

CHAPTER FIVE

THE AUSTRALIAN INSTITUTE OF SPORT

BACKGROUND

5.1 The Federal Government created the Australian Institute of Sport to provide Australian athletes with:

- . a very high level of coaching with intensive training in conjunction with complementary educational opportunities;
- . world class facilities, the best equipment, sports science and sports medicine back-up; and
- . adequate domestic and overseas travel in order to expose them to the high levels of competition required to achieve superior performance.

5.2 With each of these requirements in mind, the Australian Institute of Sport was established at the National Sports Centre in Canberra.¹

HISTORY

5.3 The Australian Institute of Sport was incorporated in the ACT on 24 September 1980 as a company limited by guarantee. It commenced operations in Canberra in January 1981 with eight sports - soccer, basketball, gymnastics, netball, swimming, tennis, track and field and weightlifting - involving some 155

athletes, 12 coaches and seven administrators. Funding in 1980/81 was approximately \$1 million.

5.4 The Institute has progressively expanded, with more than 300 athletes in 17 sports now part of the resident program, and more than 2000 athletes from 36 sports participating part-time in the National Sports Program. The Institute has over 40 coaches. In 1984 hockey was decentralised to Perth, and in 1985 diving and squash commenced in Brisbane and water polo and rowing commenced in Canberra. Cycling and cricket, both based in Adelaide, were added in 1987 and 1988 respectively. During 1988 canoeing at Maroochydore (and later on the Gold Coast) and rugby union in Brisbane, Sydney and Canberra were included in the program.

5.5 In 1985 the Government decided to make the AIS more accountable by converting it from a company to a statutory authority. The Australian Institute of Sport Act 1986 and the Australian Institute of Sport (Consequential Provisions) Act 1986 established the AIS as a statutory authority with effect from 1 January 1987.

5.6 From 1 July 1986 the Institute had taken over administrative control of the appropriations and staffing of the National Sports Centre, the complex of buildings at which the Institute was based in Canberra, from the then Department of Sport, Recreation and Tourism.

5.7 Since 1 October 1987, the Australian Sports Commission has taken administrative control of the sports functions formerly performed by the Department of the Arts, Sport, the Environment, Tourism and Territories.

5.8 Legislation has recently been passed by Parliament which merges the AIS with the Commission, with the objective of streamlining the Government's administration of sport in Australia and better co-ordinating policies relating to sport.

The common services elements of these two bodies had already been merged on an administrative basis pending their formal legislative union.

ALLEGATIONS OF DRUG USE AT THE AIS

5.9 The first part of this report has discussed in general terms the use of drugs by elite sportspeople and the pressures and temptations they must experience to use any means available to enhance their performance. Given the knowledge that anabolic steroids can produce significant improvements in performance and the widespread belief that qualifying standards set by Australian sporting federations are based on international, drug-enhanced, performances, it is not surprising that rumours and innuendo concerning top athletes abound. For this reason also it is not surprising that allegations have been made concerning athletes at the AIS and the AIS itself.

5.10 A number of allegations that performance enhancing drugs were being used at the AIS had been made publicly before the Committee received its reference. A detailed analysis of these allegations was provided in a confidential part of the submission made to the Committee by the AIS.² The allegations of drug abuse at the AIS have been concentrated on two areas: weightlifting, and track and field. Mrs Gael Martin told the Committee that apart from track and field and weightlifting, she had heard of steroids being used in only one other sport at the AIS, and this was rowing.³ The detailed allegations are discussed in the following chapters of this report. Here it is intended only to refer to some general comments made in evidence taken by the Committee.

5.11 Mrs Gael Martin, who has admitted taking anabolic steroids and has tested positive for these substances on two occasions in two separate sports, told the Committee that when

she was at the AIS she would have estimated that 30 per cent of track and field athletes were using steroids.⁴

5.12 As discussed in Chapter Six, five weightlifters from the AIS have admitted to using anabolic steroids while at the Institute, and have alleged that all weightlifters were using steroids at peak training times. They have also referred to steroids being used by sprinters and throwers,⁵ with one weightlifter (Mr Byrnes) telling the Committee that:

It is pretty common with the hammer throwers or shot putters that they take the gear.⁶

5.13 It should be noted, however, that even athletes who had admitted taking drugs to improve their performance, and who are taking legal action against the AIS, do not necessarily claim that the AIS is unusual. Mr Stan Hambesis, for example, told the Committee that:

even competing at national championships we become fairly friendly with a lot of athletes around Australia and the use of steroids was discussed quite openly ... It would be unfair to say that the Institute was the only place where the steroids were being taken.⁷

5.14 As discussed in the detailed consideration of track and field and weightlifting later in this report, those implicated, except for the athletes who are making the allegations and have admitted to taking drugs to enhance their performance, have denied any involvement in the use of drugs. Athletes not directly involved in the allegations have also made statements supporting the AIS. Ms Jane Flemming, for example, told the Committee she had been at the AIS for four years and she claimed that she had no knowledge of the use of steroids by athletes or of the administration of steroids by coaches.⁸ She said that she did not know that those making allegations about drug use were lying, but said that:

All I can say from my personal experience ... is that I have never been offered drugs and have never seen drugs.⁹

Ms Flemming's knowledge of the integrity of drug testing procedures is discussed in Chapter Seven, from which it will be clear that she had to be aware that at least one athlete associated with the AIS was taking steroids.

5.15 Ms Flemming said that her closest involvement with steroids took place in 1986, after the Commonwealth Games. She described how she:

had a fairly big breakthrough athletically at the Commonwealth Games and this person [from the AIS] just thought because of the breakthrough and because my performance had improved that people may now think that I would be interested in taking some sort of enhancement drug.¹⁰

Ms Flemming also told the Committee how she had spoken to Dr Fricker about drugs and he had said:

You are going to come across it internationally and if you want to know what happens with anabolic steroids and how everything works, come in and make an appointment and talk to me about it ... he was just going to tell me what a steroid does and all that sort of thing, so that I was informed about them.¹¹

5.16 One area of particular interest to the Committee was the extent to which athletes would be using drugs without the knowledge of their coach. Mrs Martin expressed the view that there would be very few athletes taking steroids without the knowledge of their coaches,¹² while Ms Sue Howland thought that:

in the Institute ... there would probably be quite a number of athletes who are taking

[anabolic steroids] without their coaches knowing about it.¹³

This question is discussed in more detail in the following chapters.

