

THE PARLIAMENT OF THE COMMONWEALTH OF AUSTRALIA

DRUGS IN SPORT

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

MAY 1989

Australian Government Publishing Service
Canberra

© Commonwealth of Australia 1989
ISBN 0 644 09571 7

MEMBERSHIP OF COMMITTEE

Senator John Black (Queensland), Chairman
Senator Noel Crichton-Browne (Western Australia), Deputy Chairman
Senator John Coates (Tasmania)
Senator Bob Collins (Northern Territory)
Senator John Coulter (South Australia)
Senator Julian McGauran (Victoria)
Senator John Panizza (Western Australia)
Senator Olive Zakharov (Victoria)

Secretary: Dr Les Rymer
The Senate
Parliament House
Canberra

Telephone: (062) 77 3525

CONTENTS

ACKNOWLEDGEMENTS	xvi
PREFACE	xvii
LIST OF ABBREVIATIONS	xxvi
KEY PARTICIPANTS	xxvii
RECOMMENDATIONS	xxxii
CHAPTER ONE - INTRODUCTION	
Sport in Ancient Greek Society	1
Sport in Late Nineteenth Century Europe	2
Sport and Twentieth Century Nationalism	3
Sport and the 'Cold War'	4
Australian and International Sport: the Montreal Olympics, 1976	6
Sport and International Relations: The Moscow Olympics, 1980	9
The Australian Institute of Sport	10
Drug Control	11
CHAPTER TWO - GENERAL ISSUES	
Problems in Defining Doping	15
Introduction	15
Policy Issues	16
Doping As Substances Which Have Been Banned	19
State of Mind	22
Discussion	22
Reasons for Taking Performance Enhancing Drugs	28
Introduction	28
Inadvertent Use	29
Research Required	30
Community Attitude	30
Community Pressure	31
Competitive Pressure	34
Personal and Financial Rewards	35

Overseas Practice	36
International Qualifying Standards	37
Commitment and Dedication	41
Arguments for and Against Doping	43
Introduction	43
Effectiveness of Drugs	44
Fairness	47
Health Risk	48
Protecting the Health of Athletes	53
Coercion	56
Harm To Others	56
Protection Of The Young	57
Harm to the Sport	57
Significance Of The Person	58
Discussion	59
Extent To Which Drugs Are Being Used	60
Introduction	60
Anecdotal Evidence	61
Sports Involved	61
Use by Elite Sportspeople	62
Use by Non-Elite Sportspeople	64
Use by Children	65
Drug Test Results	68
Survey	72
Conclusion	75
CHAPTER THREE - DRUG TESTING	81
Introduction	81
History of Drug Testing	81
Purpose of Drug Tests	83
Selection for Tests	85
Athletes at Risk	85
Introduction	85
Banned Athletes	86
Discussion	87

Consent	88
Selection Basis and Timing	91
Introduction	91
Discussion	92
Australian Olympic Federation Testing Program	95
Frequency of Tests	102
Introduction	102
Discussion	103
Collecting Test Samples	104
Introduction	104
Discussion	105
Testing the Sample	108
Introduction	108
International Situation	108
Australian Situation	110
Discussion	112
Sensitivity of Tests	112
Proscribed Levels	115
Natural Hormones	117
Second Sample Testing	122
Investigations and Research	123
Post-test Investigations	123
Research	124
Non-test Investigations	125
Outcomes of Tests	126
Advice of Results	126
Introduction	126
Discussion	127
Penalties	128
Co-ordination	130
Education	131
Introduction	131
Discussion	132
Appeal Procedures	133

