THE PARLIAMENT OF THE COMMONWEALTH OF AUSTRALIA

DRUGS IN SPORT

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

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ACKNOWLEDGEMENTS

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

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

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

PREFACE

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

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

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

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

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

It concluded:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

It is also important to note that this inquiry (like all other inquiries by Senate Committees) was required to follow the 'Procedures to be observed by Senate Committees for the protection of witnesses', which were incorporated in resolutions of the Senate on 25 February 1988. These resolutions, which are included as Appendix 3 of this report, require that when evidence which reflects adversely on a person is received by the Committee, the person concerned has to be given an opportunity to respond, also under the protection of Parliamentary privilege. The Committee has been, and still is, following these resolutions scrupulously. In at least some cases, published allegations had never been publicly contested until the Committee called a witness to give him or her the opportunity to respond.

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

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

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

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

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

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

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

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

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

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

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

LIST OF ABBREVIATIONS

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

KEY PARTICIPANTS

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

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

HOLLAND, Ms Maree	Athlete, 400 metres, Olympic finalist 1988.
HOWLAND, Ms Sue	Athlete, javelin, associate scholarship holder, Australian Institute of Sport 1986-1987. Gold medallist Commonwealth Games 1982, Australian javelin record 1986. Tested positive for anabolic steroids at preliminary meeting for Rome World Championships in 1987.
HURST, Mr Mike	Journalist and athletics coach.
IRWIN, Mr M J	Olympic weightlifter 1972-1977.
JONES, Mr Glenn	Powerlifter, Secretary of the ACT Amateur Powerlifting Federation.
JONES, Mr Julian	Weightlifter at Australian Institute of Sport, 1982-1988.
JONES, Mr Lyn	Former head coach for weightlifting at the Australian Institute of Sport.
KEMP, Mr Merv	Athletics coach, Australian Institute of Sport and National Group Director in charge of throwing events, Australian Track and Field Coaches' Association.
MAGUIRE, Dr Ken	Former consultant physician, Australian Institute of Sport.
MARTIN, Mrs Gael	Athlete, shot put, discus, powerlifting, scholarship holder at the Australian Institute of Sport 1985-1986. Gold medals in shot put and discus Pacific Conference Games 1981, tested positive for anabolic steroids, banned originally for life, reduced to 18 months. Silver medal, shot put 1982, bronze medal, shot put, Olympic Games 1984. Gold medals for shot put and discus, Commonwealth Games 1986. 13 Commonwealth records, 20 Australian records, world record for powerlifting (90K and 90+K). Tested positive at Women's World Powerlifting Titles in 1988, for anabolic steroids, given three year suspension.

MARTIN, Ms Lisa	Amateur Athletic Association champion United Kingdom 1981, USA Marathon champion 1984-5, four Australian records, marathon and 10,000 metres 1983-86, Silver medal Olympic Games 1988.
MARTIN, Mr Nigel	Olympic weightlifter between 1970 and 1981, Bachelor of Science degree in biochemistry, published book "The Sporting Revolution", now weightlifting coach.
MILLAR, Dr Tony	Practising physician in sports medicine, and Director of Research, Institute of Sports Medicine, has prescribed anabolic steroids.
MILLER, Mr Brian	Former sport psychologist at Australian Institute of Sport
MOORE, Mr Dene	Committee member, National Program on Drugs in Sport.
PARISI, Mr Gary	Former weightlifter at the Australian Institute of Sport, 1987.
PAPPAS, Mr John	Legal counsel for Ms Martin, Ms Howland, Mr Clark and Mr Hambesis.
ROBERTS, Dr Jean	Assistant Manager, Sports Administration, Australian Institute of Sport.
SCARANO, Mr John	Former financial administrator at the Australian Institute of Sport.
SHEEDY, Mr Jim	Sports Psychologist.
SMITH, Mr David	Walker, Australian 5 km. and 20 km. champion, fastest time ever walked for 20 km., Commonwealth records for all road/track up to 20 kms and 30 km Commonwealth road record. Former scholarship holder at the Australian Institute of Sport, 1983-1988.
TALBOT, Mr Don	Former Chief Executive of the Australian Institute of Sport 1980-1983.
WARDLE, Mr Harry	Strength Coach, Australian Institute of Sport.

WATSON, Mr Alex	Athlete, Olympic pentathlete competitor 1988, tested positive for caffeine.
WEBB, Dr Bill	Chairman, Drugs in Sport Committee, Australian Sports Medicine Federation and Principal Medical Officer, Australian Rowing Council.

Recommendation One (page 28)

The Committee recommends:

(i) that a meeting of Commonwealth and State Ministers responsible for sports and health matters be held to consider matters raised in this report;

(ii) the meeting adopt a definition of doping which relates to the use of any of the substances covered by the International Olympic Committee's 'List of Doping Classes and Methods' and the use of any of the methods identified in that list;

(iii) that the meeting agree that it be a precondition of any sporting organisation receiving public funding that it adopt this definition and be subject to the drug testing arrangements described later in this report; and

(iv) that professional sporting bodies be encouraged to adopt the same definition of doping and to subject themselves to the drug testing arrangements described later in this report.

Recommendation Two (page 29)

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

Recommendation Three (page 76)

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

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

(ii) carry out a survey of community attitudes to the use of drugs in sport and the attitudes and practices of non-competing sportspeople (administrators; coaches, sports scientists); and

(iii) carry out a survey of the attitudes and practices of those individuals and organisations involved in the supply of performance enhancing drugs, particularly doctors, gymnasiums and health food outlets.

Recommendation Four (page 140)

The Committee recommends that the Commonwealth Government:

(i) establish an independent Australian Sports Drug Commission to carry out all sports drug testing in Australia. The Commission should be responsible for developing sports drug policies, conducting relevant research, selecting sportspeople for drug testing, collecting samples, dispatching samples to an IOC accredited laboratory, receiving results, conducting necessary investigations and carrying out the necessary

liaison activities with law enforcement agencies, customs officials and health departments. The Commission should report the results of drug tests to the appropriate sporting federations for the imposition of penalties on athletes, coaches, doctors or officials who use or encourage performance enhancing drugs. The Commission should be required to use protocols at least as stringent as those recommended by the IOC Medical Commission. The Commission should report directly to the Minister responsible for sport and should be required to table an annual report listing all tests carried out, providing comment on any anomalous results and identifying significant developments in Australia and overseas. The Commission should be established to carry out a minimum of 2000 tests a year under the following restrictions;

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

- 300 tests to be carried out on a wide selection of athletes not in the above group during non-competition periods,

- 300 tests to be carried out at competition events, and

- overall, 25 per cent of tests are to be on a strictly random basis of selection;

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

(ii) establish an independent tribunal to adjudicate on disputed drug tests and the penalties imposed by sporting federations on athletes testing positive for banned substances. The tribunal should hear appeals from the Australian Sports Drug Commission, the sporting federations and individual athletes in relation to decisions made in Australia as a result of tests carried out in Australia or internationally. The appeal tribunal should be appointed by the minister responsible for sport and should be completely autonomous, although it could be serviced by the Australian Sports Drug Commission and publish its findings in the annual report of the Commission;

(iii) request the Australian Sports Drug Commission, and the Australian Olympic Federation, to adopt a strong international role in order to take steps to ensure that the Committee's views are presented to major international forums (e.g. Second World Anti- doping Conference in Moscow and the Dubin inquiry) and to promote the world-wide acceptance of mandatory random and targeted drug testing regimes and the development of uniform policies. This is necessary in order to ensure that Australian athletes are not penalised because of Australia's strong stance on this issue;

(iv) require the Australian Sports Drug Commission to closely examine policies relating to the inadvertent use of drugs and particularly the minimum level at which a positive result is recorded for those drugs which need to be taken on the day of competition to have a performance-enhancing effect and which have a legitimate use in medicine;

(v) as an interim measure, and until a fully independent Australian Sports Drug Commission and separate appeals body can be established, increase the funding and administrative independence of the Australian Sports Commission Anti-drug Campaign through immediate incorporation in order to use the organisation established to carry out the testing and appeals for the Australian Commonwealth Games Organisation to take on responsibility for all sports drug testing in Australia. The Australian Commonwealth Games Association selection panel and appeals tribunal should form the basis of the Australian Sports Drug Commission and the appeals body respectively, and should play a major role in their establishment. The membership is as follows:

Commission

Dr Brian Corrigan, Chairman - (Chairman, Committee of the National Program on Drugs in Sport)

Dr Ken Fitch, Deputy Chairman - (Chairman, Australian Olympic Federation Medical Commission)

Mr Steve Haynes, Manager - (Manager, National Program on Drugs in Sport)

Appeals Tribunal

Dr Ken Donald, Chairman - (Deputy Director General of Health and Medical Services, Queensland Department of Health, Chairman of Doping Control Committee for 1982 Commonwealth Games)

Mr Hayden Opie - (Lecturer in Law, University of Melbourne)

Ms Elaine Canty - (Sports broadcaster and lawyer)

Ms Julie Draper - (Co-ordinator, National Sports Research Program)

Recommendation Five (page 143)

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

(i) develop in consultation with relevant sporting organisations appropriate funding and charging policies for the Australian Sports Drug Commission, particularly in regard to professional sports and international competitions in Australia;

(ii) agree that a fixed proportion of all public monies allocated for sports funding be directed to the proposed Australian Sports Drug Commission for testing and other programs;

(iii) investigate mechanisms through which professional sporting organisations can be encouraged to adopt drug testing programs designed by the Australian Sports Drugs Commission and be subject to the decision of the appeals tribunal;

(iv) agree that it be a precondition of any sporting organisation receiving government funding that it adopt standard penalties of a two year suspension from competition for a first offence and a life ban for any subsequent offence; and

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

Recommendation Six (page 155)

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

Recommendation Seven (page 158)

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

Recommendation Eight (page 160)

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

Recommendation Nine (page 173)

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

Recommendation Ten (page 175)

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

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

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

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

Recommendation Eleven (page 180)

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

Recommendation Twelve (page 412)

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

CHAPTER ONE

INTRODUCTION

1.1 The use of drugs in sport is a result of decisions made by individual athletes and their advisers. These decisions are made in the context of prevailing community attitudes and perceptions on a wide range of issues which, in turn, are affected by many factors. Not the least of these are the role played by sport in the national ethos and the complex interrelationships that exist between politics, sport and national prestige. The purpose of this introduction is to provide an historical perspective on some of these issues and to identify the major social and political factors that have helped lead to the development of what is a major problem in sport today.

SPORT IN ANCIENT GREEK SOCIETY

1.2 Athletes selected to participate in the Olympic Games represent an elite among those engaging in sporting activities. They both mirror and internalise the attitudes towards sport current in the society of which they are part.

1.3 Athletes successfully participating in the ancient Greek Olympics were seen by their society as harbingers of good fortune. Their victories were signs of favour from the capricious gods. They not only gained personal prestige, having their names and deeds inscribed in the temples of the polis that sponsored them and having statues made in their image, they also got more negotiable rewards. Large jars of olive oil, cattle, hard coin or even a pension for life provided at municipal expense, were awarded victorious athletes. Like modern footballers they were

often recruited by city-states which were rich but without an acknowledged cultural heritage. To procure winners, towns built luxurious training facilities and provided baths and all-meat diets for their trainees. Sponsors offered huge cash bonuses and bribed judges. Towns holding athletic contests vied for the money tourists spent.[1]

1.4 Even in ancient times elite athletes were given strong economic incentives to succeed. Their trainers developed their own special workouts and diets and athletes ingested substances they believed would augment their physical capabilities. Charmis, the winner of the 200m sprint in the Olympic Games of 668 BC, was said to have had a special diet of dried figs. In Ancient Egypt the rear hooves of an Abyssinian ass, ground up, boiled in oil and flavoured with rose petals and rose hips was the prescription recommended to improve performance.[2]

SPORT IN THE LATE NINETEENTH CENTURY EUROPE

1.5 The notion that the Olympic Games would be the venue where the natural athletes of the world would compete peacefully on the playing field rather than meeting violently on the battle-ground, reflected an attitude towards sport which was current in some circles in the late nineteenth century. Baron de Coubertin, who revived the Olympic Games in 1896 after a gap of nearly 1,500 years, was impressed by the integration of sports into the curriculums of English upper-class preparatory schools. He believed that Anglo-Saxon education produced a balance between educating the body and the mind. Thus he imported into thinking about the Olympic Games the aristocratic perception of the gifted amateur athlete. The most vivid representation of this notion for modern audiences was that conveyed in the recent film Chariots of Fire.

1.6 Baron De Coubertin was also influenced by late nineteenth century liberal internationalism. This movement saw world peace and disarmament as being attainable by rational negotiation between nations in international forums, and gave rise to the Hague Court and eventually the League of Nations. It was responsible for the development of international law and the proliferation of peace societies throughout Europe, Australia and parts of Asia in the period before the 1914-18 war. The modern Olympic Games were conceived as a tool for international relations.[3]

SPORT AND TWENTIETH CENTURY NATIONALISM

1.7 The Olympic Games, however, mirrored the international politics of the twentieth century which were dominated more by the fierce rivalries of nation-states than by harmonious international co-operation envisaged by liberal internationalists. Modern athletes are seen as representatives of their country rather than individual achievers, and their national flag is flown and their national anthem is played as they receive their medals. Hitler's 1936 Berlin Olympics was perhaps the most blatant example of the use of the Olympics to demonstrate nationalist aspirations.[4]

1.8 Today, as in Ancient Greece, the elite athlete is given strong economic incentives to succeed. In giving evidence before this Committee on 21 November 1988, Mr J D Coates, Vice-President of the Australian Olympic Federation, strongly resisted the notion that the Olympic Federation was seeking natural athletes:

> We are way past amateurism. The word does not exist and it has not been in the Olympic charter since 1972. The Olympic Games is all about the high performance athlete, and we are all about providing as much assistance to achieve high performance as possible, which is a long way from just letting someone go out there and run on his natural ability.[5]

1.9 The intense pressure placed on athletes as professional representatives of their nation, combined with the development of medical and pharmaceutical knowledge throughout the twentieth century, led some athletes to experiment with drugs which were perceived to enhance their performance. In the 1904 Olympic marathon at St Louis, Mr Thomas Hicks was helped to victory the use use of brandy and possibly strychnine. Similarly, Mr Dorando Pietri was also suspected of taking strychnine in the 1908 Olympic Marathon in London. Heroin, cocaine and caffeine were widely used, sometimes with fatal effects, and were uncontrolled until the first Dangerous Drugs Act in Britain in 1920 required that drugs such as opium and cocaine be supplied only on prescription. While this reduced the availability of many drugs, many more such as laudanum were available 'over the counter'. The production of amphetamine-like stimulants in the thirties heralded a new era of doping in sport. The development of stimulants flourished during the second world war.[6] The Germans were said to have injected testosterone to improve the aggression of special troops.[7]

SPORT AND THE 'COLD WAR'

1.10 In the 1950s two new elements were introduced into international sport, one political, the other medical. The participation of the Soviet Union in the 1952 Helsinki Games after an absence of forty years, introduced the question of 'state amateurism'. Differences in national socio-economic systems are reflected in the Olympic Games. In the Soviet Union and the nation-states of Eastern Europe, the pattern of social and economic relations is carried out by and for the state; thus the state is the financier. Among nations where the market mechanism prevails, such as the United States, state financing is held to a minimum. In each case the pattern of Olympic financing is handled in a similar fashion. In 1952 these two systems confronted each other at the Olympic Games at the height of cold

war tensions. Many in the west felt that the Soviet and East European athletes were not true amateurs because they were completely supported by their governments. The Soviet Union and East European governments objected to this interpretation, stating that their athletes were employed in other pursuits, military or academic, and in any case received no remuneration for their sport competition and victories. Mr Avery Brundage, the American president of the International Olympic Committee from 1952 - 1972, scoffed at the American objections, and pointed out that most American athletes were actually supported by universities solely for their athletic ability, a system that, according to Mr Brundage, was essentially no different from state support.[8]

1.11 Despite this defence, Mr Brundage's presence as President for the next twenty years reflected the changed power structure in the world, as did the inclusion of the Soviet Union on the Olympic Committee and in the Games. This great-power rivalry remained a factor in the Olympic Games system.[9]

1.12 The question of state amateurism remained. The most common argument for paying athletes for time spent preparing for the Games was that the athlete was 'like a soldier defending his country's athletic reputation'.[10] Even Mr Brundage could not resist some nationalistic sentiment. After the strong Soviet showing in the 1956 Winter Games he warned the United State that if it hoped to meet the Russian challenge it must alter its concept of amateur sports. 'It is against the Olympic idea to throw one nation against another', he argued, 'but we cannot ignore the fact that Russia is putting tremendous emphasis on the development of its athletes'.[11]

1.13 The American response to this challenge was the development of anabolic steroids. While in Vienna in 1956 Dr John Zeigler discovered from the Soviet team's physician that Soviet athletes were using male hormones to increase their weight and

power. In conjunction with the Ciba Pharmaceutical Company, Zeigler developed anabolic steroids for use by weightlifters.[12] Athletes who use steroids do so because they expect to increase their muscle mass and strength.

1.14 The use of drugs in sport increased through the 1950s. In 1958 the American Medical Association surveyed over 400 trainers and coaches and found that over a third had personal experience of stimulants and only 7 per cent knew nothing about them. The death of Danish cycler Mr Knud Jensen at the 1960 Rome Olympics after he had taken amphetamine and nicotinyl tartrate increased pressure on the International Olympic Committee, particularly from the International Federation of Sports Medicine, to take immediate action to ban the use of drugs in sport.[13]

1.15 It was not until after the death of cyclist Mr Tommy Simpson during the 1967 Tour de France, the first doping death to be televised, that the International Olympic Committee took action. The following year they set up a medical commission, introduced anti-doping legislation and random doping tests for all competitions at the 1968 Winter and Summer Olympics. To avoid detection athletes turned to a much wider range of drugs.

1.16 Steroids were not among the drugs banned in 1968. The technology to test for them had not been developed until the Commonwealth Games held in Christchurch, New Zealand, in January 1974. They were then added to the banned list by the International Olympic Federation.[14]

AUSTRALIA AND INTERNATIONAL SPORT: THE MONTREAL OLYMPICS, 1976

1.17 The full implications of Australia's lack of financial support for international sport were not fully brought home to the Australian public until the 1976 Montreal Olympics. The Melbourne Herald of 22 July 1976 contrasted the meagre funding

and facilities available to Australian athletes with those provided to athletes representing other countries. It reported Australian water polo coach Tom Hoad as saying:

> ... you won't find many from Australia there in future Olympics without an acceptance that the Olympics are now professional.
>
> We can join the system and compete on something closer to equal footing. Or we can stay amateur and forget about medals ... Everybody is putting 10 times as much money into winning as Australia.

1.18 The defeat of swimmer Mr Stephen Holland, who gained third place in the 1500 metres freestyle on 21 July, prompted the Australian to predict that it would be 'certain to trigger a series of bitter recriminations against the Australian sporting establishment'. Experienced Australian athletes, it reported, complained that the establishment was 'isolated from the mainstream of world sports, ... parsimonious restrictive and obsolete'. It quoted Mr John Coates, the then manager of the rowing team as saying: 'If we do win through to a gold medal then will be almost in spite of the Olympic Federation'. Referring to the use of steroids and red blood cell transfusions by East German athletes the Australian said:

> Australian athletes want no part of this system, but when this Olympiad is over they will speak out on the need for more imaginative sporting associations, and a totally recast Olympic Federation that is aware of the intense training methods used abroad.
>
> They want the sporting establishment to arrange training camps, to be more aggressive in using money to fund overseas competition trips.[15]

1.19 Mr Syd Grange, then Vice-President of the Australian Olympic Federation and secretary of the Australian Swimming Union, laid the blame on the lack of large-scale funding either

from governments or sponsors.[16] Federal Cabinet Ministers had taken time off to watch Mr Stephen Holland's race on television, reported the Sun Herald on 25 July, in the vain hope that his win would take the heat out of 'the growing public disquiet at the dramatic decline in Australia's Olympic performances'. On 20 May, it pointed out, the Treasurer had foreshadowed the establishment of a sports review Committee to investigate ways of Government support for Australian sport, and the then Minister for the Environment, Housing and Community Affairs, Mr Newman, had recently revealed that his Government was studying ways of injecting more money into sport and looking at plans to sponsor a national sports institute. Only 20 of the 250 Australian contingent appeared at a meeting with then Australian Prime Minister, Mr Malcolm Fraser, when he appeared in Montreal, and the reception 'turned into a debate with the Prime Minister arguing against regimentation and an over-emphasis on winning', reported the Australian on 26 July 1976.

1.20 The Federal Government announced that it would hold an official inquiry into Australia's performance at the Montreal Olympics and would require the Australian Olympic Federation and the Australian Sports Council (the body responsible for advising the Minister for Tourism and Recreation on sporting matters) to supply extensive reports on what went wrong, reported the Australian on 27 July 1976. The Duke of Edinburgh, speaking on a Canadian radio station, criticised this decision by the Australian Government as 'deplorable' and 'pathetic'.[17] The proposed inquiry was abandoned in favour of a broader inquiry into welfare services and community-based programs in health, welfare and community development.[18]

1.21 A foundation comprising representatives of 26 Australian sports organisations represented at the Montreal Olympics was established at a meeting in Sydney on 8 September 1976. Its aim was to secure funding for better training facilities for future Olympic Games teams.[19] The following month the establishment of a

sports medicine clinic in Adelaide was announced. It was modelled on the Lewisham Hospital Sports Medicine Clinic, opened in Sydney in 1972.[20]

1.22 While all the newspapers commenting on the Australian presence at the Montreal Olympics over the period from late April to late September 1976 expressed disappointment and even alarm at the team's poor medal tally, they all blamed the structure and funding of sporting activities in Australia. As Mr Terry Vine, a Courier Mail journalist covering the Games in Montreal concluded:

> ... change is coming. Revolution is on the way, a quiet revolution that has an ominous message for the government. The three million sports people in Australia are gradually banding together ... They are paying something like $35 million a year in sales tax on sporting goods in this country and they are now thinking in terms of getting some of that back ... But government aid is only part of the problem. The Federal Government could pour $100 million a year into sport for the next four years and apart from providing excellent facilities, which we sorely need, it would achieve very little.
>
> The other part of this problem is the administration of the sports themselves. That, too, must be revised on professional lines. The truly amateur days are gone forever. The quicker we realise that, the better.[21]

SPORT AND INTERNATIONAL RELATIONS: THE MOSCOW OLYMPICS, 1980

1.23 The inappropriateness of Baron De Coubertin's liberal internationalist vision of the Olympic Games in the second half of the twentieth century was forcefully brought home to the Australian public by the 1980 Moscow Olympics. The intense public debate engendered by the Australian government's attempt to involve Australian athletes and sporting organisations in a US-led boycott in protest against the Soviet invasion of Afghanistan, demonstrated clearly the extent to which the modern

Olympic Games had become a part of international politics in general, and of great-power rivalry in particular.

1.24 On 23 May 1980 the Australian Olympic Federation voted 6-5 in favour of attending the Games, although it told individual competitors that they could withdraw if they wished. Several leading athletes and a number of major sponsors did boycott the Games, but eventually 127 athletes and approximately 46 officials attended.[22] Australians won two gold, two silver and five bronze medals, despite the tensions and uncertainty which proceeded their departure for the Games.[23]

1.25 Although testing of athletes at the Games revealed no incidents of drug taking, the chairman of the medical commission told a press conference that the technical impossibility of testing for testosterone cast doubt on these findings. He admitted that many athletes may have temporarily discontinued the use of anabolic steroids during the Games.[24] The Bulletin of 5 August 1980 described the 1980 Games as 'the Junkie Olympics' Mr Robert Darroch commented:

> There is hardly a medal-winner at the Moscow Games, certainly not a gold-medal winner, who is not on one sort of drug or another: usually several kinds. The Moscow Games might as well have been called the Chemists' Games, for in many events it will not be the athlete who is naturally the strongest or fastest who wins, but the athlete with the best bag of drugs. ... The Moscow Olympics have brought the scandal of drug-cheating out of the locker rooms and into the open, or at least into the shadows of the daylight.

THE AUSTRALIAN INSTITUTE OF SPORT

1.26 The poor performance of Australian athletes at the Edmonton Commonwealth Games in 1978, at least as measured by the medal tally, had given additional impetus to political pressure to improve funding and facilities for elite athletes. The

establishment of a sports training institute was the solution most favoured. This goal was finally realised when the establishment of a National Sports Training Institute in Canberra, was announced by the then Minister for Home Affairs, Mr Bob Ellicott, on 25 January 1980.[25]

1.27 The Australian Institute of Sport 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. Mr Don Talbot was appointed as the first Executive Director and he took up the position in October 1980.

1.28 The establishment of the Institute was intended to place Australian athletes in a position to compete successfully in international events. Involvement in international competition, however, meant that they had to reach performance levels set internationally. It appeared to many athletes and coaches that such levels, particularly in power events, were being attained only by the use of drugs. The onus was on the Institute to assist their athletes to achieve these standards by other methods.

DRUG CONTROL

1.29 Mr John Coates, Vice President of the Australian Olympic Federation, told the Committee on 21 November 1988 that it would be futile to expect countries to abandon doping unilaterally. An analogy was drawn with international disarmament. He believed random testing for drug use was necessary both at the time of international events and in the period leading up to them. Constitutional guarantees of civil rights in countries like the USA have the potential to make the enforcement of random testing by the International Olympic Committee extremely difficult.[26] A decision by a Californian court in 1988, for example, found that the Californian Constitution's provision of 'an inalienable

right' to privacy prevented the National Collegiate Athletic Association from enforcing its drug testing program on athletes at Stanford University. If confirmed in the Californian Supreme Court this decision, while not setting a precedent in other states, would certainly be referred to in appeals in other states.[27] In Australia this problem is handled by having athletes selected to compete sign an agreement permitting the tests to be carried out and the results to be communicated to the sporting Federation.

1.30 Just as was the case with Olympic athletes of Ancient times, modern elite athletes are admired and emulated by the society which has produced and assisted them. The Olympic Federation is acutely aware of the social impact of drug-taking among its national heroes. As Mr Coates told the Committee:

> Our athletes that we take to the Olympics are the role model for young children in sport and I think it would be very wrong for us to give any imprimatur to the use of drug taking in sport when every little kid was glued to the television for 18 hours a day and might choose to take up sport because of what they had seen Duncan Armstrong achieve and if they believed that Duncan Armstrong achieved that with the use of drugs, then they might willy-nilly follow suit. We have got a great responsibility in that area.[28]

1.31 Elite athletes, however, are not just leaders of public opinion, they also mirror it. Thus in any society which values winning at any cost, and in which the use of drugs for recreational and other non-medical purposes is widespread, the pressures on individual athletes to improve their performance by any means available will remain intense.

1.32 The dilemma confronting modern athletes was clearly stated by Mr Charlie Francis, coach of banned Canadian sprinter Mr Ben Johnson. Speaking before a Canadian inquiry established after Mr Johnson had tested positive for steroids following his

gold-medal win at the Seoul Olympics in September 1988, Mr Francis said that he believed all the world's athletes, even those who had used drugs, would like to see sport free from them:

> They didn't do it by choice, they did it under pressure because it's clear steroid use is extremely widespread and athletes can't achieve top performances without taking steroids. All the athletes of the world would like a level playing field.

1.33 Drawing an analogy between great-power confrontation and sport he added:

> The United States and the Soviet Union cannot have disarmament talks if they both deny they have any nuclear weapons. Somehow it has to come out on the table and people have to recognise what's going on out there ... admit that the levels of performance that are going on are not possible without performance-enhancing substances, and get on with the process of trying to make some changes.

1.34 Verification for 'drug disarmament' was a great problem as testing after competitions is currently inefficient and ineffective,Mr Francis believed. For Canada to institute random testing on its own athletes while other nations continued cheating would invite 'the athletic equivalent of being nuked. You don't remove your nuclear weapons and hope that everyone else will follow suit', he told the inquiry.[29]

1.35 Any solution to the problem of drugs in sport must look beyond the small group of elite athletes and attempt to deal with current attitudes towards sport, and towards the use of drugs to solve problems and achieve goals, in society as a whole. In particular it must take note of the role that the media, politicians and sports administrators play in articulating and giving effect to these attitudes, not only in Australia but in all countries involved in top-level international competition.

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CHAPTER TWO

GENERAL ISSUES

PROBLEMS IN DEFINING DOPING

Introduction

2.1 The use of performance enhancing drugs in sport (doping) goes back many years, even in Australia. Mrs Gael Martin told the Committee of a weightlifter who first started taking steroids in 1956 and a high jumper, from Melbourne, who first took anabolic steroids in the early 1960s.[1]

2.2 Doping has been perceived as a problem for over 30 years. Some attempts have been made, with varying degrees of success, to curb the use of drugs in sport by government and non-government authorities, and at the national and international level, over this period. However, if doping is to be treated as an offence it must be clearly and carefully defined in a precise and unambiguous way. The 1988 World Conference on Antidoping, for example, concluded that:

> A clear unequivocal definition of doping should be developed which reflects an appreciation of medical/clinical, scientific/ analytical and ethical considerations.[2]

2.3 The Australian Weightlifting Federation has pointed to the problems of defining doping, which it described as a 'multifacetted problem'. The Federation suggested that many of the definitions used by sporting authorities can be criticised for being 'too general, confusing, limited and open to various

interpretations'.[3] One problem is that many substances are taken to improve performance, but the use of only some of these substances is considered doping.

Policy Issues

2.4 The National Program on Drugs in Sport told the Committee that the policy of the International Olympic Federation is:

> to prevent the use of those drugs which constitute dangers when used as doping agents and to ban only those drugs which can be unequivocally detected in urine samples by suitable analytical techniques.[4]

2.5 There appear to be problems with both of the principles raised in this policy. Preventing the use only of those drugs 'which constitute dangers' when used to enhance performance would seem to leave considerable scope for legal argument as to whether a particular drug does pose a danger. The policy would also seem to allow, or at least 'not prevent', the taking of performance enhancing drugs known to be safe.

2.6 The question of whether only dangerous drugs should be banned is an important one. Mr Merv Kemp, Throwing Coach at the Australian Institute of Sport, informed the Committee, for example that:

> There are ergogenic aids alternative to the dangerous hormonal substances used by some athletes. While these aids may not be as efficacious in the short run as steroids they could provide longer term benefits without the health risks. Some exploratory work in the area has been undertaken at the Australian Institute of Sport where the throwing squad has worked with the sports scientists in looking at the role of amino acids and inosene as agents which aid recovery from hard training. Such substances can be legally used

> and have no harmful side effects. Further experimentation in this area is required and should be backed with the resources needed to continue this work.[5]

2.7 The Australian Institute of Sport itself informed the Committee that its Sports Science and Medicine Centre is investigating 'legitimate means to enhance performance', including the effect of food supplements, vitamins and minerals.[6]

2.8 Banning only those drugs whose presence can be detected may seem reasonable, given that evidence is required that an offence has occurred. It does raise questions, however, as to whether all dangerous, performance enhancing drugs can be detected, and as to whether those that cannot be detected can be legally taken.

2.9 Methods that cannot be detected by urine tests are covered by some definitions of doping. Dr A P Millar said that doping is best defined as the use of any of the following to improve performance:

- any substance not normally present in the body;
- any substance normally present in the body but taken in abnormal amounts or by an abnormal route; and/or
- any abnormal mechanism which can be used to improve the athlete's physical and psychological capabilities.[7]

'Abnormal' mechanisms could include, for example, blood doping, or even hypnosis. It might also include extreme dietary practices, such as the use of near starvation to delay the onset of puberty in gymnasts.

2.10 There should be no problem, apart from technical difficulty, in detecting the presence of substances not normally present in the body, but the second and third categories of

Dr Millar's definition would appear, in at least some cases, to present difficulties of detection. It is interesting that the working definition of doping adopted on 21 April 1986 by the International Olympic Federation and which was valid for the 1988 Olympic Games says that:

> Doping is the use made of substances belonging to the groups of prohibited agents, but also the taking of illicit measures such as blood doping.[8]

2.11 This definition was accompanied by a list of groups of agents and prohibited methods (see Appendix 5) but it also explicitly mentions blood doping, a form of doping which involves the transfusion of blood into an athlete to enhance oxygen carrying capacity and which is, as yet, impossible to detect by the presence of a banned substance in an athlete's system.[9] Ms Lisa Martin, for example, told the Committee that:

> Anyone who is blood doping now in the marathon has no fear of being caught because there is no test, that I am aware of.[10]

Research directed towards developing methods for detecting blood doping is discussed later.

2.12 Dr Millar mentioned blood doping in discussing 'abnormal mechanisms' but he also pointed to the difficulty of defining what is abnormal by discussing weight training. He said that:

> There is no relationship between weight-training, that is the lifting of weight up and down from the ground and above the head, and the running mechanism which is a series of forward jumps without carrying any weight and yet we have ... come to accept weight-training as a normal part of the athletic development. The mechanism itself is totally foreign to all sports except weight- lifting. If we are to accept weight-training as a form of activity which leads to increased muscle development, should we not then accept preparations such as

> anabolic steroid where the same results are achieved.[11]

The Committee rejects this view as extreme. All sports involve a combination of skill and strength. To the extent that weightlifting can improve strength (or power) without providing any loss of skill, it is a legitimate form of training. Nevertheless, the Committee accepts Dr Millar's point that there is no hard and fast rule between what is normal (or appropriate) and what is not.

