterinary services etc.) should co-operate to restrict the movement and distribution of, and to reduce trafficking in, selected prohibited classes of drugs. The assistance of sports organizations should be sought in this task.
26. These authorities and agencies should also co-operate internationally
 - a) in order to reduce the trans-national exploitation of differing national regulations, including those regulating over-the-counter sales.
 - b) to reduce international trafficking and distribution in selected prohibited classes.

C. Shared responsibilities

I. Education

27. Governments and sports organizations should recognize the importance of education and information in the anti-doping campaign, and agree on effective preventive as well as repressive strategies. This should be done both jointly and severally in schools and clubs.
28. Governments and sports organizations are encouraged to sponsor or initiate research into rationally designed physiological and psychological training programmes, which, while helping with the continual and legitimate search for improved performances, would respect the integrity of the human organism and demonstrate the possibility of success without recourse to artificial or unethical aids.
29. National sports organizations, in order to assist the athletes needs for certain necessary medications, should provide a list of permissible pharmaceutical preparations.

APPENDIX 12

**INTERNATIONAL OLYMPIC COMMITTEE MEDICAL COMMISSION
REQUIREMENTS FOR ACCREDITATION AND GOOD LABORATORY PRACTICE**

ANNEX 1

International Olympic Committee

Medical Commission

Requirements for accreditation and good laboratory practice

A document of the IOC Medical Commission
prepared by
Professor DUGAL (Montreal)
and Professor Manfred DONIKE (Cologne)

Version 5 October 1988

1.1

General introduction

The IOC Medical Commission considers it essential to ensure the highest level of quality in doping control laboratories. In the following document, the Commission has defined the requirements for IOC accreditation (Part A), standards of quality in a general way (Part B) and in more specific manners (Parts C and D) which, although presented in a questionnaire format, nonetheless indicate by inference the criteria, requirements and standards it wishes its accredited laboratories to attain and to maintain. It should be noted in particular that Parts B to D may be useful for laboratories in the definition of their internal quality assurance and quality control programmes.

In the course of 1989, the Medical Commission will also introduce a proficiency testing programme compatible with the objectives it wishes to achieve.

1.2

International Olympic Committee

Medical commission

Requirements for accreditation and good laboratory practice

PART A

Requirements for IOC accreditation

1.3

Requirements for IOC accreditation

1. Letters of support:

Laboratories seeking accreditation are requested to provide a letter of support of a National Authority e.g. NOC, sports governing body etc. and any other letter of support that they would wish the Medical Commission to consider. The final decision regarding the acceptance of the letters of support will be made by the IOC Medical Commission, taking into account such factors as continuity, volume of workload, long-term financial support, administrative commitment of the host-institution, and research activities and accomplishments such as publication records of senior staff.

2. Essential equipment:

- 2.1 Gas chromatography (GC)
- 2.2 High pressure liquid chromatography (HPLC)
- 2.3 Thin layer chromatography (TLC)
- 2.4 Mass spectrometry (MS) in combination with gas chromatography (GC) and computer evaluation (COM)
- 2.5 Access to radio-immunoassay equipment

3. Summary of analytical procedures:

The IOC Medical Commission requires, as a minimum, the following procedures:

- 3.1 For Nitrogen containing doping agents excreted free: GC screening with a nitrogen specific detector (NPD) and capillary column, cross-linked with a moderate polarity phase e.g. SE 54. Alternative suitable GLC systems may be used.
- 3.2 For Nitrogen containing doping agents excreted as conjugates: GC screening after hydrolysis and extraction at pH 9.5, derivatization, cross-linked capillary column detection with a nitrogen specific detector (N-FID) or by selected ion monitoring (mass specific detection).

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- 3.3 For Pemoline, Caffeine and Diuretics: screening with high pressure liquid chromatography.
- 3.4 For Anabolic steroids:
 - 3.4.1 For free steroids: after extraction at pH 9.0 derivatisation and detection by selected-ion monitoring (mass specific detection).
 - 3.4.2 For conjugated steroids: after enzymatic hydrolysis, extraction, trimethylsilylation and detection by selected ion monitoring (mass specific detection). Alternatively an extraction of the free and the conjugated fraction e.g. with XAD-2 may be performed, followed by a separation of the two fractions, treated and analysed as described above.
- 3.5 For Acidic substances e.g. diuretics and probenecid: Extraction at e.g. pH 2 or lower, and derivatisation, GC with nitrogen specific detection after derivatisation, or by selected ion monitoring (mass specific detection) or by high pressure liquid chromatography.
- 3.6 For B-blocking agents: GC and/or GC/MS screening.
- 3.7 For HCG: a suitable immunoassay to detect and quantitate HCG.

NOTE: Definite identification of a doping substance requires analysis by mass spectrometry.

NOTE: For HCG, a second suitable analytical method must be used before declaring a sample positive for HCG. This method will be recommended by the sub-commission on «doping and biochemistry of sport» as soon as possible.

4. Accreditation of analytical laboratories:

Analytical laboratories which request accreditation must fulfil the following requirements and answer the questionnaire (Part C of this document):

4.1 Initial requirements:

- 4.1.1 Provide a list of substances which the laboratory is able to detect and identify. The minimum repertoire will be the list of examples enumerated in the dope definition of the IOC Medical Commission under the different classes of forbidden substances (and their metabolites).

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- 4.1.2 Provide a list of available reference substances (dope agents and metabolites).
- 4.1.3 List of the excretion studies (dose, etc.) that have been performed on human volunteers. Whenever possible, state the minimum concentration which can be detected (based on an excretion study with a reasonable number of serial collections). The post-administration time at which this concentration was detected (and confirmed) should also be stated.
- 4.1.4 For each screening procedure, state the maximum time required to obtain a result after receipt of a single sample for analysis.

NOTE: Reference urines for which it is not possible to conduct volunteer studies (such as heroin) can be obtained with the co-operation of drug addiction rehabilitation clinics.

4.2 Pre-accreditation procedures:

- 4.2.1 Prior to the official accreditation tests, laboratories seeking accreditation will be requested to analyse 3 sets of (10) samples successfully over a period which can vary from six to twelve months. The corresponding documentation (raw data) of the results shall be sent to the Secretary of the doping sub-commission.