5.17 Mr Glenn Jones, told the Committee that:

it became common knowledge that certain coaches at the AIS pushed performance-enhancing drugs to athletes in order to enhance their own reputation for producing winning athletes.¹⁴

RESPONSE OF ADMINISTRATION TO ALLEGATIONS

Introduction

5.18 The attitude of the administration to drugs was discussed by Dr Ken Maguire, who remarked on the fact that the Institute has made very little public comment on issues relating to the use of performance enhancing drugs. He described how, after the subject began to gain public attention during the 1988 Olympics, he was the only person from the AIS to appear on television to talk about it. As a result he was 'rapped over the knuckles' by Dr Ross Smith, Acting Director of the AIS, and was:

subsequently told that [he] must never speak to the press again without [Dr Smith's] permission about anything in relation to drug use.¹⁵

Dr Smith remembered this conversation and said that he had told Dr Maguire that:

it was not appropriate that he comment on AIS policy according to the contract that he had with the Institute.¹⁶

5.19 On television Dr Maguire had said he would not be surprised if people other than Mr Ben Johnson in the 100 metres event were taking drugs. Dr Maguire said:

Dr Smith's comment was, 'How dare you say that?' ... He said 'You could not say that other people in the event could have been on drugs'. [Dr Maguire] said 'I can say that because we know that it is highly likely they were'. He said, 'No, you cannot'.¹⁷

Dr Smith explained that his 'major concern' had been that Dr Maguire was making 'allegations for which he had no substance ... he was just making some suggestions for which he had no basis'.¹⁸

5.20 Dr Maguire indicated his belief that the administration, lacking knowledge of what happens on the international circuit, had an inadequate knowledge of the use of drugs by sportspeople.¹⁹

5.21 More serious, however, was the response of the administration to allegations about the Institute. Dr Ken Maguire described how he told Dr Smith:

'There are athletes at the Institute of Sport about whom we have heard rumours with regard to taking drugs, which you should know about but probably do not'. [Dr Smith] said, 'I do not want to hear about that'. So he was not interested in hearing or following up that sort of information.²⁰

Dr Smith told the Committee that he was unable to recollect this part of the conversation with Dr Maguire.²¹ This is discussed in more detail in Chapter Eleven, dealing with drug testing at the AIS.

5.22 Ms Sue Howland supported the view that the administration of the AIS was unlikely to be aware of athletes using drugs unless it was told. She said that:

members of the administration are so far removed from reality and they have no interest at all in what goes on with the athletes. They sit up in their little area and they do not want to know anything.²²

5.23 Ms Raelene Boyle similarly told the Committee that she did not think Mr Harvey 'really knew what was going on at the Institute'.²³ Although on three occasions she had approached Mr Harvey to alert him to drug usage by track and field athletes at the AIS, Mr Harvey, then Director of the AIS, had never bothered to ask Ms Boyle to substantiate what she felt she knew,²⁴ although Mr Harvey did apparently order that the whole track and field squad be drug tested after one of these discussions, because of his respect for Ms Boyle.²⁵

5.24 Mr Harvey said to the Committee when he appeared before it on 3 April 1989:

as I said when I met with you last time [16 February 1989], I knew very little about drugs in sport, and I still know very little about drugs in sport.²⁶

Despite his statement that this was not a very topical subject in 1987, when he became Director of the AIS, this does not seem a responsible attitude for someone in his position. Moreover, the Committee does not accept that the use of drugs in sport was not a high profile issue in 1987, particularly given the considerable press coverage accorded to Dr Millar's sacking from his position of Commonwealth Games team doctor in February 1986.²⁷ Indeed, in an article in The Australian of 22 February 1986, Dr Cheffers, then Director of the AIS, described how the AIS was spending a great deal of time and effort on research into alternatives for anabolic steroids.

Mr Nigel Martin

5.25 A number of attempts were made to focus the administration's attention on allegations that drugs were being used at the AIS. Ms Boyle's conversations with Mr Harvey have been mentioned. Mr Nigel Martin described a meeting he had on 18 May 1987 with Mr Ron Harvey, then Director of the AIS and with Mr Hobson.²⁸ Mr Harvey had invited Mr Martin to discuss allegations made in an article in Hobart's The Mercury of 11 April 1987. The article had reported Mr Martin making claims that coaches at the AIS were giving steroids to young athletes. At this meeting Mr Martin:

put it to Mr Harvey that the [training system used in weightlifting] demanded the use of drugs. The training loads were so enormous and so unreasonable in human terms, that only through consistent taking of anabolic steroids could the lifter hope even to complete the workloads that were given.²⁹

5.26 Mr Nigel Martin said he described to Mr Harvey allegations relating to the importation of steroids, providing details of the methods used as described to him by former AIS weightlifters.³⁰ According to Mr Martin, Mr Harvey:

seemed happy that all these things had happened before he took over the job ... When I asked him what he would do if anything came of all this, he replied 'I will tell them that you provided me with insufficient evidence'.³¹

5.27 The Committee has been provided by the AIS with a copy of the Confidential notes by AIS Director concerning meeting with Mr Martin, 18 May 1987.³² The notes, written by Mr Harvey, state:

I told Mr Martin that I would need proof of these allegations ... in the form of statutory declarations by any athletes or former athletes involved or other people who could

support his claims. [Mr Martin] said he did not intend to provide this type of information, but was only letting me know for my personal background. I informed Mr Martin that I could not accept the information on this basis as I have a duty to follow up this type of allegation, and on the limited information he has provided me to date during discussion, I would only need to seek an assurance from my weightlifting coaches that drugs were not being supplied or used by our athletes. I said that such an assurance was sufficient in my mind to counteract the hearsay and theoretical information he was prepared to provide.

Subsequent to this meeting with Mr Harvey, and following the threat of legal action by the AIS, both Mr Martin and the Hobart Mercury published retractions of criticisms of the AIS made in the original article.

5.28 The Committee is aware that the meeting with Mr Martin took place at Mr Harvey's instigation³³ and notes Mr Harvey's acknowledgement that he had a duty to follow up such allegations, but it does not believe that his actions following the interview showed a willingness to fulfil this duty. The allegations being made were of the utmost seriousness. To do no more than seek assurances from those against whom they were made that they had no basis in fact was hardly a sufficient response, particularly given that if the coaches had not provided such assurances they would have lost their jobs. Mr Harvey made no attempt to contact Mr Dallas Byrnes or Mr Les Martyn, who had been named by Mr Nigel Martin as people able to support his allegations.³⁴ Mr Harvey told the Committee that this was because he 'did not believe Mr Martin ... and considered him to be a troublemaker'.³⁵ This hardly seems a sufficient reason for not investigating very serious allegations. In short, Mr Harvey appears to have exhibited the utmost complacency.

Inquiry by Institute Solicitors

5.29 The next major allegations made to the administration took place in September 1987 when the AIS was informed that three weightlifters were going to serve writs on the Institute alleging they had been given drugs while at the AIS.³⁶ These writs were served on the same day (30 November 1987) as the ABC broadcast a Four Corners program during which allegations concerning drug use in track and field at the AIS were made.³⁷ During the period 3 December to 8 December 1987 the Institute's solicitors conducted a series of interviews at the Institute involving those named in the Four Corners program or in other allegations. The Committee requested and was provided by the AIS with a copy of the report prepared by the solicitors. After a meeting between the solicitors and a Committee of the AIS, the Institute issued a press statement:

indicating that the material presently available does not support statements made in the Four Corners program and that the Institute will defend the legal actions being taken against it.³⁸

5.30 As has already been stated, the Committee was provided with a copy of the report prepared by the Institute's solicitors. The AIS has asked that this be kept a confidential document. Without going into detail it is fair to say that questions were raised and adverse conclusions reached about the credibility of some of the people interviewed by the solicitors, despite the fact that:

the persons interviewed were not subject in any sense to a hostile interview and where they were pressed on a particular matter, this was done gently and in a way which enabled them to avoid the questions if they wanted to.³⁹

