CHAPTER FOUR

SUPPLY OF DRUGS

INTRODUCTION

4.1 The introduction of an effective drug testing program will act as a significant deterrent to the use of performance enhancing drugs by elite sportspeople. It will have very little impact, by itself, on those who use such drugs but take part only in recreational sport, or those who, for some other reason, are unlikely to be tested. If this wider problem of sport drugs is to be tackled it will be necessary to inform the whole community about the dangers of these drugs and to take action to limit their supply.

4.2 There is a widespread belief that the banned drugs are readily available to anyone who wants to use them and the Australian Rowing Council, for example, expressed concern about this.[1] According to the Australian Olympic Federation the avenues through which these drugs appear to be distributed are:

- gymnasiums and health clubs;
- the 'black market';
- coaches; and
- doctors.[2]

4.3 For obvious reasons it is not easy to estimate the relative contribution of these sources of supply. However, Dr Gavin Dawson reported that 41 per cent of a group of body builders that had used steroids cited 'physician' as their source of supply, while the remainder cited 'street' or 'black market'.[3]

While it would be wrong to extrapolate from this group of 29, the general consensus, as will be discussed later, is that the black market - gymnasium avenue is the most commonly used. An article in The Pump magazine, for example, said that the less than five per cent of people using steroids obtain them on a doctor's prescription and that 'Almost every gym will have at least one pusher who can get you anything you want, provided you're willing to pay the going price'.[4]

4.4 The Australian Sports Medicine Federation, among others, felt that proper legislation should be prepared to provide for appropriate penalties for unauthorised import, procurement, illicit sale and unauthorised possession of drugs banned by the International Olympic Committee.[5] In considering this statement it is important to note that the banning of a drug by a sporting federation or by the IOC does not necessarily mean that there are no legitimate uses for these substances. An obvious example is that over-the-counter cold remedies may contain banned substances such as pseudoephedrine. Draconian measures to control such preparations may be quite unwarranted although, as previously discussed, a means of identifying such preparations so that athletes in competition are warned not to use them may serve to prevent much embarrassment.

4.5 In the case of anabolic steroids, as discussed later, there are arguments as to whether they serve any necessary therapeutic purpose at all, and as to whether they should be banned entirely. Other drugs on the banned list, however, have well-established legitimate uses. Dr Peter Fricker of the AIS, for example, said that the banning of substances by the IOC Medical Commission had forced sports doctors into the position where they could not use one-third of their prescription armoury. He said:

> We have now endeavoured at the [Australian Institute of Sport] to have a dope free

> cupboard as a pharmacy. I personally believe athletes are disadvantaged by coming to us as medical practitioners because I know they are not going to get better as fast as they could if they went and saw me as a general practitioner outside the Institute.[6]

4.6 It should also be noted that in the case of those substances banned by the IOC which have the potential to pose serious effects to the health of those using them:

> there is every reason in principle to believe that athletes (especially children) who do sustain injury from taking performance enhancing drugs will be entitled to compensation from those who have supplied them with drugs.[7]

4.7 This Chapter concentrates on matters relating to the supply of anabolic steroids because these are the greatest problem so far as sportspeople are concerned and are generally used only to enhance performance. Some of the other drugs mentioned, such as the stimulants, clearly have a much wider market than just sportspeople.

SIZE OF MARKET

4.8 Detailed information on the size of the anabolic steroid market in Australia is difficult to obtain. Dr Millar told the Committee that there would be 3000 people in Sydney alone using anabolic steroids.[8] If one estimated that in Australia as a whole there were five times the number of users found in Sydney (probably an underestimate) this would give 15 000 users. If each of these users spends only $500 p.a. on anabolic steroids, the market, in these substances alone, would amount to $7.5 million. Dr Millar's figures appear to relate only to anabolic steroid users who are obtaining their drugs through a doctor. It has already been stated that estimates of the proportion of anabolic steroid users obtaining their drugs from doctors range from almost 50 per cent down to five per cent. This would suggest a

range of from $15 million to $150 million for the total market. Mr Terry Black, Senior Lecturer in the Department of Accounting and Law at Brisbane College of Advanced Education believes that the market is at the higher end of this range. He has written that:

> The ban on drugs has caused a black market in steroids to arise in Australia estimated at $120 M a year. Organised crime is thus a major beneficiary of the ban on drugs.[9]

4.9 The Committee wrote to the Attorney-General on 19 December 1988 seeking any information on the size of the market for performance enhancing drugs that might be available from bodies such as the National Crime Authority (NCA), the Australian Bureau of Criminal Intelligence (ABCI), and the Australian Federal Police (AFP). Neither the NCA or the ABCI wished to comment. (Letter Minister for Justice to Chairman, 8 February 1989) The advice of the AFP was that there is no specific legislation, in the ACT, for unauthorised possession of anabolic steroids and that:

> The size of the illicit market for performance enhancing drugs in the ACT is not known as the AFP has not received any intelligence or complaint about the substance locally. Furthermore, the AFP has been advised that there does not appear to have been any abnormal over-supply of steroids in the Territory.[10]

4.10 The use of performance enhancing drugs does not appear to be given a high priority by the authorities responsible for investigating criminal activities. Nevertheless the extent of drug usage described in the earlier chapters of this report and the anecdotal evidence that exists would suggest that the market is significant indeed. It is known for example, that one of the people apprehended in Western Australia was supplying clients around Australia and that information was supplied to health authorities in other States, in the hope that they could successfully prosecute the people being supplied. At least one

State (Tasmania) was successful in doing so.[11] Customers on the list included several gym owners from South Australia and Victoria in addition to many individuals in other states.

IMPORTANCE OF VETERINARY ANABOLIC STEROIDS

4.11 Any controls over banned drugs would need to extend to veterinary as well as human pharmaceuticals. A number of witnesses discussed the use of veterinary preparations by athletes. The Health Department of Western Australia, for example, informed the Committee that:

> Most disconcerting of all [the results of its inquiries] is the consistent finding that animal products are used by the sportsmen. Both of the major seizures of [anabolic steroids in Western Australia] and the price list seized included anabolic steroids labelled for animal use. These products are not subject to the same quality control procedures as drugs intended for human use. The source is often very dubious.[12]

4.12 Dr Millar also noted that:

> There is increased interest at this moment in finoject which is a veterinary product made by Roussel Laboratories and imported into the country ... The vets themselves I do not think sell them, but veterinary suppliers are a source of them.[13]

4.13 Dr Gavin Dawson told the Committee that two veterinary surgeons he had recently spoken to:

> both showed extreme concern about the veterinary black market problem because the animal hospital in Tasmania was raided by a body builder to the tune of $1600 of veterinary anabolics. 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.[14]