2.13 The concept of doping as including mechanisms used to increase psychological capabilities was also embodied in the definition of doping put forward by the Council of Europe in 1973. This suggested that:

> a number of psychological means aimed at improving performance should also be considered doping.[12]

Psychological means would include the use of hypnosis.[13] Such mechanisms are not banned now and it is not clear how the past use of psychological means could be detected.

Doping As Substances Which Have Been Banned

2.14 In 1985 the Council of Europe admitted that it is difficult to produce a definition of doping that covers all aspects of the problem and concluded that:

> Doping in sport is the illicit use made of substances or categories of substances which have been banned by the sports bodies concerned.[14]

2.15 This has the advantage of being clear and unambiguous. If a banned substance is detected it is clear that doping must be considered a possibility. It is important that this definition mentions the illicit use of substances. Dr Millar has stated, for

example, that 'as far as the International Athletic Unions are concerned it is not the taking of the drug that is the crime, it is being detected that constitutes the offence'.[15] He used the example of an athlete not being allowed to take alcohol before an event 'even if it is part of his normal food' whereas it is permissible:

> to have a scotch or two the night before to enable them to sleep better in the belief that will enhance their performance the following day.[16]

2.16 This argument is more serious in the case of anabolic steroids where athletes may take drug combinations according to a specific regimen designed to minimise the risk of detection.[17] If the offence is to be the use, rather than the detection of drugs, random testing, including testing outside of the competition period, is essential.

2.17 One problem with a definition based on a list of banned substances or classes of substances is that different sporting bodies may take different approaches. What is considered doping in one sport may be acceptable in another. An example of this situation was provided in the 1988 Tour de France. The Spanish cyclist Pedro Delgado tested positive for a substance banned by the International Olympic Committee. Because this substance was not banned by the International Cycling Union, no penalty was imposed.[18]

2.18 A further problem with defining doping in terms of a number of prohibited substances is that the list of banned substances will inevitably be incomplete and out of date. A fairly common view is that:

> the pharmaceutical industry will continue to manufacture new drugs and remain one step ahead of technological advances in drug testing. Sophisticated methods will be

> developed to counteract or prevent a positive result.[19]

2.19 Ms Sue Howland pointed to a problem facing athletes as a result of these pharmacological developments in saying that:

> When you are on the normal (sic) tablets, everyone knows you take such and such, but now with new things being made ... they have no idea what the side effects are and very small amounts are needed.[20]

2.20 The situation is made more difficult by the fact that many of the new and more sophisticated drugs may be genetically engineered versions of naturally occurring substances which will always be present to a greater or lesser amount in the system of all athletes. Among those drugs which 'will constitute the greatest future challenge in the area of sports drug testing'[21] are human growth hormone, endorphins (to control and manipulate the pain barrier), prostaglandins and various growth hormone stimulators.[22]

2.21 This problem of technological developments outdating doping definitions and procedures is familiar to sporting bodies. The reason that the doping definition of the International Olympic Federation is based on the banning of pharmacological classes of agents is that it:

> has the advantage that also new drugs, some of which may be especially designed for doping purposes, are banned.[23]

2.22 The International Weightlifting Federation Medical Committee and Special Doping Commission, which also recognises this problem, is:

> constantly looking beyond the horizon for problems and situations that may arise in relation to the use of doping agents and attempting to deal with the situations in the embryonic stages before they become more difficult problems to control.[24]

State Of Mind

2.23 Defining doping as an offence relating to the use of certain named substances or procedures suffers from the further difficulty that it ignores the circumstances under which the substance detected came to be in the athlete's system. Allegations made during the 1988 Olympic Games demonstrate that this is not a trivial matter. The situation in which an athlete has taken a substance with the intention of improving performance is clear cut but:

> if the presence is the result of a prescription or dispensing error, ignorance or inadvertence on the part of the athlete, or even the deliberate doping of the athlete by someone wishing to have the athlete apprehended, should the verdict be the same?[25]

The question of intent is discussed more fully in the next chapter, describing appeal mechanisms.

Discussion

2.24 The issues involved in defining doping are clearly complex. Nevertheless, in the interest of fairness and of athletes knowing where they stand, clear statements are required of what constitutes an offence.

2.25 There are inevitably grey areas, particularly when the practices involved are not strictly pharmacological. The Australian Rowing Council, for example, expressed concern over:

> Unphysiological and unnatural practices such as inappropriate nutrition, overuse of vitamins and 'energy foods' and fluid restriction.[26]

2.26 Moreover, there is the question as to whether the direct injection or ingestion of a substance is different from the use of a drug to increase the body's own production of the same substance. A submission from the Royal Brisbane Hospital Foundation, for example, noted that:

> the Australian Institute of Sport is investigating safe, legal pharmacological ways to enhance endogenous growth hormone production and thus performance, whereas the potentially hazardous administration of growth hormone is not allowed by ethical sports organisations.[27]

2.27 Mr Merv Kemp, in talking about these experiments, particularly the use of amino acids, which he pointed out are 'just part of food products', said that:

> It does not seem to me to be terribly much different, really, from taking steroids or vitamins. The question is where do they draw the line.[28]

2.28 While this attempt to find substances to increase performance is seen by the AIS as ethical, it is interesting that Dr Webb, Chairman of the Drugs in Sport Committee, Australian Sports Medicine Federation, is of the opinion that:

> the use of amino acids falls squarely in the doping category now because by definition you are using an artificial method, you are using artificial substances, with the pure intent of increasing performance and the whole core of the definition is intent.[29]

2.29 Dr Webb's views appear to be in line with those of the International Olympic Committee 1987 List of Doping Classes and Methods which states, in relation to steroids, that:

> It is well known that the administration to males of Human Chorionic Gonadotrophin (HCG) and other compounds with related activity leads to an increased rate of production of

> androgenic steroids. The use of these substances is therefore banned.[30]

2.30 The question of why certain substances, such as amino acids, should be permitted, but others, such as anabolic steroids are banned, is an important one. The Committee takes the view that substances which can damage the health of those taking them should be banned. Substances such as amino acids do not pose any health risk and, even if they were capable of improving sporting performance (which the Committee does not believe), there is no reason for preventing their use. Difficulties may arise with newly-developed substances, whose health risk has not been properly assessed. When a substance has any major physiological or ergogenic role as distinct from a purely nutritional effect, the Committee believes that it would be appropriate for sporting authorities to ban it from being used until longer-term tests had been conducted to demonstrate the lack of harmful consequences. This is because side effects may not manifest themselves until years after the drugs have been taken.

2.31 For the purposes of the report, doping will be taken to be the use of any substance covered by the International Olympic Committee's 'List of Doping Classes and Methods'. This document, which is reproduced as Appendix 5, defines the classes of banned drugs and gives an indication of why the different classes are used. However, as discussed in the next chapter, this Committee believes that actions taken as a result of the athlete being detected using these substances should be subject to an appeal mechanism which considers matters such as inadvertent use and intent.

2.32 Defining doping as the use of prohibited substances places great emphasis on the role of a drug testing program to detect banned substances. This is discussed in detail in the next chapter, along with the complications caused by the fact that not all banned substances are detectable.

2.33 Five doping classes are recognised by the International Olympic Committee.

1. Stimulants, which are used at the time of competition, increase alertness, reduce fatigue and may increase competitiveness and hostility. Amphetamines are the most notorious of the stimulants, but also included in this category are substances such as pseudoephedrine which are present in cold or hayfever preparations. Caffeine is another stimulant, which is discussed further below.

2. Narcotic analgesics such as morphine and its derivatives are used to manage pain. They have been used in sports such as boxing and cycling.

3. Anabolic steroids are related in structure to the male hormone testosterone. They are used to increase muscle bulk, strength and power. They promote muscle development (the anabolic action) but cause associated androgenic changes (the development of secondary sex characteristics). Anabolic steroids are not taken at the time of a competition, because their major benefits relate to the pre-competition, training phase. For this reason drug taking at competitions is unlikely to provide an accurate estimate of the extent to which they are being used. Anabolic steroids are now the most commonly used sporting drugs and they are used, to a varying extent, in most sports.

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

these all require relaxation and the attention to be focused on the skill required.

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

The health risks involved in using these kinds of drugs are discussed later in this chapter.

2.34 While in general the use of any of the substances included under these classes is banned, in the case of caffeine (listed under stimulants) the definition of a positive depends upon the concentration in urine exceeding 12 micrograms/ml. At present the main problem with these doping classes appears to be with anabolic steroids. An estimated 70 per cent of positive tests from the 18 accredited IOC laboratories throughout the world are for anabolic steroids. The use of stimulants is seen to have been virtually eliminated because testing is simple, cheap and accurate.[31]

2.35 In addition to the drug classes which are banned, there are three classes of drugs subject to certain restrictions:

- alcohol;
- local anaesthetics; and
- cortico-steroids.

Alcohol is not prohibited by the IOC but alcohol levels may be determined at the request of an International Federation. Some local anaesthetics are permitted, but only when they are medically justified. In this case the details of the diagnosis, dose and route of administration must be submitted immediately in writing to the IOC Medical Commission. The use of cortico-

steroids are similarly subject to a team doctor giving written notification to the IOC Medical Commission. They are used as anti-inflammatory drugs which also relieve pain.

2.36 The methods which are banned fall into two classes. First is blood doping, the administration of blood or related products to an athlete. The blood may be taken from the athlete or from someone else and is intended to improve performance by increasing the oxygen carrying capacity of the blood. Second is the use of substances and methods which alter the integrity and validity of urine samples used in doping controls. These would include, for example, urine substitution and/or tampering, catheterisation and the inhibition of renal excretion e.g. by probenecid and related compounds. Probenecid, for example, can decrease the concentration of anabolic steroids in urine by up to 99 per cent by slowing down its excretion from the kidneys.

2.37 In the interest of fairness and in order that all sports people know what they may and may not take, it is desirable that a single definition of doping be agreed to by all sporting organisations. Without this uniformity it will be possible for rules to be manipulated to the advantage or disadvantage of particular sportspeople or organisations. As a first step in achieving this uniformity it should be possible to ensure that all sporting organisations receiving government funding be required to adopt a standard definition. The need for co-ordination of policies and practices is apparent in relation to many of the matters considered in this report. A meeting of Commonwealth and State Ministers responsible for sport and health matters would be the appropriate mechanism for developing this co-ordinated approach in the first instance.

Recommendation One

The Committee recommends:

(i) that a meeting of Commonwealth and State Ministers responsible for sports and health matters be held to consider matters raised in this report;

(ii) the meeting adopt a definition of doping which relates to the use of any of the substances covered by the International Olympic Committee's 'List of Doping Classes and Methods' and the use of any of the methods identified in that list;

(iii) that the meeting agree that it be a precondition of any sporting organisation receiving public funding that it adopt this definition and be subject to the drug testing arrangements described later in this report; and

(iv) that professional sporting bodies be encouraged to adopt the same definition of doping and to subject themselves to the drug testing arrangements described later in this report.

REASONS FOR TAKING PERFORMANCE ENHANCING DRUGS

Introduction

2.38 If the use of performance enhancing drugs in sport is to be effectively prevented, it is necessary to understand why athletes take them. Some drugs which potentially enhance performance may have a legitimate use under the supervision of a physician for a clinically justified purpose.[32] However, it should be noted that the IOC List of Doping Classes and methods states quite explicitly 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.[33]

Legitimate use is discussed further in Chapters Four and Five.

Inadvertent Use

2.39 Quite apart from deliberate use there is always the possibility of inadvertent self-administration through the use of over-the-counter preparations containing banned drugs.[34] Inadvertent use may relate especially to decongestants and painkillers purchased from chemists and supermarkets for simple, common, conditions. The Australian Rowing Council suggested that the pharmaceutical industry should develop a code (such as a colour patch on the packaging) to warn users that a preparation contains listed doping substances.[35]

2.40 While inadvertent use certainly occurs, there is no doubt that the main reasons for doping are 'to improve physical condition, to reduce tiredness, or improve performance ...' [36] The question is really one of why sports people feel the need to take drugs to enhance their performance given that 'the consequence of drug abuse is often very serious and sometimes even lethal'.[37] Nevertheless, given that inadvertent use does occur and can be used as a defence when positive test results are found, the Committee believes that the possibility of developing mechanisms to reduce the inadvertent use of banned substances should be explored.

Recommendation Two

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

Research Required

2.41 The Australian Sports Medicine Federation suggested that research directed to understanding the complexity of motivation of those using drugs in sport should be given a high priority.[38] The Federation identified a number of questions requiring investigation:

- why do sports people continue to believe that drugs are necessary to sustain or improve the standard of competition, given the universal availability of information, facilities and equipment for scientific training?

- why do those involved in non-elite, low profile, recreational or social sport (e.g. strength training; body building) continue to use drugs in the face of mounting evidence of their harmful effects?

- is the attitude of administrators, health professionals and politicians that drug abuse in sport is 'dreadfully sinful' counterproductive? and

- do Australian sports people really care about the image of the Australian athlete? Are they more concerned with their own physical image or achieving their own 'personal best' result.[39]

Community Attitude

2.42 One reason for taking performance enhancing drugs may be that society is thought to condone their use. Indeed, community expectations about the international competitiveness of Australian athletes may be used as justification by athletes,

coaches and administrators to use them. A weightlifter from the AIS, alleging that he had been required to take steroids by his coach, told the Committee that:

> They have got a lot of peer pressure put on them too, - the coaches, the [AIS] - pressure in general from the public and from the Government. It is all right for everyone to say, 'Do not take steroids. They are banned', but if we do not perform overseas a lot of people will be saying, 'You are wasting taxpayers' money'.[40]

2.43 Mr Don Talbot, former Chief Executive of the AIS, recalled how in the period up to the early 1980s:

> the prevailing attitude in Australia - not only in Australia but it was worse here probably, or more sympathetic and understanding, although in retrospect I do not know why - was that if you took drugs you were a naughty boy or you were wrong to do that. It was not perceived as being serious ... the suspensions that went on for athletes in that period ... were for two or three weeks.[41]

2.44 Dr Ken Donald told the Committee that one of his problems in knowing what might be appropriate penalties for athletes taking drugs is that he is still not sure what community attitudes are to the use of performance enhancing drugs.[42] He said:

> I sometimes wonder what the community's real stance on the issue is ... I sometimes get a bit concerned ... that communities are not making informed decisions about it ... In many cases I am not sure that there is a great deal of caring about whether there is [drug use] or is not.[43]

Community Pressure

2.45 Athletes are under considerable pressure to win and this results in part from the role played by sport in Australian

society and on what Mr Kelvin Giles called the 'gold, gold, gold' syndrome. He commented that the first news you see in the morning of an Olympic Games is the medal tally.[44] Doing one's best is not always seen as good enough, if it is not associated with winning. This attitude was illustrated by the Australian response to Mr Stephen Holland winning a bronze medal at the 1976 Montreal Olympics. Ms Raelene Boyle described how:

> He was considered a failure ... [b]y the general public, because that is the way our media brought it home. But, in fact, he swam some unbelievable number of seconds under the old world record, which was his world record, to come that third.[45]

2.46 This attitude towards athletes was in the past often promulgated by the media. When coupled with the belief that international performance standards are drug-enhanced it can lead sportspeople to believe that drugs are necessary. Mr Merv Kemp, for example, described how he was 'sure athletes would prefer not to use drugs but, because the public demand for success is so great, some feel they have no other choice'.[46] The media can put individual athletes under tremendous pressure, raising expectations which are not warranted and turning success into failure. Mr Kelvin Giles remarked, for example, how:

> Twenty-four hours before the women's long jump final in Seoul, there was a little paragraph in the press about our athlete there, Nicole Boegman, that said, 'Nicole is jumping for gold tomorrow'. Nicole had no hope for jumping for a gold medal, with all respect to Nicole. But suddenly reading that and knowing that her parents and her peers have read it, in her environment that is additional pressure. She thinks, 'I am jumping for a gold medal tomorrow. I am not ready'. That causes anxiety, et cetera, and it just shakes the athlete's foundations. It is unnecessary.[47]

2.47 Fortunately, reporting standards and the attitude of the media do seem to be improving. Ms Jane Flemming commented that:

> I think the media are learning a lot. I certainly think they did a very good job at the [Seoul] Olympics in that they did not really go on about the medal count so much but rather about personal bests, Australian records, Commonwealth records and that sort of thing, so that is a step in the right direction.[48]

2.48 The pressure on athletes to win at all costs is not just a function of the media coverage of sporting events. It comes also from the coaches, administrators and sporting officials who believe that their own reputation depends upon the performance of their athletes and who enjoy basking in the reflected glory of their athletes. Ms Raelene Boyle suggested that the attitude of these people to an athlete not winning was often one of 'How dare you do that!', although she said that, 'There is the odd official or administrator who is very supportive'.[49]

2.49 Just as serious as the pressure on elite athletes is the pressure put on other sportspeople to win. The extreme enthusiasm shown by parents at junior sports is certainly one of the factors that leads to young people, even school children, trying anabolic steroids. As discussed later in this report, it is very often the parents of these children who take them to doctors with a request for performance enhancing drugs. The Committee believes that this attitude, shown by many parents, is a cause for deep concern. Children should be encouraged to participate in sport because it is enjoyable and healthy. Parents who put children under pressure to win and who measure their children's success only by whether or not they win are developing wrong and potentially dangerous attitudes. Organisers of children's sporting events should be sensitive to this and emphasise participation and self achievement in addition to personal success.

Competitive Pressure

2.50 There is no doubt that drugs are used by athletes who know of their deleterious effects and who are well aware that their use is banned by a sport's governing bodies. They do so because of the 'prevalent attitude that doping practices are necessary "to be competitive."'[50] This is especially the case when they wish to compete in international events,[51] but this pressure is by no means confined to elite athletes. The Health Department of Western Australia, after noting that anabolic steroids are 'taken by strength sportsmen at all levels' commented that these people 'genuinely believe that these drugs are a necessary adjunct to their performance work-up'.[52]

2.51 According to Mr J Sheedy, a sports psychologist, there is a perception among many athletes that the only way to be successful is via drug use.[53] Mr Merv Kemp has pointed out that when this is coupled with the public demand for them to succeed, many athletes, who would prefer not to use drugs, feel they have no other choice.[54] The National Program on Drugs in Sports also noted the intense pressure on athletes to win, 'sometimes at all costs' which results from social, economic and national pressures and said that 'inevitably some athletes use drugs to attempt to improve performance, to reduce stress, to increase muscle strength, to reduce fatigue.'[55] Dr Gavin Dawson noted that:

> The pressure on today's athlete is tremendous, due to media expectations, National Pride, personal gains and the necessity to compete on equal terms with Eastern Bloc counterparts.[56]

2.52 Mr Darren Clark described to the Committee how the thought that he should use steroids 'went through his mind' after he did not make the final of the 1987 world championships. He said:

> In 1984 I was in the top four and then I went down to the top 16. I might have a bit of a chip on my shoulder but I just thought everyone in the world was on [anabolic steroids].[57]

2.53 Ms Maree Holland told the Committee that she would never take drugs because she 'would not want to look like a man'.[58] She went on to describe how she had raced in Budapest in 1988 and said:

> the race that I ran in I would swear was a man's race. I actually saw one of the girls in the morning and I thought she was a man ... She was as hard as nails. Her face was a man's face with a square jaw and thick neck.[59]

2.54 It should be remembered also that competitive pressure is not restricted to international competition, but can occur at the national or even local levels as well. Dr Millar described how he would be prescribing steroids to:

> two or three people playing in the Rugby League competition of Sydney ... Most of them would be in the junior league, trying to get from the junior league for a trial with the major teams.[60]

<u>Personal And Financial Rewards</u>

2.55 Ms Raelene Boyle, when asked why she thought the use of performance enhancing drugs was so prevalent replied:

> I think a lot of it is greed. There is so much money in track and field now that the better you are the more you make.[61]

2.56 Dr Webb commented in a similar vein that:

> the areas where drug taking would appear to be at its height are those where there is either obviously greater financial rewards in sport, track and field being one, where the rewards,

> at least internationally, are high ... In body building there is a lot of money available. It may not be in big dollops, but it is there, frequently.[62]

2.57 There is no doubt that as the rewards open to the top competitors have escalated, the temptation to use every possible means to achieve a top performance and gain the sponsorship and other tangible benefits will also have increased.

Overseas Practice

2.58 The belief that drugs are necessary if Australian sports people are to compete internationally is a recurring theme through much of the evidence received by the Committee. The Eastern Bloc nations and the USA received special mention in the evidence presented to the Committee. For example, a competitive body builder informed the Committee that he was:

> told last year that a visiting Bulgarian weightlifting team had specialised doctors who kept a close eye on the athletes and advised them as to what and when to take steroids, and that their advice was from Laboratories specialising in developing the drugs, thus cutting the side effects to a minimum. How is any sporting person expected to compete on a fair basis if you are up against these sorts of technology?[63]

2.59 Mr Mike Hurst, a coach, told the Committee that:

> Darren Clark and Maree Holland would ... be able to give [the Committee] a real sense of what it is like 'out there' competing against fully supported Soviet and American athletes ... of the temptation to take drugs 'just to start on equal terms' with their opponents.[64]

2.60 Mr Sheedy, a sports psychologist, noted that the use of performance enhancing drugs is probably more common and widespread overseas than in Australia and that athletes feel, 'not without reason' that:

> a high proportion of internationally ranked athletes have had recourse to drugs, in some instances administered in a systematic and supervised way so that any health risks are minimised as are the chances of detection by drug control tests.[65]

2.61 Mr J Irwin, a former weightlifter, has:

> witnessed a senior coach comment that introduction of steroid testing would not be fair, as many of the national champions relied on steroid use to be internationally competitive.[66]

2.62 The Australian Sports Commission recognises that doping control practices and procedures will vary between countries. Its 'Plan of Action' states that:

> It is imperative that Australian athletes are not unduly disadvantaged by inferior drug abuse prevention programs in other countries. Where this is shown to occur appropriate international lobbying must occur on behalf of Australian athletes. Notwithstanding this, Australian sport should be prepared to be a leader in the field of eradicating drug abuse.[67]

International Qualifying Standards

2.63 A belief by athletes that overseas competitors may be gaining an advantage through the controlled use of ergogenic substances may be one reason for the use of such drugs by Australian sports people. Another, related reason may be the high performance standards Australian athletes are required to meet if they are to take part in international competitions. This matter was raised, among others, by Mr Merv Kemp, throwing coach at the Australian Institute of Sport, and it is worth quoting at some length from his submission:

> The minimum qualifying standards set for selection in Olympic Games and World Championships by the International Amateur Athletic Federation are very high and in some instances are higher than the current Australian record. These standards are related to performances achieved by athletes all round the world and undoubtedly these performances in many instances are influenced by drugs. But these minimum levels are not acceptable for Olympic selection in Australia and even higher standards are required. This creates a situation where many Australian athletes feel that the only way they can win Olympic selection is to emulate their overseas counterparts and also use performance enhancing drugs.
>
> This begs the question of why Australian selection standards are set at a higher level than those of the IAAF. My feeling is that the Australian Olympic Federation has resorted to very high standards in response to the severe press criticism of performances turned in by some Australians during the Olympics in the 1970s. Herein lies one of the fundamental problems confronting Australian sport, that is, the extremely critical attitude of the Australian press and the non-acceptance of achievements other than those which result in Olympic medals.
>
> Athletes then are placed in a position where they are damned if they do use drugs but then damned if they don't. Consequently, some athletes resort to secretive drug usage.
>
> If we genuinely want our athletes to believe that Olympic selection is worth striving for without resorting to drugs we must keep faith with the athlete and set selection standards which are realistically attainable. Those set by the IAAF are surely high enough.[68]

2.64 The same point was made by Mr Kelvin Giles[69] and the Australian Weightlifting Federation also emphasised the role of standards, pointing to the need to be aware that 'the exceedingly high level of performance required in international sports events could lead to the encouragement of athletes to engage in the use of performance enhancing drugs'.[70]

2.65 Mr Giles pointed out that:

> it is very difficult to say athletes are cheating when their entire environment of international sport is rife with drugs, and the world standards are based on drugs-related performance - the world rankings are.[71]

2.66 Mr Nigel Martin also claimed that some of the Olympic performance standards could not be achieved using 'natural methods'. He said that the men's shot-put standard for Seoul was 20 metres and that this:

> has never been done by an Australian. I would put money on it that no man in the world has ever thrown 20 metres without the use of anabolic steroids.[72]

2.67 Mr Mike Hurst, coach of Mr Darren Clark and Ms Maree Holland, also noted the use of drug enhanced performances in setting standards.[73] Mr Hurst also pointed out that the standards being set by the Australian Olympic Federation were in any case extremely high, and he said:

> The top 16 in the world at a fully attended Olympics is an incredible thing, it is frightening to grasp that concept.[74]

2.68 In responding to criticisms that the qualifying standards were pushing athletes (and their coaches) towards the use of drugs, Mr John Coates, Vice-President of the Australian Olympic Federation, identified three categories of sport:[75]

- sports in which the international federations set the qualifying standards;
- sports in which Australia has traditionally done well and in which the Australian Olympic Federation has:

> endeavoured to set a criterion that is fair as between the sports in relation to the number of nations that participate in those sports and the number of entries that each nation can have in each event. So, by example, with track and field in athletics, most nations compete in that and you can have three entrants per nation. Our standard is that they are likely to be in the first 16 places, that is, in the semifinals.[76]

sports in which 'if we set a standard that equated to category 2, we should have no representation at all'.[77] In these sports a maximum number of representatives is set.

2.69 In the second category typical performance requirements would be:

> boxing, first eight; canoeing, first nine; cycling first eight; equestrian events were the first six. Among the team events swimming was 12; diving 12; weightlifting, 10; and yachting, the first six.[78]

2.70 When the requirement is higher than the top 16 this is in order to keep the team to a reasonable size.[79] If a full Olympic team was selected the Australian Olympic Federation:

> would be making it more difficult for those who have real chances of succeeding, by spreading the money across more widely.[80]

2.71 The Committee accepts that international performances are often drug enhanced, particularly in the strength events. It also believes that the Olympic qualifying standards set for Australian athletes are extremely high. Athletes and their coaches often believe that they are being excluded from international competition because of performances achieved by people who are not subject to pre-competition random testing or who are competing at meets which do not have an effective testing program in place. This puts them under considerable pressure to

take drugs, if only to compete on an equal basis with those athletes whose performances have been used to set the standards. This will particularly be the case in strength sports, in which the use of anabolic steroids gives the greatest advantage. As discussed in Chapter Three, the testing regime introduced on 1 January 1988 by the Australian Olympic Federation for the Seoul Olympics would have enabled Australian athletes to use drugs during their major training phase in 1987, to help meet qualifying standards, but would have prevented drugs being used in 1988 prior to the Olympic competition itself. It should be stressed, however, that the move by the AOF for its 1988 testing program should be viewed favourably in the world context and that the proposed testing program leading up to the 1992 Games, if conducted under a independent Commission, provides a desirable drug-free route for other countries to follow. The onus is now on Australian authorities to encourage the rest of the world to follow this Australian lead in order to ensure that our athletes are not penalised in international competition.

Commitment And Dedication

2.72 All competitive sport involves a striving after improved performance and this involves a considerable commitment on the part of sports people. This commitment leads to a rather unbalanced social life and the belief that any sacrifice is worthwhile to achieve high standards. One submission described ambitious sports people in their late teens or early twenties who have:

> committed a considerable effort to achieve a high level of performance. Sometimes they have no outside interests and social contacts are limited to their fellow sportsmen ... In the context of their age and dedication to their sport, it is difficult to project their future prospects of maybe 50 years existence after their sport's careers are complete.[81]

2.73 In a Four Corners program broadcast on 30 November 1987, Ms Sue Howland, one of Australia's top javelin throwers who had been banned because of her use of performance enhancing drugs, was asked what lengths she was prepared to go to to win. She replied:

> Probably as much as I have to do, simple as that. You train for probably ten years, four or five hours a day, you go through all the injury problems, all the other hassles associated with, particularly in the Western world, trying to pursue something, as I'm doing ... if you're good at something, yes, you'll do anything, almost.

2.74 The tremendous commitment required by athletes was illustrated by information on training regimens provided by the Australian Institute of sport. Female gymnasts at the Institute for example, are required to train some 32 to 34 hours per week, in addition to attending school, college or university for full time studies, and having to do the necessary homework. An AIS athlete in race walking would generally start every day at 6.30am and, in the course of one week, walk 150kms, cycle 130kms, jog 20 kms and spend time in weight training, hydrotherapy and physiotherapy. Given the level of dedication required to carry out these levels of training day after day, and the sacrifice involved, it is not surprising that some athletes are prepared to go to extreme lengths to ensure that their efforts lead to success.

2.75 Dr Roberts and Mr Hemphill of the Department of Physical Education and Recreation at the Footscray Institute of Technology suggest that from their earliest involvement in high-performance sport athletes begin to internalise two messages:

> first, that success is equivalent to high performance, and second, that the achievement of high performance is at least in part a function of reliance on forces (i.e. persons, processes, objects) outside of oneself ...

> [these] messages may not only produce an impenetrable shield against the condemnation of using drugs, they may well predispose an athlete to employ them as merely one among the many external forces deemed necessary to success.[82]

2.76 They suggest that elite athletes, completely dedicated to their sports, have inevitably developed a dependence 'on a whole list of external scientific and technological authorities, processes and devices'[83] without which it is unlikely they could compete at an elite level. The athlete comes to learn:

> that the body is precisely the sort of thing that can be effectively manipulated. The scientific sporting community promotes this view by applying to performance increasingly sophisticated technological strategies which treat the body as if it is a machine to be tinkered and tampered with - as if it is somehow separate from the self of the athlete.[84]

2.77 If athletes are considered, and treat themselves, largely as machines, dedicated to the achievement of a certain performance, it may not be surprising that they are prepared to take drugs in order to reach that desired end.

ARGUMENTS FOR AND AGAINST DOPING

Introduction

2.78 One view said to be held by 'some senior people including competitors, administrators, and doctors' is that doping control should be abandoned.[85] Dr Gavin Dawson, for example, predicted that:

> by the year 2050 drugs will be legally used by any athlete wishing to achieve his or her inherent potential. This will become the accepted 'norm' and they will be subject to medical research, receiving continued and skilled medical care.[86]

However most of the witnesses appearing before the Committee were of the view that doping is bad and should be banned, because it can damage the health of athletes. This chapter examines some of the arguments for and against doping and explains why the Committee endorses the view that performance enhancing drugs should not be used because of their potential to damage the health of those using them and because, in the case of contact sports, persons rendered overly-aggressive through the use of anabolic steroids and stimulants can cause injury to opponents.

Effectiveness Of Drugs

2.79 It should be noted that all of the arguments presented for banning doping assume that the drugs and methods involved do improve performance. It is worth noting here, however, that although the use of drugs in sport appears to be firmly entrenched and is based on a belief by athletes that certain drugs improve their performance, there are still those who say that conclusive evidence that this is the case is lacking. Indeed, one reason sometimes put forward to argue for the abandonment of doping control is that 'doping has no effect anyway'.[87] In the Committee's view the evidence is overwhelming that anabolic steroids work. Views to the contrary may be a result of the use of disinformation to control their use. Dr Webb mentioned that the reason it used to be suggested 'probably up until the middle of the 1970s' that anabolic steroids did not work was:

> largely to cover the inadequacies of being able to test for them. But since 1976 sophisticated tests have been developed, and so I think there was no need to hide behind the comments that they do not help anyway.[88]

2.80 One reason for the uncertainty still existing about the effectiveness of drugs in improving performance is that ethical barriers prevent the use of normal scientific experiments to study the effects of drugs on the health and performance of athletes. There is also the problem of separating the pharmacological effects of a drug from both the psychological effects resulting from a belief in its effectiveness and from the increased commitment to training and nutrition that may accompany drug usage.[89] However, when athletes are convinced that a drug works there may be enormous pressure to use it, irrespective of whether it actually works.