4.3 Accreditation procedures:

- 4.3.1 The laboratory seeking accreditation will be required to analyse 10 control samples in the presence of a delegate of the IOC sub-commission on «doping and biochemistry of sport».
- 4.3.2 The laboratory must establish correctly and identify the dope agents and their relevant metabolites within a period of three days.
- 4.3.3 The report, copies of which should be sent by express courier to the Chairman of the IOC Medical Commission and to each of the five members of the IOC sub-commission on «doping and biochemistry of sport» within three weeks after completing the accreditation test should include:
 - 4.3.3.1 Protocols: complete description of the analytical procedures, with literature references.

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4.3.3.2 Copies of the screening and confirmation of raw data used in generating the results.

NOTE: The control samples will contain substances which are examples of the list of classes of banned substances. Blank urines may be included as well as samples containing more than one (but not more than three) dope agent. For example, a sample may contain a diuretic and a metabolite, plus the metabolites of an anabolic steroid excreted mostly or entirely as biotransformation products.

- 4.3.4 Prior to visiting the laboratory, the delegate will be provided with all the documentation on the samples to be used in the accreditation of the laboratory concerned. If the laboratory produces correct results within the three days, the delegate will then discuss the results with the laboratory staff. The delegate will present a formal written report to the sub-commission, using Part D of the present document. A copy of the confidential report will be sent to the laboratory.
- 4.3.5 After considering the data as well as other factors, the sub-commission will announce its decision through the Chairman of the IOC Medical Commission. The laboratory will be informed within two months of the submission.

*NOTE: 1) For Olympic Games and major regional and area Games, special requirements must be fulfilled as outlined in paragraph 4.7 below.
2) A temporary accreditation may be granted according to the conditions described in Annex I.*

4.4 Re-accreditation procedures:

A document outlining the details of the procedure and conditions of re-accreditation will be sent to the laboratories 3 months prior to the test. Part of the re-accreditation procedure will be 1) the request to analyse up to 10 control samples and reporting their results to the Chairman of the IOC Medical Commission with copies to the Secretary of the sub-commission on «doping and biochemistry of sport», 2) provide a fully documented report including raw data and 3) sending a filled questionnaire. The questions will be such that the present status of the laboratory regarding personnel, instrumentation, space, etc. will be documented. Decisions regarding re-accreditation will be made on those factors as well as other available data. (See 1.2.4 above and Part B).

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4.5 Proficiency testing programme:

After accreditation, laboratories will be challenged with one set of 4 samples, every 4 months (excluding the re-accreditation period), representing a total of 2 cycles per year. The accredited laboratories must participate in the IOC proficiency test (PT) which will be performed at regular intervals between the re-accreditations. Results and documentation are to be sent to the Secretary of the sub-commission.

4.6 Review mechanisms:

Under certain circumstances such as those indicated under 4.8 below, the sub-commission on «doping and biochemistry of sport» reserves the right to inspect an accredited laboratory. The announcement of such an inspection will be made in writing by the Chairman of the IOC Medical Commission to the director of the laboratory concerned.

4.7 Special requirements:

Laboratories seeking accreditation for forthcoming Olympic Games and Regional or Continental Games must first pass the accreditation, 12 months before the event. Second, as part of the accreditation process, four months before the actual event, the laboratory must provide the following information (in writing) to the IOC Medical Commission of the progress made in preparing the laboratory for the Olympic Games and/or large international events, e.g. (Regional or Continental Games):

- 4.7.1 Identification of external scientists (if required)
- 4.7.2 List of the staff (with qualifications) who will be working in the laboratory
- 4.7.3 Information on the number of samples which can be analysed
- 4.7.4 Protocol of analytical methods (procedure manual)
- 4.7.5 A summary of the decision making process to be used during the Games, in the case both of positive and negative results.

Based on this information, the IOC sub-commission on «doping and «biochemistry of sport» will decide whether it will grant a special accreditation for the time period of the Olympic Games or important international events.

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4.8 Re-accreditation and proficiency testing: policy, education and consequences:

4.8.1 In addition to the yearly re-accreditation procedures, the IOC Medical Commission has devised a proficiency testing (PT) programme which is a part (in conjunction with laboratory inspection) of the initial evaluation of a laboratory seeking accreditation and of the continuing assessment of laboratory performance necessary to maintain this accreditation. For the purposes of re-accreditation, the IOC Medical Commission's sub-commission on «doping and biochemistry of sport» will act as the review committee, chaired by the Chairman of the IOC Medical Commission. For the PT, the review committee will consist of three members (Secretary of the sub-commission, one member of the sub-commission and the head of an IOC accredited laboratory or a recognised scientist in the field of biochemical analysis).

All procedures associated with the handling and testing of the proficiency test specimens after receipt by the laboratory should be carried out in a manner identical to that applied to normal laboratory specimens.

The proficiency testing programme will be implemented in early 1989 and its main purpose is educational. It will be conceived, on an experimental basis until 1990, as performance assessment programme on a regular basis, to correct deficiencies and to provide statistical inter-laboratory comparisons. Therefore, the sanctions described under 4.8.3 below will not be applied until the first proficiency cycle of 1990.

4.8.2 a) For all banned drugs in the official IOC list, no false drug identifications are acceptable. A false positive will generally result in suspension of accreditation until the laboratory passes successfully the next re-accreditation. False negatives may lead under certain circumstances to suspension of accreditation.

b) Quantitative results (caffeine, sympathomimetic amines, etc.) and testosterone/epitestosterone ratios must fall within 2 standard deviations (or +/- 15% whichever is larger) of the calculated group mean

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resulting from all participating laboratories testing a given drug, excluding those results which are outside the 95% confidence interval of all results.

NOTE: A higher concentration than that defined by these standards will be regarded as a false positive, whilst a lower concentration will be considered a false negative.

4.8.3 In the proficiency testing programme, the procedure for dealing with a false negative or a false positive report from a laboratory will be the following:

4.8.3.1 Immediate notice to laboratory.

4.8.3.2 Allow the laboratory 10 working days to respond to the error. This response should include the submission of data from the batch of specimens in which the error occurred, unless the error is to be explained as an administrative error.