4.14 It is interesting to note that one of the people identified by the Health Department of Western Australia as supplying anabolic steroids was a horse trainer[15] because Mr Ian Childs told the Committee:

> of one powerlifter who openly admitted that his father was a horse trainer in Western Australia and he used to send him across injectable steroids which he obtained for his race horses which this particular powerlifter then used to needle up himself.[16]

4.15 One particularly serious aspect of the market in veterinary steroid is that they are very cheap compared to the human pharmaceuticals and are even cheaper than some of the black market supplies. Dr Gavin Dawson provided to the Committee a comparison of the cost of one 50mg/ml injection of Deca-durabolin. The human preparation, obtained through proper channels, would cost $18.75. On the black market what is purportedly the same preparation is available for $4.00 with the veterinary price being only $1.50. In other words, veterinary Deca-durabolin is 12.5 times cheaper than that prepared for humans and 'just as good'. Dr Dawson noted that the veterinary anabolic steroids present 'a much larger, cheaper and more potent range of drugs than those produced for humans'.[17] Figure 4.1 illustrates part of the range of veterinary steroids available.

FIGURE 4.1

RINGER FILLI RINGER SCIENTIFIC ¶
Each mL contains methandriol dipropionate 75 mg, benzyl alcohol 50 mg in arachis oil.
Anabolic injection for fillies and mares.
Injection: 10 mL.
H: 5 mL every 4 weeks.

RINGER GELD RINGER SCIENTIFIC ¶
Each mL contains nandrolone phenylpropionate 30 mg, methandriol dipropionate 40 mg, benzyl alcohol 50 mg in arachis oil.
Anabolic injection for geldings.
Injection: 10 mL.
By IMI.
H: 2.5-5 mL every 3-4 weeks.

SPECTRIOL RWR ¶
Each mL contains methandriol dipropionate 20 mg, nandrolone phenyl propionate 15 mg, testosterone enanthate 10 mg, testosterone hexahydrobenzoate 10 mg, testosterone propionate 5 mg, testosterone cypionate 5 mg.
A broad spectrum depot anabolic designed for use in colts and geldings

SUPERBOLIN ADVANCE ¶
Methandriol dipropionate in arachis oil.
A protein anabolic agent that stimulates muscle growth and appetite.
Injection, 75 mg/mL: 10 mL.
Every 28 days by IMI or 5 mL every 14 days.

SYBOLIN RANDWICK VET ¶
Each mL contains boldenone undecenoate 25 mg, benzyl alcohol 3% in sesame oil.
General purpose anabolic.
Injection: 10 mL.
See literature.

TRIBOLIN 75 RANDWICK VET ¶
Nandrolone decanoate, methandriol dipropionate, benzyl alcohol in arachis oil. (75 mg/mL potentiated anabolics.)
Potent, long-acting anabolic for geldings.
Injection: 10 mL, 20 mL.
5 mL by IMI every 3-4 weeks.

TROBOLIN D ILIUM ¶
Nandrolone phenylpropionate.
Anabolic steroid for dogs.
Injection, 25 mg/mL: 10 mL.

VEBONOL 2.5% CIBA-GEIGY/WEBSTERS ¶
Dehydrotestosterone undecylenate (boldenone undecenoate).
Treatment of pathophysiological processes in which a pronounced anabolic effect is desirable and a general stimulant action is likely to be advantageous in horses, cattle, pigs, dogs and cats.
Injection, 2.5%: 10 mL.
H: 10 mL IMI every 1-2 months, or 5 mL IMI every 2-4 weeks. Mares may require monthly 10 mL doses; stallions and geldings seem to require dosage at 2 monthly intervals.
C: 10 mL IMI, repeated if necessary after 2-4 weeks. Cv: 1-2 mL.
P: young, 0.2 mL/5 kg bodyweight IMI, sows, 2.5 mL IMI, repeated if necessary after 2-4 weeks.
D: 0.2-2 mL SCI. Cats: up to 0.5 mL SCI.
C/I: *Malignant tumours such as mammary or prostatic carcinomas; advanced stages of pregnancy.*

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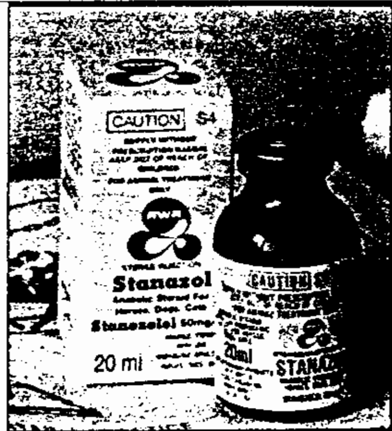

...here some virilisation is required.
...timulates muscle growth and appetite.
Injection: 10 mL.
By IMI.
H: 5 mL every two weeks.

STANAZOL RWR ¶
Stanazolol USP.
Anabolic steroid for horses, dogs and cats with low androgenic effect; post-op convalescence, debilitation, for appetite promotion and weight gain, stress and over exertion.
Sterile microfined susp, multidose vial, 50 mg/mL: 20 mL.
By IMI. Initially: 1 inj/week up to 4 injections; maintenance: 1 inj each 2-3 weeks as required.
H: 3-5 mL.
D: 0.2-1 mL.
Cats: 0.2-0.5 mL.
S/P: *Not for use in animals intended for food; renal impairment.*

By IMI.
D: 1-2 mL every 2-4 weeks.
In severely debilitated dogs an extra dose of 1 mg/kg bodyweight may be given 3-4 days after 1st dose, then every 2-4 weeks.

TROBOLIN H ILIUM ¶
Nandrolone phenylpropionate.
Anabolic steroid for horses.
Injection, 50 mg/mL: 10 mL.
By IMI.
H: 4 mL. Repeat in 2-4 weeks.

TROPHOBOLENE ADVANCE ¶
Each mL contains estrapronicate 1.3 mg, hydroxyprogesterone heptanoate 80 mg, norandrostenolone undecanoate (nandrolone undecenoate) 80 mg.
For systemic use in bone cartilage injuries and healing of wounds.
Injection: 10 mL.
By IMI as directed.
H: 10 mL per month or 5 mL every 15 days.
Severe forms, 20 mL/month or 5 mL/week for 4 weeks.

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VEBONOL 5% CIBA-GEIGY/WEBSTERS ¶
Dehydrotestosterone undecylenate (boldenone undecenoate).
Treatment of pathophysiological processes in which a pronounced anabolic effect is desirable and a general stimulant action is likely to be advantageous.
Injection, 5%: 10 mL.
H: 5 mL IMI at intervals of 1-2 months or 2.5 mL IMI at intervals of 2-4 weeks.