Independence of Test Programs	135
Introduction	135
Discussion	136
A Model for Drug Testing in Australia	137
CHAPTER FOUR - SUPPLY OF DRUGS	148
Introduction	148
Size of Market	150
Importance of Veterinary Anabolic Steroids	152
Importation	156
Introduction	156
Importation by Individuals	156
Importation of Veterinary Steroids	158
Illegal Importation	161
Introduction	161
Penalties for Illegal Importation	162
Manufacture in Australia	162
Distribution	162
Introduction	162
Pharmaceutical Benefits Scheme	162
Prescription by Doctors	165
Prescription for Medical Reasons	165
Protection of Athlete's Health	167
Prescription of Drugs to Enhance Performance	169
Making Anabolic Steroids a Schedule Eight Drug	173
Availability from Pharmacists	175
Black Market Availability	176
Introduction	176
Cost of Black Market Drugs	178
Coaches	181
CHAPTER FIVE - THE AUSTRALIAN INSTITUTE OF SPORT	185
Background	185
History	185
Allegations of Drug Use at the AIS	187

Response of Administration to Allegations	190
Introduction	190
Mr Nigel Martin	193
Inquiry by Institute Solicitors	195
Public Response to Four Corners Program	196
Use of Anabolic Steroids for Medical Purposes	199
Introduction	199
AIS Policy on Medical Use of Steroids	200
Introduction	200
Consultations	203
Introduction	203
Administration	204
Board	204
Dr Maguire	206
IOC and National Sporting Federation	207
Secrecy of Decision	209
Value of Treatment	213
Implications for Drug Testing Program at AIS	214
Discussion	216
Allegation that Administration Attempted to Influence Evidence Given to this Inquiry	219
CHAPTER SIX - WEIGHTLIFTING AT THE AIS	227
Introduction	227
Mr Lyn Jones	229
Introduction	229
Possible Involvement with Sports Drugs Before AIS	230
Appointment of Mr Jones to the AIS	231
Training Methods	234
Introduction	234
Performance of Athletes After leaving the AIS	237
Administration of Non-Steroidal Drugs	239
Knowledge of Steroids and Their Use	241
Response to Rumours that Weightlifters Purchased Steroids	248

Response to Detection of an Athlete Taking Steroids	251
Introduction	251
The Positive Result	252
Date the Result Became Known	252
Action After Receiving the Result	252
Date Mr Hambesis Left the AIS	253
Mr Hambesis' Explanation	254
Discussion	256
Advising and Requiring the Use of Anabolic Steroids	258
Supplying and Administering Steroids to AIS	
Weightlifters	260
General Allegations	260
Young Athletes Given Steroids	263
Discussions with Weightlifters on Side-effects of Anabolic Steroids	265
Administering Injections	266
Documentation of Steroid Usage	268
The Drug Schedules	269
Introduction	269
The Weightlifter's Interpretation of the Schedule	270
Mr Lyn Jones' Interpretation of the Schedule	273
A Comparison of the Weightlifter's Interpretation with that of Mr Jones	273
Mr Jones' Rationale for the Schedule	274
A Amino Acids	274
B Vitamin B12 (cytamen)	276
C Adenosine Triphosphate (ATP)	278
Involvement of Medical Staff	282
The Number of Schedules	282
The Effectiveness of the Schedules	286
Expert Technical Advice on the Schedules	290
Drug Test While on Schedule	294
Conclusions	296

Purchase and Importation of Steroids	298
Introduction	298
Hungary, Yugoslavia and Italy	299
Brazil	300
Czechoslovakia	302
Methods of Importation	302
Response of Mr Lyn Jones	302
Sale of Drugs	303
Involvement with the Brisbane Drug Testing	
Laboratory	305
Introduction	305
Provision of Urine Samples	305
Screening Tests	311
SGIO Games	312
Mr Harry Wardle	313
Allegations Made Against Weightlifters	315
Move to Hawthorn	316
Discussion	320
CHAPTER SEVEN - TRACK AND FIELD AT THE AIS	336
Introduction	336
Mr Merv Kemp	338
Knowledge of and Attitude to Drugs	338
Knowledge of AIS Athletes Taking Drugs	339
Administration of Injections	341
Supply and Administration of Steroids	343
Athletes	345
Purchase of Steroids	345
Mr Craig Hilliard	348
Supply of Steroids	348
Knowledge of Steroid Use	349
Relationship with Athlete	350
Knowledge of an Allegedly Rigged Drug Test	351
Introduction	351
Who was in Belfast	353
The Incident	353