4.8.3.3 Ten working days will be allowed for review of the response. The response will be reviewed by the members of the review committee which will have the authority to decide whether the laboratory explanation can be accepted as an error which was beyond its control (such as a clerical error where the laboratory can document that the analysis which it submitted was not the one attributed to it). If the error is determined to be attributable to the laboratory and that it is:

a) *An administrative error* (clerical, sample mix-up, etc.): the review committee will have the option of recommending corrective action to minimize the occurrence of the particular error in the future and if necessary to review and request previously run specimens to be re-analysed if there is reason to believe that the error might have been systematic.

b) *A technical or methodological error*: the laboratory must submit all data from the batch of specimens which included the test specimen with the erroneous analysis. In addition, the laboratory will be required to test additional specimens. The exact procedure, including the number of samples to be

re-analysed, will be determined by the review committee after consideration of the results and the analytical data.

The review committee will have the option to recommend: (1) *no further action other than the above* (in the case of less serious error with associated corrective action which reasonably assures the unlikelihood of re-occurrence) or (2) *suspension of accreditation until the next re-accreditation procedure as described in 4.8.4 below.*

4.8.3.4 During the time required to resolve the error, the laboratory would remain on the IOC registry but with a designation that a (some) false negative(s) result(s) is(are) pending resolution. If the review committee recommends that the laboratory should undergo re-accreditation, suspension will then become the official status of the laboratory until that re-accreditation takes place.

4.8.4. For yearly re-accreditation, 10 samples, the composition of which is described under 4.10 below, the following will apply in the case of false negatives. The percentage as listed below will be based on the number of substances present in the test samples. For example, if each of the 10 samples contains 2 substances, 90% correct results will mean the correct identification (and/or quantitation where appropriate) of 18 substances.

100% correct results: re-accreditation

90% correct results: as described under 4.8

80% correct results: as described under 4.8

70% correct results: the accreditation of the laboratory will be suspended. Reinstatement may be achieved conditional to success in two proficiency testing cycles and the following year accreditation procedure. An inspection, as described under review mechanisms, is possible. During the time that the accreditation is suspended, the laboratory must abstain from accepting samples from International Federations, National Olympic Committees and National Federations. Non-compliance with this requirement may lead to irreversible revocation of accreditation.

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- 4.8.5 Once accreditation is suspended, a laboratory must participate in 2 additional consecutive proficiency testing cycles and the next re-accreditation procedure. If deemed necessary, it must also agree to an inspection before re-instatement as an accredited laboratory can be considered.
- 4.8.6 In the case of false positive(s), the same procedure as described above (4.8.5) for 70% correct results will apply.

4.9 Code of Ethics:

In order to maintain the status of an IOC accredited laboratory, its director must agree in writing to comply with all the stipulations of the IOC Medical Commission Code of Ethics for accredited laboratories. The Code is reproduced in annex II.

4.10 Specimen composition for accreditation and proficiency testing:

Samples appropriate for proficiency testing, accreditation and re-accreditation purposes will be obtained after administration of one or more doping agents at the doses listed in annex IV. Each sample may contain one or more compounds (but possibly several metabolites). In addition, nicotine and caffeine may be present in low concentrations. After ingestion of a pharmaceutical dose, the urines will be collected and the cumulative urines combined in such a way that the following range of concentrations (in weight units/ml urine) will be achieved:

- a) Stimulants: 0.5-50 ug/ml (except strychnine at 0.2 ug/ml and pipradol at 0.1 ug/ml)
- b) Narcotics: 0.5-50 ug/ml
- c) Anabolic steroids: about 10 ng/ml for the main metabolite
- d) B-Blockers: 0.5-50 ug/ml
- e) Diuretics: 0.1-2 ug/ml
- f) urine with a high Caffeine concentration will be a spiked urine.

These concentration ranges have been chosen to allow detection of the drug (and/or metabolites) by IOC recommended screening techniques. These levels are generally in the range of concentrations which might be expected in

the urines of athletes using banned drugs. For some drugs, the specimen composition will consist of the parent drug as well as major metabolites as noted above. In some cases, more than one drug class may be included in one specimen but generally no more than three drugs will be present in any one specimen to more reasonably represent the type of specimen which a laboratory normally encounters. Within a particular proficiency testing cycle, the actual composition of specimens going to different laboratories will vary.

It is presumed that these concentrations and drug types will be changed periodically due to factors such as changes in detection technology and patterns of drug abuse. Annex IV reproduces the current list of banned classes of drugs with examples.

Finally, it should be noted that the concentration ranges listed above represent ranges of concentration expected, under realistic circumstances, after the administration of banned drugs to or by athletes. They should not be interpreted as cut-off values, nor as limits of detection and/or quantitation.

4.11 Cost of accreditation and re-accreditation:

In order to partly help finance its accreditation system and proficiency testing programme, the IOC Medical Commission has established the cost of accreditation to 4000 Swiss Francs and of re-accreditation to 2000 Swiss Francs. In addition, the laboratory must assume the travel expenses, accommodation, etc. of the delegate(s) of the IOC sub-commission on «doping and biochemistry of sport» in the case of accreditation or inspection.

4.12 Correspondence and enquiries should be addressed to:

Professor Doctor Manfred DONIKE,
Secretary IOC sub-commission
on «doping and biochemistry of sport»
Deutsche Sporthochschule
Institute for Biochemistry
Carl-Diem-Weg 6
P.O. Box 450327
5000 COLOGNE 41
Federal Republic of Germany

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Temporary accreditation

Conditions under which IOC laboratory accreditation may be temporarily transported (transferred) to a non-accredited facility for the duration of an international sporting event.

A. Objectives

- 1) To allow doping control to be efficiently conducted in a city hosting an international event and having appropriate laboratory facilities none of which has received IOC accreditation at the time of the event.
- 2) To allow the IOC Medical Commission, through the expertise of its accredited laboratories, to assist cities hosting international events in setting the necessary grounds for eventual accreditation of their laboratories.