Extract from Index of Veterinary Specialties, (August 1987) IMS Publishing, showing part of the range of veterinary anabolic steroids that is available.

4.16 Controls on the availability of veterinary steroids vary from State to State. In Victoria testosterone-based derivatives when labelled for agricultural use and for use as an animal preparation, are included in Schedule Six (Industrial and Agricultural Poisons) of the State's Drugs Poisons and Controlled Substances Act 1981. Since the making of Statutory Rules No. 83 of 1988, effective from 8 March 1988, the purchase and possession of anabolic steroids falling into this category is permitted without special authorisation by licence or permit. Regulation 408A states:

> All persons are authorised to purchase or otherwise obtain and possess any hazardous substance or any industrial and agricultural poison.[18]

4.17 The Western Australian Government, recognising the increasing use being made by sportspeople of veterinary steroids, is introducing a regulation to make the administration and supply to humans of any medium labelled for veterinary use an offence under the Poisons Regulations. This is a lead that should be followed by the other States.[19]

Recommendation Six

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

IMPORTATION

Introduction

4.18 The importation of therapeutic substances into Australia is controlled by the Commonwealth Government through the provisions of Regulations 5A to 5G of the Customs (Prohibited Imports) Regulations.[20] A person wishing to import a therapeutic substance into Australia must be either a licensed importer or have permission in writing from the Secretary, Department of Community Services and Health. Distribution of the substance once it has been imported has to be in accordance with any conditions laid down in the Secretary's approval.[21]

Importation by Individuals

4.19 Individuals may privately import therapeutic substances by mail or in person as accompanied baggage. In both cases it has to be demonstrated that the substance is for the personal use of that person or a family member. In the case of importation by mail a prescription from a registered medical practitioner must be obtained in respect of those substances for which a prescription would be needed for lawful supply in Australia.[22]

4.20 Regulation 5A(2) which allows therapeutic substances such as vitamins and steroids to be imported for personal use in accompanied baggage does not specify the quantity able to be imported and this is therefore open to interpretation. The Minister for Science, Customs and Small Business informed the Committee that:

> It is entirely at the discretion of the Customs officer concerned to exercise judgement on the legitimacy of the quantity and nature of therapeutic substances, if detected.[23]

4.21 This does not seem very satisfactory. Evidence given to the Committee would suggest that considerable quantities of steroids may be brought into Australia by athletes returning from meetings overseas. One reason for this is the ready availability of steroids in many countries. Ms Sue Howland, for example, explained how easy it is to buy anabolic steroids in Italy:

> You just go to Italy for a competition or whatever, and you just go around to the pharmacies. When they have a major competition in Italy, what happens is that the pharmacies around a particular hotel just sell out of all their steroids.[24]

4.22 The Committee has also been told that Australian athletes are seldom searched by the Customs authorities. Mrs Gael Martin, for example:

> was advised by the Australian Institute of Sport coach that when going through Customs to have your tracksuit on because that should deter people from asking one to be checked going through Customs.[25]

4.23 Mr Nigel Martin told the Committee that weightlifters had:

> remarked how relatively easy it was to come back into Australia, providing they wore the AIS tracksuit or Aussie tracksuit, as they were told to do.[26]

4.24 Dr Webb similarly noted that:

> Any athlete who comes in virtually walks through Customs now. I am not aware - although I am sure it has happened - of any athlete with an Australian blazer on being asked to open his bag.[27]

4.25 These comments all seem quite justified. The responsible Minister informed the Committee that the Customs Service:

> has developed risk assessment techniques to help process ... passengers in a way that minimises the inconvenience to the very large number of people who do not breach entry requirements ... Customs officers are aware of the high standard of physical fitness Australian athletes are required to maintain and for this reason may consider these athletes less likely to be carrying prohibited substances ... Australian athletes as such have not been regarded as a target group by Customs.[28]

4.26 The Australian Olympic Federation, recognising the need to close this potential route for the importation of anabolic steroids recommended:

> The searching of baggage of 'high-risk' athletes and others at the point of entry or re-entry into Australia.[29]

The Federation noted that this approach has proved successful in Canada and it is one that the Committee would support.

Recommendation Seven

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

Importation of Veterinary Steroids

4.27 According to the Department of Community Services and Health there is provision within the legislation for exemptions from the provisions of relevant regulations to be granted for non-biological therapeutic substances. The classes of substances

that have been exempted under this provision include veterinary drugs. This means that veterinary steroids may be imported without any reference to the Department.[30] However, according to the submission from the Australian Customs Service no exemption from these controls applies in respect of importations for therapeutic use in the treatment of animals.[31]

4.28 There is clearly a different interpretation being placed by the Department of Community Services and Health and the Australian Customs Service on the regulations regarding the import of these substances. The difference is a substantial one and has profound implications. The Health Department of Western Australia, for example, was also under the impression that:

> it is in fact possible to import a veterinary anabolic steroid by a simple declaration with no further checks or controls on its sale or supply.[32]

4.29 The interpretation given by the Health Department of Western Australia was supported by a document 'Exemptions to Import Therapeutic Substances Subject to Reg 5A(3)'.[33] This states quite clearly that exemptions to the system of licenses and permissions administered by the Commonwealth Department of Health include:

> Therapeutic substances for use solely in the therapeutic treatment of animals, which by label or other means bear a statement to this effect.[34]

While this document continues that 'Exemption is not applicable to certain nominated veterinary substances' the list of nominated substances provided does not include the anabolic steroids.

4.30 The Committee believes that any uncertainty on this matter needs to be removed as soon as possible. The confusion seems to have arisen because the Customs Service submission has

interpreted anabolic steroids as falling under Regulation 5A(1) of the Customs (Prohibited Imports) Regulations rather than under Regulation 5A(2), where they belong. The Committee's view is that the importation of veterinary anabolic steroids should be subject to controls as stringent as those being applied to anabolic steroids intended for human use. At present this does not appear to be the case.

Recommendation Eight

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

4.31 The Committee notes that the submission received from the Australian Customs Service states that:

> The possibility of illegal performance enhancement drugs entering Australia as 'Veterinary' products has been highlighted and all Regions have been alerted to this fact and have been supplied with a list of Veterinary Trade Names and a Hormone and Steroid Reference list of substances likely to be encountered.
>
> This above information was provided by the Department of Community Services and Health and their request to withhold clearance pending clarification and their approval has been put into effect.[35]

The Committee commends this action and believes that it should be maintained.

