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:

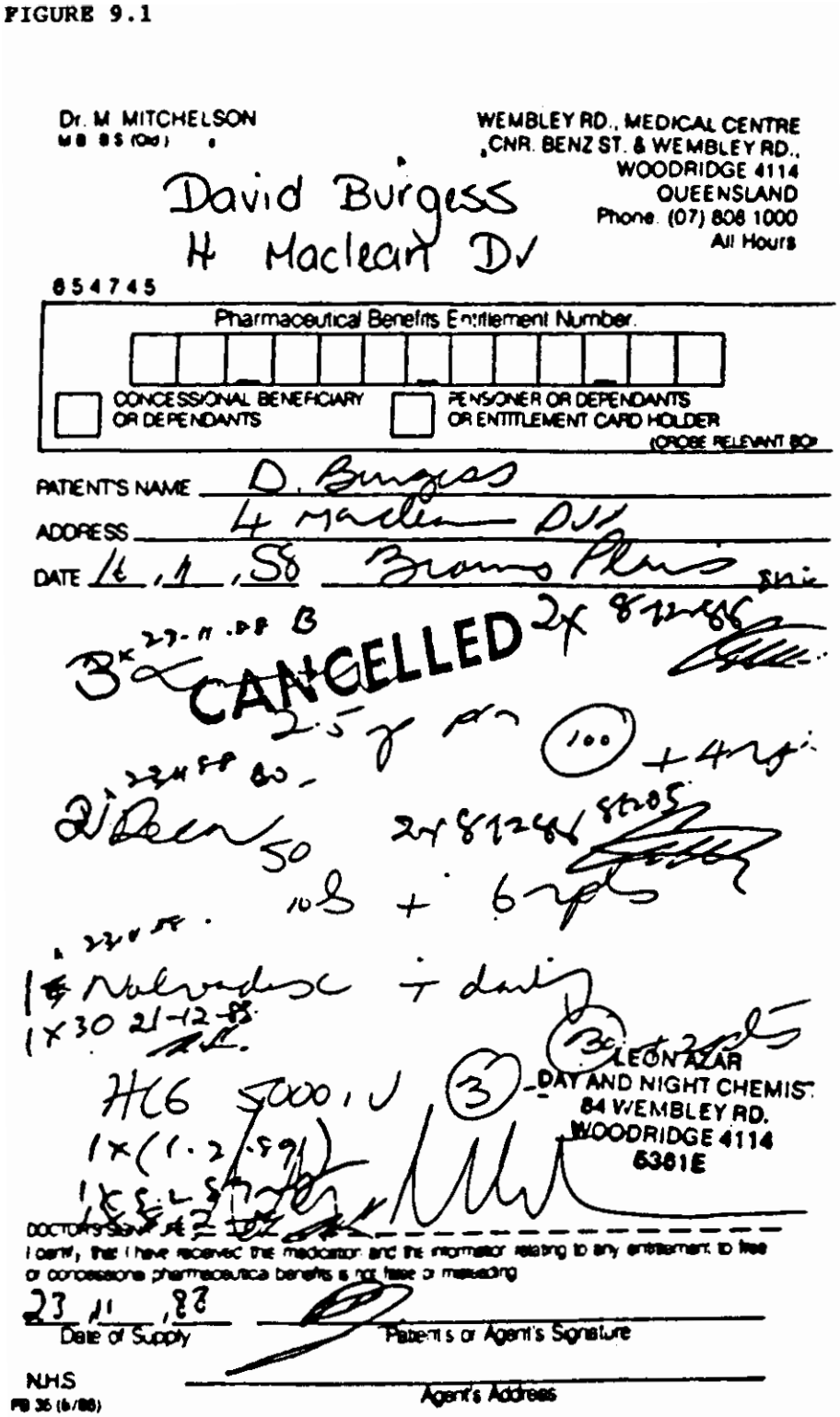
DECA 50	366
PRIMOBOLAN	165
LONAVAR	152
NOLVADEX	83
STANAZOL	73
TESTOSTERONE CYP	60
HCG 5000	46
METHANDRIOL	42
DEPO TESTOSTERONE	32
PROFASI 5000	27
ANAPOLAN	14
TESTOSTERONE	14
SUPERTEST	12
SUSTANON	7
PROVIRON	6
PROFASI 2000	3
SUPER BOLIN	2
HALOTESTIN	1
BOLDEC	1
VIBRABOLI	1