B. Prerequisites

- 1) The host city will arrange for basic laboratory facilities and analytical equipment to be available. This may be accomplished by any of several means, i.e. temporarily renting appropriate equipment, using existing facilities in a public institution (university, hospital, etc.).
- 2) This facility will be staffed with local technical resources having acquired pertinent experience in the field of analytical toxicology as applied to the detection and/or identification of drugs and their metabolites in biological fluids.
- 3) A sufficient inventory of supplies will have been established well before commencement of the event, under the guidance from the head of the accredited laboratory who will take responsibility for the tests and the results.

C. Conditions

- 1) Applications for temporary accreditation will be submitted to the sub-commission on «doping and biochemistry of sport» of the IOC Medical Commission.

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- 2) The accreditation will be temporary and limited to the duration of the event and/or termination of the tests.
- 3) Senior personnel from the accredited laboratory will supervise analytical operations. This personnel should be in a suitable proportion relative to local technical staff.
- 4) The head of the accredited laboratory will assume responsibility for all results generated by the laboratory during the period of the event.

Code of ethics

Preamble

The IOC Medical Commission has been made aware of a number of incidents in recent months relative to the pre-testing of athletes for the purposes of withdrawing them from competition without appropriate sanctions. The Commission wishes to remind its accredited laboratories that the purpose of its action is based on deterrence of drug misuse (doping control) and that it is strongly opposed to laboratories getting involved in testing athletes during training or just prior to a particular sporting event in order to determine when to stop taking banned drugs and thus avoid detection at a particular subsequent event (controlled doping).

The IOC Medical Commission is also categorically opposed to the action of some non-accredited, commercial (or other) laboratories which analyse athletic samples in such a manner as to aid and assist the athletes to cheat by helping them to determine when to stop taking a banned drug or by helping to determine if they are positive or negative with a banned drug before a specific competition. The Commission is thus also opposed to the testing of athletes prior to a competition for the sole purpose of withdrawing them from the event without imposing sanctions commensurate with the offence.

The Commission has therefore defined the conditions under which its accredited laboratories should accept or refuse to analyse urine specimens from athletes.

Code of ethics

1. Competition testing

The laboratories should only accept and analyse samples originating from known sources within the context of doping control programmes conducted in competitions organised by national and international sports governing bodies. This includes Nation-

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al and International Federations, National Olympic Committees, national associations, universities, and other similar organizations. This rule applies to *Olympic and non-Olympic sports*. Laboratories should ascertain that the programme calls for specimens collected according to IOC (or similar) guidelines. This includes collection, under observation, of A and B samples, *appropriate sealing conditions*, athletes' declaration with appropriate signatures, formal chain of custody conditions and adequate sanctions.

2. **Out of competition testing**

The laboratories should accept samples taken during training (or out of competition) only if the following conditions are simultaneously met:

- that the samples have been collected and sealed under the conditions generally prevailing in competitions themselves as in 1. above;
- only if the collection is a programme of a national or international sport governing body as defined in 1. above;
- only if appropriate sanctions will follow a positive case.

Thus, laboratories should not accept samples from individual athletes on a private basis or from individuals acting on their behalf.

Laboratories should furthermore not accept samples, for the purposes of either screening or identification, from commercial or other sources when the conditions in the above paragraph are not simultaneously met.

These rules apply to Olympic and non-Olympic sports.

3. **Other situations**

If the laboratory is requested to analyse a sample for a banned drug allegedly coming from a hospitalised or ill person in order to assist a physician in the diagnostic process, the laboratory director should explain the pre-testing issue to the requester and agree subsequently to analyse the sample only if a letter accompanies the sample and explicitly certifies that the sample is not from an athlete. The letter should also explain the medical reason for the test.

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Finally, the heads of laboratories and/or their delegates will not discuss or comment to the media on individual results. Laboratory directors will not provide counsel to athletes or others regarding the evasion of a positive test.

Name of laboratory

Signature of the laboratory director

Date

Selected literature references
Analytical doping control

To be completed

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APPENDIX 13

MODEL FOR A NATIONAL ANTI-DOPING PROGRAMME

Model for a national anti-doping programme

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 harmonization.

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 organizations involved in anti-doping activities are harmonized and standardized 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, harmonization 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 organized 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 organizations 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
of Individual National Sport Federations:

National Sport Federations should be required to design and submit annual anti-doping plans and programmes which fit within the framework of the national anti-doping programme conceived by the national 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 organization (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 (e.g. 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 emphasizing 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:

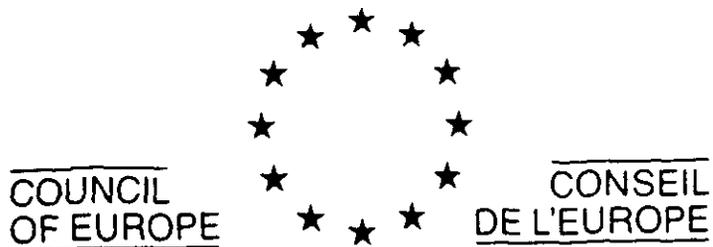
Co-operation should be established between those responsible for the national anti-doping programme of a nation, competent professional bodies, and civil authorities. Criminalization of the importation of, and trafficking in, certain classes of banned substances (notably anabolic steroids) is an essential 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 14

EUROPEAN ANTI-DOPING CONVENTION



Parliamentary Assembly
Assemblée parlementaire

26 September 1989

Doc. 6103
Addendum III

STATUTORY REPORT

3rd Part of the 41st Ordinary Session
of the Assembly

(September 1989)

COMMUNICATION ON THE ACTIVITIES
OF THE COMMITTEE OF MINISTERS

(6 May - 19 September 1989)

ADDENDUM III

- II. State of work of the Committee of Ministers and the committees of experts
 - B. Texts adopted by the Committee of Ministers
 - Anti-Doping Convention

22.062
02.2



II.B. TEXTS ADOPTED BY THE COMMITTEE OF MINISTERS

ANTI-DOPING CONVENTION

The member States of the Council of Europe, the other States party to the European Cultural Convention, and other States, signatory hereto,

Considering that the aim of the Council of Europe is to achieve a greater unity between its members for the purpose of safeguarding and promoting the ideals and principles that are their common heritage and of facilitating their economic and social progress;