Subsequent Events	356
Mr Merv Kemp's letter	357
Australian Athletic Union Action -	
August - December 1986	358
Meeting at the AIS - September 1986	359
What Happened at the Meeting at the AIS	359
Australian Athletic Union Action - 1987	360
Motives for the Substitution	361
Knowledge of the Incident	362
Conclusions	363
CHAPTER EIGHT - ROWING AT THE AIS	369
Introduction	369
Rowing at the AIS	371
CHAPTER NINE - FINANCIAL ADMINISTRATION AT THE AIS	375
Introduction	375
Acquittal of Cash Advances	377
Introduction	377
Opportunities for funding of drugs	380
Introduction	380
Mr Kemp's Pharmaceutical Purchases	381
Certification of Expenses	383
Overseas Travel by Weightlifting Coaches	385
Introduction	385
1983 Weightlifting Tour	386
Ordering and Receipt of Medical Supplies	389
Introduction	389
Purchases by Mr Lyn Jones	391
Suppliers of Food Supplements	398
Delegation of Authority	408
Introduction	408
System failures	409
Level of Supervision	411
Conclusions	413

CHAPTER TEN - AIS MEDICAL STAFF AND SERVICES	417
Introduction	417
Role of AIS Medical Staff	417
Relationship Between Doctors and Coaches	418
Introduction	418
Use of Cortico-steroids	419
Co-operation and priority	421
Pain-killing Injections	423
Education	424
Medical Administration	425
Introduction	425
Unusual Practices	425
Security of Drugs	427
Distribution of Vitamins and Food Supplements	428
Discussion	430
Medical Research	431
Purpose	431
Application of Research	431
Knowledge of Steroid Use	432
Sister Beasley	433
Dr Fricker	433
Mrs Gael Martin	433
Other Suspicions	433
Dr Maguire	435
Introduction	435
Testosterone:Epitestosterone Test	436
A Introduction	436
B Interpretation of Results	438
C Ms Sue Howland's Explanation	440
D Mr Kelvin Giles' Response	442
E Purpose of Testosterone:Epitestosterone Test	442
F Comments by Ms Raelene Boyle	443
G Dr Fricker's Involvement	443
H Administration's Knowledge	444
I Payment for Test	445
J Discussion	446

Knowledge of Weightlifting 'Build-ups'	447
Assessment of Weightlifters	450
Use of Dehydration to 'Make-Weight'	454
CHAPTER ELEVEN - AIS DRUG TESTING	460
History	460
Introduction	460
Random Testing	460
Introduction	460
Frequency of Tests	462
Squad Testing	462
Positive Test	463
Procedures and Costs	463
Drugs in Sport Program's Involvement	464
Current Practice	464
Discussion	466
Chaperone Anomalies	466
'Sink Tests'	473
Selection Anomalies	474
Supervision of Tests	482
Alleged Test Cover-up Involving Mr Neil Honey	484
Effectiveness as a Deterrent	485
Independence of Tests	487
Testing of Non-Scholarship AIS Athletes	488
Conclusion	493

APPENDIX 1	Individuals and Organisations who made written Submissions to the Committee	499
APPENDIX 2	Individuals and Organisations who Appeared As Witnesses Before the Committee	503
APPENDIX 3	Parliamentary Privilege. Procedures to be observed by Senate Committees for the protection of witnesses	506
APPENDIX 4	In Camera Evidence	509
APPENDIX 5	International Olympic Commission List of Doping Classes and Methods	512
APPENDIX 6	Drugs Prescribed by the IOC Medical Commission which are available through the Pharmaceutical Benefits Scheme	520

ACKNOWLEDGEMENTS

The Committee has received submissions from 63 individuals and organisations (see Appendix 1) some of whom put in more than one submission. Fourteen public hearings and a number of in camera hearings were held commencing on 11 November 1988 (see Appendix 2). The Committee thanks all those who contributed.

Due to the nature of the inquiry and the need to ensure a thorough examination of the issues, some witnesses were required to appear more than once. The Committee would particularly like to thank those witnesses and the Australian Institute of Sport for its assistance throughout the inquiry.