5.31 Mr Ron Harvey told the Committee that the inquiry by the lawyers 'did not come up with any substantive proof that we could take action to sack someone'.⁴⁰ Nevertheless, the Committee is strongly of the view that the solicitors' report should have resulted in further investigations by the AIS. Given the seriousness of the allegations being investigated, the Institute should have been more concerned with getting at the truth, not with just determining whether the threatened actions could be defended. It is noteworthy, for instance, that neither Mrs Martin nor Ms Howland was contacted when the investigation into their allegations was carried out.⁴¹ The Committee takes the view that the press release put out by the AIS following the Board's briefing on the solicitors' report was a totally inadequate response. The lack of interest in following up the allegations is demonstrated by the fact that although the typed notes forming the report were available when the Board was briefed by the solicitor,⁴² no one at the AIS requested the full written report prepared by the solicitors until it was requested by this Committee.⁴³ This was despite the summary used for the briefing including comments such as 'it was likely that the information [Mr Wardle] gave was rehearsed with Mr Jones; Mr Jones' 'Ignorance of [anabolic] steroids programme, dosage rates and side effects does not ring true'; and, of Mr Kemp, 'It is a little difficult ... to accept that a coach in such daily contact with a group of elite athletes would not know very well whether the athletes were self-administering anabolic steroids'.⁴⁴ Further comment on the solicitors' report is made in subsequent chapters.

Public Response to Four Corners Program

5.32 Dr Ken Maguire told the Committee that the content of the Four Corners program broadcast on 30 November 1987 had been known at the AIS the week before it appeared on television. However, Dr Maguire told the Committee that the day after the program was broadcast:

the only person at the Institute who could give a comment to the press was me. Mr Harvey was down the coast and could not get back from the coast; Dr Smith was in Melbourne and could not get back from Melbourne; Dr Fricker was overseas ... I was dragged into administration, told to put on a red Institute jacket, because I do not have one, put on an Institute tie, because I did not have one that day; dragged off to Capital 7 studios and put on the stand to then go on a Willesee program ... defending the Institute ... Then, when I came back to the Institute at lunchtime, who should be walking through the door but Dr Ross Smith ... He said, 'I am just going for a swim'. I said, 'I have just sat for an hour and a half in Capital 7's studios ... I am a part-time employee of the Institute, defending the Institute to the hilt over one of the most serious allegations that could be made against the Institute, and you are going for a swim'. ... He said, 'Well, good day - I have to get there'.⁴⁵

5.33 Dr Smith was unable to recollect this conversation with Dr Maguire and said:

It could have happened but I do not recall that incident because I go running or swimming most days.⁴⁶

Dr Smith also told the Committee that he 'certainly did not know what was on' the program and said:

We had an indication from our solicitors that there was going to be some evidence presented along those lines, but that was all we had ... We probably knew the general thrust of the investigation but we certainly did not know what the program was going to bring out.⁴⁷

In the view of the extreme controversy surrounding the Institute at that time, the Committee finds that Dr Smith's assertions that

he could not recall the conversation with Dr Maguire and that he was not aware of the likely content of the Four Corners program both lack credibility.

5.34 Mr Harvey's recollection was that although the program was broadcast on the Monday night, the story broke earlier, as a result of an article published in the Sydney Morning Herald that morning.⁴⁸ Mr Harvey was unable to get back to the AIS on the Monday morning, and said:

My problem was that I had hit a wallaby on the way home. I was a write-off up the Clyde.⁴⁹

5.35 Dr Fricker said that he was aware of the comments made by Dr Maguire on this matter and thought they were made 'more in jest'.⁵⁰ While this may be true, these comments were not made in jest to the Committee. Moreover, Dr Fricker said that Dr Maguire:

is a very knowledgeable man ... He did start off the sports medicine service at the Institute of Sport and would have been the best person qualified on the day to make a comment.⁵¹

5.36 The Committee has no problems in accepting the comment that Dr Maguire is very knowledgeable and competent but finds it difficult to understand why, in November 1987, Dr Maguire should be the best person available to defend the AIS against allegations relating to drugs, but, in late 1988, he should be reprimanded for making general comments about drug usage not related to the AIS. The Committee is strongly of the view that the AIS needs a senior officer able to present the Institute to the public and who is prepared, when necessary, to explain and defend its activities. It appears to the Committee that Dr Ross Smith, whose responsibility we judge this should be, is either unable or unwilling to undertake this task.

USE OF ANABOLIC STEROIDS FOR MEDICAL PURPOSES

Introduction

5.37 The Committee was informed that two athletes at the AIS, both in their late teens,⁵² were given anabolic steroids 'on medical indication in good faith, with the advice and support of everybody in the Institute'.⁵³ Both these athletes were under the care of Dr Fricker.⁵⁴

5.38 The first of these cases occurred in 1986 and involved an athlete who subsequently went on to represent Australia at Olympic level.⁵⁵ The athlete concerned was suffering 'a chronic degenerative condition associated with overuse of patellar tendons' and was showing no improvement after several months of conservative treatment.⁵⁶ After consultations, described later, the athlete was given 'a short course of low dose oxandrolone (5mgs per day for six weeks)'.⁵⁷

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

as the championships came closer and closer it was quite obvious that his rehabilitation was much slower than one would have anticipated. So at that stage a decision was made ... to commence a course of anabolic steroids to enhance his rehabilitation so he would again be able to compete in the world championships.⁵⁸

AIS Policy on Medical Use of Steroids

Introduction

5.40 Professor Bloomfield, Chairman of the AIS Board, was asked what the Board's policy was in relation to any employee of the Institute who provided any banned drugs. He replied, 'They would be dismissed'.⁵⁹ When asked whether there was any distinction made between the use of banned drugs for medical and performance-enhancement reasons, Professor Bloomfield replied:

On some occasions. For therapeutic use, particularly with a second opinion, yes, we agree that they can be used ... We would have no major problem, provided that it has been fully demonstrated to us that it may be necessary to assist in the repair of some major injury.⁶⁰

5.41 Professor Bloomfield agreed that this distinction between the therapeutic and ergogenic (performance enhancing) use of banned drugs did not exist in writing, but noted that on two occasions it had been implicitly approved by decisions made by the Executive Director or the Acting Executive Director at the time.⁶¹ He also agreed that anabolic steroids are totally banned in so far as high level international competition is concerned, and agreed that they should not be used under any circumstances at the AIS but added, 'you are taking a technical point'.⁶² The Committee notes that technical points may be sufficient to have an athlete banned from competition but, for reasons discussed later, does not believe that this is a technical point.

FIGURE 5.1

DRUGS AND THE AUSTRALIAN INSTITUTE OF SPORT
GUIDELINES FOR STAFF

The following guidelines are for the implementation of the policy statement DRUGS AND THE AUSTRALIAN INSTITUTE OF SPORT.

- (1) The Board recognises that some proscribed substances may be used, or may be contained in substances used, in the legitimate medical treatment of an athlete. Therefore, athletes will be tested for anabolic steroids only unless the Director of the Institute directs otherwise.
- (2) The following sports are considered by the Board to have a higher incidence of drug abuse with anabolic steroids:
 - . rowing,
 - . field events of track and field,
 - . water polo, and
 - . weightlifting.