Conscious that sport should play an important role in the protection of health, in moral and physical education and in promoting international understanding;

Concerned by the growing use of doping agents and methods by sportsmen and sportswomen throughout sport and the consequences thereof for the health of participants and the future of sport;

Mindful that this problem puts at risk the ethical principles and educational values embodied in the Olympic Charter, in the International Charter for Sport and Physical Education of UNESCO and in Resolution (76) 41 of the Committee of Ministers of the Council of Europe, known as the "European Sport for All Charter";

Bearing in mind the anti-doping regulations, policies and declarations adopted by the international sports organisations;

Aware that public authorities and the voluntary sports organisations have complementary responsibilities to combat doping in sport, notably to ensure the proper conduct, on the basis of the principle of fair play, of sports events and to protect the health of those that take part in them;

Recognising that these authorities and organisations must work together for these purposes at all appropriate levels;

Recalling the Resolutions on doping adopted by the Conference of European Ministers responsible for sport, and in particular Resolution No. 1 adopted at the 6th Conference at Reykjavik in 1989;

Recalling that the Committee of Ministers of the Council of Europe has already adopted Resolution (67)12 on the doping of athletes, Recommendation No. R(79)8 on doping in sport, Recommendation No. R(84)19 on the European Anti-Doping Charter for Sport, and Recommendation No. R(88)12 on the institution of doping controls without warning outside competitions;

Recalling Recommendation No 5 on Doping adopted by the 2nd International Conference of Ministers and senior officials responsible for Sport and Physical Education organised by UNESCO at Moscow (1988);

Determined however to take further and stronger co-operative action aimed at the reduction and eventual elimination of doping from sport using as a basis the ethical values and practical measures contained in those instruments,

Have agreed as follows:

ARTICLE 1

Aim of the Convention

The Parties, with a view to the reduction and eventual elimination of doping from sport undertake, within the limits of their respective constitutional provisions, to take the steps necessary to apply the provisions of this Convention.

ARTICLE 2

Definition and scope of the Convention

1. For the purposes of this Convention:
 - a. "doping in sport" means the administration to sportsmen or sportswomen, or the use by them, of pharmacological classes of doping agents or doping methods;
 - b. "pharmacological classes of doping agents or doping methods" means, subject to paragraph 2 below, those classes of doping agents or doping methods banned by the relevant international sports organisations and appearing in lists that have been approved by the Monitoring Group under the terms of Article 11.1.b;
 - c. "sportsmen and sportswomen" means those persons who participate regularly in organised sports activities.
2. Until such time as a list of banned pharmacological classes of doping agents and doping methods is approved by the Monitoring Group under the terms of Article 11.1.b, the reference list in the Appendix to this Convention shall apply.

ARTICLE 3

Domestic co-ordination

1. The Parties shall co-ordinate the policies and actions of their government departments and other public agencies concerned with combating doping in sport.
2. They shall ensure that there is practical application of this Convention, and in particular that the requirements under Article 7 are met, by entrusting, where appropriate, the implementation of some of the provisions of this Convention to a designated governmental or non-governmental sports authority or to a sports organisation.

ARTICLE 4

Measures to restrict the availability and use of banned doping agents and methods

1. The Parties shall adopt where appropriate legislation, regulations or administrative measures to restrict the availability (including provisions to control movement, possession, importation, distribution and sale) as well as the use in sport of banned doping agents and doping methods and in particular anabolic steroids.
2. To this end, the Parties or, where appropriate, the relevant non-governmental organisations, shall make it a criterion for the grant of public subsidies to sports organisations that they effectively apply anti-doping regulations.
3. Furthermore, the Parties shall:
 - a. assist their sports organisations to finance doping controls and analyses, either by direct subsidies or grants, or by recognising the costs of such controls and analyses when determining the overall subsidies or grants to be awarded to those organisations;
 - b. take appropriate steps to withhold grant of subsidies, from public funds, for training purposes, to individual sportsmen and sportswomen who have been suspended following a doping offence in sport, during the period of their suspension from the sport.
 - c. encourage and, where appropriate, facilitate the carrying out by their sports organisations of the doping controls required by the competent international sports organisations whether during or outside competitions;
and
 - d. encourage and facilitate the negotiation by sports organisations of agreements permitting their members to be tested by duly-authorized doping control teams in other countries.
4. Parties reserve the right to adopt anti-doping regulations and to organise doping controls at their own initiative and on their own responsibility, and that are compatible with the relevant principles of this Convention.

ARTICLE 5

Laboratories

1. Each Party undertakes:
 - a. either to establish or facilitate the establishment of one or more doping control laboratories suitable for consideration for accreditation under the criteria adopted by the relevant international sports organisations and approved by the Monitoring Group under the terms of Article 11.1.b; or

- b. to assist its sports organisations to gain access to such a laboratory on the territory of another Party.
2. These laboratories shall be encouraged to:
 - a. take appropriate action to employ and retain, train and retrain qualified staff;
 - b. undertake appropriate programmes of research and development into doping agents and methods used, or thought to be used, for the purposes of doping in sport and into analytical biochemistry and pharmacology with a view to obtaining a better understanding of the effects of various substances upon the human body and their consequences for athletic performance;
 - c. publish and circulate promptly new data from their research.

ARTICLE 6

Education

1. The Parties undertake to devise and implement, where appropriate in co-operation with the sports organisations concerned and the mass media, educational programmes and information campaigns emphasising the dangers to health inherent in doping and its harm to the ethical values of sport. Such programmes and campaigns shall be directed at both young people in schools and sports clubs and their parents and at adult sportsmen and sportswomen, sports officials, coaches, trainers. For those involved in medicine, such educational programmes will emphasise respect for medical ethics.
2. The Parties undertake to encourage and promote research, in co-operation with the regional, national and international sports organisations concerned, into ways and means of devising scientifically-based physiological and psychological training programmes that respect the integrity of the human person.