Illegal Importation

Introduction

4.32 In addition to the legal importation of drugs it appears that most black market drugs are imported illegally, in contravention of customs regulations.[36] According to Dr Gavin Dawson:

> Most black market drugs are imported from overseas, the source of entry is usually Perth in W.A.. The drugs are smuggled ashore and distributed to other States. On a Current Affairs programme it was stated that U.S. marines were paid to bring the drugs through customs.[37]

4.33 Sporting authorities have noted this problem and the Committee is aware, for example, that on 26 April 1988 the Minister for Arts, Sport, the Environment, Tourism and Territories, on the advice of the Australian Sports Commission and the Australian Institute of Sport, wrote to the Minister responsible for customs and the Minister for Justice, drawing their attention to the possible illegal importation of anabolic steroids.[38]

4.34 The Australian Olympic Federation has recommended that the Commonwealth investigate allegations concerning the illegal importation of steroids, pointing out that this will require the close co-operation of the Australian Federal Police, Australian Customs and the Department of Community Services and Health.[39] Dr Dawson also called for 'customs and police blitzes' against the importation of drugs[40] while Mr Hayden Opie referred to the need for a 'heightened awareness and activity by customs and police authorities'[41] to identify those responsible, confiscate all drugs and impose severe penalties.

Penalties for Illegal Importation

4.35 The penalties for the importation of a prohibited import are given in Section 233AB(2) of the Customs Act. This states:

> Where an offence is punishable as provided by this sub-section, the penalty applicable to this offence is-
> - where the Court can determine the value of the goods to which the offence relates, a penalty not exceeding -
>   (i) 3 times the value of those goods; or
>   (ii) $50 000,
>   whichever is greater; or
> - where the Court cannot determine the value of those goods - a penalty not exceeding $50 000.[42]

MANUFACTURE IN AUSTRALIA

4.36 The States and Territories are responsible for control over the local manufacture of pharmaceuticals.[43] Dr Dawson suggested that the relevant authorities need to 'be awake to the possibility of the development of an illegal source of production in Australia'.[44]

DISTRIBUTION

Introduction

4.37 There is a broad spectrum of Commonwealth and State/ Territory legislation in Australia relating to drug offences. However, in general the States and Territories are responsible for the sale and distribution of all pharmaceuticals within their boundaries.[45] The responsibility of the Department of Community Services and Health for controlling drugs generally ceases when approval is given for importation and marketing in Australia. Access to such preparations is then determined by registered medical practitioners, who make them available to their patients and, according to the Department, it is virtually impossible to

police the manner in which drugs are actually used.[46] The exception is provided by the drugs available on the Pharmaceutical Benefits Scheme (PBS), which subsidises the costs of drugs for people receiving medical treatment in Australia.

4.38 Legislation relating to drug offences varies from State to State, as has already been mentioned in relation to the controls over veterinary pharmaceuticals. The Parliamentary Library Legislative Research Service has prepared for the Committee an analysis of the legislation in Victoria which impinges on the control of drugs banned by sporting bodies. The following two paragraphs are based on that report.[47]

4.39 In Victoria, as in other States, the various drugs banned by the IOC are subject to different levels of control, with some being readily available and others being subject to very stringent regulations concerning their supply and use. This is because the banned substances fall into different categories of poisons and substances for the purpose of the Drugs Poisons and Controlled Substances Act 1981. Arranged in descending order of strictness of the control measures applying to them, drugs banned from sport may fall into the following categories as defined by the Act:

- Drugs of Dependence (Schedule Eleven)
- Drugs of Addiction (Schedule Eight)
- Restricted Substances (Schedule Four)
- Industrial and Agricultural Poisons (Schedule Six).

4.40 Banned drugs of dependence include some stimulants such as cocaine and some narcotic analgesics, such as anileridine. Schedule Eight drugs (of addiction) include some of the banned stimulants and narcotic analgesics. The restricted drugs (Schedule Four) include some of the diuretics as well as some of the stimulants and narcotic analgesics. Anabolic steroids for human use fall into Schedule Four, and are available only on

prescription. However, as discussed already, veterinary anabolic steroids fall into the category of industrial and agricultural poisons (Schedule Six) and when intended for agricultural use are available in Victoria without restriction. It has already been pointed out that veterinary preparations are used by sportspeople and are much cheaper and just as effective as anabolic steroids prepared specifically for human use. Matters relating to the distribution of performance enhancing drugs will be covered in more detail in the final report of the Committee.

Pharmaceutical Benefits Scheme

4.41 Twenty four of the drugs available through the Pharmaceutical Benefits Scheme (PBS) are included on the list of drugs proscribed by the International Olympic Committee.[48] (See Appendix Six) They are available in various forms and strengths and some are subject to conditions that limit a medical practitioner's ability to prescribe them to patients.[49]

4.42 The National Health Act at ss 88(3) and 88A legally limits a prescriber's ability to inappropriately prescribe drugs to enhance sporting performance. Ss 88(3) states that:

> A medical practitioner or a participating dental practitioner shall not write out a prescription for the supply of a pharmaceutical benefit otherwise than for the medical treatment or dental treatment, as the case may be, of a person requiring that pharmaceutical benefit.

A breach of these sections can attract a maximum penalty of $5000 or two years imprisonment, or both.[50]

4.43 The administration of the Pharmaceutical Benefits Scheme (PBS) does not allow for the monitoring of each patient's use of drugs[51] but the Department does have some capability to use PBS data to detect inappropriate prescribing. There is also a limited

potential to use PBS data to assist an investigation where there is independent evidence that such an activity is taking place. However, s 135A of the Act severely limits the release to third parties of information acquired by virtue of the administration of the Act.[52]

Prescription by Doctors

Prescription for Medical Reasons

4.44 In considering the prescription of anabolic steroids it is necessary to question whether they have any legitimate therapeutic uses. The Australian Sports Medicine Federation policy statement on drugs in sport states that:

> The only legitimate use of drugs in sport is for a clinically justified purpose under the supervision of a physician.[53]

4.45 It has been argued that there are clinically justified purposes for the use of anabolic steroids. Indeed, Dr Ken Maguire, formerly of the AIS, referred to comments by Dr Enjar Ericksson of Sweden that anabolic steroids:

> should be considered in the post-operative recovery phase on many persons undergoing orthopaedic surgery. The catabolic (wasting) effects of surgery could be reduced and thus eventual rehabilitation time and recovery be shortened.[54]

Dr Maguire argued that:

> IOC guidelines for permissible and non-permissible drugs for athletes are now going to have profound effects on the prescribing habits of all doctors. A sports organisation should never be able to do this to all doctors.[55]

4.46 Dr A P Millar similarly argued that anabolic steroids have a legitimate use in the management of staleness in athletes

who have over-trained and in redeveloping muscle in people who have had knee surgery.[56] In discussing the use of anabolic steroids by footballers Dr Millar said:

> the sports medicine federations around the world say that the stronger you are, particularly with neck muscles, the less likely you are to have trouble ... surely we should be stimulating these people to go onto a short course of steroids, for example, to get stronger which will protect them during the season.[57]

4.47 The Committee believes that the management of staleness in training using anabolic steroids would be a clear example of the use of these substances to enhance performance, and is therefore inappropriate. This use, like those described previously and subsequently, would make a mockery of any drug testing program because competitors or others testing positive would always be able to provide a legitimate reason for having taken the steroids.