The Committee acknowledges the assistance of the Secretariat in carrying out this inquiry: Dr Les Rymer, Secretary, Dr Brian Sanderson, Mr Mick McLean, Mr Garry Hampson, Ms Anne-Mari Jordens, Mr Michael Priestley and Ms Mary Louise Willheim, Research Officers, and Ms Rosie Jervis, Executive Assistant. Mr Lindesay Jones provided research assistance to the Chairman.

PREFACE

On 19 May 1988 the Senate resolved that the following matter be referred to the Standing Committee on Environment, Recreation and the Arts:

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

At the time the Committee received this reference a number of allegations that Australian athletes were using performance enhancing drugs were on the public record, and had received wide publicity. Perhaps most notable was a Four Corners program of 30 November 1987 which had suggested the widespread use of drugs by athletes and made specific allegations concerning the Australian Institute of Sport. The press coverage following this program noted a widespread belief, at least among athletes and coaches, that it was impossible to compete on equal terms with the world's best sportsmen and sportswomen without the use of performance enhancing drugs.

A number of commentators suggested the need for an independent inquiry. A typical comment was that of Mr Jack Spahr, in an article 'Sports drug cover-up continues' in the Bulletin of 22 December 1987. The article began:

Sporting officials continue to cover up their involvement in the use of drugs in the sport despite the increasing amount of information available to the public and the government. There is nothing new in this sort of hypocrisy.

It concluded:

Many athletes and coaches are unwilling to talk about drugs, or administrators, because

they are afraid of the consequences. If we are to address the problem of drug usage in sport an open and independent inquiry should be held immediately at which officials and administrators are unable to silence opinion and fact through banning.

The Committee has conducted an 'open and independent inquiry', although this has not been easy. Some matters relating to the conduct of the inquiry are discussed later in this preface.

When the inquiry started it was expected that it could be concluded within six months. This has clearly not been the case and the present report is an interim report. It examines the extent of drug use and considers why drugs are being used and the arguments for banning them. It proposes a drug testing regime, the adoption of which will make sport in Australia as drug free as in any other country in the world, and it addresses some issues relating to the supply of drugs. This interim report also examines some serious allegations that had been made about the use of performance enhancing drugs at the Australian Institute of Sport (AIS).

The principal reason for preparing this interim report has been to remove, as soon as possible, the uncertainties and difficulties being experienced by the AIS as a result of the inquiry. These have arisen from the further airing of allegations that Institute athletes had taken drugs with the connivance of their coaches and sports medicine personnel. While these allegations were public knowledge before the inquiry started, there is no doubt that the media coverage accorded to the inquiry caused problems for the Institute, particularly in so far as sponsors and potential athletes and their parents were concerned. Chapters Five to Eleven provide a detailed analysis of the evidence presented to, and obtained by, the Committee on allegations relating to the Institute, and present the Committee's conclusions on these matters. However, no matter what may or may not have happened in the past, the Committee is

confident that the full implementation of the recommendations in this report, particularly those in Chapter Three, will be sufficient to ensure that Australian Sport generally, and the AIS in particular, will be kept as drug free as the limits of present detection technologies can guarantee.

As will be apparent from the report, the Committee found that there has been a problem with drug use in Australian sport and that this has extended to all levels, and included sportspeople of all ages. However, while the existing problem is serious, it is by no means as serious, or as extensive, as sport drug abuse in many other countries. Ms Lisa Martin, for example, who lives and trains in the USA, said to the Committee:

I know there are athletes in Australia who are probably using drugs, just like there are all over the world, but I do not think the situation here is as bad as it is in the [USA] or, perhaps, in Eastern Bloc countries.

The Committee firmly believes that action taken now can serve to prevent what is already a problem becoming much worse. The establishment of a completely independent drug testing authority, as advocated in this report, will strengthen Australia's already excellent reputation in this area and do a great deal to protect the health, not only of our elite athletes, but also of recreational sportspeople and children who might otherwise start along the chemical route to improving performance.