(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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854745
Pharmaceutical Benefits Entitlement Number
CONCESSIONAL BENEFICIARY OR DEPENDANTS
PENSIONER OR DEPENDANTS OR ENTITLEMENT CARD HOLDER
(CROSS RELEVANT BOX)
PATIENT'S NAME D. Burgess
ADDRESS 4 Maclean Dr
DATE 16.11.88
CANCELLED
LEONAZAR
DAY AND NIGHT CHEMIST
84 WEMBLEY RD.
WOODRIDGE 4114
6381E
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
Agent's Address
N.H.S.
PB 35 (6/88)

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 body builders 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 Lonavar tablets per day; the Lonavar 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 proprietory 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;

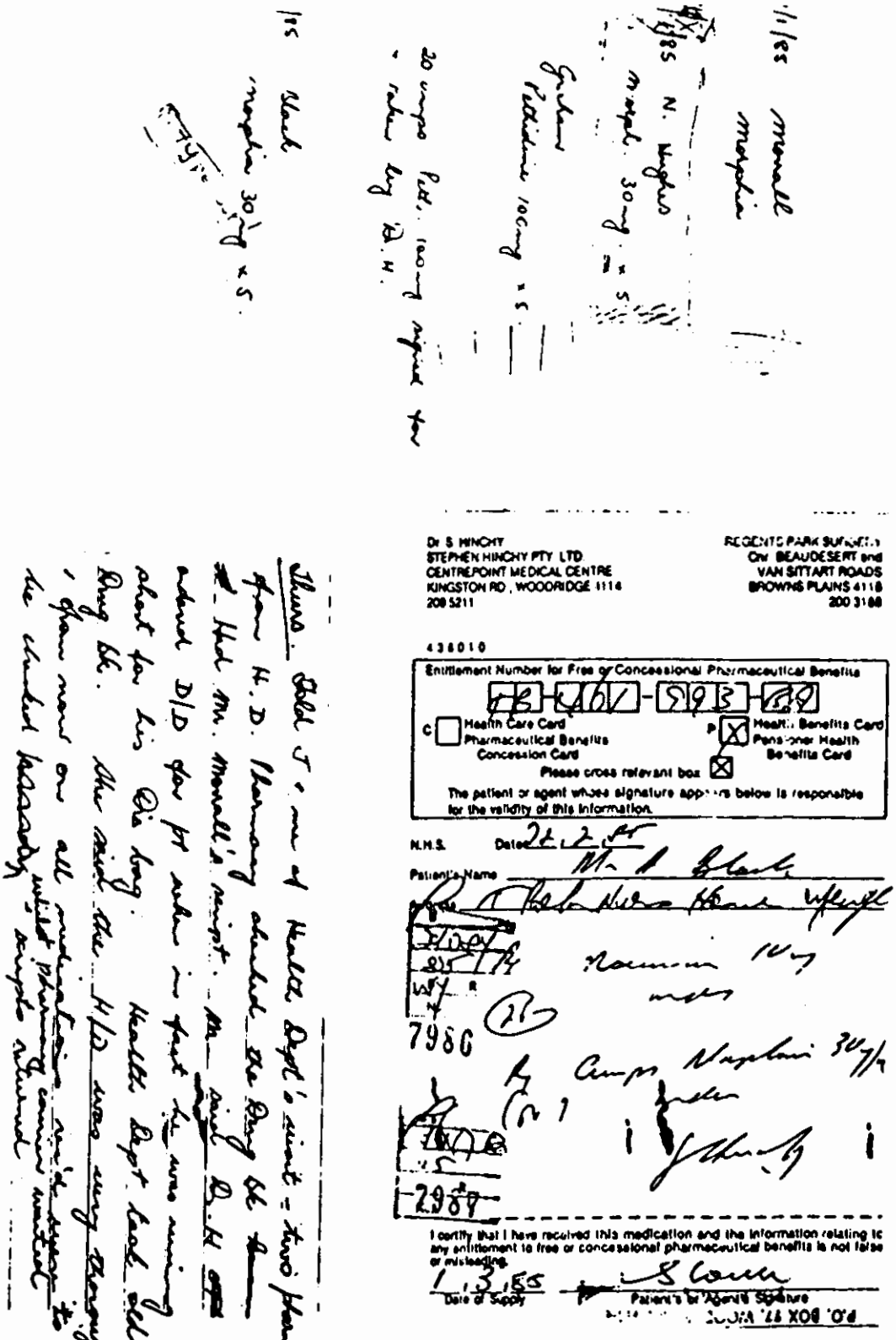
- the narcotics ordered for Dr Hinchy's bag would not be sent to the nursing home, but would be given to him directly by the pharmacy. (In Camera Evidence, pp. 1074, 1075, 1076)