2.81 Many of athletes who gave evidence to the Committee thought that anabolic steroids were capable of improving performance to such an extent that drug-free athletes would not be able to compete successfully against drug-using athletes. Ms Lisa Martin suggested that if Australian sport became drug free:

> in track and field, I would say in events below 800 metres and especially for women, including throws and jumps, it would leave us far behind the rest of the world. Once you move to middle distance events we would still be competitive, but definitely not in throws, jumps or sprints.[90]

2.82 One of the most telling commentaries on the effectiveness of steroids was made by Mr Merv Kemp. He presented performance data for some of his athletes and comparisons of these performances with the top Australian performance and the world record for that same period of time. The most recent data presented by Mr Merv Kemp are shown in Table 2.1[91]

TABLE 2.1

COMPARATIVE PERFORMANCE DATA FOR TWO OF MR KEMP'S ATHLETES

Name	Season	Athlete's Performance	Top Australian Performance	World Record
Phil Spivey (hammer thrower)	1985/86	70.22	72.86	86.34
	1986/87	70.94	74.58	86.34
Paul Nandapi (discuss)	1986/87	61.28	61.34	74.08
	1987/88	62.66	61.28	74.08
	1988/89	61.36	65.62	74.08

In providing comment on these data, the following exchange took place:

> Senator Collins - It is terrible sign of the times when the coach has to produce a schedule to show in international terms how poorly his athletes are performing to prove that they did not take steroids.
> Mr Kemp - If they had top world levels I guess I would have been in worse trouble than I am in now.[92]

2.83 Dr Gavin Dawson described how anabolic steroids had given him a feeling of physically wanting to train and said:

> Take a 200 pound bench press as a standard lift. You might find a fellow for the first time on steroids could increase his strength up to 240. That sort of thing is possible.[93]

Mr Chris Turner, Secretary of the Queensland Drugs Free Powerlifting Association, submitted that:

> the male athlete weighing from the middle weight class upwards can expect 15 per cent to

> 40 per cent strength increase over and above average gains by a non-user.[94]

2.84 Blood doping is also thought to provide significant performance improvement. According to Mr Merv Kemp, international athletes have been shown to improve their oxygen carrying capacity by as much as eight per cent through blood doping.[95]

Fairness

2.85 It is commonly argued that drugs should be prohibited because they give the user an unfair training/performance advantage over non-users.[96] The Australian Institute of Sport, for example, said that drug use is unethical and against the principles of sportsmanship and fair play.[97] The Australian Weightlifting Federation similarly suggested that doping practices are unfair because they:

> create inequality amongst the athletes and contravene the essence of sport, both as a factor of physical and moral development and also as a factor of equality and justice among the athletes.[98]

2.86 The National Program on Drugs in Sport quoted the International Olympic Committee as stating that athletes taking drugs 'not only begin to destroy their own sense of moral values and of fair play, but their own sport and the ethics of the Olympic movement'.[99]

2.87 However, the fact that drugs may be unfair is not always seen as a valid reason for banning them. Dr T Roberts and Mr D Hemphill, of the Department of Physical Education and Recreation of the Footscray Institute of Technology, point out that there are many other inequalities that can, and do, create unfair performance advantages, but which are not banned. Quite apart from the inequality of genetic endowment these include the availability of funding and access to facilities, equipment,

technology, coaching and other services.[100] Dr A P Millar also commented on the inconsistency of using 'fairness' to ban drugs and suggested that 'There are already so many unfair areas in sport that another one would hardly be noticed'.[101] If an individual has the right to use his or her potential to the full, then, it has been argued, perhaps the use of drugs to help realise that potential should be allowed.[102]

2.88 The Committee believes that the argument that doping should be banned because the use of drugs is unfair is inconsistent. Enormous inequalities of opportunity exist for those trying to compete at both the national and international level. The advantages in terms of funding, facilities, expert advice and support in everything from diet to sports medicine and coaching, vary widely from one country to another, and within countries. It is noticeable that many athletes from poor or developing countries move to other countries to take advantage of the better facilities and support being offered, and it is not unknown for Australian athletes to move overseas because of the better opportunities they find there. The playing field has always been uneven and, with recent advances in knowledge and techniques, is getting more so. It isnoticeable hypocritical that those individuals and organisations who complain that the use of drugs is unfair do not seem concerned about these other sources of inequality.

Health Risk

2.89 The Australian Institute of Sport gave two reasons for its 'very strong, firm and clear stance with respect to the use of performance enhancing drugs'. The first of these was fairness, the second was that drug use can have a detrimental effect on the health of the athlete.[103] According to the National Program on Drugs in Sport, drugs are classified as doping agents in part because 'there are numerous acute and chronic harmful effects' resulting from their use.[104] The Royal Brisbane Hospital

Foundation even saw sports drugs testing as 'primarily a preventive medicine activity'[105] and informed the Committee that:

> the major concern is for the health of the competitor, not for the prevention of enhancement of performance per se.[106]

2.90 The International Olympic Committee has said that athletes who use drugs are in danger of posing health problems for themselves and that:

> The misuse of some drugs may have an immediate effect in impairing judgement and hazarding the safety of individuals and other competitors; even death in sport may result from the misuses. The misuse of some drugs, especially the anabolic steroids, can have long term effects by causing many health problems and reducing the quality of life and life span.[107]

2.91 The first Permanent World Conference on Antidoping in Sport, held in 1988, concluded, among other things, that:

> A concern for the health, safety and well-being of athletes underlies the desire to eliminate doping from sport.[108]

2.92 There is no doubt that the abuse of certain drugs may pose significant short and/or long term health hazards, even death. The Australian Rowing Council referred to one case in Australia:

> involving drug abuse (diuretics) and imprudent and Unphysiological methods - namely inappropriate nutrition and dehydration in order to maintain unnatural and therefore unhealthy lightweight status in a previously heavyweight rower. This resulted in renal damage, admission to a dialysis programme and ultimate death.[109]

In this case it appears that the harm was caused not just by the drug but by other, presumably legal, methods used in combination with the drug.

2.93 In the Committee's view there is no doubt that drugs currently used to enhance performance pose a health risk. All of the classes of drugs used have side effects which can be both immediate and longer term.

2.94 The **psychomotor stimulants** such as amphetamine produce many adverse reactions, including heart palpitations, high blood pressure, hormonal reactions, impaired judgement and addictions. Amphetamine psychoses, for example, are characterised by hallucinations and by irrational and aggressive behaviour. Indeed, one reason for taking these drugs is to increase aggression. In the past athletes have died because these drugs have made them unaware of the body's signals which serve to prevent overexertion. Some other central nervous stimulants, such as strychnine, are well known to be very poisonous.

2.95 Most of the **narcotic analgesics** have major side effects and carry a high risk of both physical and psychological dependence. However, quite apart from these effects, it needs to be remembered that pain serves an important function. It acts to prevent over-exertion or permanent injury by signalling that something is wrong, and for this reason it is dangerous to remove pain to allow an athlete to compete.

2.96 The **anabolic steroids** are the most commonly used performance enhancing drugs and a review of anabolic steroids by the Canberra College of Advanced Education Sports Studies Centre has identified many adverse effects from their use.[110] While some of these are minor, others are serious, irreversible and possibly fatal. They include cancer and tumours; strokes; high blood pressure; salt and fluid retention; abnormalities in liver function tests; psychological disturbances (especially

aggression); alterations in the menstrual cycle in women; clitoral enlargement in women; changes to the sex drive; viral illness after the cessation of the drugs; nose bleeding; changes in hair growth distribution pattern; baldness; increased oil production in sebaceous glands and acne; disturbed sleep, nightmares; increased appetite; testicular atrophy and impotence in men; breast enlargement in men; reduction of breast tissue in women; and deepening of the voice. Other identified effects include diabetes, scrotal pain, lower immunity and increased risk of cardiovascular disease. Many of these side effects can develop after relatively short courses and low doses of the drugs. For example, significant increases in blood pressure have taken place after just six weeks daily usage of between 10 and 25 mg of Dianabol.[111]

2.97 The **Beta-blockers**, by virtue of the fact that they are designed to have quite specific physiological effects on heart rate and blood pressure will be inherently risky for those who do not have a problem that requires treatment, since they will disturb a normal condition. This is quite apart from any other side effects that may be associated with their use.

2.98 **Diuretics** may produce serious side effects but the rapid reduction in weight which they is used to produce is dangerous in itself, and should not be encouraged, no matter what means are used to produce it. The Committee has received evidence that an Australian competitive rower has died as a result of diuretic abuse.

2.99 The dangers involved in blood doping are those associated with any transfusion of blood and blood products. As well as the possibility of AIDS and hepatitis there is the possibility of allergic reactions, kidney damage, overload of the circulation and metabolic shock.

2.100 All the dangers associated with drugs used to enhance performance are made much greater by the fact that athletes using these drugs are likely to be doing so without medical supervision, in uncontrolled doses. They will often be using combinations of drugs from different classes, and with no monitoring they may not receive any early warning of the development of serious symptoms.

2.101 Even those who accept that drugs may damage health sometimes argue that sports and sports training are inherently dangerous and that for this reason it would be inconsistent to ban drugs because of health risk. Dr Roberts and Mr Hemphill point out that risks and dangers exist in progressive overload training and in confronting and attempting to surmount various sport-specific obstacles. They state that risk and danger are essential and accepted elements of 'an environment predicated on maximal effort and performance' and suggest that it is inconsistent to single out drugs for special scrutiny and prohibition.[112] Dr Millar supported this view, and said that:

> Those who argue that these drugs should not be used because of their dangers are on flimsy ground. ... There are more deaths from football than there are from drugs in football in this state [NSW]. There are more deaths from motor cycling, motor racing and athletic performances in fun runs than there are from drugs in sport and if one is to be serious that danger is a reason for not using the drugs, statistics provide no support for that particular point of view.[113]

2.102 It is interesting to contrast Dr Millar's argument with the view of the Health Department of Western Australia that:

> the long-term effects of these substances are unknown but they produce profound metabolic disturbance which is likely to have adverse effects later in life. It is unlikely that these effects will ever be known as controlled trials are unethical and thorough

> epidemiological studies would be extremely difficult, if not impossible, to mount.[114]

2.103 Even if the argument on health risk is limited to the use of drugs, inconsistencies exist in the approach taken by the sports' governing bodies. Dr Millar has pointed out, for example, that although the health risks of oral contraceptives are well documented, women are still allowed to take the oral contraceptive pill to enable them to perform in athletic events at what they consider to be the best part of their cycle.[115]

2.104 In addition to the inconsistency involved in banning drugs that may involve less danger than training or the sport itself, Roberts and Hemphill also suggest that there is a problem in defending paternalistic interference with the choice of others. They argue that this could be justified only if it can be demonstrated that an athlete's choice to use drugs was uninformed and involuntary, and/or that the consequences of such drug taking caused harm to others.[116] However, in the Committee's view it is indeed the case that many athletes and coaches do not fully understand the risks, or the symptoms, resulting from the misuse of ergogenic aids. Moreover, even if athletes did understand the risks involved, the Committee believes that there would be no reason for society to condone the use of substances that can damage health. The Committee believes that the health risk is serious and that it forms a compelling reason for banning the use of these substances for performance enhancement.

Protecting The Health Of Athletes

2.105 The taking of performance enhancing drugs may constitute a health risk but these drugs are taken by athletes even though they are banned. Given that the protection of the athlete's health is of paramount importance, it can be argued that legalisation of doping would enable drugs to be taken under close medical supervision and lead to fewer health risks.

2.106 Drugs obtained on the black market and not from a registered medical practitioner will always be suspect. They may be nothing more than a placebo but:

> More dangerously, however, multidose vials for injection often have fake labels and there have been several reports of Human Growth Hormone containing small doses of steroids. At a cost of $1500.00 a vial, this is bad enough but even worse is the dangerous possibility of contaminated material. This may lead to AIDS or Hepatitis.[117]

2.107 Another consequence of the need to use black market supplies is that veterinary products may be used, in part because they are cheaper. Dr Dawson suggested that for this reason veterinary steroids should become a controlled substance and be elevated to Schedule Eight, in the same group as morphine.[118] Thi is discussed further in Chapter Four.

2.108 The lack of medical advice concerning the use of ergogenic substances is a matter of concern to at least some athletes. A weightlifter wrote to the Committee complaining that he knew of:

> no such person who could give accurate advice based on facts. Most, if not all medical persons when asked for the advice either refuse to co-operate or give no help at all. You will find that individuals that use drugs in sport can only rely on themselves or only too often they listen to what other people have used, and this can be dangerous.[119]

2.109 The Australian Rowing Council, although for different reasons, also expressed concern over the ignorance of doctors, chemists and health personnel regarding doping and its control.[120]

2.110 Some doctors have been prepared to assist athletes and have even publicly advocated the administering of banned drugs. However, according to the Australian Olympic Federation:

> Money, ignorance and poor ethical standards are factors as to why doctors supply athletes and subsequently monitor their usage through blood tests.[121]

2.111 An article entitled 'Use of Steroids Deplored by the AMA'[122] states that the International Olympic Committee - Medical Commission:

> has and will continue to recommend that [doctors who prescribe banned drugs to athletes] be penalised at least as severely as the Athletes. The Australian Olympic Federation has a policy that any such action by a doctor will result in a life-time ban from involvement with the Olympic movement.

2.112 Dr Brian Corrigan, Chairman of the National Program on Drugs in Sport, is reported as saying that while athletes may continue to use drugs with or without medical supervision 'this is a morally incorrect attitude that begs the whole question of drug use in sport'. There is clearly scope for argument as to how this attitude fits in with the 'ethical responsibility of every Medical Practitioner to look after the health of any individual',[123] but Dr Ken Donald noted that, as a medical practitioner, he could not endorse drugs in sport:

> not particularly on the grounds of cheating, but on the grounds that it is unethical to give those sorts of drugs to well people.[124]

Dr Donald's view is supported by the Committee.

Coercion

2.113 The National Program on Drugs in Sport has said that permitted drug use is coercive.[125] The performance pressure on athletes is so great that it is next to impossible for them to make informed, voluntary decisions on drug use. This is particularly the case when the livelihood of athletes depends on ever increasing performance improvements. The greater the level of coercion, the greater is the perceived justification for drug prohibition.[126] Some of the pressures encouraging athletes to take ergogenic substances were discussed in Chapter Three. There is no doubt such pressures are real and Mr J Irwin, for example, 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.

2.114 Dr Roberts and Mr Hemphill suggest that the issue of coercion is difficult to determine 'so long as the athlete has an alternative to settle for less in terms of performance outcomes without the use of drugs, or has an acceptable alternative to performance at all'.[127] In other words, they see the issue as being whether it is still possible for athletes themselves to say 'no' to drugs in sport, so that the decision need not be taken for them.

Harm To Others

2.115 To the extent that drugs have an effect on athletes' behaviour and judgement, it is possible that those taking drugs may be more likely to cause accidents than others.[128] It has already been noted that anabolic steroids and amphetamines can both produce increased aggression, which may manifest itself both on and off the playing field. The Committee believes that just as a driver has a right to expect that other people in control of vehicles are not driving under the influence of alcohol or other drugs, a sportsperson has the right to expect that opponents

competing are not going to be playing in a dangerous manner because of the drugs that they have been using. Another argument concerning harm to others is that athletes using drugs create a situation in which other athletes are 'forced' to use drugs, for fear of becoming less competitive. It can be argued that it would be inconsistent to single out drugs in this way, given that a similar argument could be made out in relation to other equally dangerous or risky training regimens,[129] but the Committee has already made clear its view that the significant and often long term health consequences of taking drugs provides more than enough reason for banning them.

Protection Of The Young

2.116 The International Olympic Committee has said that:

> the misuse of drugs by top athletes gives an adverse lead to young people in sport. Thus, there is danger that misuse of drugs will lead to the further escalation of drug misuse, which is threatening to undermine many societies.[130]

2.117 Adult athletes certainly serve as role models for young athletes, but Roberts and Hemphill suggest there is an inconsistency in banning performance enhancing drugs for this reason but not restricting other activities (e.g. arduous and risky training, smoking) where they also set bad examples.[131]

Harm To The Sport

2.118 Closely related to harm to others and the young, is the argument that drug taking can in some way damage sport. Mr J Irwin told the Committee that many talented individuals leave a sport after realising that they are competing with individuals prepared to risk their health by taking drugs. He commented that:

> the sports involved in steroid use alienate themselves from the public because of the knowledge of ill-effects. They tend to retain the individuals who are prepared to forgo a balanced perspective on life in order to achieve their sporting goals. in many cases these people are not the best sportsmen, in the classical sense.[132]

2.119 Dr K Donald similarly related how 'really very good athletes' had told him that they had retired from their events 'rather than continue to try to complete without anabolic steroids'.[133] He said that they wanted to be world champions, but knew that they could not be without the use of drugs.[134]

2.120 The Australian Weightlifting Federation noted a more direct way in which a sport could be harmed when it commented that in being dangerous for an athlete's health and contrary to sporting ethics, the use of drugs is also contrary to the reasons sport is subsidised by public authorities.[135]

Significance Of The Person

2.121 In the words of the National Program on Drugs in Sport, competition 'should involve competitors, not pharmacologists'.[136] It is about people, not technology.

2.122 After examining other arguments for the banning of performance enhancing drugs in sport and finding them logically flawed and inconsistent, Dr Roberts and Mr Hemphill conclude that such drugs should be avoided because they tend to reduce the significance of the person, or self, in sport. They argue that:

> competition is regarded as a positive encounter between persons and not merely a struggle between individuals reduced to their respective capacities to respond to external chemical additives.[137]

They recognise, however, that:

> Equally inconsistent with the ideal of 'respect for persons' may be many of the other scientific and technological practices of high performance sport which tend to progressively predispose the athlete to rely on forces outside the self.[138]

Discussion

2.123 The Committee recognises the complex issues involved in the arguments put forward for and against the use of performance enhancing drugs, and that grey areas exist. Why, for example, should Vitamin B12 or ATP injections be allowed, but steroids banned, even thought they all are taken with the same intent - that is, to improve performance? If an athlete is already taking 20 or 30 pills a day which are legitimate, because they are vitamins, amino acids, inosine and other non-banned substances, why stop them taking something which, if used under medical supervision, may cause them little, if any, additional harm?

2.124 One reason for banning them is that society in general disapproves of their use, but there is little evidence that this is the case. Dr Donald said that he was not sure that this issue has been addressed 'with the full understanding of the community of what is going on'. He added that he thought that 'there are knee-jerk reactions in the community about it'[139] but that there had been no proper community debate.[140] Dr Donald said that decisions in this area were made by people in the sporting industry:

> sometimes quite uninformed about the law and quite uninformed about the dope and uninformed about how to test for it and even uninformed about its effects.[141]

2.125 The Committee takes the view that performance enhancing drugs should be banned because they can potentially damage the health of those taking them, whether they are elite athletes who stand the risk of being detected using them, or the recreational sportsperson who is unlikely ever to be tested. They should be banned also because anyone using them is is trying to gain an unfair advantage over those athletes who wish to maintain normal health. They are cheating, because their use is against the rules of the sporting federations. In a practical sense there is no way that Australia could unilaterally legalise the use of these drugs because any attempt to do so would presumably result in Australians being banned from all international competitions. However, the Committee does believe that community debate should be encouraged as to what substances should be included on the banned list.

EXTENT TO WHICH DRUGS ARE BEING USED

Introduction

2.126 Evidence relating to the extent to which performance enhancing drugs are used by sportspeople falls into three types. Anecdotal evidence, which provides most of the information available, is often contradictory, is difficult to evaluate and may be of only limited use in assessing the extent to which drugs are being used. More reliable information comes from the analysis of the results of drug tests performed on athletes. While extremely useful, this also has limitations. It covers only sportspeople involved in competitive sport and the information it provides relates to detection, not usage rates, and these are not necessarily the same, particularly as most testing is carried out at competitions. A third source of evidence comes from surveys which attempt to identify what drugs are being taken by sportspeople. This evidence also has problems of reliability, particularly in relation to the self-selection of those who

respond. Nevertheless, taken together these three kinds of evidence may help to build up a picture of the present level of drug abuse among Australian sportspeople.

Anecdotal Evidence

Sports Involved

2.127 There appears to be a widespread perception that performance enhancing drugs are used extensively by both competitive and recreational sportspeople. The Australian Olympic Federation (AOF), for example, noted that the 'use of anabolic steroids is claimed to be reasonably widespread'.[142] In a minute to Executive Directors and Secretaries of National Sports Federations in June 1987, the AOF Secretary General said that 'the AOF is concerned that practices prohibited by the IOC are prevalent'.[143] Mr Glenn Jones told the Committee that sport:

> has become a joke in this country, especially the strength sports, because of the amount of drugs that are being used.[144]

One submission commented that 'drugs ... are very versatile and I cannot think of one sport that has escaped their use'.[145] Mr Don Talbot, former Chief Executive of the AIS, told the Committee that 'it would be a fatal error to exclude any sport if the inquiry is to look at the whole drug scene' while Dr Millar told the Committee that he had prescribed steroids for body-builders[146] and to athletes involved in rugby league and union, Australian rules, American football, soccer, cricket, tennis, track and field, and swimming.[147]

2.128 According to an article 'Steroids, the way it is' written by a 'prominent Australian athlete' who has 'competed successfully at an international level' and published in The Pump magazine[148]:

> Amongst bodybuilders and powerlifters it would be fair to say that 98 per cent of men use them, at ALL levels of competition, and up to 80 per cent of women at national and international levels. If this sounds a little incredible, go into any gym and ask the local drug pusher who he is selling gear to. The people he'll point out will astound you. Not just competing lifters and bodybuilders, but ordinary people who just want 'to get big', and believe me, they come in all shapes and sizes. ... Some of [the sports] involved include footballers, rugby players, cyclists, track and field athletes, swimmers, martial arts exponents, basketballers, hockey players, gymnasts, in fact almost any sport where speed, power strength and endurance are needed.

2.129 Perhaps one of the most telling indications of drug use in some sports is that in powerlifting it has become necessary to start up drug-free associations.

> Rather than put up with what is going on within the official powerlifting, people are quite happy to drop out and go form their own association.[149]

Use by Elite Sportspeople

2.130 Mr Kelvin Giles, providing evidence about elite track and field athletes, has estimated that 70 per cent of the athletes in Australia's international pool took, or had taken ergogenic aids and that 25 per cent of the 29 athletes in Australia's 1988 Olympic track and field squad had taken or were taking, ergogenic aids in their preparation for Seoul.[150] Ms Sue Howland said that:

> At the very elite level - I am talking about the top 10 or 20 in the world - 95 per cent of them are taking it.[151]

2.131 In at least some cases it is possible that the use of ergogenic aids at the elite level may be institutionalised. Ms Lisa Martin told the Committee how she had 'read and heard':

> about the Italian Athletic Federation, which, when it chose a national squad and offers stipends to athletes it required them to be willing to blood dope.[152]

2.132 Not everyone is so pessimistic. Australian Swimming Inc. told the Committee that:

> Swimming is Australia's most successful Olympic sport and has been free of problems related to its athletes becoming involved with performance enhancement drugs.[153]

However, Mr Talbot cautioned that even swimmers could benefit from steroids. As General Manager of Canadian swimming he was involved in suspending a swimmer 'who did get benefit'.[154]

2.133 The Australian Hockey Association adopted a similar attitude to that of Australian Swimming Inc and believes that:

> the complex nature of hockey, which calls for a broad combination of fitness, strength, agility, fine co-ordination skills and teamwork, does not offer great advantages for players to exploit by utilising drugs. Hence the only use of proscribed drugs by hockey players appears to be the inadvertent use of substances contained in over-the-counter pharmaceutical products.[155]

While this may be true, the Committee noted that Appendix A to the Australian Hockey Association submission was an article 'Drugs in Sport' from the October 1986 edition of Hockey Circle. This article stated that a 1983 Survey of 361 hockey players found that 44 per cent used no drugs proscribed by the Drugs in Sport lists, 28 per cent used drugs on the banned list and

another 18 per cent used two banned drugs. However the survey was said to:

> indicate that there is reasonably widespread 'innocent' usage of proscribed drugs rather than drug abuse ... With the use of such innocent products as eye-drops, decongestants, and headache tablets registering as drug usage in some of the categories, the overall picture of hockey players ... indicates that hockey does not have a problem.

2.134 Mr Merv Kemp, drawing on his over 30 years of experience with athletics and related areas, commented that:

> In Australia the use of performance enhancing drugs certainly occurs but ... the problem is not as widespread in athletics as has been claimed. Some senior athletes do use drugs but, to the best of my knowledge, I believe that drug abuse does not exist among juniors.[156]

2.135 The Amateur Boxing Union of Australia advised the Committee that:

> the ... Union has never had any of its members involved in drug usage of any kind, and therefore does not wish to offer a submission for your Standing Committee.[157]

2.136 In presenting this evidence from the various sporting federations, the Committee notes that many of them do not have any testing program in place, let alone a random testing program during non-competition periods as would be necessary to detect anabolic steroid usage.

Use by Non-Elite Sportspeople

2.137 There are statements that the use of drugs in sport has increased in recent years.[158] In part this may have resulted from the increased pressure on athletes to win and the increased

rewards of winning, but it may also reflect a tendency of non-competitive sportspeople to use drugs. Mr J Irwin commented that in the early 1970s:

> steroid use was apparently restricted to strength athletes, but with the introduction of 'health' clubs and the interest in bodybuilding I am certain that steroid use must be increasing dramatically. At least a sportsman in a ratified field might be caught by testing at competitions, whereas a private bodybuilder may take any amount for indefinite periods, with no prospect of immediate penalty.[159]

2.138 Dr Millar told the Committee that, on the basis of his own experience, there 'would be roughly in Sydney now some 2000 - 3000 athletes using anabolic steroids' and that, extrapolated over the whole of Australia, there would be 'a considerable intake of these preparations'.[160] Dr Millar also made the point that while there may be 3000 athletes using steroids in Sydney alone, in Australia there might be only 200 top athletes who would benefit from using drugs.[161]

2.139 Dr Millar himself sees between 100 and 200 different patients a year.[162] The majority of these are 'just ordinary characters out in the world who are involved in body building'[163] although they cover a lot of other sports as well.

2.140 The Health Department of Western Australia also told the Committee that it is clear that use 'is not confined to a top few athletes, but is taken by strength sportsmen at all levels'.[164]

Use by Children

2.141 One area of particular concern to the Committee has been the extent to which children are making use of performance enhancing drugs, sometimes apparently with the connivance of their parents. Dr Millar told the Committee how he gets 'them

sent around at the age of 14 because at that stage, the boy has great potential'.[165] Dr Millar stated that he does not prescribe steroids for children at that age and would never prescribe for anyone he considered had not completed their growth. However, other doctors, or other sources of supply, may be less concerned.

2.142 The Committee heard allegations that in the mid 1970s junior athletes (16 and 17 year old) were being given steroids in Police Boys Clubs in Sydney.[166] According to Mr Glenn Jones:

> when they were dealing with very young lifters, as in the 13 to 14 age groups [the steroids] were given to parents and the parents were told to make sure that little Freddy or Jimmy took these because they were vitamins and they were important to his lifting.[167]

2.143 An ex-weightlifter said to the Committee that

> In weightlifting over a number of years I trained my way to to being the best. I saw the drug abuse ... I saw not just 13s or 14s, I saw 10- year olds, 11- year olds and 12 year-olds who were getting juiced up for ridiculous level competitions.[168]

2.144 Dr Gavin Dawson described how:

> In the sport of bodybuilding, they see a necessity for steroids in the same way that a beauty queen sees for make up ... This sad situation has descended to junior levels where, because of peer competition, pills are being popped as if they were competing against the Communist countries.[169]

2.145 Dr Gwozdecky, drawing from his experience in Canada, said in that country a lot of the ice-hockey players in the junior ranks (16- 19- year olds) were taking steroids to increase body weight and mass.[170]

2.146 One of the most alarming accounts came from Dr Ken Donald, Deputy Director-General of Health and Medical Services, Queensland Department of Health. He said that from time to time he is contacted by physicians who have 'come across the use of anabolic steroids in quite young teenagers'.[171] He related one instance involving 'two youngsters around 13 who were in serious training' Dr Donald was:

> contacted by a physician who had himself been contacted by the children's grandparents who were surprised at the prescription that the children brought with them when they came to do a training camp ... They were anabolic steroids.[172]

2.147 Dr Webb, in his capacity as Principal Medical Officer of the Australian Rowing Council, told the Committee that a testing program he would put forward, 'given the framework to do it' would be:

> to test our schoolboy rowers or junior rowers at about the time their growth phase finishes to make sure they are not being given them to increase muscle bulk at that time, and then simply training that muscle bulk forever after, which is the way it may be used in the Eastern bloc.[173]

2.148 While steroids are a major concern, and appear to be the most commonly used performance enhancing drug at the moment, they are not the only problem. Moreover, in the case of children it is not just that the drugs may be dangerous, but that the principle of taking a chemical substance to improve performance is itself undesirable. Encouraging children to take vitamins to help them run faster may be as undesirable as giving them something more potent. But parents may well be encouraging children to rely on external aids.

2.149 Dr Webb noted that:

> from little Athletics we observe and are told of various people popping unknown pills around the athletic tracks. We are told about people using the asthma aerosols when they do not, in fact, have asthma.[174]

Dr Webb went on the describe how he, had:

> had patients actually come in to say that they had been told by other parents that [asthma] sprays are good for kids with asthma, so if you use them normally, you can get more air in and more oxygen in and therefore you can run faster or further. We all know they have no effect of normal airways.[175]

Drug Test Results

2.150 The results of drug tests carried out on athletes can give an indication of the extent to which performance enhancing drugs are being used. However, it would be unwise to use the proportion of positive tests as a good indicator of the proportion of participants in any sport taking drugs. Testing tends to be concentrated on competitions, and athletes may adopt drug usage regimens to ensure they are drug free by the time of a competition. Moreover substances such as blocking agents (which slow down the excretion of the drugs being used) also decrease the effectiveness of drug test results as an indicator of the level of drug usage. Corrupt practices in urine collection procedures are discussed in Chapters Three and Seven, while Chapter Eleven demonstrates the ineffective application of the necessary protocols in the Australian Institute of Sport's drug testing program. The difficulties of using drug test results to assess the level of drug usage were demonstrated by the fact that, according to his coach, Mr Ben Johnson had passed 17 post-race drug tests in 1986 and 1987, even though he was taking steroids during that period.[176] These examples show that positive tests may tend to underestimate drug usage. However, the fact

that drug taking may be more common at elite levels may tend to overstate the level of drug abuse, if the sport is taken as a whole.

2.151 Some of the difficulties in extrapolating from test results were suggested by Dr Millar who noted, for example, that:

> The argument that 9 positives were found in Los Angeles and only 8 in Seoul does not prove that there is a lessening of the use of drugs, but is more consistent with the proposition that athletes are more sophisticated now in their knowledge and are able to use drugs more efficiently than they have been done (sic) before so that the present testing procedures are no longer able to catch up with the user.[177]

2.152 Kelvin Giles told the Committee that 'the ultimate testing situation' would be to test every athlete every three weeks for anabolic steroids.[178] He said that despite:

> the very stringent controls at Seoul there are still people just cruising right through it, because all they have to do is stop taking the drugs 14 to 21 days before they get tested and they are out of their systems.[179]

2.153 Despite the difficulties that exist in interpretation, drug test results are perhaps a more reliable indicator than the purely anecdotal evidence. Moreover, the reliability of the test results can be enhanced by moving to random sampling methods of choosing athletes for testing. Even then, however, it needs to be recognised that the greatest concentration of the users of these drugs may not be in competitive sport, or not at the level at which they would ever be tested.

2.154 Surprisingly, drug test results were seldom mentioned in the submissions received by the Committee, although interesting anecdotal evidence relating to drug testing results was provided by Mr M Kemp. He noted that the introduction of rigorous random

testing programs in Britain, Canada and Scandinavia had 'led to a substantial drop in standards achieved', [180] the fall in standard being a measure of the success of the program.

2.155 The submission from the Australian Weightlifting Federation indicated that in 1986 the International Olympic Committee had tested over 36 000 athletes and had found a 1.7 per cent positive result. The International Weightlifting Federation had tested 1864 weightlifters over the same period and, even though many of its tests were performed in the preparation period prior to major competitions, had 0.9 per cent positive results.[181] The significance of testing in the preparation period is that it can detect the use of drugs which may have been used to build up muscle but which will have disappeared from the body by the time of the competition. Even the 1.7 per cent positive result meant that on these figures the International Olympic Committee had detected 612 athletes taking banned drugs.

2.156 A more detailed analysis of the testing results from IOC accredited laboratories is given in Table 2.2[182] This shows that the percentage of positive tests varied according to the group being sampled. The highest proportion of positives was found when checking competitors prior to major championships (2.76 per cent) and at major international championships themselves (2.49 per cent). The lowest proportion of positive results was found in tests carried out in competitions with national competitors only (1.71 per cent) and at competitions with international competitors which were not major championships (1.51 per cent). These results certainly suggest that the intense pressure associated with international competition is a major factor in leading to drug abuse by athletes.

TABLE 2.2
IOC-ACCREDITED LABORATORIES STATISTICS 1986

Summary of Samples Analysed by Accredited Laboratories in 1986

	Number of samples	Number of negative samples	Number of analytically positive A-samples	Per-centage
Competitions with national competitors only	15533	15272	265	1.71
Competitions with international competitors	5227	5148	78	1.51
Major international championships	4449	4338	111	2.49
Samples collected out-of-competition (but see below)	6505	6368	137	2.11
Checking of competitors prior to major championships	1268	1233	35	2.76
Total	32982	32359	627	1.90

Frequencies of detected substances, grouped in classes of dope agents (compare detailed list):

Classes of Dope Agents	N
A. Stimulants	177
B. Narcotics	23
C. Anabolic Steroids	439
D. Beta-Blocker	31
E. Diuretics	2
F. Sedatives	15
Total	687

Survey

2.157 The most detailed information on drug use by Australian sportspeople comes from a survey intended to determine what drugs athletes were taking. This survey was funded by the Federal Government in 1978 and is now inevitably out of date. Nevertheless, it does provide the only detailed evidence on this matter available to the Committee at this time.