A major concern of the Committee has been that Australian elite athletes should not be disadvantaged in any way by what is being proposed. The body of the report contains many references to the belief that if Australia imposes a testing regime more stringent than that adopted by other countries, Australian athletes will never be internationally competitive. While our national sporting prowess is important, the Committee has no doubt that the Australian public believes that winning through the use of drugs,

at the expense of health, is not worthwhile. Drug-induced performances do not result in achievements of which we can be proud. Australia's national interest is best served by ensuring a drug free sporting environment. The development of an even greater credibility in this area will increase the likelihood of Australia acting as host to international sporting events, including the 1996 Olympics, and this provides a further reason for implementing the recommendations of this report as soon as possible.

There is no doubt that Australia's interests would be best served by the world-wide implementation of the kind of testing regime proposed in this report. To this end, the Committee believes that Mr Kevan Gosper, the President of the Australian Olympic Federation, should adopt a high international profile on these matters. The Committee has recommended that the proposed Australian Sports Drug Commission work in close conjunction with the Australian Olympic Federation to support the development of international standards and testing regimes to ensure drug free competition in all countries.

As already mentioned, the Committee has been very aware that its inquiry has been criticised for allowing serious allegations to be aired publicly, under the protection afforded by Parliamentary privilege. It has been claimed that reputations have been 'savaged' and careers 'maligned' without any right of reply being granted, and concern has been expressed that statements made before the Committee have not been checked. These criticisms seem often to relate to a belief that the inquiry should have been conducted in camera.

The point has already been made that the majority of the allegations investigated by the Committee were already on the public record and that public confidence was being lost because a full, open and independent inquiry had not been held. The Committee has implemented a quite deliberate policy of contacting

anyone who has made statements to the media on matters relating to the inquiry, asking them to substantiate their views. This is how many of the witnesses and potential witnesses were identified.

The Committee has taken the view that, because of the considerable public interest in the subject, the inquiry needed to be as comprehensive as possible. All relevant allegations needed investigation and, in order that the thoroughness of the inquiry could be fully appreciated and no suspicions of a cover-up remain, it had to be as open as possible. In a climate of widespread cynicism about attitudes to drugs and the integrity and effectiveness of drug tests (some of which was well-founded) it was important for the integrity of all those involved not to leave an impression that something was being hidden. This is an approach that has been adopted by other inquiries into matters of public interest, such as the Fitzgerald Commission in Queensland.

A further advantage of a public inquiry is that it allows community participation. The publicity resulting from the public hearings has stimulated community debate and encouraged other people to come forward, in some cases to support, contradict or add to the evidence already received in relation to particular matters. This has greatly assisted the Committee in its operations and has been important in testing the credibility of certain evidence received by the Committee. Moreover, in camera hearings can result in rumour or innuendo which can be more damaging to an organisation's or person's reputation, than evidence given in public.

Accusations have been made that witnesses have appeared before the Committee in order to seek revenge for old grudges, or to repay past slights. It has been claimed that these witnesses sought deliberately to damage reputations under the protection of Parliamentary privilege. The Committee is aware that old feuds and grievances have been reflected in some of the evidence

presented. However, the point needs to be made that some of the more damaging accusations were made by witnesses who were compelled to appear because they had been issued with a formal summons, and that other witnesses were aware that if they did not respond to an invitation to appear, they would be issued with a formal summons requiring them to give evidence. Moreover, because of the contentious nature of the evidence being taken, the Committee has required witnesses to be sworn or to make an affirmation. All witnesses have also been made aware, each time they appeared before the Committee, of the serious penalties that can apply to persons and corporations giving false or misleading evidence to a Committee of the Senate.

It is also important to note that this inquiry (like all other inquiries by Senate Committees) was required to follow 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. These resolutions, which are included as Appendix 3 of this report, require that when evidence which reflects adversely on a person is received by the Committee, the person concerned has to be given an opportunity to respond, also under the protection of Parliamentary privilege. The Committee has been, and still is, following these resolutions scrupulously. In at least some cases, published allegations had never been publicly contested until the Committee called a witness to give him or her the opportunity to respond.