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



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438010

Entitlement Number for Free or Concessional Pharmaceutical Benefits

C ☐ Health Care Card / Pharmaceutical Benefits Concession Card
P ☒ 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.H.S. Date 21.2.85

Patient's Name

7986

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.

1.3.85
Date of Supply

Patient's or Agent's Signature

P.O. BOX 97, WOOD...

290

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 Stellios 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 steriods 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 Breitkreutz, 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.

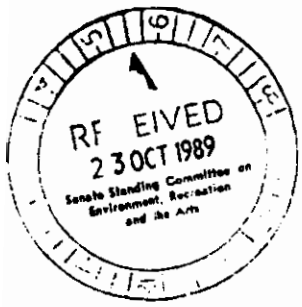
Doctors Overseas

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

FIGURE 9.3



Dr J Ryan
Wembley Rd Medical Centre
Cnr Benz Street
Woodridge Qld 4114

October 4th 1989

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

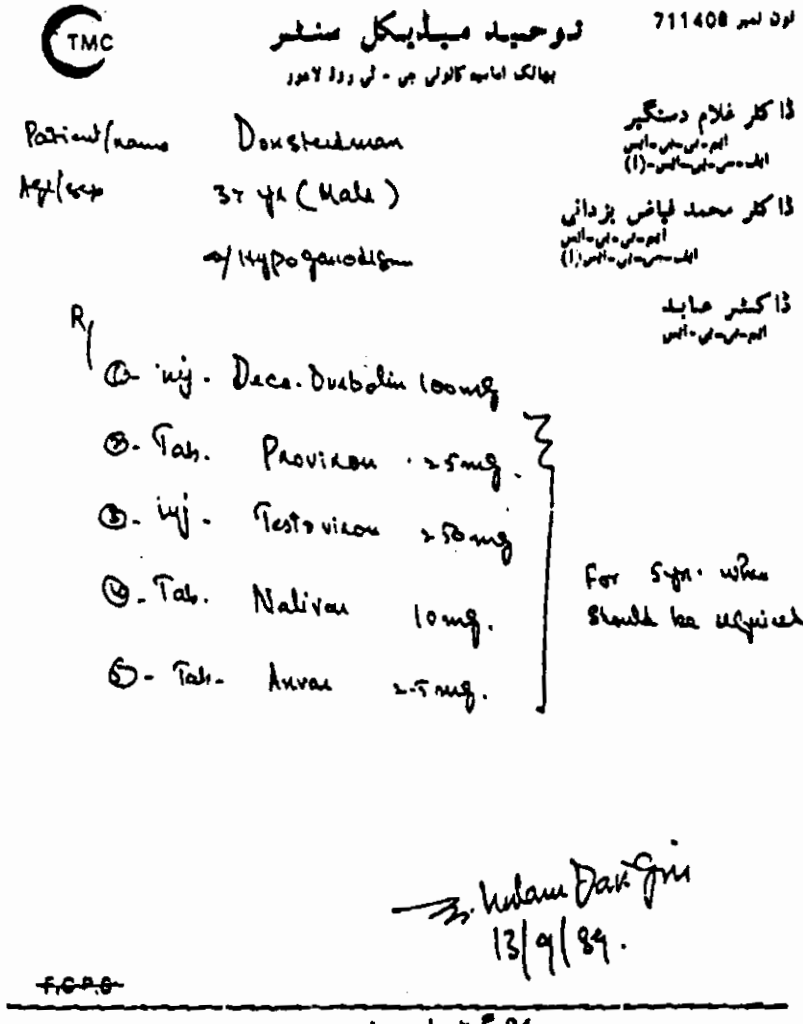
> consultation, the Doctor prescribed the drugs for my personal use. The drugs prescribed to me have printed upon the vials or ampoules the words "Use within five years". (Attachment to Letter to Committee Secretary from the Department of Community Services and Health, 8 January 1990)