ARTICLE 7

Co-operation with sports organisations on measures to be taken by them

1. The Parties undertake to encourage their sports organisations and through them the international sports organisations to formulate and apply all appropriate measures, falling within their competence, against doping in sport.
2. To this end, they shall encourage their sports organisations to clarify and harmonise their respective rights, obligations and duties, in particular by harmonising their:
 - a. anti-doping regulations on the basis of the regulations agreed by the relevant international sports organisations;

- b. lists of banned pharmacological classes of doping agents and banned doping methods on the basis of the lists agreed by the relevant international sports organisations;
 - c. doping control procedures;
 - d. disciplinary procedures, applying agreed international principles of natural justice and ensuring respect for the fundamental rights of suspected sportsmen and sportswomen; these principles will include:
 - i. the reporting and disciplinary bodies to be distinct from one another;
 - ii. the right of such persons to a fair hearing and to be assisted or represented;
 - iii. clear and enforceable provisions for appealing against any judgement made;
 - e. procedures for the imposition of effective penalties for officials, doctors, veterinary doctors, coaches, physiotherapists and other officials or accessories associated with infringements of the anti-doping regulations by sportsmen and women.
 - f. procedures for the mutual recognition of suspensions and other penalties imposed by other sports organisations in the same or other countries.
3. Moreover, the Parties shall encourage their sports organisations:
- a. to introduce, on an effective scale, doping controls not only at, but also, without advance warning, at any appropriate time outside competitions, such controls to be conducted in a way which is equitable for all sportsmen and sportswomen and includes where appropriate the random selection of persons to be tested and retested;
 - b. to negotiate agreements with sports organisations of other countries permitting a sportsman or sportswoman training in another country to be tested by a duly authorised doping control team of that country;
 - c. to clarify and harmonise regulations on eligibility to take part in sports events which will include anti-doping criteria;
 - d. to promote active participation by sportsmen and sportswomen themselves in the anti-doping work of international sports organisations;
 - e. to make full and efficient use of the facilities available for doping analysis at the laboratories provided for by Article 5, both during and outside sports competitions;
 - f. to study scientific training methods and to devise guidelines to protect sportsmen and sportswomen of all ages appropriate for each sport.

ARTICLE 8

International Co-operation

1. The Parties shall co-operate closely on the matters covered by this Convention and shall encourage similar co-operation amongst their sports organisations.
2. The Parties undertake:
 - a. to encourage their sports organisations to operate in a manner that promotes application of the provisions of this Convention within all the appropriate international sports organisations to which they are affiliated, including the refusal to ratify claims for world or regional records unless accompanied by an authenticated negative doping control report;
 - b. to promote co-operation between the staffs of their doping control laboratories established or operated in pursuance of Article 5; and
 - c. to initiate bilateral and multilateral co-operation between their appropriate agencies, authorities and organisations for the purposes, also on the international level, set out in Article 4.1.
3. The Parties with laboratories established or operating in pursuance of Article 5 undertake to assist other Parties to enable them to acquire the experience, skills and techniques necessary to establish their own laboratories.

ARTICLE 9

Provision of information

Each Party shall forward to the Secretary General of the Council of Europe in one of the official languages of the Council of Europe, all relevant information concerning legislative and other measures taken by it for the purpose of complying with the terms of this Convention.

ARTICLE 10

Monitoring Group

1. For the purposes of this Convention, a Monitoring Group is hereby set up.
2. Any Party may be represented on the Monitoring Group by one or more delegates. Each Party shall have one vote.
3. Any State mentioned in Article 14.1 which is not a Party to this Convention may be represented on the Monitoring Group by an observer.
4. The Monitoring Group may, by unanimous decision, invite any non-member State of the Council of Europe which is not a party to the Convention and any sports or other professional organisation concerned to be represented by an observer at one or more of its meetings.

5. The Monitoring Group shall be convened by the Secretary General. Its first meeting shall be held as soon as reasonably practicable, and in any case within one year, of the date of entry into force of the Convention. It shall subsequently meet whenever necessary, on the initiative of the Secretary General or a Party.

6. A majority of the Parties shall constitute a quorum for holding a meeting of the Monitoring Group.

7. The Monitoring Group shall meet in private.

8. Subject to the provisions of this Convention, the Monitoring Group shall draw up and adopt by consensus its own Rules of Procedure.

ARTICLE 11

1. The Monitoring Group shall monitor the application of this Convention. It may in particular:

- a. keep under review the provisions of this Convention and examine any modifications necessary;
 - b. approve the list, and any revision thereto, of pharmacological classes of doping agents and doping methods banned by the relevant international sports organisations, referred to in Articles 2.1 and 2.2; and the criteria for accreditation of laboratories, and any revision thereto, adopted by the said organisations referred to in Article 5.1.a; and fix the date for the relevant decisions to enter into force;
 - c. hold consultations with relevant sports organisations;
 - d. make recommendations to the Parties concerning measures to be taken for the purposes of this Convention;
 - e. recommend the appropriate measures to keep relevant international organisations and the public informed about the activities undertaken within the framework of this Convention;
 - f. make recommendations to the Committee of Ministers concerning non-member States of the Council of Europe to be invited to accede to this Convention;
 - g. make any proposal for improving the effectiveness of this Convention.
2. In order to discharge its functions, the Monitoring Group may, on its own initiative, arrange for meetings of groups of experts.

ARTICLE 12

After each meeting, the Monitoring Group shall forward to the Committee of Ministers of the Council of Europe a report on its work and on the functioning of the Convention.

ARTICLE 13

Amendments to the Articles of the Convention

1. Amendments to the Articles of this Convention may be proposed by a Party, the Committee of Ministers of the Council of Europe or the Monitoring Group.
2. Any proposal for amendment shall be communicated by the Secretary General to the States mentioned in Article 14 and to every State which has acceded to or has been invited to accede to this Convention in accordance with the provisions of Article 16.
3. Any amendment proposed by a Party or the Committee of Ministers shall be communicated to the Monitoring Group at least two months before the meeting at which it is to be considered. The Monitoring Group shall submit to the Committee of Ministers its opinion on the proposed amendment, where appropriate after consultation with the relevant sports organisations.
4. The Committee of Ministers shall consider the proposed amendment and any opinion submitted by the Monitoring Group and may adopt the amendment.
5. The text of any amendment adopted by the Committee of Ministers in accordance with paragraph 4 of this Article shall be forwarded to the Parties for acceptance.
6. Any amendment adopted in accordance with paragraph 4 of this Article shall come into force on the first day of the month following the expiration of a period of one month after all Parties have informed the Secretary General of their acceptance thereof.