4.48 As discussed in detail in Chapter Five, Dr Peter Fricker of the AIS has also used anabolic steroids for the treatment of severe overuse injury and for recovery. Dr Brian Corrigan, Chairman of the National Program on Drugs in Sport, commented that there was no evidence to support this use and 'They are no more than an expensive placebo'.[58]

4.49 A similar view was presented by Dr Webb who said that he would like to see the prescription of anabolic steroids by medical practitioners banned:

> Because there is increasing evidence that they have very little use in therapeutic medicine now and I think in Canada they have recently been withdrawn from sale.[59]

4.50 Dr R O Voy of the US Olympic Committee has written that:

> There are today only a few specific and uncommon medical uses for anabolic steroids in

legitimate medical practice. These include stimulation of the bone marrow in certain patients with rare anaemia, stimulation of sexual development in hypogonadal males, treatment of certain types of breast cancer, and in treating a certain condition known as engioedema.[60]

4.51 Questions relating to the permissible medical uses of anabolic steroids will be further examined in the final report of the inquiry.

Protection of Athlete's Health

4.52 One view put to the Committee is that it is the primary responsibility of every doctor to look after the health of every patient.[61] When it is known that the patient would use black market sources of supply if the doctor does not prescribe anabolic steroids, it has been argued that the responsible course of action for the doctor is to prescribe them along with the necessary advice and medical monitoring. Dr Gavin Dawson, who has now stopped prescribing steroids, said that:

> All medical practitioners should be advised not to issue prescriptions for anabolic steroids without a medical examination and continued supervision combined with an initial full blood screen. He should not prescribe if he has little knowledge of the drugs and the prescription should always contain instructions. I have heard on many occasions that general practitioners issue prescriptions with no instructions; this includes injections, with some 6 repeats.[62] (Evidence p. 1307)

4.53 One problem with doctors prescribing steroids is that their clients may find that the doses provided by the doctor are too low in comparison with those used by people using black market sources. Dr Millar told the Committee, for example, that out of the group of clients he serviced in this area he:

> would lose about 60 per cent of them in the first year. When I follow them up I find they have gone back to the gym.[63]

At the gym, of course, they are using higher doses and not receiving any medical monitoring.

4.54 The perceived need of athletes to use doses higher than those available from doctors was explained by Mr Childs:

> If you are a beginner you might consider 20 milligrams to be a safe level when the medical handbook suggests five ... As a healthy adult you might think, 'For training hard, I should perhaps take 20' which is four times what you probably need. Athletes at the Australian Institute of Sport have said - I have been there talking to them [in 1984-85] - that they are on injections of 100 milligrams every day and orals as well. It would be anything up to 150 milligrams per day and you end up with this mentality, 'If 100 is good and somebody else is on 150 and he is doing a little better than me, that is obviously better'. Then we go to 200 and then we just keep on heading up.[64]

4.55 Dr Gavin Dawson told the Committee that he had stopped prescribing steroids for the following reasons:

- his limited time as a specialist anaesthetist;
- his limited patient number for steroids;
- the 55 per cent failure rate in athletes, mainly body-builders, returning for a follow up check;
- the danger of having to trust the athlete not to add to the prescribed dose with legal or illegal anabolic steroids;
- the possibility of litigation;
- the anti-anabolic-steroid policy of the International Federation of Body-Builders; and
- his feeling that the present inquiry is doing something 'which will hopefully help to maintain the health of individuals, whether they are on black market steroids or on a medical dosage'.[65]

Dr Dawson pointed out, however, that while he no longer prescribed these substances he remained 'ethically and morally obliged to monitor anyone'.[66]

Prescription of Drugs to Enhance Performance

4.56 The Australian Olympic Federation notes that 'Most athletes would appear to prefer to receive drugs from doctors in the belief that they will not suffer any side-effects'. (Evidence p. 289) This would appear to be supported by the comments of Dr Millar who wrote that:

> Some few athletes attend medical practitioners for the prescription of these preparations and my own experience is that the numbers attending are increasing. I would now receive more phone calls from doctors in this country on the subject then I had some 5 years ago so that more and more athletes are attending their doctor for advice on this area and this is far preferable to the predominant system of obtaining drugs from a backyard pusher.[67]

4.57 Dr Millar told the Committee that there would be '10 to 20' doctors in Sydney alone prescribing anabolic steroids.[68] and that he, himself, would be seeing up to 200 different patients a year.[69] Dr Millar's patients came from a wide variety of sports including:

- bodybuilding;
- rugby league and union;
- Australian rules;
- American football;
- soccer;
- cricket;
- tennis;
- track and field; and
- swimming.[70]

Dr Gavin Dawson, in Launceston, had prescribed for 50 male body builders, one female body lifter, one power lifter, one Olympic

lifter, one middle distance runner and one professional underwater diver.[71] Dr Dawson also described how:

> At one pharmacy recently I was privileged to look at one bodybuilder's record sheet. In a period of 6 months, a 19 year old male had received prescriptions for 4 different oral steroids, totalling 2016 tablets. In the same period he was also prescribed 3 different injectables totalling 37 ampoules in all. He had visited 4 different doctors. The total price paid was over $1600.[72]

The details of these purchases are illustrated in Table 4.1. As this bodybuilder had not been prescribed steroids by Dr Dawson, it would appear that, even in Launceston, there have been at least five different doctors prescribing anabolic steroids.

4.58 Mr Glenn Jones told the Committee that he knew of two doctors who would write a script for anabolic steroids and he pointed out 'I could have got that script and sold it and there are doubtless to say a number of people who are doing just that'.[73] Another option, of course, would be to sell to other people the steroids obtained on prescription, and, given the quantities of drugs involved, it is likely that this is what the Launceston bodybuilder was doing.