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



TMC

توحید میڈیکل سنٹر

بمقابل اسلامیہ کالونی نمبر ۱ - ٹی روڈ لاہور

فون نمبر 711408

ڈاکٹر غلام دستگیر
ایم۔بی۔بی۔ایس
ایف۔سی۔پی۔ایس۔(ا)

ڈاکٹر محمد فیاض بزدانی
ایم۔بی۔بی۔ایس
ایف۔سی۔پی۔ایس۔(ا)

ڈاکٹر عابد
ایم۔بی۔بی۔ایس

Patient/name Donsteadman

Age/sex 37 yr (Male)

c/ Hypoparathyroidism

R/

① Inj. Deca. Durabolin 100mg

② Tab. Provikon 25mg.

③ Inj. Testoviron 250mg

④ Tab. Nativan 10mg.

⑤ Tab. Anvan 2.5mg.

For syp. when should be required.

M. Aslam Dar Gm
13/9/89.

~~F.C.P.S~~

24 گھنٹے ایمرجنسی سروس

This is the annexure marked "D" mentioned and referred to in the affidavit of Donald Bruce Steedman, sworn at Auburn this 26th day of September 1989, before me:

.....
Solicitor
S.T.F. Nsws

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 Wooodridge 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

STEROID 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 DRUG / NAME OF DOCTOR	Mitchelson	Surgery: Ryan Arecco Breitkreutz	Roudenko	Jeremijenko	Martin	Trevor	Hinchy	Mullett	Other Doctors	Unknown Doctor Not Recorded	Total
DECA 50 Vet.	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 Vet	73		9	3	1	1		7	1	13	108
TESTOSTERONE CYP	60	1			1				4	9	75
HCG 5000	46						1				47
METHANDRIOL Vet	42		12	1		2		3	1	5	65
DEPO TESTOSTERONE	32	1	13	8				3	3	3	61
PROFASI 5000	27	1	1			17					49
ANAPOLAN	14								12	1	16
TESTOSTERONE Vet. (Human)	14										14
SUPERTEST Vet	12		14	2					5		28
SUSTANON	7						3				10
PROVIRON	6				6	2					19
PROFASI 2000	3										3
SUPER BOLIN Vet	2		5	3		1				1	12
HALOTESTIN	1										1
BOLDEC Vet	1		2	3	1	1				3	11
VIBRABOLI (?)	1										1
DRIVE Vet			10	2		1				2	15
TRIBOLIN 75 Vet				2						3	5
LIBRIOL Vet			7	2							9
ANDROBOL FORTE Vet									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 S4 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.