Athletes holding scholarships in these sports will make up the short list for selection on alternate weeks.

Paper prepared for consideration of AIS Board Meeting on 7 October 1987.⁶³

5.42 The Committee noted with interest a document 'Drugs and the Australian Institute of Sport - Guidelines for Staff' on AIS file 87/0238 at folio 124. (See Figure 5.1) This paper was apparently for consideration at the AIS Board meeting on 7 October 1987 and stated:

- (i) The Board recognises that some proscribed substances may be used, or may be contained in substances used, in the legitimate medical treatment of an athlete. Therefore, athletes will be tested for anabolic steroids only unless the Director of the Institute directs otherwise.

The clear implication of this statement is that, in the Board's opinion, anabolic steroids have no legitimate medical use. It should be noted that the two cases involved in the administration of anabolic steroids took place in October/November 1986 and in March 1987.⁶⁴

5.43 The Committee also noted with interest an article "No Drug Use" at AIS' in The Canberra Times of 28 November 1987. Dr Fricker was quoted in this article as saying of the AIS drug testing program:

We are concentrating on steroids and another anabolic agent because they are two drugs that we are never going to use in clinical practice and they are the big worry with sports.

The article also stated that:

There is a very small range of banned substances stocked on the [AIS] premises (e.g. Sudafed) but this is because there is a clinical and ethical need for them; there is not for anabolics, according to Dr Fricker.⁶⁵

Dr Fricker commented to the Committee in a letter dated 8 May 1989 that this paragraph was not a direct quote, but:

rather an interpretation of what I had said to the journalist ... The message of the paragraph appears to be that anabolic steroids were not stocked on the premises (of the AIS) as there was no foreseen demand for their use.

Consultations

Introduction

5.44 Dr Maguire told the Committee that Dr Fricker would not have prescribed anabolic steroids without authorisation from the administration because of the Institute's stance on banned drugs.⁶⁶ Dr Fricker described in detail how in the 1986 case:

the ethics of taking a course of [anabolic] steroid therapy was considered a matter of concern with respect to the athlete, the Australian Institute of Sport (particularly with respect to its anti-doping rules) and with respect to all staff. For this reason the following protocol was followed. Firstly, the action [of the drug] ... was outlined. The athlete accepted that there were benefits which could be anticipated ... Secondly, a member of senior administration at the Australian Institute of Sport was consulted and his opinion sought as to the possibility of any breach of ethics with respect to this ... anti-doping policy. thirdly, discussion was held with the athlete's coaches, full information was provided to them and their opinion sought. Again, emphasis was given to the ethical questions involved. Fourthly, an outside medical practitioner was contacted ... and an opinion sought ... regarding the questions of any ethical breach being made.⁶⁷

5.45 Dr Fricker emphasised to the Committee that:

The reason I went to all the trouble to ensure that the full, if you like, Ethics Committee was involved ... was to make it quite clear that this was not to be seen as a breach of the code of ethics of the Institute of Sport because we were treating athletes as patients, out of training and competition, and getting

them better so that they could then return to training and competition.⁶⁸

At the time of which Dr Fricker was speaking there was no ethics committee established at the AIS and, had there been one, it is to be hoped that its membership would have been broader than the few people (most of whom were directly involved) that Dr Fricker consulted.

Administration

5.46 The same protocol was used in the second case as in the first. In the first case the senior administrator consulted was Mr Paul Bretell, in the second case it was Mr Ron Harvey. Mr Harvey was apparently contacted by telephone.⁶⁹ Mr Harvey told the Committee that, after being told by Dr Fricker it might be necessary to apply a substance banned under IOC rules, he said:

If, having got a second opinion, medically that is the best way to go, then it is up to you doctors to proceed in that direction, if that is your professional view.⁷⁰

5.47 Mr Harvey was apparently not told at this time that the drugs involved were anabolic steroids. When asked by the Committee if they were anabolic steroids he replied, 'Yes, they were. I have been told that since'.⁷¹ However, at a subsequent hearing Mr Harvey contradicted himself when he told the Committee that the telephone conversation with Dr Fricker 'was to say he had this patient for whom anabolic steroids should be applied for medical reasons'.⁷²

Board

5.48 In his opening statement Professor Bloomfield told the Committee that Mr Harvey, since becoming chief executive officer, had:

done everything humanly possible, in very difficult circumstances. Namely, he kept the Board fully advised on all occasions ... The Board has fully approved of all of his actions and those of his staff.⁷³

5.49 Professor Bloomfield admitted, however, that he had only recently found out about the 1986 and 1987 'legitimate' use of anabolic steroids, saying on one occasion he had been informed 'probably three and a half-months to three months ago'⁷⁴ and on another that he found out 'probably three or four months ago'.⁷⁵ He said that he had not been advised of what dosages had been used.⁷⁶ and noted:

There was no official briefing to me at the board level - but I am not sure what level.⁷⁷

5.50 Professor Bloomfield stated that the Board had not been officially informed of the use of anabolic steroids and, when asked whether it should have been, replied, 'Yes, it should have been'.⁷⁸ Professor Bloomfield also agreed with the Committee that he was concerned that the person responsible for prescribing the anabolic steroids was also the person in charge of the drug testing program at the time the prescriptions were made.⁷⁹

5.51 Mr Harvey said that although he could not recall when he informed Professor Bloomfield of this use of anabolic steroids, it might have been following a meeting held with the doctors in December 1988.⁸⁰ At a subsequent hearing he remembered that:

Following the meeting with the Minister ... and the meeting with the doctors, I rang Professor Bloomfield to brief him on the day's events ... In informing him of the discussion with the doctors I mentioned the two athletes.⁸¹

It was at this meeting with the doctors that Mr Harvey became aware that the Committee might learn that steroids had been used at the AIS for therapeutic purposes. In other words, it appears

that the Board was not informed until disclosure to this Committee was inevitable.

Dr Maguire

5.52 Dr Maguire told the Committee that he was not consulted about the first (1986) case and that he found out about it later.⁸² He said that:

In the first case I found out just in a serendipitous manner; it was just discussed many many months after the event.⁸³

When discussing his involvement with the second case he emphasised that he was informed 'as a courtesy' what was happening and said:

I did not know about the first athlete. I am then confronted with a fait accompli.⁸⁴

When Dr Maguire was asked why he and doctors from outside the Institute were consulted about this matter by Dr Fricker, he said:

I think the aim was to spread responsibility, obviously because of the sensitivity of the issue.⁸⁵

5.53 Dr Fricker's recollections were different from those of Dr Maguire. He described how in relation to the 1986 case 'a discussion was held with my colleague, Dr Ken Maguire, and with an outside medical practitioner'.⁸⁶ He later commented that his 'understanding of it' was that both cases were discussed with Dr Maguire⁸⁷ and said that 'If Ken Maguire believes that he was told in retrospect, I do not know how much retrospect there was'.⁸⁸ At a later hearing Dr Fricker said:

Given Dr Maguire's evidence, I may need to reflect upon it, but at this stage I am still

satisfied with the evidence I have given and I will stick with that.⁸⁹

IOC and National Sporting Federation

5.54 No consultation took place with the International Olympic Committee (IOC), the Australian Olympic Federation or the national sporting federation. Mr Harvey told the Committee that he did not know whether the IOC or other governing bodies of the sport concerned would accept arguments for the use of anabolic steroids for legitimate therapeutic purposes.⁹⁰ When asked whether he would be happy to see the administration of anabolic steroids, subject to the corroborating opinion of two doctors, he said:

I think that is up to the medical profession. I am not competent to answer that.⁹¹

He later added:

I cannot deny an individual person from coming back to health if that is the opinion of two doctors.⁹²

to which Dr Fricker added 'Neither can the IOC'.⁹³

5.55 The IOC 'List of Doping Classes and Methods' makes it quite clear that:

Unless indicated all substances belonging to the banned classes may not be used for medical treatment, even if they are not listed as examples. If substances of the banned classes are detected in the laboratory, the IOC Medical Commission will act.⁹⁴

5.56 Following the hearing at which this matter was discussed, the AIS sought advice from Professor M Donike, Secretary of the Doping Sub-Committee of the IOC. Professor Donike replied that:

If medicaments are prescribed containing substances of the banned pharmacological classes this means that this athlete automatically is not able to compete or, in the case of a treatment during the training period, to train under normal conditions.⁹⁵

5.57 Commenting on the specific cases of the athletes at the AIS, Professor Donike said:

As the athletes did not compete during the treatment and did not participate in the usual training sessions these cases should not be regarded as doping. The question remains open to me if the therapy is adequate.⁹⁶

5.58 Professor Donike also noted that the clause stating that banned substances should not be used for medical treatment was formulated in May 1986 and became effective in December 1987.⁹⁷

5.59 Dr Smith was asked whether the advice received from Professor Donike was given in a personal capacity or on behalf of the organisation of which he is a member. Dr Smith said that the opinions of Professor Donike 'would be representative of the IOC policies'.⁹⁸ However, Dr Peter Fricker, in a file note following his discussion with Professor Donike, noted that:

It was clear that he was providing a personal opinion only as he would like to present these two cases for consideration by the full body of the IOC Medical Commission next week at ... IOC headquarters.⁹⁹

Moreover, when Mr Harvey was asked whether he had obtained the position of the IOC itself on this issue, rather than its medical representatives, he said:

No. The two opinions we have are from Dr Fitch, who signed the statement as the AOF member and the IOC member, and Professor Donike who is the Secretary of the drug sub-

committee of the medical commission of the IOC.¹⁰⁰

5.60 The Committee has since been informed by Dr Fitch that he decided not to present this matter to the IOC Medical Commission for consideration, so that a definite ruling has not yet been made.

5.61 Dr Ken Fitch, Chairman of the Australian Olympic Federation Medical Commission and a member of the International Olympic Committee Medical Commission, concluded that:

The decision to prescribe anabolic steroids in these instances while unwise, a fact acknowledged by AIS officials, does not constitute a doping offence either by the doctor or the athletes concerned.¹⁰¹

5.62 The opinion of the AIS is that the two cases involving the prescription of anabolic steroids do not breach IOC or AOF policies and do not breach the policies of the AIS.¹⁰²

Secrecy of the Decision

5.63 Although the view was taken that the use of steroids for medical purposes was legitimate, those involved in making this decision went to considerable lengths to ensure that it would be kept secret. As has been mentioned already, the Director did not inform the Board of the AIS of what was being done. Moreover, no records were kept of what was being done. Dr Fricker told the Committee:

We had a record at this time, but I did not put these into the patient's records, again for ultimate confidentiality. When the athlete left, those records were disposed of by me.¹⁰³

5.64 Dr Fricker told the Committee that he maintained the right to leave off the medical records of his patients, for the protection of the patient, any particularly sensitive material

and that this would relate to a wider range of matters than just anabolic steroids. He mentioned in particular venereal diseases and the termination of pregnancy.¹⁰⁴ When asked specifically whether a perusal of the medical records would show terminations of pregnancy, Dr Fricker said 'None - if, indeed, they had occurred'.¹⁰⁵ The Committee has examined a number of medical files at the AIS, with the agreement of the athletes concerned, and has seen reference to both venereal disease and pregnancy terminations in those files.

5.65 Dr Maguire confirmed that while Dr Fricker kept his own personal records, there 'was nothing in the hard medical records of the Institute' in relation to the prescription of anabolic steroids to these athletes.¹⁰⁶ Dr Maguire agreed that a deliberate decision was taken, because of the sensitivity of the matter, that no records should be kept.¹⁰⁷ He also commented that

if it were known that the drug was being used with the authority of the administration then that would obviously look particularly bad for the administration.¹⁰⁸

5.66 In justification for this lack of record keeping, Dr Maguire told the Committee:

It is certainly mandatory for true therapeutic agents to be written down on the medical record. However, from a court of law situation, a person remembering that he or she did it in a vocal sense is an adequate reply to that sort of thing.¹⁰⁹

5.67 Mr Harvey informed the Committee that he was not aware of the doctors' decision to dispose of all the records relating to this matter.¹¹⁰ He emphasised that not only did he not know medical records were not kept, but that he, himself, could see no reason for not keeping the records.¹¹¹

5.68 A further example of the action taken to keep the use of steroids as secret as possible is that the normal method for purchasing the drugs was not used. Dr Fricker told the Committee that the steroids were obtained from the pharmacist at Lyneham and that, while the purchasing was normally done through Sister Beasley, in both these instances it was done directly by Dr Fricker. He asked the pharmacist to deliver the drugs directly to himself and did not think Sister Beasley would know about the matter.¹¹² Dr Fricker said:

I just said [to the pharmacist] that we needed these tablets, and you can understand that it is fairly sensitive. I explained the nature of the problem and he said okay, and brought them out and gave them to me.¹¹³

5.69 Dr Maguire had explained that he thought Sister Beasley would have been by-passed in the purchase of the drugs:

Because we have a readout of all the drugs that come through to the Institute, again it would not look good if these particular preparations came through in our computer readout.¹¹⁴

5.70 Mr Harvey told the Committee that he was unaware that the purchase of the anabolic steroids had been carried out in such a way as to ensure that the least number of people possible would know that it had happened.¹¹⁵ The following exchange took place:

Senator Crichton-Browne - Did you know that he obtained the anabolic steroids in such a way as to ensure that the least number of people knew about it, including the normal procedures of the Institute?

Mr Harvey - No, I was not aware of that.

Senator Crichton-Browne - Why do you think he would have done that?

Mr Harvey - I have no idea.

Senator Crichton-Browne - Would it have received your approval had you known?

Mr Harvey - No, I would have seen no reason for that.