2.158 The following summary of the survey and its results is taken largely from the submission provided by the National Program on Drugs in Sport.[183]

2.159 The survey involved a simple questionnaire of personally-reported drug use. It was distributed by the sporting organisations of 31 sports to 14 200 sportspeople, who were asked to complete the survey anonymously and return in a 'Business Reply Post' envelope to the Australian Sports Medicine Federation. The overall response rate was 28.7 per cent and the final analysis was based on a sample of 4064 sportspeople. There were respondents from a wide range of ages although about 60 per cent were between 16 and 25 years. Over 70 per cent of respondents were male. All states were represented in the survey. The survey concentrated on the highest levels of Australian sports, with a smaller sample of local level competitors for comparison. Both professional and amateur sportspeople were surveyed.

2.160 The relatively low response rate and voluntary nature of the survey probably indicates an underestimate of the drug abuse problem in sports. Even in an anonymous survey, drug-using athletes are unlikely to be completely honest, or indeed, complete the questionnaire at all.

2.161 The concentration on high level sportspeople is one of the limitations of the survey and the Australian Sports Medicine Federation has recommended that the survey should be repeated, in order to update the information, and be extended, to include 'non-elite, low profile, recreational and social sport', as well as 'gymnasia, health and fitness programs and "health food" outlets, particularly in regard to nutritional supplements'.[184]

2.162 The drugs that respondents had used directly in connection with their sporting activities were grouped into eight identifiable categories. There categories were:

- vitamins and food supplements;
- anti-inflammatory drugs for sporting injury;
- pain relieving drugs;
- drugs for asthma, nasal congestion etc.;
- drugs to reduce body weight;
- anabolic steroids;
- stimulants; and
- sedatives and tranquillisers.

2.163 This list is much wider than the list of banned substances prepared by the International Olympic Committee and many of the drugs involved have quite legitimate uses in sport as elsewhere.

2.164 The survey indicated that about 5 per cent of the survey sample had used considerable numbers of drugs in connection with competitive sport. Many of these individuals had used dangerous drugs, or drugs that are banned from sport by international convention, and a few had used drugs that were illegal in Australia. In the group of sportspeople who had used drugs extensively there was a slightly higher proportion of males than females. Professionals were on average more likely to have used many different types of drug. There was a peak in heavy drug use

among respondents aged between 16 and 30 years, but there were also individuals among the younger and older competitors who had used drugs extensively.

2.165 Although there were major differences between sports in the proportion of respondents who had not used drugs (only seven per cent of powerlifters and 15 per cent of all swimmers had not used drugs, while over 50 per cent of shooters had not used drugs), there were individuals from almost all sports who had used drugs extensively. This was a very important finding. It meant that drug use was not confined to a few competitors in a few easily identifiable sports. Although the overall problems associated with drug use may not have been as prevalent in some sports or among some age groups as others, there was no sport and no age group for which it was unheard of for individuals to have used different drugs. The one common factor appeared to be that the higher the level of competition, the more likely it was that the individual competitor had used drugs extensively, independent of the age, sex or sport of that competitor.

2.166 No simple picture, in which potential drug abuse was limited to a few competitors in a few easily identifiable sports, emerged. The situation appeared quite complex, with potential drug abuse taking many forms - from overuse of relatively harmless food supplements, through potentially damaging reliance on drugs for the treatment of sporting injury, to the use of illegal stimulants and the use of large doses of many anabolic steroids.

2.167 The survey concluded that there appeared to be a significant problem with drug use in Australian sport, with drug use affecting all ages, all sports and all levels of competition to some extent. Overall, the evidence collected in the survey showed that there were several aspects of the use of drugs by Australian sportsmen and women that gave cause for concern. Perhaps one of the more worrying findings from the survey,

however, was that more respondents said that it was their intention to use anabolic steroids in the future than had admitted to using them in the past.[185] In other words, the Survey found that the problem was going to get worse, and that this was so particularly in the case of the most serious of the drugs being examined.

Conclusion

2.168 There is no doubt that the use of performance enhancing drugs presents a problem in Australia, as it does elsewhere. However, the nature of the problem and its extent have not received the community discussion that they deserve. As Dr Donald pointed out, it is not even clear what community attitudes are on some of the issues involved.[186] Two reasons for this may be a perception that the problem is restricted to small numbers of elite athletes, and a general lack of understanding of some of the health risks involved.

2.169 The Committee accepts that drug taking in Australian sport is widespread, and that anabolic steroids in particular are used in any sport in which power is an advantage. Moreover drugs are being used at all levels of sport and by most age groups, although the extent of use varies widely from one sport to another. The survey of drug abuse in Australian sport, for example, found that 22.4 per cent of powerlifters had used anabolic steroids, as had 15.7 per cent of weightlifters, but that only 1.2 per cent of cricketers, 1.1 per cent of cyclists and 0.8 per cent of water polo players admitted to using these drugs.[187] Given the unacceptable health risks posed by anabolic steroids, these figures demonstrate a serious problem, some solutions to which are discussed in the next two chapters.

2.170 The Committee believes that there is an immediate need to update the Survey of Drug Abuse in Australian Sport. The coverage of the survey should be extended to non-elite

sportspeople. In addition to establishing drug usage patterns it should also attempt to identify social attitudes to the problem and canvass the views of those involved in sport other than as athletes. A survey should also be carried out of suppliers of drugs used by sportspeople, including gymnasiums, doctors and health food outlets.

Recommendation 3

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

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

(ii) **carry out a survey of community attitudes to the use of drugs in sport and the attitudes and practices of non-competing sportspeople (administrators; coaches, sports scientists); and**

(iii) **carry out a survey of the attitudes and practices of those individuals and organisations involved in the supply of performance enhancing drugs, particularly doctors, gymnasiums and health food outlets.**

1. Evidence p. 564
2. Evidence p. 315
3. Submission No. 10 p. 1
4. Evidence p. 61
5. Evidence p. 5k
6. Evidence p. 1751
7. Evidence p. 195
8. Submission No. 10 p. 2
9. Hayden Opie, Drugs in Sport, - Legal Issues, paper presented to the Drugs, Society and Leisure Conference, 1 July 1988.
10. Evidence p. 1665
11. Evidence p. 198
12. Submission No. 10 p. 1
13. Evidence pp. 198-9
14. Submission No. 10 p. 2
15. Evidence p. 195
16. Evidence p. 195
17. Submission No. 22 p. 31
18. Submission No. 12 p. 2
19. Evidence p. 1306
20. Evidence p. 566
21. Evidence p. 287
22. Evidence p. 1306
23. Evidence p. 408; See Appendix 5 of this report
24. Submission No. 10 p. 5
25. Hayden Opie, 1988, op. cit. p. 1
26. Evidence p. 405
27. Submission No. 11 p. 2
28. Evidence p. 33k
29. Evidence p. 253
30. Evidence p. 413
31. Evidence p. 287
32. Evidence p. 243
33. Appendix 5 of this report
34. Submission No. 8 p. 1; Evidence p. 405
35. Evidence p. 404
36. Submission No. 10 p. 1
37. ibid
38. Evidence p. 244
39. Evidence pp. 244-5
40. Evidence p. 668
41. Evidence p. 1566
42. Evidence p. 1689
43. Evidence pp. 1299-1300
44. Evidence p. 50
45. Evidence p. 1732
46. Evidence p. 6k
47. Evidence p. 50
48. Evidence pp. 1097-8
49. Evidence p. 1736
50. Evidence p. 405
51. Evidence p. 4k
52. Submission No. 15 p. 5
53. Evidence p. 448
54. Evidence p. 6k
55. Evidence p. 61
56. Evidence p. 1306
57. Evidence p. 472

58. Evidence p. 474
59. Evidence p. 480
60. Evidence p. 221
61. Evidence p. 1723
62. Evidence p. 268
63. Submission No. 2 p. 2
64. Evidence pp. 464-5
65. Evidence p. 4k
66. Submission No. 7 p. 1
67. Evidence p. 72
68. Evidence p. 4-5k
69. Evidence p. 16
70. Submission No. 10 p. 9
71. Evidence p. 48
72. Evidence p. 708
73. Evidence p. 483
74. Evidence p. 482
75. Evidence pp. 358-9
76. Evidence p. 359
77. Evidence p. 359
78. Evidence p. 359
79. Evidence p. 360
80. Evidence p. 360
81. Submission No. 7 p. 1
82. Submission No. 21 p. 5
83. ibid.
84. Submission No. 21 p. 6
85. Evidence p. 1306
86. Evidence p. 1307
87. Evidence p. 1306
88. Evidence p. 421
89. Evidence p. 245
90. Evidence p. 1671
91. Evidence p. 1153
92. Evidence p. 1142
93. Evidence p. 1354
94. Submission No. 54, Attachment p. 6
95. Evidence p. 19k
96. Submission No. 21 p. 1
97. Evidence p. 1751
98. Submission No. 10 p. 1
99. Evidence p. 61
100. Submission No. 21 p. 1
101. Evidence p. 201
102. Evidence p. 1306
103. Evidence p. 1751
104. Evidence p. 61
105. Submission No. 11 p. 1
106. Submission No. 11 p. 2
107. Evidence p. 61
108. Evidence p. 312
109. Submission No. 18 p. 2
110. Submission No. 22 pp. 35-6
111. Submission No. 22 p. 41
112. Submission No. 21 p. 2
113. Evidence p. 201
114. Submission No. 15 p. 5
115. Evidence p. 198

116. Submission No. 21 p. 2
117. Evidence p. 1308
118. Evidence p. 1307
119. Submission No. 2 p. 1
120. Evidence p. 405
121. Evidence p. 288
122. Medical Practice, 20 July 1987 p. 3
123. Evidence p. 1307
124. Evidence p. 1696
125. Evidence p. 62
126. Submission No. 21 p. 3
127. Submission No. 21 p. 3
128. Evidence p. 61
129. Submission No. 21 pp. 3-4
130. Evidence p. 61
131. Submission No. 21 p. 4
132. Submission No. 7 p. 2
133. Evidence p. 1694
134. Evidence p. 1615
135. Submission No. 10 p. 7
136. Evidence p. 62
137. Submission No. 21 p. 7
138. Ibid.
139. Evidence p. 1219
140. Evidence p. 1689
141. Ibid.
142. Evidence p. 287
143. Submission No. 24B, Section 3
144. Evidence p. 744
145. Submission No. 2 p. 2
146. Evidence p. 218
147. Evidence p. 230
148. December/January 1987-88, p. 68
149. Evidence p. 734
150. Evidence p. 8
151. Evidence p. 555
152. Evidence p. 1665
153. Submission No. 19 p. 1
154. Evidence p. 1603
155. Submission No. 8 p. 1
156. Evidence p. 4k
157. Letter from Arthur Tunstall, Secretary-General, The Amateur Boxing Union of Australia, to Secretary, 26 July 1988
158. Evidence p. 195
159. Submission No. 7 p. 1
160. Evidence p. 199
161. Evidence p. 205
162. Evidence p. 231
163. Evidence p. 218
164. Submission No. 15 p. 3
165. Evidence p. 222
166. Evidence p. 730
167. Evidence p. 756
168. Evidence p. 761
169. Evidence p. 1331
170. Evidence p. 441
171. Evidence p. 1297
172. Evidence p. 1297

173. Evidence p. 429
174. Evidence p. 430
175. Evidence p. 431
176. Peter Benesh, 'Drugs are the weapons in war: Francis', The Sydney Morning Herald, 9 March 1989
177. Evidence p. 198
178. Evidence p. 33
179. Evidence p. 34
180. Evidence p. 6k
181. Submission No. 10 p. 4
182. National Program on Drugs in Sport. Report into the requirements for Sports Drug Testing in Australia, 1987. p. 29
183. Evidence pp. 63-5
184. Evidence pp. 245-6
185. Survey of Drug Abuse in Australian Sport, Australian Sports Medicine Federation, December 1982, p. 159
186. Evidence pp. 1299-1300
187. Evidence p. 99

CHAPTER THREE

DRUG TESTING

INTRODUCTION

3.1 Drug testing is intended to ensure compliance with the regulations of the various sporting bodies. It does this by ensuring that athletes using drugs do not win competitions at the expense of those who do not. More importantly, however, drug testing can be used as a means of reducing the use of performance-enhancing drugs. An effective drug testing program requires explicit rules for selecting athletes for testing, collecting their urine samples, testing for substances and follow-up action. It also requires the development of uniform national policies and a co-ordinated approach by the Commonwealth, the States and the various sporting organisations.

3.2 Reducing the use of performance-enhancing drugs (doping) does not stop with the program of testing. This section of the report will also discuss the closely related areas of drug policy, education programs, appeal procedures and the independence of test programs.

HISTORY OF DRUG TESTING

3.3 In the 1964 Olympics, four years after cyclist Knut Jensen died as a result of drug use in his event, testing for the use of stimulants was introduced in cycling events. Stimulants, such as amphetamine, were known to increase alertness, reduce

fatigue and increase competitiveness and hostility. In the 1968 Olympics, testing of stimulants was extended to all sports and routine testing introduced.

3.4 In 1971, the IOC Medical Commission published the first list of banned substances including both stimulants and narcotic analgesics. Athletes were, as a result, routinely tested for these substances at Olympic Games. Narcotic analgesics, which include morphine and its related compounds, have a history of abuse both within and outside sport. They have the effect of reducing pain and inducing feelings of euphoria, but have significant effects on breathing and have a high risk of addiction.

3.5 Anabolic steroids were first banned in 1974 by the IOC Medical Commission when the technology to detect these substances was developed. These are chemicals closely related to the male hormone testosterone and have been used to increase muscle bulk, strength and power and to increase aggressiveness. They can have deleterious effects on health as described in Chapter Two. In contrast to the other substances banned before 1974, the greatest effect of anabolic steroids is gained during the training phase. The drug may not be present at all in the athlete's body at the time of competition, yet still enhance performance. This will be discussed further in later sections.

3.6 In the 1982 Brisbane Commonwealth Games, a test was introduced to detect the use of testosterone to enhance performance. This hormone is present in all healthy people of both sexes, but in varying amounts. When taken it has similar effects to anabolic steroids in increasing strength, power and aggression, but also has greater masculinising effects than anabolic steroids. Detection was based on comparing the level of testosterone with that of a closely associated chemical in the body (epitestosterone). If testosterone is ingested the ratio between the two will be greater than that normally found in a healthy person. In 1982 a test was also introduced for caffeine.

This set a proscribed level well above the level commensurate with everyday drinking of tea, coffee or cola drinks. Caffeine is a mild stimulant which can be abused by the use of excessive amounts to increase alertness and reduce fatigue.

3.7 Another class of medications, beta-blockers, was included on the list of banned substances in 1985. These drugs, which are used to control high blood pressure and other heart problems, can be used to reduce tremor in sports, such as archery or shooting, which require fine movements. Blood doping was also banned in 1985. This is a practice where an athlete's own blood or the blood of someone else, is transfused into the athlete before competition. This has the effect of increasing the blood's ability to carry oxygen to the muscles and increases endurance.

3.8 In 1987, the IOC Medical Commission included diuretics in the list of banned substances and these are now tested for at sporting events. Diuretics increase the production of urine and lead to dehydration. They are used in sport for two purposes. One is to reduce weight to meet weight limits for sports such as rowing or weightlifting. The second purpose is to dilute any trace of anabolic steroids in the urine at the time of competition testing, when the use of anabolic steroids had ceased some weeks previously. The IOC Medical Commission has also banned practices which alter the integrity and validity of urine samples. One named example is a drug called probenecid which inhibits the excretion into the urine of anabolic steroids.

3.9 Many of the drug tests and banned substances mentioned above will be described in greater detail in following sections of this chapter.

PURPOSE OF DRUG TESTS

3.10 The most important objective of a drug testing program is to deter athletes, and others associated with athletes, from

using performance-enhancing drugs. Drug testing can also help ensure that those using performance enhancing drugs are not able to claim sporting records or titles achieved with their assistance. The deterrence effect of a drug testing program may be produced in more than one way. Most obvious is the fear of being caught. However, Dr P Gwozdecky, Sports Medicine Director of the Australian Ice Hockey Federation, told the Committee that:

> one of the best rationales for drug testing that I have heard was from some American kids at a school being tested. They found that the enforced random testing rules helped them to combat the strong peer pressures to experiment by giving them an even stronger reason on top of their own decision not to partake. The kids found this a comfortable out that they could relate to.[1]

3.11 To be effective, a drug testing program must result in a high perceived risk of detecting drug use, have appropriate penalties, and be associated with an education program to alert athletes of the risk of detection. The testing program should provide clear and unambiguous results which should be able to stand up to the scrutiny to which they would be subject in a court of law and it should be associated with efforts to reduce the availability of drugs to athletes. Without all of these elements a drug testing program would be ineffective, and would not deter athletes from taking drugs. The existing testing program in Australia has not met all these conditions. For example, Mr Kemp commented that:

> The testing program in Australia is basically regarded as a joke by the athletes. In the case of track and field the only tested meet is usually the national championships and they know when that is on, so athletes can easily organise their schedules to avoid the testing.[2]

SELECTION FOR TESTS

Athletes at Risk

Introduction

3.12 If testing is to deter drug use it is necessary that the group from whom selection of athletes for testing will be made includes all athletes likely to use drugs. The evidence before the Inquiry indicates that virtually all sportsmen and sportswomen are at potential risk of using performance-enhancing drugs: all sports, all ages and both professional and amateur.

3.13 All athletes who compete at an international level are at risk of being tested. In major international events, including the Olympics, it is normal for the first three or four place-getters to be tested along with two others chosen at random from the list of competitors.[3] It is not certain, however, that this system has always operated fairly. Mr Kelvin Giles cast some doubt on this when he described how:

> When I toured Europe before I retired in 1986 from track and field coaching, taking Australian teams and other teams from around the world through Europe to the major meetings that go on there, I would very often be asked by the meet director or one of his aides, 'Are all the members of your group okay for drugs testing? Would you mind submitting to drug testing? Although we never had to answer 'No, we do not want anybody touched on this one', it was obvious that, if you said, We do not want to be tested; they will be found positive' they would not test you.[4]

3.14 In Australia two overlapping groups of athletes are subject to testing: those who compete in national championships and those associated with the Australian Institute of Sport (AIS) or the Australian Sports Commission (ASC). Fourteen sports in Australia have drug testing programs, either at major sporting

events or random testing at other times.[5] All athletes holding AIS scholarships or under the Sports Talent Encouragement Plan of the AIS are subject to random testing.[6] During 1988, all potential Olympians were also at risk of being tested.[7] In addition, some professional sportspeople may be subject to testing.

Banned Athletes

3.15 Given that one of the functions of a drug testing program is to discourage identified drug users from continuing to use drugs, it is clear that athletes who have been banned from their sports as a result of drug use should continue to be included in the group of athletes subject to testing. Mr Haynes from the National Program on Drugs in Sport commented that:

> there is no doubt that certain athletes in the past overseas have used the two-year proscription from sport as a great opportunity to bulk up, [use steroids] while not competing.[8]

3.16 Banned athletes have already demonstrated a propensity to use drugs and, it could be argued, should be subject to more frequent testing. Moreover, it would be appropriate that testing carried out during an athlete's suspension be carried out at the athlete's expense. Of course, athletes banned for life with no possibility of reinstatement need not be tested as they cannot compete.

3.17 For this system to work, banned athletes should be given the option one year before they are to be reinstated of paying for four tests in the next year or not applying to compete in the sport. if an athlete subsequently changes his or her mind about wishing to compete, testing paid for by the athlete should be

carried out for one year before the athlete would be allowed to compete. This would effectively prevent 'bulking-up' during a period of suspension.

Discussion

3.18 One obvious criticism of current drug testing programs in Australia is that their coverage of athletes is limited to those associated with the AIS or potential Olympic selection. This is a narrow group of between 300 and 500 athletes. Mr Haynes of the National Program on Drugs in Sport commented that:

> One of the biggest problems with the testing program is that there certainly is too great a focus from the Institute and from other government backed programs.[9]

3.19 The Committee received evidence that the use of performance enhancing drugs is not limited to international and Australian ranked athletes. While Mr Giles thought that elite athletes were 'vulnerable' because of their training environment and current ratings,[10] both Dr Millar and Dr Dawson were able to state that their overwhelming experience with anabolic steroid use was with 'ordinary run of the mill people'.[11] Dr Millar had experience with bodybuilders and footballers while Dr Dawson's experience was mostly with bodybuilders but included sports such as powerlifting, weightlifting, middle-distance running and underwater diving.[12] The range of athletes who used banned substances is described in more detail in Chapter 2. The Committee notes, however, that some major professional sports such as Australian Rules Football, which are at risk of drug abuse, do not have testing programs in place.[13]

3.20 It is clear that a testing program which concentrates only on the top 300 athletes in Australia would not address a significant drug abuse problem amongst ordinary sportspeople in sports such as bodybuilding or powerlifting. The proportion of

athletes using anabolic steroids obviously varies across different sports and at local, state and national levels of performance. The lack of testing programs in professional sports is an area of major concern. The Committee is of the opinion that the risk of being tested should extend to all potential users of drugs and that the level of risk should reflect the likely level of use. This means that high risk sports such as weightlifting would attract a high frequency of testing, while low risk sports would be included but attract a relatively low frequency of testing.

Consent

3.21 A requirement that athletes be included in a drug testing program opens up the general debate about civil liberties and rights to privacy. It is important to note that athletes in all sports voluntarily give up rights and agree to abide by arbitrary rules as part of the game. All athletes understand that abiding by the rules of the game, and accepting penalties imposed by referees and umpires, contributes to the health, safety and enjoyment of a sport. Drug testing, however, is remote from the actual event and in the case of testing for anabolic steroids, imposes conditions on the way an athlete trains for an event.

3.22 There is no doubt that drug testing is 'invasive of an athlete's bodily privacy' and it is necessary to ensure that testing does not unfairly compromise athletes' fundamental rights. This is perhaps especially the case with random and targeted testing, as opposed to event testing. Mr Hayden Opie, lecturer in law at the University of Melbourne, noted, however, that:

> the narrow legal point which needs to be made is that so long as athletes agree to participate in testing their legal rights to privacy are not infringed.[14]

For this reason it is widely recognised that athletes must consent to participate in drug testing programs.[15] This consent is now automatically included in scholarship agreements, entry forms and team agreements. This may raise the question of 'whether it is fair and reasonable that such a requirement be imposed'[16] and it is notable that US courts are increasingly restricting drug testing of athletes, citing rights of privacy and other civil rights.[17]

3.23 In considering whether it is reasonable that sportspeople be required to give consent to being subject to drug testing it is important to note that they are not compelled to participate in sport. If they object to drug testing they can choose not to be involved in sports. However, those who decide to participate have a right to fair competition and, especially in the professional sports, they have a right to compete against athletes who are not using performance enhancing drugs. This is not only a matter of fairness, and ensuring, a 'level playing field' to the extent that that is possible. It is also because the use of drugs can result in damage to others through loss of control or poor co-ordination. An example is provided by steroid usage. A submission to the Committee from the Canberra College of Advanced Education Sport Studies Centre, pointed out that increased aggression is considered an advantage by some, but that it can reach uncontrollable and dangerous levels. The submission gave examples, including that of a bodybuilder who reached out of his car to push away a truck he felt was too close.[18]

3.24 Given that testing is warranted, there is much that can be done to ensure that an athlete's rights are properly guarded. In particular, this involves the establishment of detailed rules and procedures for conducting the tests. This means that athletes can challenge test results with the allegation that the required rules and procedures have not been adhered to and, if there is substance to such a claim, the test result cannot be used as a basis for penalising the athletes. This is why the Committee

views with considerable concern the many cases brought to its notice in which the necessary protocols have not been followed. The is discussed later in this Chapter, and particularly in Chapter Eleven dealing with the AIS drug testing program.

3.25 Because drug testing is based on consent it is not legally permissible to compel submission to a test. Mr Opie warned that:

> Occasionally, an athlete will withdraw a prior consent and, if that occurs, it is not legally permissible to compel submission to a test. This has meant that the rules governing tests must provide for some form of penalty, usually disqualification, for a failure to submit to a test.[19]

3.26 Society accepts some infringements of civil liberties when the benefits are great. Random breath testing is a good example where drivers accept that police can interrupt their journey, without due cause, to test them for alcohol. The benefit to society is fewer drink drivers and reduced effects of road crashes. In drug testing, athletes are asked to provide urine samples and be tested for drugs for their own benefit. As a result, they are able to compete against fellow athletes who are not cheating, or in a drug-induced aggressive state. Although a drug testing program in effect becomes compulsory for sports people because the option of no longer competing is not one they are likely to consider, the Committee believes that such an infringement of rights is completely justified. In some contact sports, steroid-induced aggression may even threaten serious irreversible injuries.

Selection Basis and Timing

Introduction

3.27 There are three different types of drug tests which differ on selection basis and timing:

- Competition or event testing, which occurs during or immediately after a competition or event. The typical example would be Olympic Games testing;

- Random testing during the non-competitive times, where athletes are selected by an unbiased method at any time throughout the whole year;

- Targeted or discretionary tests where athletes are selected for a test because they are at the stage of their training when drug use is most likely. An example would be to test weightlifters for anabolic steroid use some 6-8 weeks before a major competition.

3.28 Internationally, it is rare for tests to be conducted at anytime other than at competitions, and then usually only major competitions. A common basis for selecting athletes for testing is their result in the competition (for example, first four place-getters) and an element of random selection among other competitors. Random selection means that each athlete has an equal chance of being selected using an unbiased method. In a few countries, such as Norway, athletes are subject to tests during training without prior warning.[20]

3.29 The National Program on Drugs in Sport advised the Committee that approximately 80 per cent of the 500 tests conducted in 1988 were taken 'at random during training'.[21] The Committee believes that some proportion of these tests in the AIS and AOF testing programs were not strictly random and involved

elements of targeted testing such as full squad testing at the AIS or testing AOF athletes on reports of suspicions. Nevertheless, it is important to note that only a small proportion, the remaining 20 per cent, was conducted at competitions.

3.30 At the AIS most athletes were selected for testing using what was described as a 'lotto' system of numbered balls.[22] This system developed from one using dice and random number tables.[23] This is a strictly random process. A small proportion of athletes was also tested as a group at the discretion of the AIS director.[24] The basis on which the Director chooses to exercise this discretion is unclear. A full analysis of the AIS testing program is given in Chapter Eleven.

Discussion

3.31 Testing during competition (or immediately after an event) aims to detect the use of drugs which enhance performance during competition and which have to be present in active amounts during the competition. This applies to all of the banned classes on the IOC list, except anabolic steroids. Dr Corrigan commented that:

> These days the problem with stimulants is very small and because stimulants are taken at the time of the event the ability to pick them accurately is very good.[25]

3.32 However, Dr Corrigan identified anabolic steroids as the 'major problem in the world today', and commented that:

> If you are going to control them there is no way you are going to do it, as is presently done, by measuring people after the event. The only way that it would be done is for there to be a world-wide agreement or system so that you could random test any athlete during the training season.[26]

3.33 The overwhelming weight of evidence received by the Committee supported the need for testing for anabolic steroids outside of competitions and in 1988 the World Conference on Antidoping in Sport recommended that:

> Out of competition doping controls should be introduced as soon as possible by the international federations and national sports organisations on a year-round basis.[27]

3.34 Conducting random tests for anabolic steroids during the athlete's non-competitive periods can be considered inefficient to the extent that it may be possible to concentrate testing on periods when anabolic steroids are most likely to be used. Mr Giles described how:

> Basically, in one Olympic year you would go through to phases of training that will demand that you are at destructive levels of training, and they [steroids] are taken during those destructive levels, so each should be tested at least twice, but probably four times. It should be twice in that critical cycle that you can predict, and then twice again.[28]

Mr Hurst agreed:

> It is the heavy workload phase that sets up the rest of the competitive season, so it is in the heavy workload phase that they would presumably be taking steroids or most other things.[29]

Ms Lisa Martin shared this view:

> I think Australia should set up a random body for drug testing and test athletes at random throughout the year, not just in competition, but probably also when they are doing their strength building phases of training.[30]

3.35 It was suggested to Mr Haynes that testing during peak training times would be an important component of a drug testing program. He agreed and commented that:

> one of the big problems is trying to escape this random nature because you can end up with a fairly ineffective program. You have to have something more than random. Obviously, it is no good saying, 'We are going to test you once every three months' or 'We are going to test you once on a Monday' or 'All AIS athletes will be tested on a Monday'. We have to get away from that random nature and I think we have to use the expertise that we have. If we are going to invest what will amount to hundreds of thousands of dollars of tax-payers money we have got to make it as cost-effective as possible, I believe. While there should always be some sort of random element, there has to be some other mechanism.[31]

3.36 These criticisms suggest that because of the nature of anabolic steroid use, it is virtually no use testing for them only at the time of competition. Athletes are well aware of how long before a competition they should stop using anabolic steroids so as to have no traces in urine at the competition; the so-called 'clearance time'. Only athletes unskilful in the use of anabolic steroids are likely to be caught by competition testing. Testing for anabolic steroids must be directed to the non-competition phase of an athlete's yearly schedule. Further, because the times when steroids are most effectively used in an athlete's training schedule are predictable, testing should be targeted to those periods to maximise the deterrent effect for the least number of tests.

3.37 From what has been said it is clear that an effective drug testing program should include a proportion of competition testing, random testing and targeted testing. Table 3.1 shows the advantages and disadvantages of each of these regimes. In the Committee's view it is necessary, in order to protect the integrity of a drug testing program, that 25 per cent of tests

should be random. An appropriate mix might be to have 50 per cent of the remaining tests targeted and the remaining 25 per cent used for competition testing.

TABLE 3.1
ADVANTAGES AND DISADVANTAGES OF DIFFERENT DRUG TESTING REGIMES

A. Competition Testing

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

- Does not deter steroid abuse

B. Random Testing

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

- May waste testing funds in low risk areas

C. Targeted Testing

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

---

- Opens testers to allegations of bias and favouritism

Australian Olympic Federation (AOF) Testing Program

3.38 The random testing program undertaken by the Australian Olympic Federation (AOF) on potential Olympic athletes from 1

January, 1988 was subject to criticism from a number of witnesses who appeared before the inquiry.

3.39 Dr Millar said that because the AOF gave prior notice of its random testing program it was bound to be ineffective. He stated that to identify athletes using performance enhancing drugs 'you would ring them up today and tell them you wanted them on Friday'.[32]

3.40 Mr Darren Clark, an Olympic athlete agreed:

> If it was up to me I would have them go out and test them straight away and get rid of them.[33]

Mr Hurst, Mr Clark's coach, went further to suggest that:

> I cannot see any reason for taking steroids after Christmas, after New Year, because the selection trials are usually in March and the State titles are in February. That is the testing period - that is the high competition phase. Presumably nobody would take drugs during the competition period, so the time to test them would be in the September to December period.[34]

3.41 Dr Millar's criticism was that athletes were given notice in November 1987 that a random testing program would begin on 1 January 1988, allowing them to cease using anabolic steroids by that date and avoid detection. Mr Hurst's criticism was that the testing program was carried out when it was too late. The period when athletes would have used steroids was in the last months of 1987. The program neither detected steroids users, nor deterred them from using steroids in their yearly cycle.

3.42 Mr John Coates, Vice-President of the Australian Olympic Federation (AOF), responded to this criticism:

> We brought in our doping policy on 6 November [1987] - and I am aware this is a criticism from Dr Millar - and we brought in a life ban for the first time. We thought it only proper that we give notice that we would start testing on 1 January. I do not think it would have been the right thing to do by the athletes to have tested the very next day, which would have then resulted in a retrospective doping policy - retrospective by two or three months. As I said, the purpose of a strong doping policy such as ours is the deterrent element. It is not to catch athletes. We want to make it quite clear to athletes that, if they had been taking drugs for sport enhancement, then they stood a very grave risk of being selected by us, and we gave them due warning. I think that was the proper thing to do.[35]

3.43 Mr Coates also said that there was a possibility that some athletes may have been subjected to a life ban if sufficient time to discontinue the drugs was not allowed.[36] He stated that:

> If they did not stop taking drugs by 1 January then they would have been very foolish.[37]

3.44 While these comments address the criticism of Dr Millar, they do not address the criticism of Mr Hurst that the testing program would have allowed steroid-using athletes to gain the full benefit of their illegal practice during the February-March- April competitive season leading to Olympic selection.