FINAL CLAUSES

ARTICLE 14

1. This Convention shall be open for signature by member States of the Council of Europe, other States party to the European Cultural Convention and non-member States which have participated in the elaboration of this Convention, which may express their consent to be bound by:
 - a. signature without reservation as to ratification, acceptance or approval, or
 - b. signature subject to ratification, acceptance or approval, followed by ratification, acceptance or approval.
2. Instruments of ratification, acceptance or approval shall be deposited with the Secretary General.

ARTICLE 15

1. The Convention shall enter into force on the first day of the month following the expiration of a period of one month after the date on which five States, including at least four member States of the Council of Europe, have expressed their consent to be bound by the Convention in accordance with the provisions of Article 14.

2. In respect of any signatory State which subsequently expresses its consent to be bound by it, the Convention shall enter into force on the first day of the month following the expiration of a period of one month after the date of signature or of the deposit of the instrument of ratification, acceptance or approval.

ARTICLE 16

1. After the entry into force of this Convention, the Committee of Ministers of the Council of Europe, after consulting the Parties, may invite to accede to the Convention any non-member State of the Council of Europe by a decision taken by the majority provided for in Article 20 (d) of the Statute of the Council of Europe and by the unanimous vote of the representatives of the Contracting States entitled to sit on the Committee of Ministers.

2. In respect of any acceding State, the Convention shall enter into force on the first day of the month following the expiration of a period of one month after the date of the deposit of the instrument of accession with the Secretary General.

ARTICLE 17

1. Any State may, at the time of signature or when depositing its instrument of ratification, acceptance, approval or accession, specify the territory or territories to which this Convention shall apply.

2. Any State may, at any later date, by declaration addressed to the Secretary General, extend the application of this Convention to any other territory specified in the declaration. In respect of such territory the Convention shall enter into force on the first day of the month following the expiration of a period of one month after the date of receipt of such declaration by the Secretary General.

3. Any declaration made under the two preceding paragraphs may, in respect of any territory mentioned in such declaration, be withdrawn by a notification addressed to the Secretary General. Such withdrawal shall become effective on the first day of the month following the expiration of a period of six months after the date of receipt of the notification by the Secretary General.

ARTICLE 18

1. Any Party may, at any time, denounce this Convention by means of a notification addressed to the Secretary General.
2. Such denunciation shall become effective on the first day of the month following the expiration of a period of six months after the date of receipt of the notification by the Secretary General.

ARTICLE 19

The Secretary General shall notify the Parties, the other member States of the Council of Europe, the other States party to the European Cultural Convention, the non-member States which have participated in the elaboration of this Convention and any State which has acceded or has been invited to accede to it of:

- a. any signature in accordance with Article 14;
- b. the deposit of any instrument of ratification, acceptance, approval or accession in accordance with Article 14 or 16;
- c. any date of entry into force of this Convention in accordance with Articles 15 and 16;
- d. any information forwarded under the provisions of Article 9;
- e. any report prepared in pursuance of the provisions of Article 12;
- f. any proposal for amendment or any amendment adopted in accordance with Article 13 and the date on which the amendment comes into force;
- g. any declaration made under the provisions of Article 17;
- h. any notification made under the provisions of Article 18 and the date on which the denunciation takes effect;
- i. any other act, notification or communication relating to this Convention.

In witness whereof the undersigned, being duly authorised thereto, have signed this Convention.

Done at Strasbourg, this 16th day of November 1989, in English and French, both texts being equally authentic, in a single copy which shall be deposited in the archives of the Council of Europe. The Secretary General of the Council of Europe shall transmit certified copies to each member State of the Council of Europe, to the other States party to the European Cultural Convention, to the non-member States which have participated in the elaboration of this Convention and to any State invited to accede to it.

APPENDIX

REFERENCE LIST OF PHARMACOLOGICAL CLASSES OF DOPING AGENTS AND
DOPING METHODS

I. DOPING CLASSES

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

II. DOPING METHODS

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

III. CLASSES OF DRUGS SUBJECT TO CERTAIN RESTRICTIONS

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

EXAMPLES

I. DOPING CLASSES

A. Stimulants eg

amfepramone
amfetaminil
amiphenazole
amphetamine
benzphetamine
caffeine*
cathine
chlorphentermine
clobenzorex
clorprenaline
cocaine
cropropamide (component of "micoren")
crotetamide (component of "micoren")
dimetamphetamine
ephedrine
etafedrine
etamivan
etilamphetamine
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.

B. Narcotic analgesics eg

alphaprodine
anileridine
buprenorphine
codeine
dextromoramide
dextropropoxyphene
diamorphine (heroin)

dihydrocodeine
dipipanone
ethoheptazine
ethylmorphine
levorphanol
methadone
morphine
nalbuphine
pentazocine
pethidine
phenazocine
trimeperidine

and related compounds

C. Anabolic steroids eg

bolasterone
boldenone
clostebol
dehydrochlormethyltestosterone
fluoxymesterone
mesterolone
metandienone
metenolone
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.

D. Beta-blockers eg

acebutolol
alprenolol
atenolol
labetalol
metoprolol
nadolol
oxprenolol
propranolol
sotalol

and related compounds

E. Diuretics eg

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

and related compounds

F. Peptide hormones and analogues

Chorionic Gonadotrophin (HCG - human chorionic gonadotrophin)
Corticotrophin (ACTH)
Growth hormone (HGH, somatotrophin)

II. METHODS

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

III. CLASSES OF DRUGS SUBJECT TO CERTAIN RESTRICTIONS

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

Note:

The above list is the list of Doping Classes and Methods as adopted by the International Olympic Committee in April 1989.