Senator Crichton-Browne - Would you have thought it improper to have conducted oneself in that way?
Mr Harvey - Unless Dr Fricker had a good reason.¹¹⁶

5.71 A further aspect of the secrecy surrounding the use of these steroids is that even though the decision was made that it was a legitimate use, extreme lengths were taken to ensure that the athletes concerned were not named. Dr Maguire, for example, said that he thought:

the careers of these two fellows would be ruined, absolutely ruined if [their names] were mentioned ... it would be extremely damning on these two young fellows who, in good faith, have done something, but it would almost totally ruin their careers and their coaches as well.¹¹⁷

5.72 Dr Fricker told the Committee that the sensitivity of the decision was related to the fact that the prescription of anabolic steroids at the AIS 'could be misconstrued and could severely hurt the career of the athlete and the coach, and I suppose others involved in that decision'.¹¹⁸

5.73 It is not clear to the Committee why, if the decision was made in such a way as to ensure that it was consistent with existing doping provisions, anybody's career should be put at risk. The secrecy and sensitivity of the decision suggests that doubts about its probity always existed. The Committee deplores the manner in which this decision was made and the way in which the athletes concerned were left to carry the risk of positive testing.

5.74 It should also be noted that, as will be discussed later, the athletes concerned were not withdrawn from the AIS random drug testing program, which is designed to detect steroid use. This was apparently so as not to draw attention to the fact that they were taking anabolic steroids.

Value of Treatment

5.75 Professor Bloomfield told the Committee that the therapeutic use of anabolic steroids could be justified if it could be fully demonstrated that they were necessary to assist in the repair of some major injury.¹¹⁹ In this context it is of interest to examine the success of the treatment.

5.76 As discussed in Chapter Four, the Committee has received evidence that anabolic steroids have no legitimate medical use. Dr Ken Fitch, Chairman of the Australian Olympic Federation Medical Commission, has commented for example that 'the use of anabolic steroids to treat injury cannot be deemed to be conventional medical practice'.¹²⁰ However, advice was sought from Dr Brian Corrigan, Senior Specialist, Rheumatology and Chairman of the National Program on Drugs in Sport, as to the use of anabolic steroids for the particular conditions of the athletes for whom they were prescribed. Dr Corrigan told the Committee that:

Quite simply they have no role to play at all. It may be that some doctors are so prescribing them but there is no scientific evidence of any kind to support their use. Indeed, a survey of most sports medicine centres in the world would demonstrate that treatment of these injuries requires an active rehabilitative process with no thought of their use.

In addition, a rationale for their use would be difficult to find. There certainly is no direct effect on the healing process itself of any form of sports injuries ...

One further point. It is not at all uncommon to find that people who take anabolic steroids suffer from many more injuries of their musculo-tendinous insertions. One reason advocated for this is the muscular imbalance produced.¹²¹

5.77 Dr Maguire told the Committee that he thought there was 'very little evidence to support a legitimate role' for anabolic steroids in medicine¹²² but added:

The problem though, is that there is absolutely no good hard scientific evidence that it is of benefit but the theoretical evidence that [anabolic steroids] would be of great benefit is enormous.¹²³

He said that the treatment provided to both of the athletes at the AIS 'certainly appeared to be highly successful'.¹²⁴

5.78 Dr Fricker believed that in the case of the reconstructed knee recovery had been accelerated but he was not sure whether there had been any benefit in the first case, involving a degenerative patella tendon.¹²⁵ Professor Bloomfield said that:

It may be that those anabolic steroids were of no value in a knee reconstruction ... I do not know, and nor would any other medical doctor know ... Science is not as simple as that.¹²⁶

This being the case it is difficult to see how Professor Bloomfield's own criterion to justify the use of anabolic steroids, namely that it could be fully demonstrated that they were necessary to assist in the repair of some major injury,¹²⁷ could ever be met.

Implications for Drug Testing Program at AIS

5.79 Dr Fricker, who prescribed the anabolic steroids to the two athletes was, at the time he did this, the officer in charge of the AIS random drug testing program.¹²⁸ He also had power to order targeted tests, although he had never used this power. It was of some interest to the Committee to discover what arrangements had been made to exclude these athletes from the drug testing program. Given that the athletes were taking

anabolic steroids and that the random drug testing program was designed to test for anabolic steroids, it might have been reasonable to exclude them from drug testing for the period they were likely to test positive. This was not done. Dr Maguire agreed that the reason for retaining them in the testing program was not to determine whether they were taking anabolic steroids - which they were - but in order not to draw attention to the fact that they were taking them.¹²⁹

5.80 Dr Fricker told the Committee that one of the reasons for including the administration in the decision making process relating to the prescription of the drugs was to ensure that, if the athletes concerned were selected for testing, they would not be penalised on being found positive.¹³⁰

5.81 Dr Maguire said that if one of the athletes taking anabolic steroids had been selected for the test:

he would still do the test. If the test came back positive, which was likely, a decision would then be made at an administrative level on whether to say, 'We know he was taking it for a legitimate purpose', much the same as Olympic people do, 'and that is acceptable'.¹³¹

5.82 Dr Maguire also commented that because drug testing at the AIS was in-house, 'it is not scrutinised in the sense that if people are found positive on the Institute drug testing, they are not then subject to IOC bans'.¹³² He later commented that:

The testing records probably would have disappeared, but certainly the test would have been done. There is no doubt about that.¹³³

5.83 Dr Fricker disputed that the testing records would have disappeared. He said that the test results would have been given a footnote explaining the positive result.¹³⁴ Had that happened,

some record of the administration of the steroids would also have been kept and:

maybe that would have gone back into the medical file but I would not have liked it being in their medical file.¹³⁵

5.84 Mr Harvey said that he thought that a positive result:

on the practice we have adopted, would have gone to the Board and the Board would have been informed of the circumstances, and the Board's decision would then apply.¹³⁶

As he had not informed the Board in advance that an athlete had been taking anabolic steroids, and as the Board had no policy on this matter, it would appear that the athletes would have been at risk of being thrown out of their sport for taking medications that had been approved by both the Director of the Institute and the doctor in charge of drug testing.

Discussion

5.85 Dr Maguire agreed in response to a question that, irrespective of any medical virtues they may have, it was fundamentally wrong for anabolic steroids to be administered at the AIS to any athlete.¹³⁷ He noted, however, that

The guidelines are very much in a sense, I suppose, related to the performance enhancing aspects of it. The whole area of the so-called legitimate use is an untested area. I think that is why the discussions were held with the administration because that really would appear to contravene the feeling of the stance on anabolic steroid preparations and ... there may have been a medical indication, but the overall feeling at the Institute is that these things should still not be used.¹³⁸

5.86 Dr Fricker, when asked whether he would agree that anabolic steroids should not be used at the AIS under any circumstances said:

I would now, but two and three years ago when we did that I would not have.¹³⁹

5.87 An important issue is the extent to which matters relating to sporting ethics should be determined by the doctors, rather than by the administration. Anabolic steroids are available in Australia on prescription from doctors and it is not surprising that the AIS received the answer 'No' when Dr Fricker asked an outside medical practitioner:

Do you see an ethical objection, or would you raise an objection based on ethical concerns, to us using a short course of low dose anabolic steroid to assist in the recovery of this particular patient with this particular problem?¹⁴⁰

5.88 Mr Harvey told the Committee that when Dr Fricker consulted an outside medical practitioner he understood that it was in relation to the appropriateness of the medical treatment, not the ethics of what was being proposed.¹⁴¹ The following exchange took place:

Senator Crichton-Browne - In fact, Dr Fricker was asking the doctor whether there were any ethical problems. That is why ...