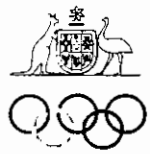
3.45 Dr Ken Fitch, Chairman of the Medical Commission of the AOF, indicated that 'only legal, ethical and logistic factors' necessitated a six week period to make practical arrangements before testing could begin. These arrangements included setting up the tests and requesting National Sports Federations to agree to allow the AOF to test their athletes, obtain lists of potential Olympic athletes and seek their consent to testing.[38]

3.46 Dr Fitch's evidence is contradicted by a memorandum from Mr Coles (AOF Secretary-General) to Executive Directors and Secretaries of National Sports Federation in June 1987. (Figure 3.1) The memorandum stated that:

> the AOF has determined that there will be frequent testing for potential Olympic Team members commencing in January, 1988 and continuing after selection by the AOF until the Games commence ...
>
> The AOF is concerned that practices prohibited by the IOC are prevalent and so will make the results of testing, including any positive results, public. We will do so after National Federations submit the signed Competitor's and Officials' Agreements with their proposals for Team selection to the AOF Justification Commission. In other words, while a test carried out in January may prove positive, we will delay any announcement until May, by which time we will have a contractual relationship with all Team members and thus the legal protection of the indemnity to be given by them. ...
>
> Would you please ensure that full details of this Memorandum are brought to the attention of all your potential Olympic Team members and make it a condition of entry to all State and National competitions in 1988 for competitors seeking Olympic selection, that they will be required to be available for testing by the AOF.[39]

3.47 This memorandum advised potential Olympic athletes that a drug testing program would be commenced in January of 1988. This gave athletes six months notice of when the program would begin. The memorandum was acknowledged by the meeting of the AOF Executive on 6 November 1987 when changes to the doping policy were made.[40]

FIGURE 3.1



AUSTRALIAN OLYMPIC FEDERATION
INCORPORATED

MEMORANDUM

TO: EXECUTIVE DIRECTORS/SECRETARIES OF NATIONAL FEDERATIONS

FROM: P.W. COLES - AOF SECRETARY-GENERAL

RE: AOF'S POLICY ON DOPING

DATE: 29-6-87 JDC/PWC:HMG/380/077

It is timely for me to remind you of the AOF'S attitude to doping by providing you with a copy of our policy statement on the matter.

I also particularly refer you to the provisions relating to drugs, etc. in the Competitors' and Officials' Agreements which must be signed by members of our 1988 Olympic Teams. In this regard the AOF has determined that there will be frequent testing for potential Olympic Team members commencing in January, 1988 and continuing after selection by the AOF until the Games commence.

Testing will not be random. Instead, at the direction and under the supervision of the AOF Medical Commission, testing will be carried out on athletes from sports and disciplines in which it is considered likely or reported to me that athletes may be taking or using drugs or stimulants or participating in other practices prohibited by the IOC.

The AOF is concerned that practices prohibited by the IOC are prevalent and so will make the results of testing, including any positive results, public. We will do so after National Federations submit the signed Competitors' and Officials' Agreements with their proposals for Team selection to the AOF Justification Commission. In other words, while a test carried out in January may prove positive, we will delay any announcement until May, by which time we will have a contractual relationship with all Team members and thus the legal protection of the indemnity to be given by them. Any athletes or officials involved in prohibited practices will then be dealt with in accordance with our policy and agreement with them.

.../2

LEVEL 1, SPORT HOUSE, 157 GLOUCESTER STREET, SYDNEY, NSW 2000, AUSTRALIA
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Australian Olympic Federation (AOF) memorandum in June 1987 advising all sports that testing would begin in January 1988.

Would you please ensure that full details of this Memorandum are brought to the attention of all your potential Olympic Team members and make it a condition of entry to all State and National competitions in 1988 for competitors seeking Olympic selection, that they will be required to be available for testing by the AOF.

I know I can rely on your full co-operation when members of the Medical Commission or the Team Medical Section attend your athletes' training or an event for the purpose of testing.

Regards,

PHIL COLES
Secretary-General

ccs: Mr. R. Harvey, A.I.S.
Mr. S. Haynes, National Program on Drugs in Sport
Dr. K.D. Fitch, AOF Medical Commission
Seoul Olympic Team Executive
Seoul Olympic Team Section Managers
AOF Melbourne
AOF Executive Board

Distribution:

- 1988 Summer Olympic Sports
- 1988 Winter Olympic Sports (for information re Policy)

<AOF-DOPING>

3.48 It is quite clear that potential Olympic athletes were provided with an opportunity to use anabolic steroids during the non-competitive, training phase of September to December in 1987, provided they ceased the use of steroids in time to avoid detection in a random testing program beginning in January 1988. The performance-enhancing effects of steroids used in this manner would continue, to a diminishing degree, throughout the competitive season of February to April in 1988. In effect, drug-assisted athletes could be assisted to gain selection in the Olympic team over their drug-free competitors, and then perform below their previous standard at the Olympics because of the AOF testing program. Two classes of athletes were created; the drug free athletes who were disadvantaged, and the drug-assisted athletes who gained funding, prestige and selection but who performed poorly at tested international events.

3.49 It is also clear that the AOF could have begun a random program in, say, September of 1987, and withheld announcing any test results until May 1988, as indicated in the memorandum. The first of January 1988 was an arbitrary date which did not take into account the practical realities of steroids use.

3.50 There were good reasons for not applying the newly announced life bans from the day they were approved on 6 November 1987. However, this was a separate issue from the implementation of the testing program which was foreshadowed six months earlier. A life ban might only have applied from 1 January 1988, even if a random testing program had been operable since September 1987.

3.51 Considering the extensive questioning of the AOF about the six weeks notice given to athletes that testing would begin, and the defensive position adopted by the AOF, the Committee views with concern the fact that six months notice was given and that AOF officials were aware of this when giving evidence. It is absurd that the Committee only found out about the six months notice through a routine request for the minutes of a relevant

meeting. The Committee views the attitude and conflicting evidence of the AOF with scepticism, and can only conclude that the prime consideration of the program was not to prevent drug use but to allow affected athletes to pass drug tests during selection trials.

Frequency of Tests

Introduction

3.52 The more frequent the tests and the greater the probability of being tested, the greater is the deterrent effect. However, this is not an issue in testing programs carried out at competitions. As mentioned previously, the place getters and other randomly selected athletes are usually tested both internationally and at major events in Australia. For elite athletes who are using stimulants or any other drug used in the competitive phase, frequent testing is assured. However, the Committee is aware of athletes who have refused to take part in drug-tested competitions because they know that they will test positive.

3.53 In the case of anabolic steroids, however, the frequency of tests during training is crucial to the deterrent value of the testing program. Most athletes using steroids would be taking no more than two or three courses (each of six to eight weeks duration) a year. Infrequent testing would mean that they were unlikely to be tested while actually on a course.

3.54 In the AIS random testing program, one athlete and later two athletes were selected for testing each week.[41] Whole AIS squads were also tested at the Director's discretion and up to 20 July 1988 the weightlifting, track and field and cycling squads had been tested.[42]

3.55 The AOF also carried out random tests in 1988. It conducted 148 tests with little or no notice but some of these were at competition.[43] As previously discussed, none were carried out in the non-competitive training phase in late 1987. The effect of this policy was therefore to advantage users of anabolic steroids for the selection process but not for the Olympics itself, where they would have been at a disadvantage to athletes from countries with no random pre-games tests.

Discussion

3.56 The AIS agreed that the frequency of tests in its program provided 'a minimum form of deterrent'.[44] Dr Fricker estimated that to be sure all athletes in any group are clean they would need to be tested once every six weeks.[45] This is presumably because a steroid program would typically last 6-8 weeks. Mr Talbot, former Executive Director of the AIS, indicated that quarterly testing would not be frequent enough to be sure of deterring athletes.[46]

3.57 There is a difference between being certain that athletes are not using anabolic steroids, and having a testing program of such frequency that the risk of detection becomes unacceptably high to the athletes. The suggestion by Dr Fricker and the view of Mr Talbot are concerned with making detection certain. However a program designed to detect half, or even one third, of steroid-using athletes is likely to be an effective deterrent because the risk of incurring serious penalties would become unacceptable.

3.58 Mr Haynes proposed that an effective program would involve the selection of an elite pool of about 350 athletes to be tested four times each year during training and at sporting events.[47] If this program followed the suggestion of Mr Giles that two tests be targeted during the destructive level training phases,[48] this would seem to be an effective level of deterrence

for that group. In addition to this elite group, Mr Haynes suggested that all other (non-elite) athletes be subjected to 300 random and targeted tests during training, with another 300 tests at national and State competitions. Combining both proposals, the program would require about 2 000 tests per year. The cost of such a program would be $400 000 for analysis, $70 000 for two full-time drug testing officers and $50 000 for travel expenses.[49]

COLLECTING TEST SAMPLES

Introduction

3.59 Both internationally and in Australia, urine samples at competitions are meant to be obtained under IOC Medical Commission guidelines. A rigorous set of procedures for collecting samples protects the rights of an athlete and reduces challenges to the results of a test on the grounds that the sample was contaminated or substituted.

3.60 Dr Ken Donald described the collection procedures for the 1982 Brisbane Commonwealth Games in his book The Doping Game. Once athletes were selected for testing, they were accompanied by a chaperone directly to the collecting centre. The athlete was not allowed to pass urine before reaching the collection centre. On arrival, the Specimen Identification Form and Information for Laboratory Form were completed. The athlete then selected, at random from a large number, three bottles and a collection container in a sealed bag. Drinks were made readily available. When the athlete was ready to urinate, the chaperone viewed the passing of at least 50ml of urine into the collection container. The athlete and accompanying official then watched urine being poured into each bottle, which was then sealed with an identifying label, inserted into a yellow security mesh which was

in turn lead-seal crimped with a special insignia. They were then packed in transportation foam boxes to be sent to the laboratory. If the athlete and official were satisfied with the procedure, they signed accompanying forms.

3.61 These procedures, or very similar ones, should apply for all competition-based drug testing programs where the samples are to be sent to an IOC accredited laboratory.

3.62 In non-competition based programs, the initial stages are modified. For example, in the AIS program, the guidelines were that residential athletes were sent a notification to attend a test at the medical centre and had to report to the nurse no later than 5pm on the day following the selection. An athlete outside of Canberra was required to report to a nominated doctor in the relevant city within five days of the dispatch of a registered letter advising them of selection.[50] The extent to which these requirements were met is discussed in Chapter Eleven.

Discussion

3.63 Allegations have been made that urine collection procedures can be overcome in many ways and that they may not always be as carefully managed as they should. For example, the Committee has been provided with a letter written by an AIS coach to the Australian Athletic Union which states:

> At the Birmingham competition I accompanied [an athlete] for a dope test ... No attempt was made to identify the person presenting for the test. Had I tried I am sure that I could have passed myself off as [the athlete]
>
> [He] was unable to pass a specimen at the time of his first reporting to the officials. He was then allowed to leave the testing room and told to report back in one hour. During that time he was not supervised by any testing official. On reporting back ... [he] objected to being required to pass a specimen into a

> container which was not sterile and which had been used previously by other athletes ...
>
> Finally when passing the specimen, [he] was not strictly supervised. He was able to go into a cubicle on his own, a situation that could allow attempted abuses of the procedure.[51]

3.64 Mr Glenn Jones alleged that Mrs Gael Martin told him:

> a little story about how she had been sitting in the testing room at the women's world [powerlifting] championships in Belgium, with the [International Powerlifting Federation] commissioners. She indicated to them that she was finding it hard to urinate after a heavy exertion and that she had a glass of beer with her to replace fluid that she had lost ... the women's team coach ... distracted the IPF officials whilst Mrs Martin poured beer into one of her urine samples ... she believed that ... it would dilute the concentration in the sample sufficiently for her not to test positive.[52]

3.65 Ms Howland alleged that Sister Beasley, the nurse who collected the urine samples at the AIS, was involved in a cover-up of a positive test by tipping the sample down the sink.[53] This was denied by Sister Beasley,[54] and Dr Fricker pointed out that an allegation of this nature showed an 'appalling lack of understanding of dope testing procedures'.[55] A fuller discussion of AIS drug testing procedures will be found in Chapters Five and Eleven, where it will be shown that the lack of adherence to required protocols has meant that there is no reason to assume that 'sink tests' did not occur.

3.66 It has also been alleged that Ms Howland's urine was replaced by another athlete's urine at an athletic meeting in Belfast. This was denied by Ms Howland,[56] and is discussed in full in Chapter Seven. However, if the IOC Medical Commission procedures are followed in collecting a urine sample, it is difficult to see how a sample could be destroyed. A new sample

would have to replace the old one and this would need to be sealed with a different number which would not match the documentation signed by the athlete. Similarly, replacing one urine sample with another would be impossible without the collusion of the collecting centre and officials, or without drastic physiological measures such as injecting urine into an athletes bladder (as was admitted to the Canadian Dubin inquiry).

3.67 Dr Millar described a situation in which he envisaged that the collection procedures could be interfered with, and a positive result declared:

> What would happen is, here is, your top [to the bottle] and you [the sample collector] just happen to have some anabolic on your finger which you put in the top and you give it to him. He will just put it on and you will tip it up and down and off he goes; he is found positive.[57]

Although this scenario is possible, it relies on the complete dishonesty of a randomly assigned chaperone or an organised corruption of the testing procedures by the officials of the collection centre. Regardless of how comprehensive the procedures may be to protect the rights of the athlete, a total corruption of the system in either collecting or testing will over-ride these protections. This is an argument for the independence of the system from sporting organisations, all of which have vested interests in the performance of athletes.

3.68 So far as Australia is concerned, Mr Haynes advised the Committee that a full-time drug testing officer has been appointed to the National Program on Drugs in Sport to collect the urine samples for athletes in the lead up to the Commonwealth Games in 1990. He also indicated that two full-time testing officers would be needed for his proposed program of about 2 000

tests per year.[58] This use of independent drug testing officers having a detailed knowledge of correct procedures, and no vested interests in the athletes being tested, should be encouraged.

TESTING THE SAMPLE

Introduction

3.69 This section is concerned with the process that follows once the sealed urine sample arrives at the laboratory until the laboratory advises officials of the results of the analysis. It is important that the methods used should provide accurate and unambiguous results which, given the possibility of legal appeals, should be able to stand up to the scrutiny to which they would be subject in a court of law. Moreover, in the interests of fairness, it is important not only that positive tests indicate the presence of a banned substance, but that negative tests demonstrate the absence of such a substance.

International Situation

3.70 At the international level, the analysis of urine samples is carried out by laboratories accredited by the IOC Medical Commission. These laboratories must satisfy a stringent set of procedures before a urine sample can be declared positive.

3.71 The tests they carry out seek to establish the presence of drugs on the IOC Medical Commission list of banned drugs. These include stimulants, narcotic analgesics, anabolic steroids, beta-blockers, diuretics and chemicals which interfere with the analysis such as probenecid. Certain drugs such as alcohol, local anaesthetics and cortico-steroids are subject to certain restrictions.[59] For some substances the laboratory is required no only to detect the drug but also to show that it is above a

proscribed limit. For example, caffeine is only declared positive if the level in the urine exceeds 12 micrograms/ml. Similarly, levels for alcohol are set from time to time by individual sporting federations.[60]

3.72 Problems also exist with natural hormones, such as testosterone. In fact, because of the natural variability between individuals and over time in natural hormone levels, no proscribed limits are set for any hormone except testosterone. In other words, of all the natural hormones capable of producing performance enhancing effects, such as human chorionic gonadotrophin and human growth hormone, only testosterone is detectable with current technology. This is done by comparing the ratio in urine of testosterone to epitestosterone. A positive is declared if the ratio is greater than 6, because this is considered to be far beyond the bounds of natural variability.[61]

3.73 In almost all situations at the international level, urine samples originate from competitions and the samples are tested for the full range of banned classes of drugs. The most common methods involve radioimmunoassay, thin layer chromatography and a combination of gas chromatography and mass spectrometry.

3.74 The current cost of tests for the complete range of banned classes is about $200 and slightly more ($250) for the second test used to confirm a positive result from the first sample tested.[62] It is possible to test only for the classes of drugs that are likely to be used in training, such as anabolic steroids, diuretics and probenecid, but the reduction in cost of the analysis is minimal.

3.75 The IOC Medical Commission has developed a rigorous system of laboratory accreditation. This system requires a laboratory seeking accreditation to describe in detail how it would detect all of the list of banned classes, including minimum

concentrations detected in human urine and the maximum time required to conduct the tests. The laboratory must then analyse a series of control samples under the supervision of an expert. If the samples are correctly identified within three days, the laboratory may be accredited. In addition, every two years each laboratory is required to analyse correctly 10 samples as part of the continuing accreditation program.[63]

3.76 It was recommended at the 1988 World Conference on Antidoping in Sport that laboratories should be encouraged to undertake research into analytical biochemistry and pharmacology relevant to drug testing, in order to detect more effectively performance-enhancing drugs.[64] This is another important role of network of accredited laboratories.

Australian Situation

3.77 Between 1982 and 1987, the Royal Brisbane Sports Drug Testing laboratory was accredited by the IOC and carried out all necessary tests in Australia, particularly those associated with the Commonwealth Games in Brisbane in 1982.[65]

3.78 In January 1987, the laboratory underwent the biennial IOC reaccreditation process and was required to correctly identify eight samples. The laboratory failed to identify four of the substances in these samples and accreditation was withdrawn.[66] Dr Corrigan stated that the failure of the Brisbane laboratory to maintain accreditation was not a matter of funding alone.[67] Mr Haynes agreed and indicated that there was a 'conflict' in that the laboratory also provided a routine pathology service for the whole of Queensland.[68]

3.79 During 1987, many sports continued to send urine samples to the Brisbane laboratory for analysis, despite the loss of accreditation and the ambiguous situation in respect of action required if positive tests were identified. These sports included

rugby league, cycling, body-buildling, weightlifting, powerlifting, athletics, rowing and ice-hockey. As Dr Johnson, the drug laboratory supervisor states:

> none of the organisations for whom positive urine samples were detected followed up official IOC accredited laboratory confirmation of these samples.[69]

Positive samples detected during this period were largely for the stimulant pseudoephedrine (possibly from cold tablets). They were from New South Wales Rugby League, the Queensland Rugby League and the Queensland Cyclists Association. Three samples provided by the International Federation of Body Builders were positive for anabolic steroid metabolites and/or testosterone. The lack of follow up action is discussed in a later section of this Chapter and will be further considered in the subsequent inquiries of this Committee.

3.80 In August 1987 the Brisbane laboratory informed most major sporting organisations that the drug testing service would be discontinued. A few prior bookings were honoured until October 1987.[70] At present urine samples handled by the National Program on Drugs in Sport are sent overseas to an IOC accredited laboratory for analysis.[71]

3.81 Soon after the loss of accreditation in Brisbane, the National Program on Drugs in Sport, on behalf of the Australian Sports Commission, (ASC) called for expressions of interest from analytical laboratories in Australia to undertake procedures leading to IOC accreditation. As a result, the ASC selected the Australian Government Analytical Laboratories in Sydney to proceed to seek accreditation.[72]

3.82 It is anticipated that provided the Sydney laboratory successfully conducts the testing program for the Auckland Games in February 1990 under the supervision of Professor Donike of the Cologne laboratory, IOC accreditation could follow almost immediately.[73]

Discussion

Sensitivity of Tests

3.83 Testing for the presence of a banned drug is not always a straightforward process. As Dr Corrigan noted:

> You have a problem nowadays that the testing mechanisms, the testing methods, are so incredibly specific that you pick up parts per billion. ... Because of that this is now a biological thing and you have a problem of where you are going to set your level of confidence in your test. ... You draw a line of confidence and you can have that wherever you like. You could take it down a bit and you would be picking up 20 people or you could put it up a little bit.[74]

3.84 All laboratories are required to indicate their minimum levels of detection in the initial accreditation process,[75] and this establishes a de facto limit for each drug above which the result is determined be positive and below which the result to determined to be negative. Dr Corrigan commented that as the tests become more sensitive 'it is going to be a nightmare'.[76]

3.85 It is not known what control the IOC exerts over the detection limits of each laboratory, and it is perhaps best if this knowledge is not made public to be used by drug users. However, it appears to be a characteristic of drug users that they will attempt to find out the detectability limits of each laboratory where their urine samples will be sent. Dr Donald indicated that the Brisbane laboratory received several requests

for this type of test, called screening tests, prior to the Commonwealth Games.[77] Screening tests provide athletes with knowledge of the limits of detectability of a laboratory (including information of what drugs they cannot detect at all), and allow them to use anabolic steroids closer to the date of competition. The Committee has been told that in some circumstances athletes are not prepared to compete in events where they do not know the detection limits of particular laboratories or analytical equipment.[78]

3.86 Screening tests also enable athletes to determine the clearance time of particular drugs. Ms Sue Howland alleged that athletes known to her had screening tests conducted at the Cologne laboratory.

> They send in tests at, say, 10 days, eight days, six days. They check it all out and say 'That has got nothing in it, and that one has got this amount in it'. ... If you know that you have taken this drug and you can go right to the wire at six days, whereas normally for most people it is, say, 10 days, you will go right to the wire at six days. If you get tested you know that you are okay.[79]

3.87 Despite a belief that the testing technology is becoming more and more sensitive, this does not seem to be the case. Mr Haynes commented that:

> Over the last five years the technology and methodology involved in drug analysis have not changed. They may have become a little more sensitive. Unfortunately, there are a lot of myths around concerning what the chemist can and cannot detect and what the athlete can and cannot get away with.[80]

3.88 Dr Millar pointed to the case of Mr Linford Christie at the Seoul Olympics. Christie was found positive for the banned drug pseudoephedrine, but apparently in minute quantities. His

sample from a previous event at the Games, which had tested negative, was retested and found to be positive. Mr Christie was not disqualified.[81]

3.89 Dr Millar used the Christie case as an example of the decision-making process that is necessary with levels of drug near the limits of detectability:

> Everybody seems to feel that tests are either yes or no, but tests can vary from, say, nought to ten. Five is yes, 4.9 is probably no and 5.1 is probably yes. There are all these vagaries along the way, that is what makes it difficult.[82]

3.90 Dr Donald made it quite clear that in the operation of the Brisbane laboratory for the Commonwealth Games, there was some discretion within the laboratory in calling a result positive.[83] This is one reason why any independent drug testing commission should be required to publish not just the results of its testing program, but full details of any anomalous results and possible explanations for them.

3.91 It is clear that de facto limits exist for all banned drugs. These are determined mostly by the limits of detectability of the analysis. There may also be a tendency to not report positives just above the detection limit for substances which may have been taken inadvertently and for which the levels identified are not high enough to enhance performance. Pseudoephedrine is an example which is commonly found in cold medications. Perhaps a more effective approach would be to set very low proscribed limits, near to the limits of detectability, for drugs such as anabolic steroids which are unlikely to be used inadvertently, but to set higher limits for more common drugs which are unlikely to enhance performance unless taken in greater amounts. This would remove any element of discretion in the laboratory, leaving it to an appeal processes. If reasonable limits are set, it would also be unlikely that positive results would be overturned

on the grounds of inadvertent use. The Committee believes setting appropriate limits is an important requirement. It is clearly inappropriate for laboratory technicians to decide an athlete's future without some unambiguous guidance.

Proscribed Levels

3.92 The reasonableness of proscribed levels is a major issue in the case of caffeine. Dr Donald states that:

> The Commonwealth Games in 1982 was the first sporting event in which a quantitative level for caffeine had been set, and as a laboratory we were very nervous about that.[84]

The level recommended for the Commonwealth Games was 15 micrograms/ml of caffeine in urine. This was based on an informal experiment conducted by the Brisbane laboratory which gave 500 milligrams of caffeine (the equivalent of 5-10 cups of coffee) to 20 volunteers. Over the eight hours following, levels of caffeine in the urine varied between 4 micrograms and 18 micrograms/ml.[85] The fluid intake was not measured. Dr Donald comments:

> All we have set out to demonstrate ourselves in that study was that given an average person under average circumstances, and given the equivalent of 5 to 10 cups of coffee what would happen to his or her urinary caffeine? What is the sort of limit that could happen to ordinary people's urinary caffeine? The answer is that they can go as high as 18 or as low as 4.5.[86]

3.93 The level of 15 micrograms/ml of urinary caffeine was agreed to by the Brisbane laboratory on the basis that it was 10 times the normal dietary level of caffeine of 1.5 micrograms/ml. This normal dietary level was established in the study of 20 volunteers and in a study of the urines of 130 athletes participating in the SGIO Mini Games in 1981.[87]

3.94 The Brisbane laboratory was aware that the proscribed limit of caffeine could be reached by a competitor drinking 5 to 10 cups of coffee in the two hours before the event, but an assumption was made that athletes would not do this and would only compete with normal dietary level of caffeine. Ten times that normal level was set as the proscribed limit.

3.95 The New Zealand Commonwealth Games Association gave the following advice to its athletes competing in Brisbane in 1982:

> CAFFEINE
>
> A mild stimulant found in tea, coffee and cola drinks. Roughly, a dose of 600mg of caffeine (equivalent to 6-12 cups of tea or coffee) would be required to produce a urine level of 15[micrograms/ml] in a 4hr urine sample. Antimigraine drugs, Cafergot, Ergodryl and migril each contain 100mg.[88]

3.96 At the Seoul Olympics, the proscribed level of urinary caffeine was 12 micrograms/ml. Despite the lowering of the caffeine level, Mr Alex Watson alleged that when the Australian Olympic Team was gathered in Canberra prior to the Games, Dr Sando, an Olympic Federation doctor, advised that 'an athlete would have to consume 20 cups of strong coffee in an hour to go over the Olympic limit'.[89] Clearly, this advice was contrary to the rationale for setting the proscribed level well above the normal dietary level achieved before competition. The level is set on the assumption that the athlete does not consume caffeine during the event. However, this information was available to Olympic athletes, including Mr Alex Watson, prior to the Games. The National Program on Drugs in Sport booklet Over the Counter Preparations, produced in March 1986 stated:

> the social use of caffeine prior to a competition, e.g. a cup of coffee, cola drink, bar of chocolate, will not produce a positive result unless excessive amounts are consumed in approximately a four hour period, e.g.

about 8 cups of coffee, or 10 cans of cola, or 3 family bars of chocolate, etc.[90]

3.97 Evidence was received by the Committee arguing that the caffeine level recorded by Mr Alex Watson at the Seoul Games of 14.25 micrograms/ml could have been reached by the regular consumption of coffee during the day's competition.[91] However, this is not the issue. The IOC Medical Commission set a proscribed level for all competitors, and they should know how to avoid passing that level. The issue is that Mr Watson and his manager were allegedly misinformed about the number of cups of coffee required to reach the proscribed level, or even the aim of tests to deter athletes from consuming caffeine during competition.

3.98 In the light of information Dr Donald provided on the rationale behind the proscribed level of caffeine at the Brisbane Commonwealth Games in 1982, the level set by the IOC appears reasonable. An athlete is unlikely to be found positive through the social use of caffeine preparations before competition. However, the IOC Medical Commission, in the pursuit of rigour, stated only that caffeine levels should not exceed 12 micrograms/ml in urine, and did not indicate that the intent of that level is to restrict consumption during competition while allowing social consumption before competition.[92]

3.99 The Committee has noted that, at the time of writing, the matter of Mr Watson's ban as a result of caffeine use is being considered by the AOF appeals committee. It is possible that this issue may require further investigation in later deliberations of the Committee.

Natural Hormones

3.100 It is clear from the discussion of drugs used to enhance performance that the natural hormones of the body can be injected into the body to enhance the strength or endurance of an athlete.

These hormones include testosterone, human chorionic gonadotrophin, human growth hormone and erythropoietin.

3.101 The IOC Medical Commission guidelines state:

> Testosterone: the definition of a positive depends upon the following - the administration of testosterone or the use of any other manipulation having the result of increasing the ratio in urine of testosterone/ epitestosterone to above 6.[93]

It is not sufficient to demonstrate the presence of testosterone, which is a natural hormone in both males and females. Further, it is not acceptable to set a high level of testosterone, well above the normal level in the population, as the proscribed limit indicating doping. A certain percentage of people will always be over that limit and elite athletes are a select group outside the normal range on most indicators.[94]

3.102 The approach adopted by the IOC Medical Commission is to compare the level of testosterone in urine with another similar hormone, epitestosterone. The ratio between the two is said to be constant and any additional testosterone will upset the balance.[95]

3.103 Dr Donald was critical of the science underlying this approach to detecting testosterone doping:

> with epitestosterone, to my knowledge, nobody is aware of the pathways at this point in time of that control. I am also not aware that the range of functions of epitestosterone in the body - what it does, why it is there - has been elucidated. There are theories, but the question is far from resolved. In my view, to use a hormone when you are not sure what it is doing there and how it is controlled as the baseline for a ratio with something else, is scientifically very suspect. I think it is an absolute hallmark of the sorts of problems we have with doping control in sport, where not

> enough research has been funded and done to even allow the rules, as they stand in some cases, to be scientifically justified.[96]

3.104 Dr Donald found that the ratio of testosterone to epitestosterone varied between 12:1 to 1:30 in the urine samples tested at the 1982 Commonwealth Games. The normal ratio is 6:1. He believed that this great variation was probably due to variations in the level of epitestosterone, although manipulations using probenecid were also suspected once the use of this substance became known.[97] Dr Donald commented that:

> I took the view that if we obtained a result which we considered to be methodologically sound, within the ratio proscribed, then that would have been called positive. But the results we obtained in my view, and in the view of the scientists at the laboratory were not methodologically sound.[98]

3.105 Dr Donald also pointed out that the test would be easy to circumvent by an injection of epitestosterone to balance up the ratio.[99] Dr Millar similarly commented that:

> If you knock off the injectable [anabolic steroid] three months before and you change over then to testosterone, you will be able to go right up to the Games with that, provided that the day before the event you have an injection of epitestosterone, which interferes with the level between the two of them.[100]

3.106 Despite the difficulties with the testosterone doping test, testosterone represents the only natural hormone which is both detectable and banned. Doping with human chorionic gonadotrophin is banned but not detectable. Doping with human growth hormone, erythropoietin and any other enhancing hormone is not yet banned by the IOC.[101] Human growth hormone is, however, banned by the US Olympic Committee.

3.107 Blood doping, the injection of the athlete's own blood back into the athlete before competition, is also banned, but no reliable tests have yet been developed to detect this illegal practice. Ms Lisa Martin indicated that she had never been to any event where there was a test for blood doping, although she believed that a blood-based test was under development and could be in place by 1992.[102] A report in the December issue of The Olympian[103] stated that Dr Tapio Videman of Finland and Dr Inggar Leireim of Norway have developed a test for blood doping which involves comparing the amount of haemoglobin in the blood with the amount of substance that would create the haemoglobin naturally. The test was said to be able to prove beyond doubt when an athlete had received a transfusion of someone else's blood, but was less than 50 per cent effective in detecting when athletes had received a transfusion of their own blood. The Federation Internationale de Ski had agreed to introduce blood doping tests on a trial basis for two years.

3.108 One delegate to the World Conference on Antidoping in Sport is reported to have said there 'wasn't a rat's chance in hell' that doping with human growth hormone, a natural substance in the body, could be detected.[104] Presumably, this also applies the other natural hormones while the present technology is based on urine analysis.

3.109 Dr Donald suggested that although urine analysis will remain the 'best broad medium for carrying out tests', blood tests may be needed to examine doping with natural hormones. He commented that:

> We will need to measure blood levels and some hormones and we will need to measure ratios of hormones in the blood before we can put together a profile which would satisfy me that we are not going to set up a system which will convict innocent people.[105]

3.110 Dr Donald also suggested that doping practices will move into the area of natural brain hormones (endorphins) in the future.[106]

3.111 Because some currently known and practised drug usage involving natural hormones is neither banned nor detectable, it is possible for well-informed athletes to use performance-enhancing drugs right up to the day of competition without fear of detection.[107] They do this by using the relatively inexpensive anabolic steroids during the untested training phase. They then change-over to the undetectable but more expensive natural hormones nearer to the days of competition. In effect, athletes with better medical advisers have a significant advantage over other athletes.

3.112 Although the IOC Medical Commission has stated that its policy is to ban only those drugs which are detectable in urine, events have overtaken this approach and the IOC banned list now includes undetectable substances (human chorionic gonadotrophin) and practices (blood doping).[108] Perhaps the approach should also be extended to include acceptance of evidence other than a positive drug test, of athletes engaging in illegal practices. For example, witness statements, substances in the possession of an athlete and other evidence normally acceptable in a court of law. Of course, safeguards to natural justice must also be in place, and this will be discussed in a later section. There may also be a need to encourage athletes to supply voluntarily blood samples for experimental purposes when they supply urine samples for testing. This would enable research on means of detecting the natural hormones. The collection of blood samples would, in many cases, be faster and certainly less embarrassing for the athlete, than the provision of urine samples.