4.59 The Australian Sports Medicine Federation suggested to the Committee that:

> In-so-far as doctors are concerned, it should be a clearly defined offence to knowingly prescribe drugs purely to enhance performance and subject to disciplinary action by the appropriate health authority.[74]

TABLE 4.1
A PATIENT'S DISPENSING HISTORY FOR ANABOLIC STEROIDS

Rx num.[1]	Drug name	Qty.	Doc[2]	Dispensing[3] date	Sp[4]	Disp[5]	Price[6]
16	Anapolon Tab 50 mg	100	D	17.03.88		1	126.06
15	Anapolon Tab 50 mg	100	C	10.02.88		1	126.06
14	Lonavar Tab 2.5 mg	100	C	14.01.88	2	1	25.04
				22.01.88	2	2	25.04
				04.02.88	2	3	25.04
13	Sustanon Amp. 250	3	C	18.12.87		1	10.00
12	Decadurabolin 50 mg 3	1	A	17.12.87	7	5	54.68
				22.12.87	7	6	54.68
				04.01.88	7	7	54.68
				11.01.88	7	8	54.68
11	Andriol Cap 40 mg	60	A	15.12.87	8	1	44.99
				18.12.87	8	2	44.99
				21.12.87	8	3	44.99
				24.12.87	8	4	44.99
				04.01.88	8	5	44.99
				11.01.88	8	6	44.99
				17.01.88	8	7	44.99
				22.01.88	8	8	44.99
				10.03.88	8	9	44.99
10	Primobolan Depot 3	1	A	28.10.87	2	1	94.47
				29.10.87	2	2	94.47
9	Lonavar Tab 2.5 mg	100	A	28.10.87	2	1	25.04
				29.10.87	2	2	25.04
				04.11.87	2	3	25.04
8	Deca-Durabolin 50 mg	1	A	28.10.87	7	1	19.65
				29.10.87	7	2	19.65
				04.12.87	7	3	19.65
				08.12.87	7	4	19.65
				10.12.87	7	5	19.65
7	Andriol Cap 40 mg	60	A	28.10.87	2	1	44.99
				29.10.87	2	2	44.99
				08.12.87	2	3	44.99
6	Proviron Tab 25 mg	50	B	24. 8.87		1	42.65
5	Andriol Cap 40 mg	60	B	13. 8.87		1	44.99
4	Deca-Durabolin 50 mg	3	A	05. 8.87		1	51.19
3	Lonavar Tab 2.5 mg	100	A	03. 8.87	2	2	25.04
				05. 8.87	2	3	25.04
2	Lonavar Tab 2.5 mg	100	A	27. 7.87	1	2	25.04
1	Lonavar Tab 2.5 mg	100	A	20. 7.87	2	1	25.04
							$1,697.14

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1. The pharmacist allots a number for each prescription for his own records.
2. The identity of the doctor who issued the prescription.
3. The date of dispensing of the prescription by the pharmacist.
4. The number of repeats indicated on the prescription.
5. The number in the sequence of repeats dispensed.
6. The price is the pharmacist's price for dispensing a private prescription.

4.60 Dr Webb emphasised this by saying that:

> if a doctor prescribes any medication specifically for enhancing performance, he should be suspended from practice.[75]

4.61 However, Dr Gavin Dawson told the Committee that when he first began to prescribe anabolic steroids in 1984 he:

> rang the Australian Medical Association people to inquire about the ethical situation ... I was told that this was a very interesting problem, and they would call me back and they were going to discuss it further. I never heard from them again.[76]

He said that since then the AMA has 'taken a very firm stand against prescribing anabolic steroids'.[77]

4.62 Dr A E Dix, Registrar of the New South Wales Medical Board, informed the Committee that while various disciplinary powers are conferred upon the Board under the Medical Practitioners Act 1938, there is no reference in the Act to the type of behaviour that may be involved in the prescription by registered practitioners of performance enhancing drugs. However, he said that in his opinion:

> it could be quite conceivable that a complaint of professional misconduct could be brought against a practitioner who was involved in prescribing drugs for which there is no clinical indication.[78]

4.63 The point about this, of course, is that in a situation in which an athlete is seeing a doctor to get drugs to enhance performance, no complaint is going to be made. Only if there was a monitoring system independent of both doctor and patient would this kind of activity be identified and action taken.

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.

Making Anabolic Steroids a Schedule Eight Drug

4.64 Dr Webb suggested that if anabolic steroids are to continue in use in Australian medicine their use should be greatly restricted:

> they should be upgraded in the poisons schedule so they that are available, in a way similar to dexadrine and the amphetamines, on specific application to the Health Department for specifically defined purposes.[79]

4.65 Dr Dawson disagreed, saying that he did:

> not feel that they should be elevated to a schedule 8 category ... doctors have a right to prescribe and as a veterinary surgeon told me ... he should have a right to prescribe. .... If somebody asks me why I give anabolic steroids to a healthy person, I say, 'Why do I give anaesthetics, which are much more dangerous, to people requiring a facelift?'[80]

4.66 One of the advantages of greatly restricting the availability of these substances by making them a Schedule Eight drug would be, according to Dr Webb, an increased appreciation in the community of the dangers associated with their use. He suggested to the Committee that:

> the facts of their being severely restricted ... will automatically deter a large number of users from using them because they will be known, if this is widely canvassed, to be hazardous to health. (Evidence p. 263)

The Committee strongly supports this view. The fact that doctors are able to freely prescribe these drugs creates the impression that they are safe. Some athletes carry this to the stage of equating safe with beneficial and this has led to an attitude of the more the better. Restricting the availability of anabolic steroids would serve to emphasise the serious health risks involved in taking them.

4.67 It is also relevant to note here that the Minister for Justice informed the Committee that:

> In relation to the distribution and administration of the drugs within the ACT ... It is the [Australian Federal Police's] view, however, that a possible solution would be to re-schedule the substance under the Poisons and Narcotics Drugs Ordinance from Schedule 4 to Schedule 8. This would then provide enforcement agencies with adequate powers to police the drug.[81]

4.68 The Committee notes that on 3 February 1989 the Western Australian Minister for Health made anabolic steroids subject to the Misuse of Drugs Act along with other drugs such as narcotics, amphetamines and barbiturates. This means that in Western Australia:

- selling or supplying or intending to sell or supply anabolic steroids is an indictable offence and carries a maximum fine of $100 000 or imprisonment for 25 years;
- simple provision of anabolic steroids without a prescription is an offence and carries a maximum fine of $3000; and
- owners of premises who allow the sale or use of anabolic steroids in their premises are liable for a fine up to $3000.[82]

The Committee commends this initiative of the Western Australian Government and believes that other States should follow this approach.