Mr Harvey - It was not put to me that way. It was put to me that it was for medical reasons

5.89 The medical question is quite distinct from the sporting one and the administrators involved in making the decision to use anabolic steroids (Mr Paul Bretell in the first case, Mr Ron Harvey in the second) should take prime responsibility. The response of Mr Harvey that it was a matter for the doctors is unfair to the doctors and to the Institute. If anabolic steroids were allowed to be used by athletes for legitimate medical

reasons while training at the AIS, the whole drug testing program would become unworkable.

5.90 An example of what can happen if banned drugs are allowed to be used for a legitimate medical purpose is provided by the use of beta-blockers at the Los Angeles Olympic Games. Beta-blockers have a legitimate medical use in cases of hypertension but they are used by athletes to reduce heart rate and pre-competition stress, particularly in events such as shooting or archery. At the Los Angeles Olympic Games:

If competitors produced a doctor's certificate stating that they needed [beta-blockers] for health reasons, then they would not be disqualified if drug tests proved positive. However, when urine specimens were screened for these drugs there were several positives in the modern pentathlon contest. To the amazement of the officials, managers came forward with doctor's certificates covering whole teams.

The Secretary General of the world body governing modern pentathlon said that just before the Los Angeles contest he had asked all the team managers at a meeting whether any of their athletes had high blood pressure, and they all said no.¹⁴²

5.91 If anabolic steroids were able to be used for medical reasons any athlete testing positive would be able to find a doctor prepared to testify that the anabolic steroids were taken for good medical reasons. It has already been pointed out in Chapter Four, for example, that at least one Australian doctor sees recovery from 'staleness' in training as a legitimate reason for prescribing these drugs. Moreover, there would be nothing to stop an athlete getting a low-dose course of anabolic steroids legitimately, to help recover from an injury, from topping up the dose being taken by obtaining additional tablets from another doctor on the black market. If anabolic steroids are to be banned, they need to be banned completely in so far as competing

and training athletes are concerned, and their use at the AIS must be viewed as a very serious error of judgement.

ALLEGATION THAT ADMINISTRATION ATTEMPTED TO INFLUENCE EVIDENCE GIVEN TO THIS INQUIRY

5.92 A serious allegation concerning the administration of the AIS was made by Dr Ken Maguire. In a letter to the Committee of 3 March 1989 Dr Maguire described how he and Dr Fricker were called back to the AIS for a meeting with Mr Ron Harvey, Dr Ross Smith, Mr Robert Hobson and Mr David Mazutelli. At this meeting Dr Maguire described how he and Dr Fricker:

were told that the 'doctors' of the A.I.S would be asked to take the blame for alleged problems with drugs usage at the A.I.S. We were asked to state, in front of witnesses, that the A.I.S. Administration, in no way could have any suspicion of possible drug use at the A.I.S. We were told to be very deliberate in giving our evidence to your Enquiry to not implicate any members of Administration.¹⁴³

5.93 According to Dr Maguire this meeting was held just before Christmas,¹⁴⁴ probably on the Tuesday before Christmas.¹⁴⁵ Dr Fricker thought that the meeting was on the Wednesday before Christmas and remembered that he was 'called back to a meeting in Mr Harvey's office at 6pm'.¹⁴⁶

5.94 Dr Maguire described how he:

had an urgent phone call that afternoon from [Mr Harvey's] secretary saying, 'You must be in Mr Harvey's office at 5 o'clock tonight' ... there was no way that I could leave my practice at that particular time ... She phoned me back again and said 'Okay, come after 6'.¹⁴⁷

5.95 Mr Harvey's recollections were somewhat different. He could:

remember calling the two doctors in for a beer at Christmas and what not. Maguire came off the tennis court or somewhere, I think ... It was a social gathering, not one which I would have treated as being an official sort of discussion.¹⁴⁸

At a subsequent hearing Mr Harvey was able to remember that he was going on leave that evening for Christmas and for that reason needed to talk to the doctors that day. He was not sure whether he 'put an urgency on the thing'.¹⁴⁹

5.96 Dr Fricker did not recall this meeting as a social gathering. He said:

Putting it bluntly [Mr Harvey] said, 'Both you and Ken Maguire are in deep shit'. And we thought, 'Oh!' Then he went on to elaborate that he was concerned that there were things that he did not know about ... and he asked us if we would like to talk about any problems that we may have or anything that had not been said to anybody else ... Both Ken and I said, 'Well, there is nothing that you have not heard about'.¹⁵⁰

5.97 Dr Maguire described how:

We [the doctors] said, 'Everyone is aware that there are rumours about drugs that could have been taken ... and that you know about the legitimate use that has been made', and [Mr Harvey] said, 'yes we know about that. But you must, when you go to the inquiry, be very emphatic that the administration at no stage whatsoever had any knowledge of any possible drug use at the Institute of Sport'. We were told to say that emphatically ... That was our directive in front of witnesses. ¹⁵¹

5.98 Dr Fricker similarly said that Mr Harvey made the comment that:

to protect us, you must point out to the Committee that at no time was administration informed of any suspicions you may have had about athletes taking steroids.¹⁵²

5.99 Dr Smith, who was present at the meeting, told the Committee that Mr Harvey:

gave no instructions to myself or others, that I can recall, and has not over the period of time leading up to this drug inquiry.¹⁵³

He later added that:

The major thrust of my recollections of the meeting is that there were problems associated with the evidence with respect to the doctors and our concerns that there were no other instances, about which the doctors knew, of drugs being used at the Institute.¹⁵⁴

5.100 Dr Maguire felt that the doctors 'were being set up' and he told the Committee that he found this 'most unsavoury', especially as the administration knew of the two cases in which steroids had been prescribed at the AIS.¹⁵⁵ Mr Harvey explained that:

perhaps at some stage I have said when we sat down in December that the Committee is not really involved in these things, they are for medical reasons ... I may have said, quite clearly, that these things are for medical reasons and that is why they have not been brought up before.¹⁵⁶

5.101 Dr Maguire told the Committee that the consensus from the meeting was:

that nobody had anything to hide ... But it was the implication that if there was going to

be any blame laid - by blame, whatever you mean - then it would be worn by the doctors, and not by the administration or the hierarchy of the Institute.¹⁵⁷

5.102 Subsequently, Dr Maguire was 'told by the Chairman of the Board that the doctors at the Institute were going to wear the whole responsibility for this'.¹⁵⁸ Mr Harvey, on the other hand, insisted that 'it was not the intention of the meeting at all, or the spirit of this meeting' that the doctors be told to take the blame for what may or may not have happened.¹⁵⁹

5.103 The impression Dr Fricker had at the conclusion of the meeting was similar to that gained by Dr Maguire. Dr Fricker said:

it seemed pretty clear to Ken and I that we had the feeling we were being set up to take all the blame for any of the problems that were about to unfold ... We had the feeling that there was a far distancing sort of process going on and there was one parachute left and, 'I am not going to wear it, so out you go'.¹⁶⁰

5.104 Mr Harvey, who remembered the meeting as 'a general discussion on the inquiry',¹⁶¹ said that he may have 'said that we have problems' to certain individuals, and added, 'In fact, I would have said that'.¹⁶² He explained:

I said something in the context of, 'What we have coming before the Committee is indicating that we have a problem - or you have a problem, or collectively we have a problem'.¹⁶³

5.105 While he recognised the substantial difference between 'we have a problem' and 'you have a problem' he could not recollect which phrase he used. However, he was clear that he would not have said 'They are your problems, not mine' because he does 'not operate in that way'.¹⁶⁴ On the basis of his own evidence about his involvement in the decision to use anabolic

steroids for therapeutic purposes, it appears to the Committee that this is, in fact, the way in which Mr Harvey operates, at least on some occasions.