Second Sample Testing

3.113 The IOC requires that both of the urine samples collected are tested and found positive before any action can be taken. This further protects the rights of athletes. Confirmation tests are usually more thorough and more expensive.[109]

3.114 Mrs Gael Martin was critical of the procedures involving the testing of her second sample by the International Powerlifting Federation. Evidence was received that a second sample can only be tested if the first is positive and the athlete gives permission. Mrs Martin alleged that her first sample was negative and that, without her permission, the second sample was tested and found positive. She was subsequently banned for three years on the basis of this result.[110]

3.115 Ms Howland was able to describe the more acceptable procedure:

> You get your first test analysed and then if it has come up positive they talk to your manager; they talk to you; they ask you if there is any reason that this has been found in your system and then they go ahead with your manager and/or you present to watch the second test opened.[111]

Ms Howland alleged that this procedure was not followed in her banning:

> With me last year the IAAF people did the first test without anybody at all knowing. Then they said, 'You have come up positive; that is it. I was given no say. I do not even know, still, the quantities. There was nobody there to prove that it was my test. It could have easily been rigged.[112]

3.116 The IOC policy is that an athlete should be present when the second sample is opened. This allows the athlete to check the seals, numbers and matching signature to establish that the sample is his or her own urine. The AIS amended its policy in March 1988 to accord its athletes these same protections.[113]

INVESTIGATIONS AND RESEARCH

Post-test Investigations

3.117 At the international level, each individual positive result in the IOC system would be considered by an international or national committee and the athlete involved would be given an opportunity to explain the circumstances surrounding the result.[114] The previous section, however, provided evidence that this ideal process does not occur in every case.

3.118 The case of Mr Linford Christie, a British athlete at the Seoul Olympics, provided an example of this procedure. He or his representatives were able to explain to the IOC Medical Commission that the small amount of pseudoephedrine found in his urine was due to the inadvertent use of a ginseng tablet some days before his events. Mr Alex Watson stated that:

> he [Mr Christie] was able to establish, because he had the strong backing of his Olympic Federation and it obviously put forward a good case, that he had taken ginseng tablets containing a banned substance, pseudoephedrine, not for deliberate reasons, to get an unfair advantage, but merely to counteract a throat infection that he had and I think they made the right decision in not disqualifying him.[115]

3.119 Mr Watson, however, was critical of the support and assistance he received from the AOF in presenting his case when his urine sample was found to be positive for caffeine.[116]

3.120 The Australian Olympic Federation (AOF) confirmed that they would conduct a hearing if a positive result may have been inadvertent.[117] Importantly, the AOF also indicated that its doping policy is:

> targeted at any coach, official, medical officer or other person who aids, abets, counsels, procures or is knowingly involved in an athlete's breach of any of those doping policies.[118]

3.121 Despite the position indicated by the AOF, it appears there is little, if any, investigation of the circumstances surrounding positive drug use by an athlete in Australia. The involvement of coaches and officials is not investigated, nor the source of the banned substance. Athletes have been banned, but there is no mention of action taken against coaches, managers or doctors.

3.122 The World Conference in Anti-doping in Sport concluded:

> Doping infractions should be investigated to determine the possible involvement of others beyond the athlete him/herself (e.g. coaches, sports body staff, medical staff etc.).[119]

Research

3.123 Dr Donald provided examples of a laboratory identifying unusual results in the urine sample, which were not positives according to IOC guidelines. Urine samples from the 1982 Commonwealth Games showed extremely low testosterone to epitestosterone ratios which could not be called positive doping, even though there was a high probability that the testosterone physiology had been manipulated.[120] These unusual results were not followed-up and investigated.

3.124 It would be appropriate for a drug testing laboratory to attempt to investigate all questionable urine analysis results. This is not to suggest that an athlete should be found guilty of using a performance-enhancing drug which has not been banned, but only that information from such research could be crucial in fighting the development of new methods of doping. All IOC accredited laboratories should exchange this type of information and continue to develop policies which reflect improved detection techniques. Moreover, athletes who produce anomalous results which suggest the use of blocking agents or masking agents could be subjected to additional targeted testing.

3.125 Laboratories should also adopt a structured approach to researching new doping substances and testing techniques. The 1988 World Conference on Antidoping in Sport recommended that:

> Research and development into analytical biochemistry and pharmacology should be encouraged in doping control laboratories. New data should be circulated and results published quickly in order to speed the adoption of techniques and policies shown to be necessary.[121]

The National Program on Drugs in Sport has already indicated an intention to establish a research program along these lines.[122]

Non-Test Investigations

3.126 It is reportedly well-known that certain cycling teams and marathon runners are using blood-doping in the knowledge that it is undetectable using present techniques. This throws into disrepute the credibility of testing policies and procedures.

3.127 No evidence has been presented to the Committee that an antidoping policy should involve more than a physical test of drugs present in the body. However, in cases where there is clear evidence of doping practices which would normally be accepted by

a court of law, it would seem reasonable to impose sanctions without the need for a positive test. As an extension of this it would be reasonable to allow officials from the drug testing program to seek evidence of drug abuse other than that coming from a test. This would at least reduce the incidence of athletes flouting the intent of anti-doping policies by the use of blood-doping and natural hormones, such as human growth hormone, to the open knowledge of their competitors.

OUTCOMES OF TESTS

Advice of Results

Introduction

3.128 A positive result from competition-based testing programs is generally reported to a committee representing the organisers of the competition. In the case of the Olympic Games this is the IOC Medical Commission, a reputable and expert body. In Seoul, it was reported that there were 20 positive results advised to the Medical Commission for which no further action was taken.

3.129 Ms Lisa Martin provided evidence that even when positive results are reported to a national body at a national competition, further action does not necessarily follow. She stated that:

> When the TAC, [The Athletic Congress] of the United States of America tested 17 athletes positive at its 1988 US Olympic trials, one newspaper announced that 17 people were tested positive and that it would start revealing the names, but they were never revealed - that was squelched. My agent, Brad Hunt, was present at this meeting that was held immediately after the trials, when the Olympic team for the United States was named. Those athletes were told of the meeting, 'Please be aware that

> when you go to Seoul the testing will count', which as far as I am concerned, implies that testing at the US Olympic trials did not count.[123]

3.130 Mr Kelvin Giles said that in the European track and field circuit, there is corruption, and that this corruption extends to the drug testing programs.[124] As a general rule, IOC accredited laboratories are supplied only with a numerically identified sample and it is the body requesting the results which controls any action as a result of positive tests. The laboratories analysing the samples do not know the athletes involved.

3.131 In Australia the same general rule applies, that the body who orders the tests controls any action as a result of a positive test. Dr Les Johnson, the Drug Laboratory Supervisor in Brisbane, reported that even though positive tests were identified in 1987, and notified to the relevant sports bodies, none were followed-up for confirmation at an IOC accredited laboratory.[125] This follow up would have been necessary if any action was to have been taken.

3.132 The results of the AIS random testing program were provided to the AIS administrators and the Australian Sports Commission before action could be taken. Chapter Five discusses some aspects of this procedure when the athletes concerned were taking steroids for allegedly legitimate medical purposes.

Discussion

3.133 The most obvious criticism of these procedures is that sporting bodies, by controlling the tests and being responsible for taking action on positive results, have a conflict of interest. It can be argued that a major concern would be to protect the sport from any bad publicity accompanying a positive result. Mr Glenn Jones, for example, gave evidence that six

positive tests in powerlifting were found 'technically faulty', not only protecting the image of the sport, but also saving some of the executives of the sport from a ban that would have been imposed if the positive result had been confirmed.[126]

3.134 Dr Millar was critical of the formation of 'cartels' within the international organisations such as the IOC Medical Commission. He believed that blocks of countries could agree to support each other in agreeing to vote against a positive test for their own athletes, regardless of the circumstances. He argued that only athletes from the small countries outside these 'cartels' were found positive at the Olympics.[127]

3.135 Even if a rigorous and effective testing program is in place, the deterrent value of the program can be undermined if the sports body with the vested interests of the sports image has complete control of the results. Only when a testing authority has complete independence from the sporting federation will this be the case.

Penalties

3.136 Dr Ken Donald observed in 1983 that athletes were 'outed for periods as short as 9 months - a far cry from Sebastian Coe's request for a life ban'.[128] At the other end of the scale, the Australian Olympic Federation, the Australian Institute of Sport and the Australian Sports Commission are prepared to impose life bans on athletes found guilty of using performance enhancing drugs.[129] About 10 other nations out of the 160 national Olympic Committees impose the life ban penalty.[130] Dr Donald noted that:

> A life ban for an athlete in modern society is a very major penalty: it can be the equivalent of a fine of many millions of dollars; it is also an accusation and a conviction to be carried for the rest of the person's life ... It is a very severe penalty.[131]

3.137 Dr Corrigan and the National Program on Drugs in Sport advocate a two year penalty for a first offence.[132] In Ms Sue Howland's case, the IAAF imposed a two year ban for her positive drug test and she was reinstated after 18 months in February 1989.

3.138 The size of the penalty plays an important role in the effectiveness of a drug testing program. However, the most effective penalty is not always the largest. An effective penalty must be commensurate with the size of the offence in both the athlete's and community's eyes. A penalty that is too small encourages an athlete to take the risk and commit the offence. In contrast, a penalty that is larger than community expectations is unlikely to be imposed in all but the most obvious cases, just as the death penalty for murder can lead to the acquittal of guilty persons. The Australian Olympic Federation admitted that this is a problem.[133] When there is the slightest doubt concerning inadvertent use, possible tampering with tests or the underlying science, few committees would be prepared to impose such a severe penalty. As a result, a drug testing program would lose credibility with few penalties being imposed as a result of positive tests. On the other hand the procedures could degenerate into long, drawn-out processes of litigation and appeals.

3.139 A more positive approach would be to impose a penalty of two years suspension for a first offence, with all positive tests resulting from deliberate use attracting the penalty. For high-income international athletes, a two year ban is a relatively severe penalty. Any subsequent offences would then be subject of a life ban.

3.140 No penalty is presently associated with inadvertent use of banned substances and the Committee believes this is justified for the first occurrence. Persistent inadvertent use, particularly with the same drug, is another matter. Inadvertent use should not be an automatic defence even when the substance

involved is at a low level and is common in medications. Penalties shorter than two years should be considered for cases of repeated inadvertent doping. Other actions recommended by the Committee in setting proscribed levels and wider drug education will also address the problem of inadvertent use.

3.141 Mr Don Talbot pointed out that the same penalty should be imposed on those who assist an athlete to use drugs, the coach or others.[134] The same penalties should also apply to anyone trying to interfere in any way with the testing procedures, whether by providing clean urine samples for substitution or in any other way.

3.142 It has already been pointed out that banned athletes should be tested for a year before being reinstated to ensure their suspension is not used to 'build-up' on steroids. Athletes should nominate that they wish to re-join competition a year before reinstatement and pay for their own tests during that period. The 1988 World Conference on Antidoping in Sport also raised the issue of banned athletes competing in sports other than the one in which they tested positive.[135] It would seem that consistent antidoping policy would require a banned athlete to be ineligible for competition in any sports while banned. This is a matter that should be addressed in the development of a national antidoping policy, as discussed later.

Co-ordination

3.143 It is important that test results are communicated to all those who need to know them. Within the sports themselves are the international, national, state and local bodies, all of whom need to be informed if the penalty is to be effectively applied. The Committee is aware of one incident in which a local body and international body in powerlifting were aware of a ban, but the national body was not.[136]

3.144 In Australia, there are mechanisms to ensure a reasonably good flow of information from sport to sport, at least for the sports coming under the Australian Olympic Federation or the Australian Institute of Sport umbrella. The emerging role of the National Program on Drugs in Sport also provides a focus for the cross flow of information and co-ordination.

3.145 One area that needs to be improved is the co-ordination of testing authorities with police, customs and health authorities. The National Program on Drugs in Sport admitted that this was an area requiring further development,[137] but there was mention of co-operating with customs or police in removing the source of supply of illegal drugs.

3.146 The Australian Olympic Federation also drew attention to the need for customs, police and health authorities to be more active in reducing the sources of performance enhancing drugs, including more thorough search of athletes entering or re-entering Australia.[138] Providing relevant information on positive drug tests to these authorities would expedite their work in this area. Questions relating to the supply of drugs are discussed more fully in the next chapter.

EDUCATION

Introduction

3.147 The National Program on Drugs in Sport told the Committee that education is 'one of its most successful areas of activity'. The program involves:

> the preparation and dissemination of resource materials designed to increase awareness about the drug issue in sport and of the dangers of drug abuse.[139]

3.148 To support their claim of success, the National Program on Drugs in Sport provided details of the production and circulation of educational materials. Seven hundred resource kits have been provided to schools, colleges, health and sporting groups, and a wide-range of publications has been distributed. There have been over 700 requests for information of a general nature and some 150 counselling sessions with athletes coaches and medical practitioners. Other qualitative comments were offered to support the success of the education program.[140]

3.149 The 1988 World Conference on Antidoping in Sport also identified educational initiatives as an important element in the fight against drug abuse in sport.[141]

Discussion

3.150 The aim of the national Program on Drugs in Sport education initiative is to assist athletes to make informed decisions on the use of performance-enhancing drugs. This is important. However, the success of the program is better measured by its effect on the knowledge and attitudes of athletes, coaches and medical practitioners, rather than by the number of publications produced or distributed. The survey proposed in Recommendation Three will provide a measure of the program's effectiveness. Each sporting body should be encouraged to carry out an educational program specific to their sport. This would be a more effective use of the National Program on Drugs in Sport's educational resources, rather than the more remote attempts to influence school and college students generally. The efforts of the AIS in drug education will be considered later in Chapter Ten.

3.151 The Committee notes that there is a more immediate educational need closely associated with the drug testing program. It would be of no use to conduct an effective drug testing program if the athletes who were at high risk of using

drugs were unaware of the program. Only those caught and punished would be affected, and the deterrent effect would be lost.

3.152 Athletes will be deterred from using drugs if it is made known to them that there is a high risk of being caught and that a severe penalty is almost certain to result. Those responsible for drug testing must also be responsible for educating athletes about the 'threat' of the program. Athletes should be aware of the frequency of tests, both in competition and in training, the techniques being used to detect new drugs and the penalties actually imposed on other athletes who are caught. If this information is convincing and frequent, a high perceived risk of detection can be developed resulting in a lower level of drug abuse.

3.153 A further aspect of the education program should be to reduce the defence of 'inadvertent use', by making all athletes aware of the common medications that contain banned substances. This has already been discussed in Chapter Two.

APPEAL PROCEDURES

3.154 At an international level, the 1988 World Conference on Antidoping in Sport recommended that fundamental elements of doping policies are:

> procedures giving effect to the principles of natural justice, the conduct of a fair hearing by judges who are independent; recognition of the rights of athletes including the provision for appeals; protection of confidentiality until a decision is reached.[142]

3.155 Dr Ken Donald also supported the need for avenues of appeal for athletes found positive[143] as did Ms Raelene Boyle who said:

> There has to be more of an appeal. The athlete cannot be just a lump of pulp that bashes his body around to make a team and gets in there, and then when something like that goes wrong he has no avenue of appeal whatsoever. He is a human being and it is his career that is being made or broke.[144]

Mr Steve Haynes also supported the need for appeal procedures in Australia.[145]

3.156 The Australian Institute of Sport introduced a form of appeal to the Executive Committee in November 1988, for any positive tests in its random testing program.[146] Similarly, the Australian Olympic Federation (AOF) advised the Committee that it had also instituted appeal procedures to the Executive Board of the Federation from 3 February 1989 for anyone breaching its doping policy.[147] However, it should be noted that in both these cases, the appeals are directed to virtually the same bodies who rule on the original test results and impose the penalty. Dr Donald was critical of this type of appeal process and emphasised that:

> My preferred system would be to have a specific appeals system in sport, which is independent of the rest of sporting administration, but then appeal from that body to the normal court system.[148]

3.157 Mr Haynes also agreed that the appeal procedures should be independent and commented that:

> I do not believe the law enforcement agency should be judge and jury as well ... I think the appropriate type of organisation would be some semi- or quasi- judicial independent group.[149]

INDEPENDENCE OF TEST PROGRAMS

Introduction

3.158 At the Olympic level, the IOC Medical Commission controls all phases of the drug testing program. These include selecting athletes, collecting urine samples according to IOC procedures, testing at IOC accredited laboratories, investigating and deciding on outcomes and penalties of positive tests and even hearing the appeals. Although the IOC Medical Commission is separate from the IOC itself, it must still operate to ensure the continuing support of the Olympic ideal.

3.159 Dr Millar suggested that the decision-making process of the IOC Medical Commission is not independent of national influences.[150] Similarly, it has been suggested that national considerations over-rode justice in the hearing of Mrs Gael Martin's appeal against her suspension in the sport of powerlifting.[151] Mr Kelvin Giles also drew attention to the corruption of drug testing programs under the control of those who run the European track and field circuit.[152]

3.160 In Australia, sports outside the two major testing programs have complete control over their own testing program. Evidence has previously been discussed indicating that a number of positive tests found by the Brisbane laboratory were not acted on and remained internal to the sport.

3.161 The two major programs in 1988 by the Australian Olympic Federation (AOF) and the Australian Institute of Sport (AIS) have moved towards independent testing by the National Program on Drugs in Sport. However, in both cases the results were still advised to the AOF and AIS, which then decided penalties and heard appeals. Moreover, the National Program on Drugs in Sport

reports to the Australian Sports Commission which is also responsible for the operations of the AIS and includes members of the AOF.

Discussion

3.162 Mr Kevin McRae, a concerned member of the public took the attitude that:

> drugs will never be extirpated from sport if surveillance is left to the various sporting authorities themselves ... The public interest is best served by the formation of an independent authority with a hand-picked staff of dedicated, genuine anti-drug campaigners with little or no particular interest in the sports concerned and which may be above the ignoble practice of accepting bribes.[153]

3.163 Dr Donald was strongly in favour of an independent commission being established to oversee all of the testing program. He also believed that the commission should publish some sort of annual report, available to the public, so that there could be no cover-up of results. He stated this should be mandatory.[154]

3.164 Mr Steve Haynes commented that:

> there has to be some independent agency to carry out drug testing because that conflict of interest [involving in-house testing] will always exist.[155]

3.165 He further commented that:

> there has to be a totally independent system for domestic programs before an international program could possibly take off ...
>
> I do not believe any sport should run its own testing program - perhaps I could qualify that. I think any sport that has its own

testing program should open the whole procedures to an independent agency.[156]

3.166 Mr Haynes suggested that an independent commission should be outside the bureaucracy and independent in terms of policy and resources, in order to remove any conflict of interest with sport administration.[157] He also suggested that an annual report should be published and there should be 'direct liaison through the Chairman of an independent agency with a Minister or parliament'.[158]

A MODEL FOR DRUG TESTING IN AUSTRALIA

3.167 The discussion in this chapter will have made it clear that a fair and effective drug testing program requires the establishment of an independent drug testing commission to be responsible for all testing. The commission would need to be responsible for testing all sportspeople - elite or non-elite, amateur and professional. Its testing program would need to include competition, random, and targeted testing, directed towards all at-risk groups. Because it is important that Australian athletes are not disadvantaged in international events because of less stringent sports drugs policies and programs in overseas countries, the Commission would need to adopt a high international profile. Together with the Australian Olympic Federation, it should be required to work towards the international acceptance and implementation of strict anti-doping policies and programs.

3.168 An appropriate model would be for the Commission to have full and total responsibility for selecting the athletes to be tested, arranging the collection of samples and their dispatch to the IOC accredited laboratory, and receiving the results. The Commission would also be responsible for keeping all the necessary records relating to these procedures. The Commission

should report directly to the relevant Minister and prepare an annual report, to be tabled in parliament, listing all athletes tested and the result of the tests.

3.169 The Commission would not itself impose penalties but would send test results to the appropriate sporting federation for the imposition of a penalty. The sporting federation should be required to consider the test report and determine a penalty at the earliest opportunity, and in any event no later than three months after the result had been received from the Commission. In imposing a penalty the federations would be empowered to consider matters such as intent and inadvertent use, but would be required to report their decision, and the reasons for it, to the Commission.

3.170 An independent appeal tribunal should be set up to adjudicate as appropriate on positive drug tests. Appeals could be referred to the tribunal by:

- the Commission e.g. if it considered the penalties imposed by the sporting federation were insufficient;
- the sporting federation e.g. if it thought that the positive result should be invalid on technical grounds; or
- the athlete, who might wish to appeal against the severity of the sentence imposed by the sporting federation.

Appeals against the decision of the appeals would still be possible through the normal court system.

3.171 A major complicating factor in this area at present is the lack of co-ordination between the various sporting bodies, particularly in terms of their own list of banned substances and different appeal procedures. The introduction of a national drugs in sport commission would require all sporting bodies to adopt a

unified set of regulations and procedures, which would be carried out by an independent authority. Penalties should be standardised, with a two year penalty for a first offence, a life ban for any subsequent offence. In the case of persistent inadvertent doping a penalty of less than a two years suspension and a life ban for any subsequent offence. An athlete banned from one sport for drug abuse should be banned from all other sports for the same period. Penalties applied to athletes should also apply to any other person involved in the supply or administration of drugs to the athlete.

3.172 It should be a condition of any sporting organisation receiving Government funding that it come under the control of the Commission. The Committee believes that a meeting of Commonwealth and State Sports Ministers should be held to ensure that a uniform policy is developed on this matter.

3.173 It is important that relevant professional national sporting bodies such as rugby league football, Australian rules football, soccer and basketball, be brought under the umbrella of the Commission. The Committee believes that, at least in the first instance, this should be done on a voluntary basis. However, if necessary the Committee would recommend that appropriate legislation be introduced to ensure that this happens. This is a further matter that could be considered by the proposed meeting of sports and health ministers. Professional sporting bodies should be required wherever possible to pay for the tests conducted on their behalf and such tests would be in addition to the minimum of 2000 mentioned in Recommendation Four below.

3.174 The Committee has noted that a model similar to the one suggested here has been established by the Anti-Drugs Campaign on behalf of the Australian Commonwealth Games Association. A Commission of three (Dr Brian Corrigan, Dr Ken Fitch and Mr Steve Haynes) has been established to select athletes to undergo

testing during training in the period leading up to the Auckland Games in 1990. Collection procedures are carried out by a full-time drug testing officer of the Campaign. An Independent Tribunal has also been established to adjudicate on any appeals amounting from the testing program. Membership of the tribunal is Dr Ken Donald, Mr Hayden Opie, Ms Elaine Canty and Ms Julie Draper. [159]

3.175 It seems to the Committee that these arrangements for the Commonwealth Games present a nucleus around which the proposed Australian Sports Drugs Commission could be established, and that this existing body could, pending the formal establishment of an independent Commission, be given wider responsibilities relating to Australian sport generally.

Recommendation Four

The Committee recommends that the Commonwealth Government:

(i) establish an independent Australian Sports Drug Commission to carry out all sports drug testing in Australia. The Commission should be responsible for developing sports drug policies, conducting relevant research, selecting sportspeople for drug testing, collecting samples, dispatching samples to an IOC accredited laboratory, receiving results, conducting necessary investigations and carrying out the necessary liaison activities with law enforcement agencies, customs officials and health departments. The Commission should report the results of drug tests to the appropriate sporting federations for the imposition of penalties on athletes, coaches, doctors or officials who use or encourage performance enhancing drugs. The Commission should be required to use protocols at least as stringent as those recommended by the IOC Medical Commission. The Commission should report directly to the

Minister responsible for sport and should be required to table an annual report listing all tests carried out, providing comment on any anomalous results and identifying significant developments in Australia and overseas. The Commission should be established to carry out a minimum of 2000 tests a year under the following restrictions;

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

- 300 tests to be carried out on a wide selection of athletes not in the above group during non-competition periods,

- 300 tests to be carried out at competition events, and

- overall, 25 per cent of tests are to be on a strictly random basis of selection;

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

(ii) establish an independent tribunal to adjudicate on disputed drug tests and the penalties imposed by sporting federations on athletes testing positive for banned substances. The tribunal should hear appeals from the Australian Sports Drug Commission, the sporting federations and individual athletes in relation to decisions made in Australia as a result of tests carried out in Australia or internationally. The appeal tribunal should be appointed by the minister responsible for

sport and should be completely autonomous, although it could be serviced by the Australian Sports Drug Commission and publish its findings in the annual report of the Commission;

(iii) request the Australian Sports Drug Commission, and the Australian Olympic Federation, to adopt a strong international role in order to take steps to ensure that the Committee's views are presented to major international forums (e.g. Second World Anti- doping Conference in Moscow and the Dubin inquiry) and to promote the world-wide acceptance of mandatory random and targeted drug testing regimes and the development of uniform policies. This is necessary in order to ensure that Australian athletes are not penalised because of Australia's strong stance on this issue;

(iv) require the Australian Sports Drug Commission to closely examine policies relating to the inadvertent use of drugs and particularly the minimum level at which a positive result is recorded for those drugs which need to be taken on the day of competition to have a performance-enhancing effect and which have a legitimate use in medicine;

(v) as an interim measure, and until a fully independent Australian Sports Drug Commission and separate appeals body can be established, increase the funding and administrative independence of the Australian Sports Commission Anti-drug Campaign through immediate incorporation in order to use the organisation established to carry out the testing and appeals for the Australian Commonwealth Games Organisation to take on responsibility for all sports drug testing in Australia. The Australian Commonwealth Games Association selection panel and appeals tribunal should form the basis of the

Australian Sports Drug Commission and the appeals body respectively, and should play a major role in their establishment. The membership is as follows:

Commission

Dr Brian Corrigan, Chairman - (Chairman, Committee of the National Program on Drugs in Sport)

Dr Ken Fitch, Deputy Chairman - (Chairman, Australian Olympic Federation Medical Commission)

Mr Steve Haynes, Manager - (Manager, National Program on Drugs in Sport)

Appeals Tribunal

Dr Ken Donald, Chairman - (Deputy Director General of Health and Medical Services, Queensland Department of Health, Chairman of Doping Control Committee for 1982 Commonwealth Games)

Mr Hayden Opie - (Lecturer in Law, University of Melbourne)

Ms Elaine Canty - (Sports broadcaster and lawyer)

Ms Julie Draper - (Co-ordinator, National Sports Research Program)

Recommendation Five

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

(i) develop in consultation with relevant sporting organisations appropriate funding and charging policies for the Australian Sports Drug Commission, particularly in regard to professional sports and international competitions in Australia;

(ii) agree that a fixed proportion of all public monies allocated for sports funding be directed to the proposed Australian Sports Drug Commission for testing and other programs;

(iii) investigate mechanisms through which professional sporting organisations can be encouraged to adopt drug testing programs designed by the Australian Sports Drugs Commission and be subject to the decision of the appeals tribunal;

(iv) agree that it be a precondition of any sporting organisation receiving government funding that it adopt standard penalties of a two year suspension from competition for a first offence and a life ban for any subsequent offence; and

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

1. Evidence p. 436
2. Evidence p. 29k
3. Evidence p. 32
4. Evidence p. 23
5. Evidence p. 77
6. Evidence p. 78
7. Evidence p. 78
8. Evidence p. 154
9. Evidence p. 154
10. Evidence p. 35
11. Evidence p. 218
12. Evidence p. 1353
13. Evidence p. 122
14. Submission No. 12 p. 1
15. Submission No. 12 Attachment A
16. Submission No. 12 p. 1
17. Richard H Strauss, 'Drug Abuse in Sports', Sports Coach, Vol. 12, No. 1, p. 23.
18. Submission No. 22 pp. 43-4
19. Submission No. 12 Attachment A
20. The Fight Against Doping in Sport, Sports Information Bulletin November 7, 1986, p. 316
21. Evidence p. 78
22. Evidence p. 1393
23. Evidence p. 1923
24. Evidence p. 1836
25. Evidence p. 144
26. Ibid.
27. Evidence p. 319
28. Evidence p. 35
29. Evidence p. 468
30. Evidence p. 1667
31. Evidence p. 1654
32. Evidence p. 212
33. Evidence p. 471
34. Evidence pp. 468-9
35. Evidence p. 348
36. Ibid.
37. Evidence p. 361
38. Submission No, 24C
39. Submission No. 24B, Section 3
40. Submission No. 24B Section 5, p. 10.
41. Evidence pp. 1835-6
42. Evidence pp. 1827-9
43. Evidence p. 347
44. Evidence p. 1825
45. Evidence p. 1484
46. Evidence p. 1617
47. Letter Mr Steve Haynes to Secretary, 7 March 1989.
48. Evidence p. 35
49. Op. cit.
50. Evidence pp. 1809-11
51. Letter Mr Merv Kemp to Mr Rick Pannell, Australian Athletic Union, 16 February 1987
52. Evidence p. 742
53. In Camera Evidence p. 136
54. Evidence p. 1394
55. Evidence p. 1473

56. Letter Ms Sue Howland to Secretary, 1 March 1989
57. Evidence p. 210
58. Letter Mr Steve Haynes to Secretary 7 March 1989
59. Appendix 1
60. Ibid.
61. Ken Donald, The Doping Game, Boolarong Publications, Brisbane, 1983, p. 68.
62. Evidence p. 88
63. Evidence p. 80
64. Evidence p. 321
65. Evidence p. 81
66. Ibid.
67. Evidence p. 116
68. Ibid.
69. Letter Dr Johnson to Secretary, 10 March 1989
70. Ibid.
71. Evidence p. 117
72. Evidence p. 84
73. Letter Mr Coates to Secretary, 13 January 1989
74. Evidence p. 373
75. Evidence p. 79
76. Evidence p. 383
77. Evidence p. 1282
78. In Camera Evidence p. 10
79. Evidence p. 534
80. Evidence p. 130
81. Evidence p. 204
82. Evidence p. 223
83. Evidence p. 1292
84. Evidence p. 1677
85. Evidence p. 1675
86. Evidence p. 1676
87. Evidence p. 1684A
88. Ken Donald, The Doping Game, Boolarong Publications, Brisbane, 1983, p. 53
89. Evidence p. 498
90. National Program on Drugs in Sport, Over the Counter Preparations, Canberra, 1986, p. 16
91. Evidence pp. 497-500
92. Evidence p. 103
93. Appendix 1
94. Ken Donald, The Doping Game, Boolarong Publications, Brisbane, 1983, p. 67.
95. Ibid. p. 68.
96. Evidence p. 1706
97. Evidence pp. 1290-1
98. Evidence p. 1292
99. Ken Donald, The Doping Game, Boolarong Publications, Brisbane, 1983, p. 68.
100. Evidence p. 213
101. Evidence p. 106
102. Evidence pp. 1665-6
103. Evidence p. 46
104. Evidence p. 303
105. Evidence p. 1703
106. Evidence p. 1703
107. Evidence p. 213
108. Evidence p. 132

109. Submission No. 14 p. 30
110. In Camera Evidence p. 143
111. Evidence p. 553
112. Ibid.
113. Evidence p. 1836
114. Op. cit.
115. Evidence p. 506
116. Evidence p. 507
117. Evidence p. 348
118. Ibid.
119. Evidence p. 325
120. Evidence pp. 1290-1
121. Evidence p. 321
122. Review and Evaluation, Final Report MWP Management Consultants. Strategic Plan, p. 15
123. Evidence p. 1668
124. Evidence pp. 1105-6
125. Letter Dr Johnson to Secretary 10 March 1989
126. Evidence pp. 738-9
127. Evidence p. 204
128. Ken Donald, The Doping Game, Boolarong Publications, Brisbane, 1983, p. 15.
129. Evidence p. 368
130. Ibid.
131. Evidence p. 1688
132. Evidence p. 144
133. Evidence p. 375
134. Evidence p. 1617
135. Evidence p. 319
136. Evidence p. 741
137. Evidence p. 150
138. Evidence p. 294
139. Evidence p. 74
140. Evidence p. 75
141. Evidence p. 326
142. Evidence p. 318
143. Evidence p. 1687
144. Evidence p. 1734
145. Evidence p. 1638
146. Evidence p. 1837
147. Evidence p. 1697
148. Evidence p. 1688
149. Evidence p. 1638
150. Evidence p. 204
151. In Camera Evidence p. 143
152. Evidence pp. 1102-6
153. Submission No. 1
154. Evidence p. 1713
155. Evidence p. 1637
156. Ibid.
157. Evidence p. 1638
158. Evidence p. 1639
159. Letter Mr Steve Haynes, Australian Sports Commission Anti-drugs Campaign to Secretary, 7 March 1989

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.

...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.

IVS IS A NATIONAL PUBLICATION. REGISTRATION OF PRODUCTS MAY VARY BETWEEN STATES. IF IN DOUBT, CONTACT THE MANUFACTURER OF THE PRODUCT OR YOUR STATE STOCK MEDICINES BOARD.

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 <u>never</u> 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.

Availability from Pharmacists

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

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 instigation[33] 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 forseen 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 Maguire[87] 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 medicine[122] 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 Evidnece 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 Evidnece 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

CHAPTER SIX

WEIGHTLIFTING AT THE AIS

INTRODUCTION

6.1 Weightlifting was one of the original eight sports covered by the Australian Institute of Sport when it commenced operations in Canberra in January 1981. Mr Lyn Jones had been appointed as head coach in September 1980.

6.2 At the time the AIS was established, weightlifting was seen as a fast emerging sport, especially as Australia had become the top Commonwealth weightlifting country at the Edmonton Commonwealth Games in 1978. Moreover, weightlifting coaches were seen as being necessary to provide basic weight training for all other sports. The fairly high concentration of weightlifters with an ethnic background was seen as meeting broader government objectives. Further reasons for including weightlifting as one of the original sports were that the Australian Weightlifting Federation response to the offer of inclusion in the Institute showed it to be a well- structured and well-disciplined sport 'ready to cope with the next stage of development', and that it already had a corporate sponsor - the Commonwealth Bank.[1]

6.3 Weightlifting is a high-risk sport as regards the use of performance enhancing drugs. Data taken from the Survey of Drug Abuse in Australian Sport published in December 1982 by the Australian Sports Medicine Federation, showed that a high proportion of weightlifters had used drugs of one kind or another to improve performance. Table 6.1 summarises some of this information.