Recommendation Ten

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

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

(ii) agree to make the sale or supply without prescription of anabolic steroids a criminal offence, using the Western Australian legislation as a model;

(iii) subject to advice from Commonwealth and State Ministers for primary industry, and because of the widespread use of veterinary anabolic steroids by sportspeople, investigate the possibility of making veterinary anabolic steroids subject to the same degree of control as applies to anabolic steroids for human use.

<u>Availability from Pharmacists</u>

4.69 The Australian Sports Medicine Federation commented that pharmacists supplying such drugs, whether on prescription or not, purely to enhance performance, should also be disciplined.[83] Dr Dawson similarly noted that:

> Some pharmacists are not beyond criticism and many times steroids have been issued over the counter without prescription. A warning circular should be distributed and high penalties given to offenders.[84]

4.70 In Victoria, Section 36 of the Drugs Poisons and Controlled Substances Act 1987 requires:

> A pharmacist who is called upon to dispense for any person greater quantities of or more frequently then appears to be reasonably necessary any ... restricted substance, must forthwith report the matter to the Chief General Manager. [of the Department of Health, Victoria][85]

The effective implementation of this kind of provision in all States would help reduce the incidence of the situation described by Dr Dawson of a person acquiring $1600 worth of steroids from a single pharmacist over a period of six months.[86]

Black Market Availability

Introduction

4.71 While the supply without prescription of almost all of the substances banned by the International Olympic Committee is in contravention of various laws,[87] the Australian Olympic Federation believes such drugs are readily available and has commented that 'some dealers are alleged to have amassed considerable financial gains'.[88] Dr Millar told the Committee that drugs are readily available and 'it is never difficult to find them' adding that they are available, to the best of his knowledge 'in almost every gym where training programs are undertaken'.[89]

4.72 The Health Department of Western Australia explained to the Committee how:

> The experience gained in these cases [involving the illegal supply of steroids] and information received as a result of publicity has led the Department to believe that

> anabolic steroids are available in virtually all gymnasia which specialise in strength sports and probably most others.[90]

4.73 Mr Merv Kemp said that if 'you start hanging around gyms you will gradually get to know people who might supply steroids',[91] while Mr Childs told the Committee that:

> If you wanted to train now and go on steroids, we could nominate you a gym where you could literally walk in, put your money on the counter and you would get steroids. You would get them that day, or you would get them the next day.[92]

4.74 When drugs are obtained from the 'gym dealer or pusher' there is no control over the quality of the material obtained, nor of the dose that is taken.[93]

4.75 In some cases those making black market purchases from gyms may not know what they are buying. Dr Webb related how an:

> Olympic athlete, a yachtsman, whom we did a pre-Olympic medical on, said that he was taking herbal tablets given to him at the gym he was going to, because they said he ought to take them to increase his strength.[94]

4.76 Even when they are intending to buy anabolic steroids, athletes may not be getting what they think they are from the black market. Dr Dawson told the Committee that:

> Recently we had a tablet of Dianabol from overseas analysed - you can get Dianabol from India in capsule form, from Mexico in a purple tablet - and it had no anabolic steroids in it at all. So what is on the label is not what is in this bottle.[95]

4.77 Mr Glenn Jones said to the Committee:

> As far as I know, Ciba-Geigy stopped making Dianabol back in the late 1970s or early 1980s

> and yet people are still pretending that it exists and calling it wonderful things like Polish Dianabol. It is the red tablets and it is the blue tablets and things like this. You do not know what you are buying.[96]

4.78 The Health Department of Western Australia used the example of a:

> large quantity of red capsules seized containing, among other things, 5mg of methandienone and registered in WA as a veterinary medicine for dogs and horses. They are imported from India (by a local entrepreneurial veterinary surgeon). Their quality is dubious but they are believed to be taken in large amounts by weightlifters.[97]

4.79 Mr Ian Childs referred to:

> A number of glandular products ... on the market from Argentina. These are extremely dangerous; nobody knows what goes into them. These are direct glands from animals which are then transferred and used by humans.[98]

Cost of Black Market Drugs

4.80 In the normal course of things one would expect black market drugs to be more expensive than those obtained legitimately. In the case of anabolic steroids this may not always be the case. Dr Dawson, for example, complained that:

> Lonavar on prescription is about $23 [per 100 2.5mg tablets]. Unfortunately, some black market Lonavar is cheaper; what annoys and worries me somewhat is that it is often very much cheaper than the Australian, quality controlled substance I can provide. Certainly, the veterinary products are cheaper.[99]

Evidence on the cheapness of veterinary products (by up to a factor of 12) has already been mentioned. One reason for the relative cheapness of black market products, as discussed

already, is that athletes purchasing on the black market may not be receiving what they are paying for.

4.81 No matter what the cost of the individual drugs, it is certainly the case that individual build-up courses may be quite expensive. Mr Childs said that someone on a seven week course of steroids, possibly involving amphetamines as well, could be 'racking up somewhere in the vicinity of probably $100 a week'.[100] Mr Merv Kemp told the Committee that he had had only two athletes who had ever shown him what they were doing and that one of these had outlayed $1300 for a 12 week course.[101] Dr Gavin Dawson knew personally of one body-builder who had been on a course of human growth hormone which had cost him at least $1500 and 'There really was not much effect after eight weeks'.[102] Mr Glenn Jones noted that human growth hormone usually cost $1500 for a ten days course.[103]

4.82 Dr Dawson told the Committee that the drugs imported illegally are:

> sold at low prices to professional pushers and also to many gymnasium owners. I know that the situation occurs in many gymnasiums because I have worked-out in many of them, having close bodybuilding connections.
>
> Gymnasium owners can make over $5000.00 a year and the drug pusher up to $50 000. 00 a year all tax free.[104]

4.83 Dr Dawson also commented that the courts appear to take a 'very lenient view' of any offender caught in possession of the drugs,[105] while another submission noted that:

> The legal punishments for people who supply banned substances or prescribed drugs seem inordinately light. Those few 'middle-managers' that are imprisoned may actually be 'in' for very short periods indeed. (time off, early release, 'good' behaviour, etc.)[106]

4.84 The Health Department of Western Australia similarly suggested that the Courts have not usually taken a strong line. The Department described a case in which a man, admitting to supplying anabolic steroids to persons unknown in a gymnasium was found guilty of six charges of supplying without a licence under the Poisons Act. He was fined $25 on each charge. The Department noted that 'with the considerable profits involved it is unlikely that such prosecutions will act as a deterrent'.[107]

4.85 According to the Australian Sports Medicine Federation the enforcement authorities should have their role in drug detection 'extended to involve surveillance of gymnasia and similar venues to attempt to detect and eradicate trafficking in performance enhancing drugs'.[108] The Australian Fitness Accreditation Council, originally established in 1984 through a Federal Government initiative, seeks to implement policies relating to a fitness centre accreditation scheme. The Committee has been informed that the Queensland Fitness Accreditation Council has been examining strategies to licence and accredit fitness centres in Queensland 'in an attempt to protect the public's health by curbing' the sale of banned substances within such centres.[109] The Committee believes that a useful initiative would be to require all gymnasiums to be licensed, a condition of the licence being that anabolic steroids and other drugs not be made available or be admitted on the premises.