5.106 Dr Smith's recollections of the meeting between Mr Harvey, the doctors and himself are not supported by other evidence taken by this Committee. The lack of detail and general vagueness in Dr Smith's account are consistent with his poor memory of the discussions he held with Dr Maguire on other occasions, as mentioned earlier in this Chapter. The approach Dr Smith has adopted towards what the Committee believes are very important matters is not what should be expected of someone who is the Acting Director of the Institute and the person in direct control. Moreover, the Committee accepts the evidence presented to it that communication between the management of the AIS and others working there was so poor that the Acting Director probably had very little understanding of what was really happening.

1. Australian Institute of Sport First Annual Report, 1981 p. 10
2. Submission No. 16 Section 5
3. Evidence pp. 574-5
4. Evidence p. 536
5. Evidence p. 665
6. Evidence p. 994
7. Evidence pp. 667-8
8. Evidence p. 1085
9. Evidence p. 1088
10. Evidence p. 1086
11. In Camera Evidence p. 290
12. Evidence p. 537
13. Evidence p. 537
14. Evidence p. 725
15. In Camera Evidence p. 630
16. Evidence p. 2039
17. In Camera Evidence p. 630
18. Evidence p. 2118
19. In Camera Evidence pp. 630-1
20. In Camera Evidence p. 632
21. Evidence p. 2039
22. Evidence p. 572
23. Evidence p. 1725
24. Evidence p. 1716
25. Evidence p. 2129
26. Evidence p. 1904
27. Evidence p. 2077
28. Evidence p. 673
29. Evidence p. 678
30. Evidence p. 680
31. Evidence p. 688
32. Submission No. 16 pp. 86-7
33. Evidence p. 2070
34. Evidence pp. 687-8 and p. 2070
35. Evidence p. 2070
36. Submission No. 16 p. 77
37. Submission No. 16 p. 78
38. Submission No, 16 p. 79
39. Report on enquiry conducted for the Institute from 27 November to 7 December 1987, Mallesons, Stephen, Jacques
40. Evidence p. 1995
41. Evidence p. 587
42. Evidence p. 2121
43. Evidence p. 2122
44. Report on enquiry conducted for the Institute from 27 November to 7 December 1987, Mallesons, Stephen, Jacques
45. In Camera Evidence pp. 656-7
46. Evidence p. 2079
47. Evidence p. 2081
48. Evidence 2081
49. Evidence p. 2079
50. Evidence p. 2080
51. Evidence p. 2079
52. In Camera Evidence p. 688
53. In Camera Evidence p. 696
54. In Camera Evidence p. 573
55. In Camera Evidence p. 574
56. In Camera Evidence p. 687

57. In Camera Evidence p. 688
58. In Camera Evidence p. 574
59. Evidence p. 1881
60. Evidence p. 1882
61. Evidence p. 1882
62. Evidence p. 1912
63. From AIS file 87/0238, folio 124
64. Evidence p. 1973
65. Garry Scholes, 'No drug use' at AIS, The Canberra Times,
28 November 1987 p. D11
66. In Camera Evidence p. 575
67. In Camera Evidence pp. 687-8
68. In Camera Evidence p. 709
69. Evidence p. 1897
70. Evidence pp. 1883-4
71. Evidence p. 1883
72. Evidence p. 2101
73. Evidence p. 1881
74. Evidence p. 1888
75. Evidence p. 1898
76. Evidence p. 1889
77. Evidence p. 1888
78. Evidence p. 1886
79. Evidence p. 1889
80. Evidence p. 1898
81. Evidence p. 2119
82. In Camera Evidence p. 574
83. In Camera Evidence p. 579
84. In Camera Evidence p. 583
85. In Camera Evidence p. 584
86. In Camera Evidence p. 691
87. In Camera Evidence p. 730
88. In Camera Evidence p. 731
89. Evidence p. 2107
90. Evidence p. 1895
91. Evidence p. 1895
92. Evidence p. 2035
93. Evidence p. 2035
94. Appendix 5 of this report
95. Evidence p. 1965
96. Evidence p. 1965
97. Evidence p. 1966
98. Evidence p. 2006
99. Evidence p. 1967
100. Evidence p. 2036
101. Evidence p. 1969
102. Evidence p. 1962
103. In Camera Evidence p. 709
104. Evidence p. 2033 and p. 2068
105. Evidence p. 2069
106. In Camera Evidence p. 579
107. In Camera Evidence p. 579
108. In Camera Evidence p. 581
109. In Camera Evidence p. 590
110. Evidence p. 1886
111. Evidence p. 2030
112. In Camera Evidence p. 718
113. In Camera Evidence p. 719

114. In Camera Evidence p. 601
115. Evidence p. 1886
116. Evidence p. 2030
117. In Camera Evidence p. 667
118. Evidence p. 2029
119. Evidence p. 1882
120. Evidence p. 1969
121. Evidence p. 1918
122. In Camera Evidence p. 577
123. In Camera Evidence p. 577
124. In Camera Evidence p. 578
125. In Camera Evidence p. 703
126. Evidence p. 1911
127. Evidence p. 1882
128. In Camera Evidence p. 720
129. In Camera Evidence p. 578
130. In Camera Evidence p. 694
131. In Camera Evidence p. 575
132. In Camera Evidence p. 575
133. In Camera Evidence p. 596
134. In Camera Evidence p. 711
135. In Camera Evidence p. 711
136. Evidence p. 1903
137. In Camera Evidence p. 581
138. In Camera Evidence p. 582
139. In Camera Evidence p. 707
140. In Camera Evidence p. 692
141. Evidence p. 2101
142. T Donohoe and N Johnson, Foul Play Drug Abuse in Sports, Basil Blackwell, Oxford, 1986, pp. 85-6
143. In Camera Evidence p. 568
144. In Camera Evidence p. 594
145. In Camera Evidence p. 625
146. In Camera Evidence p. 721
147. In Camera Evidence pp. 625-6
148. Evidence p. 1954
149. Evidence pp. 2114-5
150. In Camera Evidence p. 721
151. In Camera Evidence p. 627
152. In Camera Evidence p. 722
153. Evidence p. 1933
154. Evidence p. 2040
155. In Camera Evidence p. 594
156. Evidence p. 1932
157. In Camera Evidence p. 629
158. In Camera Evidence p. 594
159. Evidence p. 2116
160. In Camera Evidence p. 723
161. Evidence p. 1897
162. Evidence p. 1934
163. Evidence p. 1934
164. Evidence p. 1935