TABLE 6.1

USE OF DRUGS BY WEIGHTLIFTERS

(Based on 72 respondents)

Drug	Percentage using it	Survey page
Vitamins	66.7	77
Anti-inflammatory drugs	20.8	86
Analgesics	27.8	96
Bronchodilating drugs	9.7	108
Diuretics	12.5	118
Anabolic steroids	15.7	128
Stimulants	23.6	138
Sedatives	2.8	148

6.4 Fifty eight per cent of the lifters in the survey knew of other lifters taking drugs to improve their performance. Moreover, when the survey examined the intention of the 72 weightlifters in the sample to take drugs in the future, 23.6 per cent indicated that they intended to use steroids and 11.1 per cent that they intended to use stimulants.[2]

6.5 The survey concluded that, so far as competitive sports are concerned, weightlifters are second only to powerlifters in the proportion of them taking anabolic steroids and that '50 per cent or more of international level powerlifters and weightlifters' could be using anabolic steroids.[3]

6.6 Given the results of the survey and because it is a power sport in which participants could clearly gain an advantage from the use of anabolic steroids, it is not surprising that allegations have been made about weightlifting and the weightlifting unit at the AIS. At the time that the Committee received its reference, for example, it was public knowledge that three former AIS weightlifters were taking legal action against the Institute alleging, amongst other things, that they had been administered anabolic steroids by their coach.[4] When Mrs Gael

Martin appeared before the Committee she suggested that weightlifting was the only area of the AIS in which steroid taking was institutionalised.[5] Evidence that at least one of the medical staff 'normally assumed' weightlifters were taking steroids is discussed in the Chapter Ten.

MR LYN JONES

Introduction

6.7 Many of the allegations made about weightlifting at the AIS directly involve Mr Lyn Jones, the head coach, and it was suggested to the Committee that Mr Jones was involved in supplying anabolic steroids and other performance enhancing drugs before he was appointed to the Institute. For this reason allegations made concerning Mr Jones' involvement with performance enhancing drugs before joining the Institute are considered here, along with those allegations that refer specifically to the AIS.

6.8 Mr Lyn Jones was born and educated in the United Kingdom. He first lived in Australia in 1965-8 when he worked as the physical education teacher and sports master at Pendle Hill High School, in Sydney. He then took up positions as head of the physical education departments in schools in the UK before he returned to Australia in 1976 as Executive Director, Australian Weightlifting Federation. In 1980 he was appointed Head Coach, Weightlifting, at the AIS, a position he held until the end of December 1988.[6]

6.9 Mr Jones told the Committee that he holds 'the highest qualifications in weightlifting coaching obtainable from the UK and this country' and that he is a 'tall poppy' in Australian weightlifting. He was national team coach in the UK and is President of the Oceanic Weightlifting Federation and a board member of the International Weightlifting Federation which 'is

responsible for handing out penalties for positive doping results in the sport of weightlifting'.[7]

Possible Involvement with Sports Drugs Before AIS

6.10 Mr Jones came to Australia in 1976 after he had been offered the position of Executive Director for the Weightlifting Federation.[8]

6.11 Mr Childs and Mr Glenn Jones described to the Committee how weightlifters at Police Boys Clubs in western Sydney were allegedly being provided with steroids. They said that Mr Lyn Jones was one of those involved.[9] Mr Glenn Jones told the Committee that Mr Lyn Jones went:

> to the Canterbury District Police Boys' Club, where we were training, and, during a State junior squad training day, questioned Mr Childs and me as to what our lifters were taking. When we indicated that our lifters were clean ... he wanted to know why we had a clean gym. He indicated to us that if we ever wanted any of our lifters to do any good, we had to get them onto steroids, because that was the way to go and they were never going to do any good without it, and that he would be only too happy to give advice on the right stuff to use, the dosages and the rest of it if we were interested.[10]

6.12 Mr Dallas Byrnes, a former weightlifter from the AIS who trained at the Burwood Police Boys Club before joining the AIS, against which he is presently taking legal action, told the Committee that at Burwood:

> The older blokes were on [steroids] but I think I was probably a little bit young then.[11]

He also described how at Burwood 'they used to get a fair bit of their gear' (i.e. steroids) from a chemist shop in Burwood

Road,[12] and said that the wife of one of the policemen involved in providing steroids worked at the chemist shop.[13] Information to the same effect was provided by Mr Glenn Jones.[14] The Chemist concerned was Mr Colin Bova who told the Committee that:

> in 1981 and 1982 many Athletes were alleged to have been using, as they are now, Steroid type medication, but were never supplied with this type of medication from my Pharmacy without a Doctors Prescription.[15]

This is discussed in more detail in Chapter Nine.

6.13 Mr Lyn Jones denied the allegations made by Mr Glenn Jones and Mr Childs. He said that these allegations were the result of 'grudges and hatreds'[16] relating to a political fight that had taken place in the New South Wales Weightlifting Association in 1976.[17] Although an attempt was made at that time to discredit the NSW Weightlifting Committee by making allegations about drug use at the police citizens boys clubs, these were investigated by the NSW Police at the time and found to be groundless. Moreover, Mr Jones said his name had never been mentioned at the time these allegations had been made.[18] He said that while he could remember meeting Mr Glenn Jones and Mr Ian Childs at Canterbury District Boys Club his 'only involvement with Glenn Jones was to sell him a pair of Polish weightlifting boots'.[19]

Appointment of Mr Jones to the AIS

6.14 Mr Glenn Jones told the Committee that:

> when the [AIS] was first staffed, the affiliated sports were required to nominate coaches to work at the AIS. This in some cases was a direct facilitation of nepotism and what might be known as jobs for the boys. Mr Lyn Jones is a perfect example from our knowledge of his being hired and his history in Olympic weightlifting in this country.[20]

6.15 Mr Don Talbot, first Executive Director of the AIS, said that Mr Lyn Jones was the only person appointed to the AIS before the Executive Director, and that he did not know who had appointed Mr Jones.[21] Mr Talbot told the Committee that he had been given final say in the appointment of all coaches except Mr Lyn Jones and that he had:

> asked on two or three occasions why that was done but I never really got an answer to that and for the life of me right now I do not know now why that was done.[22]

Mr Jones informed the Committee that Mr Talbot's recollections were incorrect, but that 'I always felt that Talbot resented the fact that he was not involved in my appointment'.[23]

6.16 The Committee has been given copies of all the papers held by the AIS relating to the employment of Mr Lyn Jones. These contain an undated letter from Mr Jones, addressed to the Secretary, Department of Home Affairs, applying for 'the recently advertised position of Coach for the Weightlifting Section of the Australian Sports Institute'. There is also a letter to the then Minister for Home Affairs dated 23 September 1980 thanking him for the letter offering Mr Jones the appointment of weightlifting coach at the AIS. There is also a letter to Mr Paul Brettell of the then Department of Home Affairs, also dated 23 September 1980, in which Mr Jones says that he would 'certainly appreciate a meeting with Don Talbot at his earliest convenience'.

6.17 The Committee sought the recollections of the then Minister involved, the Hon. R J Ellicott. Mr Ellicott told the Committee that Mr Talbot's appointment as Director was announced in late August 1980, although he did not take up the position until later, probably in mid October 1980. Six coaching positions had been advertised in June 1980, including the position of weightlifting coach. Mr Ellicott informed the Committee that:

> From earliest discussions, Les Martyn, National President of the Weightlifting Federation indicated that they had a National Executive Director (Lyn Jones) who had tertiary qualifications and who had taught in tertiary institutions in England. He was well respected by lifters and would be supported by the federation for the position of coach of the AIS.

Given the 'desire to get things moving' and the Federation's strong support for Mr Jones and lack of interest in the other candidates, Mr Jones was selected during the interim period between the announcement of Mr Talbot's appointment and him taking up the position. Mr Ellicott could recollect Mr Jones appearing in his 'Sydney office before the interim Board and that it sanctioned his appointment'. He added:

> I understand, that Don Talbot was at the Board meeting which discussed Jones' contract in November, 1980. Apparently no contract was signed until some time in 1981 at which stage the earlier agreement was ratified.[24]

6.18 The Committee has received papers which confirm that at a Board of Management meeting on 7 November 1980 Mr Talbot reported on the appointment of coaches for gymnastics, weightlifting and netball. The Board agreed to offer Mr Jones a four year contract, subject to the addition of a 'satisfactory work performance' clause in his contract.

6.19 Mr Talbot told the Committee that he 'felt that Lyn Jones was a better manager than he was a coach'. As Executive Director of the AIS he had expected AIS coaches:

> to strive to be the national coaches for their sport at any major games ... When he was made manager, that concerned me somewhat. I asked him why that was happening and he advised me that in the opinion of the Australian Weightlifting Federation that was the best

> arrangement ... and it did appoint Paul Coffa, I think, as the national coach while he was manager.[25]

In this connection it is interesting that in the Australian Institute of Sport First Annual Report 1981 p. 18, Mr Jones' qualifications are described as:

> Involvement in competition; Coaching Manager for 25 years; Member of British Weightlifting Coaching Committee; Executive Director of Australian Weightlifting Federation ... Coached and/or managed numerous Australian Teams.

The curriculum vitae provided by Mr Jones when he applied for the AIS job would also appear to indicate greater experience as a team manager than as team coach.

Training Methods

Introduction

6.20 A number of witnesses suggested to the Committee that Mr Jones had an authoritarian approach and used extreme training methods that caused unnecessary injury to his athletes.

6.21 Mr Nigel Martin told the Committee that Mr Jones had 'a history of intimidating lifters and using a blackmail style to make the lifters train and take pills'.[26] He described Mr Jones a showing 'a blatant disregard for the health and well-being of lifters'[27] and described the injury rate in weightlifting at the AIS as being 'abnormal', saying that in 1983 each weightlifter suffered an average of 4.83 injuries.[28]

6.22 Mr Jones commented on this injury rate that:

> Four injuries per year per lifter is normal ... If you are training at a level at which you are aspiring to a maximum improvement and

> to producing the best possible results for yourself, you put the body under a lot of stress. Occasionally, it reacts in a way that you wish it would not. In other words, you get injured.[29]

6.23 Mr Jones told the Committee that he was confident that the injury levels of weightlifters at the AIS were no higher than those of other weightlifting squads.[30] He agreed, however that the AIS training programs 'are probably more arduous than most programs', explaining that this was because the AIS has:

> the facilities and back-up so that we are able to do that. We have in-house recovery procedures that no-one else in this country has, consequently the lifters can accept bigger training loads than just about everybody else in this country. In comparison with the situation overseas, we still have a long way to go [in terms of training load].[31]

6.24 Mr Dallas Byrnes, a former weightlifter with Mr Jones, claimed that the training regime went beyond what was reasonable and that injured lifters were expected to complete their training. He described how:

> If you had a sore back you would still be made to train and you would go to the physio and the doctors and straight after going to them [Jones] would want you to do a maximum clean and jerk or a maximum back squat, or maximum pulls ... Sometimes I could not even walk and hobble into the gym. He would crack your back, rub it and tell you to do some pulls or something off the blocks.[32]

6.25 The relationship between the doctors and the coaches is discussed in Chapter Ten of this report. Mr Jones pointed out to the Committee that it was not in his interest to injure athletes and that he wanted his 'guys on the platform, not in the doctor's surgery'.[33] He asked 'If you train someone when injured, how can that produce a very good result?'[34], and said that he:

> had lifters at our Institute who have been unable to compete due to recovery from injury for nearly 12 months. They were still on scholarships the year afterwards. When people do get injured, I do not cast them aside. If the injuries are going to recover and the doctors give us that advice, we go along with the recovery process and pursue things from there.[35]

6.26 Mr Ron Harvey, who was Director of the AIS at the time Mr Martin made his allegations about high injury rates, told the Committee that:

> On this high injury rate, the view expressed by the Deputy Director [Mr Brettell], who had been at the Institute for some time, was that, with a hospital handy, athletes invariably go there. My experience since then confirms that.[36]

6.27 Perhaps the most serious allegation made against the training methods used by Mr Jones is that these methods required the use of anabolic steroids. Mr Nigel Martin told the Committee that:

> The training regime used by the AIS in both Melbourne and Canberra is based on the Bulgarian scheme ... It is a system that is totally and utterly drug dependent. It is basically a system that takes young people, trains them extremely hard, they take heaps of steroids, and those that survive this training regime will be very good lifters simply because they can survive.[37]

Similarly, Mr Glenn Jones commented that he had:

> personally seen AIS programs, and it is not any wonder that steroids were needed just to help the athletes maintain and continue to train at such manifestly excessive levels.[38]

6.28 Mr Lyn Jones agreed that he had been influenced by Bulgarian training methods 'as every thinking weightlifting coach in the world would have been'.[39] He 'did not know' whether the

Bulgarian system was drug dependent, saying that 'there is no evidence of a concrete form that that is the case' because the Bulgarians have not given positive drug tests for anabolic steroids since 1976.[40] While this may be true, the Committee notes that the whole Bulgarian weightlifting team withdrew from the 1988 Olympics after two of its members tested positive for diuretics. One reason for using diuretics is to reduce the concentration of anabolic steroids in urine by producing a more rapid excretion of urine to attempt to minimise detection of drug misuse.[41]

Performance of Athletes After Leaving the AIS

6.29 Allegations were made to the Committee that Mr Jones' weightlifters left the AIS with injuries which prevented them continuing in the sport.[42] Mr Jones said that the results of Mr Clark, Mr Hambesis and Mr Byrnes show that when they left the AIS their weightlifting career was not finished and they produced very good results.[43] On 29 December 1988 Mr Jones provided to the Committee the performance records of these lifters.[44] The records originally provided missed out the best performance of Mr Hambesis, obtained just before he left the AIS. Mr Jones commented on this as follows:

> On checking with Mr Noonan [Australian Weightlifting Federation Record Keeper] ... he agrees in his preparation of the lists for me he missed Hambesis' 335 on 27-1-84 due to the fact that Hambesis lifted as a guest. ... It was not a competition on the AIS lifting programme and consequently I had no record of it. Hambesis lifted in this competition under his own volition and neither Harry Wardle nor myself attended - as we did for all official AIS competitions.[45]

This matter is discussed in more detail later in this report.

TABLE 6.2

PERFORMANCE RECORDS OF AIS WEIGHTLIFTERS

BEFORE AND AFTER LEAVING THE AIS

A Mr Stan Hambesis

Date	Bodyweight (kg)	Total Result (kg)
After leaving AIS		
21 June 86	91.7	315
8 February 85	94.5	300
19 December 84	92.7	280
At AIS		
27 January 84	97.2	335
24 July 83	98.8	327.5
18 December 82	94.4	325
14 November 82	93.0	315
12 September 82	89.6	330
22 May 82	89.4	315
7 May 82	90.0	320
Before AIS		
13 September 81	89.5	300
28 June 81	89.9	240

B Mr Dallas Byrnes

Date	Bodyweight (kg)	Total Result (kg)
After leaving AIS		
29 June 85	86.0	290
11 September 83	89.8	307.5
24 July 83	88.1	297.5
At AIS		
4 December 82	89.1	312.5
July 82	85.3	287.5
3 July 82	86.9	300
24 April 82	87.25	297.5
28 March 82	87.0	290

C Mr Paul Clark

Date	Bodyweight (kg)	Total Result (kg)
After leaving AIS		
28 April 85	95.8	305
16 March 85	93.0	275
1 December 84	92.6	300
7 July 84	93.8	302.5
2 June 84	91.5	285
24 March 84	93.0	325
26 November 83	90.0	295
At AIS		
July 82	96.1	305
3 July 82	98.6	300

6.30 These performance data appear to show that Mr Hambesis improved considerably after joining the AIS but that on leaving he was never able to lift the weights he had managed while at the AIS. Mr Byrnes seemed to show similar performances while at the AIS and after leaving, it while Mr Clark appears to have achieved his best performances after leaving the AIS. They support Mr Jones' comment that Mr Clark 'produced his best ever result in weightlifting 18 months after he left me'.[46] Mr Jones used this as evidence that Mr Clark was not taking steroids while at the AIS. If his argument is accepted it would appear that Mr Hambesis and Mr Byrnes were taking steroids at the AIS.

Administration of Non-Steroidal Drugs

6.31 Former weightlifters from the AIS made a number of allegations that Mr Lyn Jones had supplied them with, or made available to them, stimulants, diuretics, blocking agents or painkilling drugs.

6.32 Mr Paul Clark told the Committee he had been given the stimulants ritalin and ephedrine by Mr Lyn Jones.[47] He described

how he had been given ritalin at the National Junior Championship in 1981 and how:

> it had a detracting effect on my performance at the time, causing me to vomit and a few other things.[48]

6.33 Mr Stan Hambesis claimed to have received the stimulants ritalin and ephedrine from Mr Lyn Jones[49] and said that he would be given diuretics if he 'had to lose, say, a couple of kilos to get down to my weight division'.[50] Mr Clark was never given diuretics as he never needed to lose weight,[51] but Mr Dallas Byrnes could recollect that Mr Jones used to give out diuretics to those needing them.[52] Mr Anthony Hills informed the Committee he had been given pseudoephedrine hydrochloride, caffeine, retilin and some diuretics by Mr Jones.[53]

6.34 The Committee has also received evidence that at the 1978 Commonwealth Games in Edmonton, Canada, Mr Jones provided a diuretic (Lasix) to a young Australian wrestler, together with instructions on how to use it.[54] At that stage diuretics were not banned substances.

6.35 Mr Lyn Jones denied ever giving diuretics or stimulants to his weightlifters[55] and said that these drugs were not used at the AIS.[56] Diuretics were not needed because:

> we have perfectly good saunas at the Institute which do exactly the same thing in a very efficient way.[57]

6.36 Mr Julian Jones, son of Mr Lyn Jones and a member of the AIS weightlifting squad, said that he had no knowledge of diuretics being used at the Institute and pointed out that 'they were put on the banned list on 1 January 1987'.[58] While he was certain that he had never used diuretics himself, he 'could not say for certain with the other lifters'.[59] Mr Paul Harrison described how he would drop his weight down:

> to about 76 and a half kilos twenty-four hours before, over a period of a couple of weeks, and then I would dehydrate the last kilo and a half off in the sauna.[60]

6.37 Dr Ken Maguire informed the Committee that AIS weightlifters used various means to reduce body weight 'including saunas, avoidance of drinking, intense training. At no stage did I hear about diuretic use'. He noted that up until mid 1986 saline infusions were used to rehydrate athletes after their weight loss program was completed and noted that:

> saline infusions are not illegal in sport. However, moral and ethical dilemmas are faced by medical and nursing staff in this regard.[61]

This matter is discussed further in Chapter Ten.

6.38 Mr Jones was asked by the Committee, because of allegations made during in camera hearings, whether he had ever administered a masking drug. He said that he was aware of one such drug, probenecid, but that he had 'Certainly not' administered it, asking 'Why would I need to do that?'[62] He later told the Committee that he had never seen any probenecid but that he had been told by Dr Fricker that its medical function was to prolong the life of antibiotics in the body.[63]

6.39 Mr Stan Hambesis alleged that on one occasion he had received pain killing injections on the day of a competition,[64] up to 15 or 20 minutes before the competition.[65] He did not allege that the injection was given by Mr Lyn Jones. The use of pain-killing injections is discussed further in Chapter Ten.

Knowledge of Steroids and their Use

6.40 As a professional coach of elite weightlifters with some 25 years experience, and working in a sport in which athletes

were shown by the Survey of Drug Abuse in Australian Sport to be susceptible to drug use, the Committee expected Mr Jones to have more than a basic knowledge about the use of performance enhancing drugs and their use by weightlifters. Indeed, for him not to have such knowledge might be viewed as irresponsible, particularly given his position as a member of the board of the International Weightlifting Federation which 'is responsible for handing out penalties for positive doping results' in weightlifting.[66]

6.41 In general, Mr Jones gave the appearance of being very naive and ill-informed about steroids and their use in weightlifting, certainly when compared to the knowledge shown by some of this former athletes. He explained this by saying that:

> Nobody has come to me and admitted taking steroids. You must remember that I hold a pretty high position in weightlifting. If people came to me and said they had been taking steroids, I would be bound by my position to take action.[67]

6.42 On being presented with the results from the Survey of Drug Abuse in Australian Sport as they relate to weightlifters, Mr Jones told the Committee that:

> In the weightlifting scene, obviously, I am deeply concerned, and certainly nationally and internationally, we are worried about the situation.[68]

6.43 Mr Jones told the Committee that 'there has never, I am sure you are aware of this, been a positive weightlifter in any of our testing programs in Australia'.[69] Mr Julian Jones similarly indicated that there had never been a positive drug test in weightlifting in Australia[70] and was adamant that if there had been one he would have known about it.[71] As discussed earlier in this report, the lack of positive tests does not prove that drugs are not being used. However, Mr Jones' statement that there had been no positive tests in Australian weightlifting is

wrong. In May 1987 the Australian Weightlifting Federation had urine samples from 12 weightlifters tested by the Royal Brisbane Hospital Sports Drug Testing Laboratory. One of these samples tested positive for an anabolic steroid sold under the brand names Durabolin and Deca-durabolin.[72] Drug testing at the AIS is discussed in Chapter Eleven.

6.44 Mr Jones also said that he had no first hand working knowledge of the use of anabolic steroids in gyms, although he was aware that body builders and powerlifters had tested positive.[73] At one stage the following exchange took place:

> Chairman Do you believe it is true to allege that steroid abuse is rife in Australian gymnasia right now?
> Mr Jones I do not know.
> Chairman You have no knowledge?
> Mr Jones No.
> Chairman You have heard of no rumours?
> Mr Jones Certainly not to me.[74]

This protested lack of knowledge is somewhat at odds with the assistance offered by Mr Jones to Dr Leslie Johnson in setting up the Brisbane drug testing laboratory, as discussed later.

6.45 Mr Jones also told the Committee that he had:

> never had anything to do with anabolic steroids. I have seen pictures of them in magazines; I guess we all have.[75]

6.46 He said that he was aware of what the medical effects of anabolic steroids are because he had discussed them with the 'medical people' at the Institute[76] but that he would be unable to 'judge whether people are on steroids', saying that the drug tests carried out at the AIS 'will show whether they are on steroids, that is for sure'.[77] He indicated that he was aware of only one masking agent and that 'was a substance called probenecid which was put onto the banned list last year [1987]'.[78]

6.47 The only circumstances under which Mr Jones said he would discuss steroids with AIS weightlifters was 'to point out to them in no uncertain terms that they were banned substances'.[79]

6.48 The lack of knowledge about steroids exhibited by Mr Jones to the Committee is in marked contrast to the extent of the knowledge that he would have been expected to show, as judged from evidence given by other witnesses. Dr Peter Fricker, for example, in confirming that he had held discussions with Mr Lyn Jones on matters such as the nature of dope testing and Mr Jones' role on the Board of the International Weightlifting Federation, mentioned that Mr Jones:

> gets all sorts of information and we get down and talk about it from time to time. He relays these things to me.[80]

6.49 Dr Brian Corrigan described how he was one of the three doctors attached to the Australian team at Moscow for the 1980 Olympics. Part of his medical duties there was to be responsible for the weightlifting team. Dr Corrigan informed the Committee that:

> Lyn Jones was also there in Moscow as he was both the coach and manager for the Australian weightlifting team ... at training and afterwards talk in the gymnasium was about anabolic steroids, their use and some of the problems of detection ... it was commonly stated that anabolic steroids could be most readily obtained from Eastern European teams at the Games. In particular, Polish and Romanian teams were mentioned as being particularly cheap sources of them.
>
> Without doubt I never knew personally that Lyn Jones was involved but there was also no doubt that the inference was that he could be.[81]

6.50 Mr Jones disputed Dr Corrigan's recollections and informed the Committee that while in Moscow:

> I did not discuss availability of steroids from foreign teams with Brian Corrigan or anyone else. I fail to understand his comments about 'talk in the gymnasium' and 'at training and afterwards'. Our training facilities were some 90 minutes bus ride from the village at the Moscow Institute of Physical Culture. I can never remember Corrigan coming to the gymnasium - he would hardly have had 3-4 hours to spare as he had medical responsibilities with other sections besides weightlifting. He came to the competition hall only when we were competing, not talking.[82]

6.51 Allegations considered later, if accepted, would suggest that Mr Jones had a detailed practical knowledge of steroids and how to use them, as well as a good theoretical understanding of performance enhancing drugs in general. At this stage, however, it is useful to consider the attitude of Mr Jones to the use of performance enhancing drugs.

6.52 On being asked whether he accepted evidence that steroids could improve performance, Mr Jones made the observation that he had no problem in doing this:

> because these are performance enhancing drugs. That is what the meaning of doping is. Although in our country we seem to be calling it drugs in sport, internationally it is known as doping, purely to keep the differentiation between drugs, which are an emotive issue among the public in terms of hard drugs, and performance enhancing drugs, which I guess are what we are talking about.[83]

6.53 This distinction between 'drugs' and 'doping' was developed further in the comment made by Mr Glenn Jones that:

> A man who gets drugs such as steroids or amphetamines for himself or his lifters is furthering the sport in his eyes. He is

> creating a winning situation. But he does not see himself as a drug dealer ... They regard themselves as being interested in the sport, not as dealers.[84]

In this connection it is noteworthy that Mr Dallas Byrnes, who made allegations that Mr Jones was involved in the importation and supply of steroids for weightlifters, and who had described to the Committee how cocaine was being increasingly used in powerlifting and weightlifting, was surprised to be asked whether Mr Jones could be involved in cocaine. It was obvious from his reaction that Mr Byrnes did not consider sport enhancing drugs to be drugs in the sense that cocaine is a drug.[85]

6.54 Mr Don Talbot, Chief Executive of the AIS from its establishment to late 1983, also cast an interesting light on Mr Jones' attitude to doping. Mr Talbot described how Mr Jones, together with Mr Kelvin Giles, then head coach track and field, visited Mr Talbot in his office at the Institute to talk about drugs. This took place around May 1981. The coaches were concerned that they were going to be judged by how their athletes performed. Mr Talbot commented that:

> It was something I would do also as a coach, knowing that their sports were the sports that generally people labelled as being the most obvious ones that were going to get into the steroid doping and other drugs as well, so I think they wanted to sound me out and find out just what my attitude would be and what the Institute's attitude would be.[86]

Mr Talbot described this as a 'trial balloon' discussion and said that the two coaches made reference to the purchase of anabolic steroids and other banned substances along the line of 'if we were to buy these things, how would it be perceived?'[87]

6.55 When asked whether either of the coaches referred to the fact that the best performance enhancing drugs could be obtained overseas, Mr Talbot informed the Committee:

> There is no question in my mind that this comment was made during our discussion but I cannot remember who said it. I do recall, however, that it was said in the context of there not being much steroid available in Australia at the time and that which was available was old product, or low grade and had been superseded, by a much better material that was more difficult to trace. It was only available overseas. On a number of occasions subsequent to this meeting, Lyn Jones did make similar statements to me regarding the quality of steroid available in Australia compared to that available in Europe.[88]

6.56 Mr Lyn Jones' recollections of this discussion were somewhat different. Mr Jones informed the Committee that the discussion was:

> Initiated by problems Kelvin [Giles] had with a hammer thrower. We discussed with Talbot the need for an AIS Doping policy which he agreed he would bring up with the Board. We wanted clear statements to protect the AIS and especially its coaches in the matter of doping. To my knowledge there was no discussion on 'poor quality' steroid availability in Australia. Contrary to Talbot's statement in his letter my only further discussions with him were in relation to the setting up of the Brisbane testing laboratory.[89]

6.57 Mr Talbot said that he told both coaches that, although the AIS had no explicit doping policy at that stage, his personal view was that:

> the Institute would frown very greatly on anybody that wanted to get into that sort of thing and that they must understand that, if they chose to do that, then their jobs would be at risk.[90]

6.58 In considering this evidence concerning Mr Jones' knowledge of performance enhancing drugs, the Committee is forced

to conclude that Mr Jones has attempted to mislead the Committee. As someone who has worked so intimately and for a long period in a sport that is clearly identified with the use of banned substances, it is inconceivable that Mr Jones could be as ignorant and naive on these matters as he tried to persuade the Committee that he was. Indeed, in the Committee's view, his responsibilities as a coach and as a member of the board of the International Weightlifting Federation both required him to be knowledgeable about anabolic steroids, if only to be able to counsel his athletes and detect their use. If Mr Jones had been as ignorant about ergogenic drugs as he tried to appear, he ought not to have held these positions. The Committee has no difficulty in accepting the evidence presented to it that Mr Jones knew a great deal about anabolic steroids, their effects, and the sources of supply.

Response to Rumours that Weightlifters Purchased Steroids

6.59 In August 1982 the world junior weightlifting championships were held in Sao Paulo, Brazil. Among the athletes from AIS representing Australia were Mr Paul Clark and Mr Dallas Byrnes.[91] Mr Harry Wardle, Mr Jones' assistant, was team coach an on return to Australia reported that he had been suspicious 'of reported purchases' made by Byrnes[92] and by Clark[93] in Brazil. Mr Jones said that:

> In consultation with Harry, I had no proof of what had gone on, if anything had gone on.[94]

When Clark and Byrnes had left the AIS:

> other members of the Australian Junior team then came forward to Harry and myself and confirmed that they had seen Clark and Byrnes purchasing anabolic steroids in pharmacies in large quantities in Sao Paulo, Brazil.[95]

6.60 The Committee was puzzled as to why Mr Jones, with his responsibilities to weightlifting in general and to the AIS in particular, did not discuss these rumours with the athletes concerned. He said that he did not discuss them:

> because we had no proof; it was a rumour that we kept a watch on. When we hear something like that it is obviously of great concern to us.[96]

He added that 'Until I have something conclusive, I am certainly not the sort of person who goes and makes accusations about it'.[97]

6.61 Mr Jones said that he could not have requested tests for the athletes because there was no testing process available.[98] (This is discussed in the section dealing with Mr Jones' involvement with the Brisbane sports drug laboratory.) He also pointed out that the rumours were that 'they had been purchasing steroids - that is quite different from taking them'.[99]

6.62 These rumours concerning Mr Byrnes and Mr Clark were the only such rumours ever heard by Mr Jones during the whole of his eight year period at the AIS,[100] but no attempt was made to investigate them, report them or take any further action of all. At that time he did not see it as his job to play detective.[101] He also pointed out that 'Purchases at pharmacies does not say exactly steroids. Now we were not sure'.[102]

6.63 The sequence of events concerning these rumours was, according to Mr Jones, as follows:

- on his return to Australia in August or September 1982, Mr Wardle reported the rumours;
- after Mr Clark and Mr Byrnes had left the AIS, their team mates 'came forward and then confirmed the rumours'. They had not done so previously as 'they did

not want to give up their team mates'; and

- in 1987, five years after the event, statutory declarations were obtained from these team mates to say that Mr Byrnes and Mr Clark had purchased steroids in Brazil.[103]

6.64 The statutory declarations were obtained because of the writs being taken out against the AIS in 1987 by Mr Clark, Mr Byrnes and Mr Hambesis.[104] The statutory declarations mentioned by Mr Jones, copies of which are in the possession of the Committee, were signed by Mr Daniel Mudd on 2 December 1987 and by Mr Ronald Laycock on 15 December 1987.

6.65 At the time of the rumours Mr Clark was not asked to leave the AIS because Mr Jones 'had no evidence at this stage'.[105] It was apparently very easy to gather such evidence on Mr Clark had left the Institute.

6.66 Mr Dallas Byrnes, under oath, denied that he had purchased anabolic steroids in Brazil[106] and Mr Clark described a the allegations made against him by Mr Lyn Jones as 'false and untrue'.[107]

6.67 It appears to the Committee that the action taken by Mr Jones to carry out a thorough investigation of these rumours falls far short of what would be expected of someone in his position, and short of what is required by natural justice. The athletes against whom the allegations were being made were given no opportunity to respond or put their case. This is particularly significant given the apparently flimsy nature (large purchases of something) of the rumours.

Response to Detection of an Athlete Taking Steroids

Introduction

6.68 In 1984 Mr Jones, by his own admission, became aware that one of his athletes had been taking anabolic steroids. The lifter concerned was Mr Hambesis. In the words of Mr Jones:

> Between December 1983 and January 1984 we ran some tests and a program of supplementation as a preliminary study on the effect of protein amino acids on growth hormone release ... Steve Haynes ... working in one of the local hospitals ... ran the tests for us ... Late in January Steve contacted me and he was concerned over a very high testosterone reading for Hambesis. He jumped from a normal reading to three times normal in a two week period - very, very suspicious. I fronted Hambesis with this finding. He admitted to me that he had been using anabolic steroids which he had purchased from Soviet weightlifters in Czechoslovakia in November 1983. I pointed out that his behaviour could not be tolerated at the AIS ... I suggested to him that leaving the AIS would be the appropriate action. He agreed quite amicably, especially as I agreed to keep it confidential.[108]

The following paragraphs examine the circumstances surrounding the discovery, the explanations offered and the actions taken.