The Committee structured its hearings to ensure that the right of reply would be accorded as soon as possible after any serious allegations were made. This has not always been as soon as the Committee, or the witness, might wish, because it has not always been possible to anticipate what allegations were going to be made during a hearing, and because it has also been necessary to structure hearings so that the same witnesses does not have to be recalled. This explains why, for example, the official delegation from the AIS was not called until other witnesses giving evidence

relating to the AIS had already been heard. A further complication here, however, was that as Professor Bloomfield, the Chairman of the AIS Board, was overseas, the Committee was asked to have the AIS delegation appear after 22 February 1989. (Letter Dr R G Smith, Acting Director, AIS, to Secretary, 12 December 1988) The decision to prepare an interim report in order to remove as soon as possible the difficulties being experienced by the AIS, has also meant that some witnesses have not been called as soon as they might have wished. Despite the best intentions of the Committee, some witnesses have had to be recalled several times.

Although the Committee has endeavoured to conduct as open an inquiry as possible, evidence has on occasion been taken in camera. While the transcript of evidence taken in public amounts to 2158 pages, there are 750 pages of in camera transcript.

A decision was made that where witnesses wished, or were required, to provide hearsay evidence, this would be received in camera. It is important to recognise that the Committee is conducting an inquiry, and not involved in court proceedings. While hearsay allegations have no weight at all in criminal action, they may prove very useful in an inquiry process, for example in providing leads that can be followed up or in identifying witnesses who should be invited to appear before the Committee. However, while such evidence is of use to the Committee it would be inappropriate for it to be given a wide publication.

On occasions the Committee also agreed to receive evidence in camera when a witness indicated that to give evidence in public would be personally embarrassing or might in some way lead to an unfair outcome. However, the Committee has made it quite clear to all witnesses granted such a request that it was unable to give an assurance that their evidence would not be subsequently published. A binding assurance that in camera evidence will not

be released can never be given, as explained in the note on this matter provided to witnesses and reproduced in Appendix 4. On a number of occasions the Committee went beyond the content of the note in Appendix 4 and warned witnesses that their evidence might well be published. This was particularly the case when the Committee felt that other people might be prejudiced by the non-publication of the in camera evidence, or when similar evidence might later be given in a public hearing by another witness. An example is provided in Chapter Seven where a matter relating to an alleged urine substitution at a drug test is discussed. An incorrect version of what happened is already widely known in the Australian sporting community, and the Committee believes that it is important to put on record what actually occurred.

Another reason for taking in camera evidence has been that some witnesses may be at risk or perceive themselves to be at risk, if their identify or the nature of their evidence was made public. This has related particularly to matters concerning the black market in performance enhancing drugs. Such evidence is being treated with the utmost confidentiality.

As a final comment on the conduct of its inquiry, the Committee would like to emphasise that it has gone to unusual lengths to check on the accuracy of statements made by witnesses. As already explained, holding hearings in public has enabled people having contradictory or corroborating evidence to approach the Committee in relation to evidence already presented. More importantly, however, the Committee has used as many primary documentary sources as possible, and has drawn on the resources of government departments and technical experts to test the evidence presented to it. The extent to which this has been done will be evident from the body of the report and from the use made of departmental files and other primary sources obtained from the AIS and other organisations. A great deal of checking has involved locating and contacting individuals named or implicated in some way in the

evidence given by witnesses, or contained in the documentary sources used.

Matters relating to the conduct of the inquiry have been described at an unusual length because this is an interim report. The methods used already will continue to be applied to subsequent investigations, and the Committee wishes it to be known that evidence will not be taken at face value, but will be subject to the closest scrutiny and testing. Some of the areas to be examined by the Committee in its further investigations are of the utmost seriousness and sensitivity. These include the black market in performance enhancing drugs, the use of such drugs by children, the use of drugs in certain high risk areas such as weightlifting, powerlifting and bodybuilding, and the use of performance enhancing drugs in professional sports. The Committee's experience with the inquiry up to now has led to a rapid development of its working methods and to a realisation of the need, in some circumstances, to exercise to the full the powers parliamentary committees have always had, but seldom used.