Recommendation Eleven

The Committee recommends that the meeting of Commonwealth and State Ministers responsible for sport and health matters proposed in Recommendation One develop a uniform licensing system for gymnasiums and health centres in Australia, recognising that this is a State responsibility. It should be a condition of the licence that anabolic steroids and other drugs not be available,

admitted, or used on the premises and action should be taken to check regularly that the conditions of the licence are being complied with.

Coaches

4.86 While gymnasiums and health clubs are often quoted as avenues through which performance enhancing drugs are distributed, others involved in sport and sports administration may also, on occasion, be implicated. The Australian Olympic Federation, for example, has noted that some athletes are induced to take performance enhancing drugs by coaches.[110] One submission without suggesting that coaches were supplying drugs, commented that:

> with senior coaches [indicating the need for steroids] it is not surprising that young sportspeople should form the opinion that steroid use is imperative to achievement.[111]

Allegations concerning the role of Mr Lyn Jones, the Head weightlifting coach at the AIS, in supplying steroids, are discussed in detail in Chapter Six.

4.87 The Australian Sports Medicine Federation has suggested that appropriate penalties should be defined in relation to athletes, coaches, administrators, health professionals and anyone else encouraging or assisting in the use of performance enhancing drugs,[112] and this is a position that the Committee strongly supports, as has been discussed in Chapter Three.

1. Evidence p. 405
2. Evidence p. 288
3. Evidence p. 1312
4. 'Steroids, the way it is'. The Pump December/January 1987-88, p. 68
5. Evidence p. 248
6. In Camera Evidence p. 712
7. Submission No. 12 Attachment 1 p. 4
8. Evidence p. 199
9. Submission No. 47 p. 4
10. Letter Minister for Justice to Chairman, 7 March 1989
11. Submission No. 15 p. 2
12. Submission No. 15 p. 3
13. Evidence p. 217
14. Evidence p. 1364
15. Submission No. 15 p. 1
16. Evidence p. 751
17. Information provided by Dr Gavin Dawson in correspondence of 21 March 1989
18. B Pulle and B Macdonald, Control of Drugs in Sport In Victoria, The Parliamentary Library Legislative Research Service, March 1989, pp. 4 and 17
19. Submission No, 15 p. 4
20. Submission No, 27 p. 2
21. Submission No. 27 p. 3
22. Submission No. 27 p. 3
23. Letter Minister for Science, Customs and Small Business to Chairman, 7 February 1989
24. Evidence p. 530
25. Evidence p. 556
26. Evidence p. 556
27. Evidence p. 264
28. Letter Minister for Science, Customs and Small Business to Chairman, 7 February 1989
29. Evidence p. 294
30. Submission No. 27 p. 3
31. Evidence p. 34 p. 2
32. Submission No. 15 Attachment 11
33. ACS Manual Vol. 5, 2/6/12(2)
34. Submission No. 15 Attachment 11 and Submission No. 34 Attachment C
35. Submission No. 34 p. 3
36. Submission No. 12 p. 4
37. Evidence p. 29
38. Evidence p. 1880
39. Submission No. 24 p. 11
40. Evidence p. 1308
41. Submission No. 12 p. 2
42. Submission No. 34 pp. 1-2
43. Submission No. 27 p. 2
44. Evidence p. 1308
45. Submission No. 27 p. 2
46. Submission No. 27 p. 24
47. B Pulle and B Macdonald, 'Control of Drugs in Sport in Victoria', The Parliamentary Library Legislative Research Service, March 1989
48. Appendix 3
49. Submission No. 27 p. 5

50. Submission No. 27 p. 7
51. Submission No. 27 p. 5
52. Submission No. 27 p. 7
53. Evidence p. 239
54. In Camera Evidence p. 569
55. Ibid.
56. Evidence p, 206
57. Ibid.
58. Evidence p. 1918
59. Evidence p. 254
60. Dr R O Voy, Clinical aspects of the doping classes, pp. 659-668 in A Drix, H G Knuttgen and K Tittel, The Olympic Book of Sports Medicine, Blackwell Scientific Publications, 1988
61. Evidence p. 1307
62. Ibid.
63. Evidence p. 209
64. Evidence p. 747
65. Evidence p. 1348
66. Ibid.
67. Evidence p. 199
68. Evidence p. 221
69. Evidence p. 231
70. Evidence p. 218 and p. 230
71. Evidence p. 1350
72. Evidence p. 1307
73. Evidence p. 749
74. Evidence p. 249
75. Evidence p. 264
76. Evidence p. 1349
77. Evidence p. 1369
78. Letter Dr A E Dix, Registrar, New South Wales Medical Board, to Secretary, 30 November 1988
79. Evidence p. 254
80. Evidence p. 1365
81. Letter Minister for Justice to Chairman, 7 March 1989
82. Press Release Mr Keith Wilson, Minister for Health, Western Australia - undated
83. Evidence p. 248
84. Evidence p. 1307
85. B Pulle and B Macdonald Control of Drugs in Sport in Victoria. The Parliamentary Library Legislative Research Service, March 1989
86. Evidence p. 1307
87. Submission No. 12 p. 4
88. Evidence p. 288
89. Evidence p. 199
90. Submission No. 15 p. 3
91. Evidence p. 41k
92. Evidence p. 745
93. Evidence p. 199
94. Evidence p. 265
95. Evidence p. 1364
96. Evidence p. 748
97. Submission No. 15 p. 4
98. Evidence p. 750
99. Evidence p. 1364
100. Evidence p. 746
101. Evidence p. 42k

102. Evidence p. 1367
103. Evidence p. 745
104. Evidence p. 1308
105. Evidence p. 1308
106. Submission No. 3 p. 3
107. Submission No. 15 p. 4
108. Evidence p. 249
109. Submission No. 61
110. Evidence p. 288
111. Submission No. 7 p. 1
112. Evidence p. 248