APPENDIX 15

KEY ELEMENTS FOR A US-SOVIET DOPING AGREEMENT

KEY ELEMENTS FOR A US-SOVIET DOPING AGREEMENT

Rules of the Mutual Doping Control Agreement

The rules for the program are based on the agreement between the National Olympic Committees of the USSR and the USA. The principal objectives are to:

1. Produce a clear and unequivocal decrease in the incidence of substance abuse.
2. Enjoy the full support and co-operation of the affected athletes and sport administrators.
3. Utilise procedures designed to develop mutual trust and maximise co-operation in the areas of testing, education, and research, while allowing each nation to institute programs appropriate to the organisation of its NOC.
4. The principal intent of the 'out of competition' testing program is to control anabolic steroids and other drugs which may be used during training. At a minimum, the program will test for anabolic steroids, masking agents (such as probenecoid) and diuretics. Other drugs may be added to the list. The program will not test for sympathomimetics such as 'over-the-counter' cold medications.

Principles of Joint Testing

Applying the principle of verification, athletes will be tested within the system utilised by each nation meeting at a minimum the procedural standards established by Annex V of the International Charter with the participation of designated 'experts' of the other nation.

At least one such expert shall reside on a long-term periodic basis, in the other nation, thereby providing the ability for 'short notice' testing. Short notice testing includes collecting a urine sample within 48 hours of proper notification of the selected athlete. 'Proper notification' is achieved when there has been direct contact with the athlete.

Under the terms of this agreement, each nation is permitted to request up to ___ actual tests per year for short notice, out-of-competition testing in addition to those tests agreed to at times of bilateral or multilateral competitions involving athletes of both nations. Athletes may be subject to testing more than once. At bilateral or multilateral competitions, only athletes placing in the first three, and those selected by a previously agreed to random system, will be tested.

Costs of testing 'on request' will be assumed by the athletes' nation. Wherever possible, the athlete will be transported to the collection site.

If an athlete refuses without any reason or without an acceptable reason to be tested on request or does not appear at the collection site, the athlete is subject to the same action(s) as if the athlete had tested positive. The athlete's reason for failure to appear will be reviewed by the host country's Commission Co-Chair and on site expert to determine its acceptability. If the athlete's reason is accepted, the athlete is warned and is subject to multiple additional tests for a period of one year, during which the visiting expert may participate. If the athlete fails to appear for any additional test, the athlete is penalised as if he/she tested positive. All decisions involving acceptability will be subsequently reviewed by the full Commission.

If an athlete is out of country, the on site expert will discuss each case with the host country's Commission Co-Chair and expert, and decide the possibility of testing. A third nation may be asked to participate in collecting and transporting the samples.

Samples will be analysed jointly in the host country laboratory with the visiting and home experts working together on the analysis.

The sample will be split into two parts, A and B. Sample A will be analysed in the host laboratory by the host and visiting chemists. The B sample will be analysed by the procedure known as 'B sample confirmation' or 'second analysis', which is conducted in the presence of the athlete and/or athletes' representative. The chemical analysis will be performed by the host country with the visiting expert in attendance.

An athlete who submits a urine sample which is found to contain a drug or metabolite referred to in item 4 will be sanctioned as follows:

- A. First occasion: two year ban from competition,
- B. Second occasion: lifetime ban from competition.

Any coach, official or administrator that is proven to have supplied a banned substance to an athlete, shall be banned from participating in an official capacity for any NOC sponsored event.

The Commission will classify sports into categories for which the potential for drug abuse is high, moderate, or low. While all sports on the Olympic program are included in the agreement, there will be a concentration on those sports in which it is mutually agreed that abuse is most likely. The Commission determines the sports and the proportion of testing for each sport which will be undertaken each year.

Each NOC will obtain from their sports federations a list of the names of the members of their national team and reserves. This list will be given to the other NOC upon request.

Each NOC will compile a list of all their Sports Federation's National Junior and Senior championships, the athletes who

competed, and the results. This list will be exchanged upon request.

Each NOC will obtain from their Sports Federations a list of the dates and times of their national training camps. This list will be exchanged upon request.

Each NOC will obtain from their Sports Federations a list of the dates and sites of major domestic and international competition. This list will be exchanged upon request.

Testing within a national program may be on a broader basis (for drugs) than that agreed to within the joint agreement, depending on the desires of the individual sport federation. In such cases, sanctions agreed to within the joint agreement need not be applied.

Exchange of National Program Testing Results

Recognising that each nation conducts testing throughout the entire year, and that the results of these tests are important to the understanding and management of the Soviet/USA program, each nation will provide a summary of the results at quarterly intervals according to the table below:

Table 1:

Sport	Number of Athletes Tested	Number of Positive Tests	Number of Negative Tests
1. Cycling			
2. etc.			

Table 2:

Name	Sport	Date	Result	Drug	Sanction	Test Type
1.						
2.						

In addition, the analytical data (e.g., chromatograms and spectra) will be available for review by the experts.

Table 2 will be considered confidential. It will be available only to the Commission Co-Chairmen.

Release of information to the press of the names of athletes regarding test results of the joint program will be restricted to the NOC of the country of the athlete and will be at the NOC's discretion.

Joint Research

The areas of joint research interest are chemical methods, pharmacology of doping agents, and epidemiology of substance abuse. The chemical methods for detecting doping agents are the foundation of any testing program, and given a certain policy and protocol, the analytical methodology is the major determinant of the effectiveness of the program. Therefore, for both practical reasons and for maximum impact, the highest priority should be placed on chemical methods early in the program. Pharmacology questions of greatest relevance to the agreement are the pharmacokinetics (time course of detection) of anabolic steroids, alterations in the profile of endogenous steroids (present in the normal person) induced by exogenous (self-administered) steroids, and the development of techniques (surveys, questionnaires, etc.) for determining the incidence and prevalence of doping agents.

Joint Education

Objective: To pool knowledge and resources to provide more effective educational materials for use in both countries, and to identify and conduct joint projects which will contribute to quality drug education programs.

APPENDIX 16

**MULTILATERAL AGREEMENT IN UNIFICATION OF ACTIONS IN
STRUGGLE AGAINST DOPING USE IN SPORT**

**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, forbidden by the IOC Medical Commission.
2. - To implement measures to combat doping use in the context of multilateral co-operation 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 fulfilment 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 programmes 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 Co-ordinating 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 co-operation for a period of at least two years, to consider proposals for new members joining the agreement, to agree upon the co-ordinating 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.

Signed by representatives:

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