As a final comment, the Committee would like to emphasise that the intention of all its members has been to get to the truth of the matters being dealt with, to identify problems, if they exist, and to recommend ways of overcoming those problems in the best interest of Australian sportspeople and Australian sports.

LIST OF ABBREVIATIONS

AAU	Australian Athletics Union
ABCI	Australian Bureau of Criminal Intelligence
AFP	Australian Federal Police
AIS	Australian Institute of Sport
AMA	Australian Medical Association
AOF	Australian Olympic Federation
ASC	Australian Sports Commission
ATP	Adenosine Triphosphate
IAAF	International Amateur Athletic Federation
IOC	International Olympic Committee
NCA	National Crime Authority
PBS	Pharmaceutical Benefits Scheme
TAC	The Athletics Congress
SGIO	State Government Insurance Office

KEY PARTICIPANTS

BATSCHI, Mr Reinhold	National Coaching Director and Head Rowing Coach, Australian Rowing Council and Australian Institute of Sport.
BLOOMFIELD, Professor John	Chairman of the Board, Australian Institute of Sport.
BOWMAN, Mr Peter	Co-ordinator, Track and Field, Australian Institute of Sport.
BEASLEY, Ms Sue	Registered nurse at the Australian Institute of Sport.
BOYLE, Ms Raelene	Former athlete-sprinter, Silver medals Olympic Games 1968 and 1972, Gold medals Commonwealth Games 1970 and 1974, world record in Australian 4 X 200 metres relay.
BYRNES, Mr Dallas	Weightlifter formerly at the Australian Institute of Sport, 1981-1982.
CHILDS, Mr Ian	Powerlifter and powerlifting coach.
CLARK, Mr Darren	Athlete, 400 metres, Olympic finalist 1988.
CLARK, Mr Paul	Former weightlifter at the Australian Institute of Sport 1981-1982.
COATES, Mr John	Vice-President, Australian Olympic Federation.
COLES, Mr Phil	Secretary-General, Australian Olympic Federation.
CORRIGAN, Dr Brian	Rheumatologist, Chairman, Committee of National Program on Drugs in Sport and Medical Officer, Australian Olympic Federation.
DAWSON, Dr Gavin	Anesthetist, foundation Fellow of the Australian Sports Medicine Federation, Medical Adviser and Sports Medicine Feature Writer for "Muscle Australia", has administered anabolic steroids.

DONALD, Dr Ken	Deputy Director-General of Health and Medical Services, Queensland Department of Health, Chairman of the Doping Control Committee for 1982 Commonwealth Games, supervised the development of the IOC accredited testing laboratory in Brisbane.
FITCH, Dr Ken	Chairman, Australian Olympic Federation Medical Commission.
FLEMMING, Ms Jane	Heptathlete at Australian Institute of Sport, 1985-1989, Silver Medal Commonwealth Games 1986.
FRICKER, Dr Peter	Co-ordinator, Sports Science and Sports Medicine, Australian Institute of Sport.
GILES, Mr Kelvin	First head coach, track and field, Australian Institute of Sport, now private coach.
GOSPER, Mr Kevin	President, Australian Olympic Federation.
GWOZDECKY, Dr Peter	Sports Medicine Director, Australian Ice Hockey Federation.
HAMBESIS, Mr Stan	Weightlifter, formerly at the Australian Institute of Sport 1982-1984.
HARRISON, Mr Paul	Weightlifter at Australian Institute of Sport, 1983-1988. Olympic weightlifting team 1988.
HARVEY, Mr Ron	Deputy Chairman, Australian Institute of Sport and Chief Executive, Australian Sports Commission.
HAYNES, Mr Steve	Manager, National Program on Drugs in Sport.
HILLIARD, Mr Craig	Senior track and field coach, Australian Institute of Sport.
HOBSON, Mr Bob	Director, Corporate Services, Australian Sports Commission and Australian Institute of Sport.

HOLLAND, Ms Maree Athlete, 400 metres, Olympic finalist 1988.

HOWLAND, Ms Sue Athlete, javelin, associate scholarship holder, Australian Institute of Sport 1986-1987. Gold medallist Commonwealth Games 1982, Australian javelin record 1986. Tested positive for anabolic steroids at preliminary meeting for Rome World Championships in 1987.

HURST, Mr Mike Journalist and athletics coach.

IRWIN, Mr M J Olympic weightlifter 1972-1977.

JONES, Mr Glenn Powerlifter, Secretary of the ACT Amateur Powerlifting Federation.

JONES, Mr Julian Weightlifter at Australian Institute of Sport, 1982-1988.

JONES, Mr Lyn Former head coach for weightlifting at the Australian Institute of Sport.

KEMP, Mr Merv Athletics coach, Australian Institute of Sport and National Group Director in charge of throwing events, Australian Track and Field Coaches' Association.

MAGUIRE, Dr Ken Former consultant physician, Australian Institute of Sport.

MARTIN, Mrs Gael Athlete, shot put, discus, powerlifting, scholarship holder at the Australian Institute of Sport 1985-1986. Gold medals in shot put and discus Pacific Conference Games 1981, tested positive for anabolic steroids, banned originally for life, reduced to 18 months. Silver medal, shot put 1982, bronze medal, shot put, Olympic Games 1984. Gold medals for shot put and discus, Commonwealth Games 1986. 13 Commonwealth records, 20 Australian records, world record for powerlifting (90K and 90+K). Tested positive at Women's World Powerlifting Titles in 1988, for anabolic steroids, given three year suspension.

MARTIN, Ms Lisa Amateur Athletic Association champion United Kingdom 1981, USA Marathon champion 1984-5, four Australian records, marathon and 10,000 metres 1983-86, Silver medal Olympic Games 1988.

MARTIN, Mr Nigel Olympic weightlifter between 1970 and 1981, Bachelor of Science degree in biochemistry, published book "The Sporting Revolution", now weightlifting coach.

MILLAR, Dr Tony Practising physician in sports medicine, and Director of Research, Institute of Sports Medicine, has prescribed anabolic steroids.

MILLER, Mr Brian Former sport psychologist at Australian Institute of Sport

MOORE, Mr Dene Committee member, National Program on Drugs in Sport.

PARISI, Mr Gary Former weightlifter at the Australian Institute of Sport, 1987.

PAPPAS, Mr John Legal counsel for Ms Martin, Ms Howland, Mr Clark and Mr Hambesis.

ROBERTS, Dr Jean Assistant Manager, Sports Administration, Australian Institute of Sport.

SCARANO, Mr John Former financial administrator at the Australian Institute of Sport.

SHEEDY, Mr Jim Sports Psychologist.

SMITH, Mr David Walker, Australian 5 km. and 20 km. champion, fastest time ever walked for 20 km., Commonwealth records for all road/track up to 20 kms and 30 km Commonwealth road record. Former scholarship holder at the Australian Institute of Sport, 1983-1988.

TALBOT, Mr Don Former Chief Executive of the Australian Institute of Sport 1980-1983.

WARDLE, Mr Harry Strength Coach, Australian Institute of Sport.

WATSON, Mr Alex

Athlete, Olympic pentathlete
competitor 1988, tested positive for
caffeine.

WEBB, Dr Bill

Chairman, Drugs in Sport Committee,
Australian Sports Medicine
Federation and Principal Medical
Officer, Australian Rowing Council.

RECOMMENDATIONS

Recommendation One (page 28)

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 (page 29)

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 (page 76)

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

- (i) conduct a survey, based on the methodology of the 'Survey of Drug Abuse in Australian Sport', to help define the extent to which banned drugs are used by amateur and professional sportspeople at all levels, and of all ages and to determine the attitude of these groups towards performance enhancing drugs in order to see if there has been any change since the previous survey;
- (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 (page 140)

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 (page 143)

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 Drugs 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 (page 155)

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 (page 158)

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 (page 160)

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 (page 173)

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 (page 175)

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 (page 180)

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 (page 412)

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.