The Positive Result

6.69 There is no doubt that the amino acid trial took place and that a high testosterone level was recorded for one of the participants. Mr Haynes, who was responsible for carrying out the analyses, remembered that 'there was an abnormal serum testosterone level coded SH'.[109] Possible explanations for the high testosterone level included a testosterone-secreting tumour, the administration of testosterone, or the administration of a

substance that would behave in the assay like testosterone. This last category could include 'a number of anabolic steroids'.[110]

Date the Result Became Known

6.70 Mr Haynes told the Committee that the analyses relating to this trial would have been carried out in early 1984 and would have been completed by the middle of February 1984.[111] He was confident about his timing because he had prepared a curriculum vitae, which included this trial, in the middle of February 1984 when he had applied for the position of drugs in sport co-ordinator with the Australian Sports Medicine Federation.[112]

6.71 Because Mr Jones was co-ordinating the pilot study, results were sent directly to him, and not to Dr Fricker.[113] Mr Haynes said that he would have 'contacted Mr Jones prior to the middle of February to inform him of that result ... as it was a suspicious result in terms of the levels generated'.[114]

Action After Receiving the Result

6.72 On being asked what action he would have expected Mr Jones to take on being informed of the high testosterone level recorded in the tests, Mr Haynes replied:

> I would have assumed that there would have been an immediate medical consultation - that would have been the first action, obviously, for the welfare of that person, because I suggested it could be a testosterone secreting tumour. Failing that scenario, I think there should have been an investigation of why there was a level of that magnitude.[115]

6.73 Mr Jones did not arrange an immediate medical consultation and there was no investigation. Dr Peter Fricker told the Committee that while he remembered 'the short pilot study ... using the substances called Prevalon'[116] he could not

recall Mr Hambesis having a very high testosterone level.[117] He said, 'I honestly do not remember that being a notable feature of the study'.[118] It appears that this particular result, despite its possible medical implications, was not passed on to Dr Fricker by Mr Jones.

6.74 Mr Jones was unable to recollect Mr Haynes telling him that the high testosterone level recorded for Mr Hambesis might be the result of a tumour, but said that,' he might well have'.[119]

6.75 According to Mr Jones, the testosterone results were discussed with Mr Hambesis as soon as he had received them from Mr Haynes.[120] Mr Jones told the Committee that when informed of the high readings Mr Hambesis admitted that he had been taking anabolic steroids and there was therefore no need to arrange a medical consultation.[121] Mr Hambesis then left the Institute 'within a week'.[122] Mr Harry Wardle, Mr Jones' assistant at the AIS, similarly remembered that Mr Hambesis would have left 'within a couple of days' of Mr Jones talking to him [Hambesis] about the testosterone result.[123] However, Mr Hambesis had no recollection of a conversation with Mr Jones 'with regard to leaving the Institute because I had taken steroids'.[124]

Date Mr Hambesis left the AIS

6.76 Mr Jones' initial recollection was that Mr Hambesis left the AIS at the end of January 1984.[125] He later wrote to the Committee to correct himself, noting that:

> On checking A.I.S. records, it would appear that I was mistaken in thinking Hambesis left A.I.S. in late January/early February 1984, it was late February/early March. However, the time scale from my conversation with Steve Haynes about the elevated readings and his departure as a matter of days after being confronted with the readings is accurate.[126]

6.77 As has already been discussed, Mr Haynes reported the result to Mr Jones 'prior to the middle of February'[127] and, if Mr Hambesis left a few days later, his departure date would have been the middle of February at the latest. In fact the records at the AIS demonstrate that Mr Hambesis did not leave the AIS until late March, several weeks after Mr Jones claimed that he first discovered Mr Hambesis was taking anabolic steroids.

6.78 Medical records of Mr Hambesis held by the AIS show that on 21 February 1984 he suffered a knee injury while training.[128] On 12 March 1984 he went to the doctor with abdominal pains and on 20 March a 1.5 centimetre duodenal ulcer was diagnosed.[129] Moreover, the administration files at the AIS contain a minute in the handwriting of, and signed by, Mr Lyn Jones, addressed to Mr George Anderson. This minute, which is dated 26 March 1984 says:

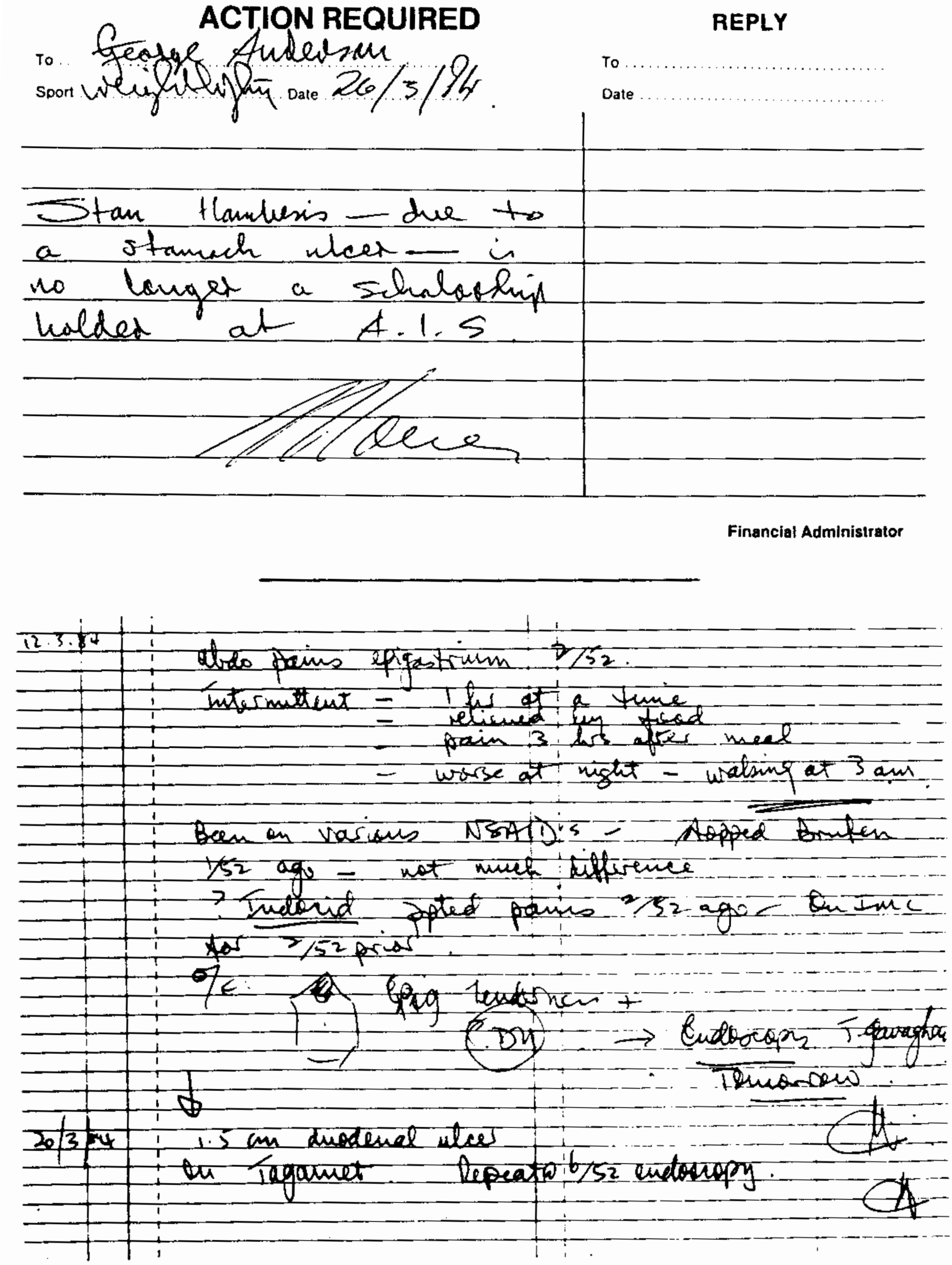
> Stan Hambesis - due to a stomach ulcer - is no longer a scholarship holder at A.I.S.

The minute is shown as Figure 6.1. The financial records of the AIS also indicate that the last scholarship payment was made to Mr Hambesis on 22 February 1984 for the period 27 February 1984 to 23 March 1984.[130]

Mr Hambesis' Explanation

6.79 Mr Hambesis could remember participating in the 1983-84 amino acid trials and freely admitted that he had been taking anabolic steroids over the period of the trials. He said that these had been given to him by Mr Lyn Jones[131] The steroids were being used because Mr Hambesis had been 'building-up' for a weightlifting competition held towards the end of January 1984.

FIGURE 6.1



ACTION REQUIRED

To George Anderson

Sport Weightlifting Date 26/3/94

Stan Hambesis — due to a stomach ulcer — is no longer a scholarship holder at A.I.S.

REPLY

To

Date

Financial Administrator

12.3.94 Abdo pains epigastrium ?/52.
Intermittent — 1 hr at a time
— relieved by food
— pain 3 hrs after meal
— worse at night — waking at 3 am.
Been on various NSAID's — stopped Brufen 1/52 ago — not much difference
? Indocid started pains ?/52 ago — On Imc for ?/52 prior.
O/E Epig tenderness +
? DU → Endoscopy Tomorrow

20/3/94 1.5 cm duodenal ulcer
On Tagamet. Repeat 6/52 endoscopy.

Minute in Mr Lyn Jones' handwriting concerning Mr Hambesis' departure from the AIS and extract from the medical records of Mr Hambesis.

6.80 The competition referred to by Mr Hambesis was the ACT Australia Day Contest held on 27 January 1984. It was the competition at which Mr Hambesis lifted his best-ever weight, with a total result of 335 kilos. This was confirmed by the weightlifting career record of Mr Hambesis sent to the Committee, at its request, by Mr Michael Noonan, Record keeper, Australian Weightlifting Federation Inc.[132]

6.81 Mr Jones told the Committee that Mr Hambesis had lifted in the ACT Australia Day competition under his own volition and that it was not a competition on the official AIS lifting program. Consequently, Mr Jones did not attend the competition and said that he had no record of it.[133] However, the Committee finds this very difficult to accept, given that the AIS Bulletin of 15 February 1984, in an article written by Mr Lyn Jones states:

> Stan Hambesis and Goran Vukojevic competed in the ACT Australia Day competition and although neither did any special contest preparation ... Stan Hambesis recorded his best ever total with 335k.

This competition clearly provided a reason for Mr Hambesis to be taking anabolic steroids and provided a reason as to why Mr Jones might have supplied steroids to Mr Hambesis.

Discussion

6.82 Mr Hambesis told the Committee that he left the AIS because he had put up long enough with the heavy training regimes, that he had had an ulcer diagnosed, and was generally feeling run down.[134] The documentary evidence held by the AIS does not support Mr Jones' account of the events leading to Mr Hambesis leaving the AIS, but it does support the account given by Mr Hambesis himself. One explanation for this may be

that the AIS records are deliberately incomplete. Mr Jones, for example, had told the Committee that he had:

> intimated to Hambesis that I would keep it confidential if he would move out, because I did not want to create a problem for the Institute, and myself, I guess.[135]

Furthermore, the account given by Mr Jones is inconsistent with that given by Mr Haynes.

6.83 Mr Jones explained the discrepancy between his account of what happened and the AIS records by stating that:

> Hambesis left AIS in late February - early March 1984. He left quietly as I intimated to the Committee and very few people knew he had left. He continued to be treated by Dr Fricker after he had left. I remember George Anderson - the administrator in charge of athletes - coming to me well after Hambesis had left, possibly on the 26th March and saying that he understood Hambesis had left the Institute recently and could he have a note from me to that effect for the records. I did not enlighten him as to the real reason and provided him with what he asked me for.[136]

This explanation would suggest that Mr Hambesis must have continued to receive his scholarship payment for a short period after he had left the Institute and was not entitled to it.

6.84 Even if this Committee were to accept Mr Jones' evidence as being a true description of what had happened, it would still leave questions as to the extent to which he had fulfilled his admitted responsibilities to notify the international and Australian sporting authorities, and the AIS itself, about what he took to be a blatant example of drug abuse. On his own admission, Mr Jones contrived with Mr Hambesis to conceal steroid usage by a weightlifter whom he must have known had competed under the influence of steroids. Mr Jones' response to this was

to indicate that in 1984 there had been no provision for random testing at the AIS[137] and to explain:

> it was the early days of the Institute and the last thing we wanted was any untoward publicity ... Under no circumstances could this athlete have been committed of a positive test because it was not a test, it was an admission on his part that he had taken anabolic steroids.[138]

Advising and Requiring the Use of Anabolic Steroids

6.85 Former AIS weightlifters including Mr Stan Hambesis, Mr Paul Clark and Mr Dallas Byrnes have all alleged that Mr Lyn Jones advised and required weightlifters at the AIS to take anabolic steroids. They said that if they declined to take them they would be asked to leave the Institute. These three athletes served writs against the AIS on 30 November 1987 stating, among other things, that they received advice and were required to submit to a program involving the administration, both by oral ingestion and injection, of anabolic steroids.[139] Mr Anthony Hills also described how he was offered and used performance enhancing drugs and he noted that he knew other weightlifters were taking them because:

> this was regularly discussed between team members as an integral part of the training regime on a comparative basis.[140]

6.86 Mr Hambesis told the Committee that when he arrived at the AIS:

> it was made obvious that it was part of your training program to take these drugs ... The only way you could reach those [performance] levels was by taking anabolic steroids. It was also stressed that if you did not perform you could not train there.[141]

Similarly, Mr Clark said that he:

> was under the impression that it was part of the training program and that if you did not improve - by improving I mean improving with the use of drugs - to increase your performance to a certain level, you could not remain at the Institute ... The standards were set very high.[142]

6.87 Mr Dallas Byrnes alleged that:

> When I was at the Institute every weightlifter that was there was taking steroids ... Depending on who was lifting where and what was going on.[143]

Mr Byrnes told the Committee that Mr Lyn Jones said it was necessary to take steroids to be a good lifter.[144] He also noted that Mr Jones gave steroids to help recovery from an injury[145] and said that:

> It was a pretty common thing that you would have fewer injuries if you were on them, because your recovery rate would be a lot quicker.[146]

6.88 Mr Hambesis similarly indicated that:

> the positive aspects of steroids were always discussed: it will improve your performance, it will make you stronger and it will put body weight on you if you need to increase your division.[147]

6.89 Both Mr Clark and Mr Hambesis admitted that they had taken drugs at the AIS, even though they had signed an agreement that drugs would not be used. According to Mr Clark the agreement not to use drugs:

> seemed a fairly informal document at the time. [Mr Lyn Jones] seemed to take a fairly relaxed attitude to it. It was a document saying that

> we could not use drugs at the time we were at the Institute of Sport, but we would do as the coach said, and if we did not do what the coach said, then our scholarship would be ended.[148]

Supplying and Administering Steroids to AIS Weightlifters

General Allegations

6.90 The athletes who claim that they were advised or required by Mr Jones to take anabolic steroids also claim that while they were full time scholarship holders these steroids were provided, free of charge, by Mr Lyn Jones. They also claim that the injectable steroids they were given were administered by Mr Jones himself.

6.91 Mr Anthony Hills, who is not involved in legal action against the AIS, informed the Committee that he was offered performance enhancing drugs by Mr Lyn Jones and that:

> The drugs were offered over a period commencing approximately two to three months after ... acceptance at the Institute until the completion of his scholarship in 1986 on programmes lasting a duration of eight to ten weeks at a time with equivalent breaks in between such programmes. The drugs used included ... anabolic steroids including methyl testosterone, nandrolene, stanozolol, testosterone and H.G.H.[149]

Similar evidence from another weightlifter not involved in legal action against the AIS is provided when discussing the steroid schedules later in this chapter.

6.92 According to Mr Byrnes, Mr Jones:

> use to rattle on a lot about where he got pills, this and that. He used to brag on about how good he was at giving jabs and that he did

> first aid courses so he knew what he was doing.[150]

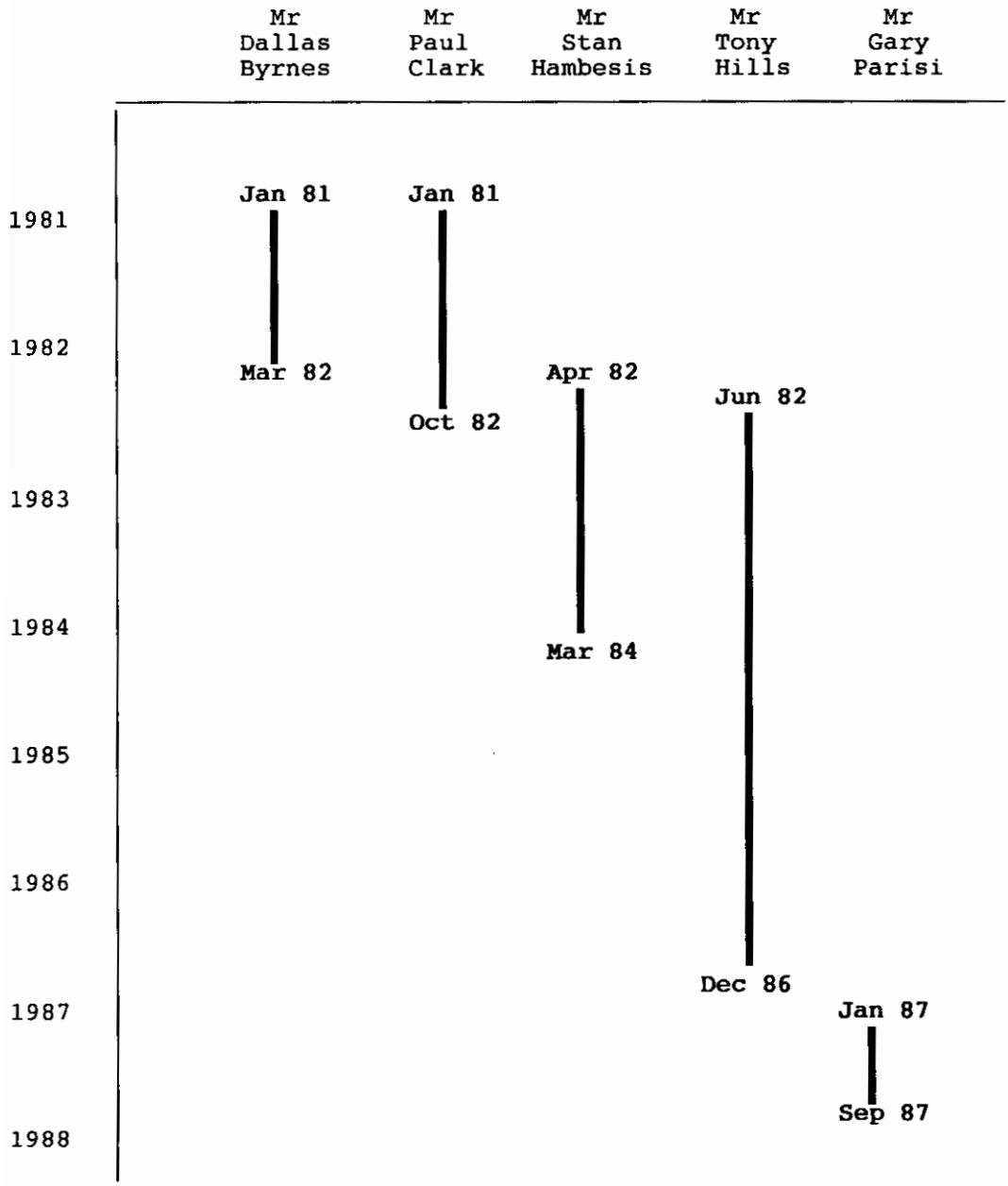
6.93 Mr Clark described how steroids were administered in the side room near the weightlifting gymnasium. He said that he had received 'injectable deca durabolin, primabolan, foreign oral steroids and dianabol, I think the other one was' and that the injections were administered by Mr Jones.[151] Mr Hambesis said that dispensing ceremonies would take place:

> A couple of months prior to a lead up to a major competition. ... When we first started, it started off as a six week course and as time went on this course would increase from, say, six weeks to eight weeks to 12 weeks, and the dosage would increase as well.[152]

6.94 Mr Byrnes was at the Institute from January 1981 to March 1982, Mr Clark from January 1981 to October 1982, Mr Hambesis from April 1982 to March 1984 and Mr Anthony Hills was there from 1982 until 1986. Allegations that Mr Lyn Jones supplied steroids in 1987 are discussed in relation to the steroid schedules described later in this report. In other words weightlifters at the AIS from its inception up to and including 1987 have admitted to taking steroids while at the AIS. (See Table 6.3) Moreover, Mr Hambesis told the Committee that he had:

> spoken to some of the athletes that were at the Institute at some stage this year [1988] and they were still taking anabolic steroids.[153]

TABLE 6.3
DATES OF AIS SCHOLARSHIPS OF NOMINATED WEIGHTLIFTERS



6.95 Mr Jones vehemently denied that he had ever supplied or administered steroids to AIS athletes. He said to the Committee that:

> The only thing I ever gave these lifters was vitamins and the amino acid protein tablets ... and inosine tablets ... If they are referring to times when they were given these vitamins, certainly those were a regular occurrence.[154]

He specifically rejected the allegations that he had himself injected athletes with steroids[155] and also denied that he had ever given athletes steroids for expediting their recovery or to help with a knee injury.[156]

6.96 Mr Julian Jones and Mr Paul Harrison, both long-time members of the AIS weightlifting squad, also denied any knowledge of steroid taking in the Institute.[157]

Young Athletes Given Steroids

6.97 In addition to the general allegations that Mr Lyn Jones supplied and/or administered steroids to weightlifters at the AIS, it has been more specifically alleged that young athletes were given steroids. The seriousness of this allegation stems from the fact that, as Mr Jones himself told the Committee:

> If young people indulge in these substances it can have a detrimental effect on their bone structure.[158]

6.98 Dr A P Millar, who has prescribed steroids, told the Committee that someone would have to be 19 or 20 years old before he would consider prescribing steroids and that, even then, he would:

> need to be convinced that their epiphyses were healed and closed, and that growth was finished.[159]

Without such caution there is a possibility that the steroids will themselves close the epiphyses of the long bones and stop normal growth.[160]

6.99 A further problem with providing steroids to young athletes is not only that there may be serious medical consequences not found in older athletes, but that, particularly given the alleged authoritarian attitude of the coaches, as suggested in evidence given to the Committee, they were less likely to make an independent decision on whether they should take them, or not.

6.100 In this connection it is interesting to note Mr Hambesis' comment that:

> I think we have all got to realise that the people who had the steroids administered were 18- or 20- year old kids, they were not adults.[161]

6.101 Mrs Gael Martin told the Committee that she knew of two 16 year old weightlifters who were being provided with anabolic steroids and amphetamines by Mr Jones[162] and said that the two 'were very open about the fact that they were actually taking steroids'.[163] The youngest weightlifter Mr Hambesis could recollect taking steroids 'was about 17',[164] while the youngest remembered by Mr Clark 'was either 16 or 17 and he was given anabolics'.[165] Mr Nigel Martin, the husband of Gael, said that Mr Jones provided steroids to 16 to 18 year old lifters.[166]

6.102 Mr Hambesis explained to the Committee the stage when steroids would first be given to a lifter by saying that:

> There is a grading scale in our sport. You have A grade, B grade, C grade and, normally,

> when an athlete reaches towards A grade, that is when they start introducing steroids to stretch them to what is called elite ...So, if you had a guy that was 17 and he was close to A grade, you would usually put him on a build-up of steroids.[167]

This is similar to the explanation provided by Mr Kelvin Giles of the stage at which track and field athletes first decide to take steroids.

6.103 Allegations that young weightlifters had been given steroids were strenuously denied by Mr Julian Jones, son of Mr Lyn Jones. He stated that:

> Allegations were made about 16- and 17- year old weightlifters being given anabolic steroids and amphetamines by coaches at the AIS. At one of the times mentioned, the only lifters in this age group at the AIS involved ourselves [Julian Jones and Paul Harrison] and we would like to categorically deny that this ever happened. We have never taken anabolic steroids or amphetamines. The lifters on the 1988 squad, a large number of whom were in the 16- to 17- year old group, have also asked us to make their denial on their behalf and express their and our outrage of being so accused.[168]

6.104 The allegations made to the Committee did not mention any particular time at which steroids were being provided to young athletes.

Discussion with Weightlifters on Side-effects of Anabolic Steroids

6.105 Mr Jones told the Committee that he was aware of the health risks of taking anabolic steroids because 'the medical people have told me what the side effects are'.[169] However, in a statutory declaration dated June 1987 Mr Dallas Byrnes claimed that:

> Mr Jones assured me that there were no side effects [from] taking these drugs if they were being correctly administered.[170]

6.106 Mr Clark, who alleged that he had been supplied with anabolic steroids and had anabolic steroid injections administered by Mr Jones, said that he was not told about any possible damaging side effects 'at the time'[171] but only later 'after complaints'.[172] Mr Clark said that he was told by Mr Jones that the steroids:

> could have an effect on you but it was reversible ... he told me not to worry about it; that it was just a normal thing.[173]

6.107 Mr Jones denied having any discussions with Mr Clark about the taking of anabolic steroids[174] although he would have pointed out to Mr Clark, as to other AIS weightlifters, that they were banned substances.[175] Mr Jones said that 'I counselled them against taking drugs in no uncertain terms'[176]

Administering Injections

6.108 The athletes claiming to have received steroids from Mr Jones also allege that when they received injectable steroids the injections were administered by Mr Lyn Jones. Mr Clark was asked whether he had ever questioned Mr Jones on his qualifications for giving injections and replied:

> No, because he had been a coach for a great deal of time. I could see that he had obviously done it before and that was the method that was used then.[177]

At the AIS the injections were given in the side room near the gym.[178] According to Mr Byrnes steroid injections would be administered by Mr Lyn Jones up to three times a week during the build-up and the only injections the doctors gave to the weightlifters were cortisone injections.[179] Mr Byrnes also recall

receiving a painkilling injection from Mr Jones.[180]

6.109 Mr Jones told the Committee that he had been trained to give (vitamin) injections by Dr Peter Fricker of the AIS[181] but that at the Institute any injections would have been administered by the doctor or nursing sister.[182] Mr Jones said that he had never given injections while at the Institute[183] but that in Australia he had injected athletes with vitamin B12 or ATP 'when we were travelling interstate when the medical personnel were not with us'.[184] He said the injections he had given:

> are mostly done when we are on the road, overseas, when the doctors or the medical people are not available. Dr Fricker ... trained me to do it.[185]

6.110 Mr Harry Wardle, who works with Mr Lyn Jones as the weightlifting coach, confirmed that medical staff would give vitamin injections administered at the AIS and said that:

> if we are interstate or overseas and [an injection] has to be given, which is on a very rare occasion, I would be the person to do that if I were with the team.[186]

Sister Sue Beasley confirmed that she had given syringes and Vitamin B12 to Mr Wardle 'on an occasion of two or three times'.[187]

6.111 The Committee was interested to note that on 10 September 1982 Mr Jones ordered one box of 20 'Terumo syringes' from the Amcal Chemist in Belconnen and that this order, which was approved by Mr Peter Bowman, the Secretary of the AIS, but not by any medical staff, was collected from the chemist by Mr Harry Wardle.[188] On 21 October 1982 a further two dozen Terumo syringes and needles were ordered from the Amcal chemist, with delivery instructions marked 'Pick up by Lyn

Jones'[189] The Brisbane Commonwealth Games were in October 1982. Mr Jones informed the Committee:

> I do not remember the specific purchase but it appears likely that maybe the AIS Medical Dept. were out of stock of these syringes on that day and we'd picked them up ourselves prior to going up to Brisbane. We had over 50% of the AIS weightlifting squad serving as officials prior to and during the Games. They kept up their training while there and very probably some needed B12 shots while in Brisbane.[190]

Documentation of Steroid Usage

6.112 The athletes appearing before the Committee alleged that they were often taking more than one steroid during a build-up program for competition. The Committee endeavoured to discover whether any written records were available to show the drugs being taken and their dosages. Mr Hambesis, for example, said that he would be using up to ten Dianabol tablets a day 'And that is only one of the oral tablets you would be taking'.[191] Mr Clark commented that he would be taking:

> 10 to 15 tablets a day for the build-up depending on how many weeks it was, plus injectables as well, but, as I understand it, that is only a moderate dosage in terms of what other athletes have taken recently.[192]

Similarly, Mr Dallas Byrnes would be taking 15 or 20 dianabol a day, together with three injections a week.[193]

6.113 Despite the long duration of some of these steroid courses, the athletes seem mainly to have been given verbal instructions. Mr Clark said the 'people were told in conversation' what they should take,[194] while Mr Byrnes recollect that sometimes Mr Jones 'would give you an envelope and it had pills in it'.[195] He described how:

> Lyn Jones would give you all the jabs you needed after or before training. He would say 'Here is a bottle of pills, take six or eight of these a day' or what not.[196]

Mr Byrnes also described how:

> Lyn Jones would have it all organised. It would be in his office ... he would have on the calendar where you lived and what you were doing; when you started your build-ups and when you finished your build-ups.[197]

Mr Hambesis confirmed that no written instructions were given at first but continued:

> I do not know the exact period, but at some stage when the dosages started increasing, the dosages and the period of time we were taking them were starting to be written out.[198]

Mr Anthony Hills, who was at the AIS in 1986, indicated that he was given a schedule relating to anabolic steroids by Mr Jones.[199]

6.114 The only documentation available to the Committee relating to the alleged use of banned drugs by AIS weightlifters consists of two hand-written schedules, each covering the period 24 January to 15 March 1987. These are discussed in the next section of this report. The Committee also has in its possession a note allegedly in Mr Jones' handwriting given to an Australian wrestler at the 1978 Commonwealth Games and relating to the use of a diuretic.[200]

The Drug Schedules

Introduction

6.115 The Committee obtained two schedules relating to the administration of drugs in the handwriting of Mr Lyn Jones. One

of these was given by a former AIS weightlifter[201] and the other, provided by Mr Lyn Jones, was a schedule prepared for Mr Julian Jones, a member of the AIS weightlifting squad.[202] The schedules are shown on the next two pages.

6.116 The schedules cover a period of seven weeks. Week one begins on 24 January 1987 and week seven ends on 15 March 1987. According to Mr Lyn Jones the schedules were the preparation for the Moomba International Weightlifting competition which took place in Melbourne on 7 and 8 March 1987.[203] During the period covered by the schedules both Mr Julian Jones and the weightlifter providing the other schedule competed in the Tofalos - Kakousis Tournament held in Greece on 20-22 February 1987.[204]

6.117 The Committee received two quite different interpretations of the meaning of the schedules, one from the weightlifter who first provided the schedule to the Committee, and one from Mr Lyn Jones.

The Weightlifter's Interpretation of the Schedule

6.118 The weightlifter who provided the schedule at an in camera hearing of the Committee said that it was a schedule of the drugs he was meant to be taking. It had been prepared and written out by Mr Lyn Jones.[205] The 'P' in the left hand column stands for 'pills', the 'V' stands for vitamins' and the 'I' for inosine.[206] The 'J' in the right hand column stands for 'jabs', the 'G' representing injections of gonadotrophin,[207] the ticks representing injections of Sustanon, an anabolic steroid.[208] The pills, the number of which to be taken on any one day is given in the column headed 'P', were 2.5 milligram Lonavar tablets, Lonavar being an anabolic steroid.[209]

Schedule No. 1

		P	V	I	J
wk ①	24	2	2	3	
	25	2	1	0	
	26	5	1	6	
	27	3	2	3	
	28	5	1	6	
	29	3	2	3	
	30	5	1	6	
	31	3	2	3	
wk ②	1	5	1	0	
	2	2	2	6	
	3	5	1	3	
	4	7	2	6	
	5	6	2	7	
	6	7	2	6	
	7	5	2	3	
wk ③	8	7	2	0	
	9	9	3	6	
	10	7	2	3	
	11	9	3	6	
	12	7	2	3	
	13	9	3	6	
	14	7	2	3	
wk ④	15	9	3	0	
	16	11	3	6	✓
	17	9	3	3	
	18	11	3	6	
	19	9	3	3	
	20	11	3	6	✓
	21	9	3	3	
wk. ⑤	22	11	3	4	
	23	13	1	8	✓
	24	11	3	4	
	25	13	1	8	
	26	11	3	4	
	27	13	1	8	✓
	28	11	3	4	
wk 6	1	13	1	8	
	2	11	3	8	✓
	3	13	1	4	
	4	7	3	4	✓
	5	9	3	4	G
	6	7	3	4	✓
	7	9	3	3	
wk. ⑦	8	7	2	3	
	9	5	2	3	G
	10	2	2	3	
	11	2	2	3	
	12	2	2	3	
	13	1	2	3	G
	14	7	3	3	
	15	7	2	3	
	16				

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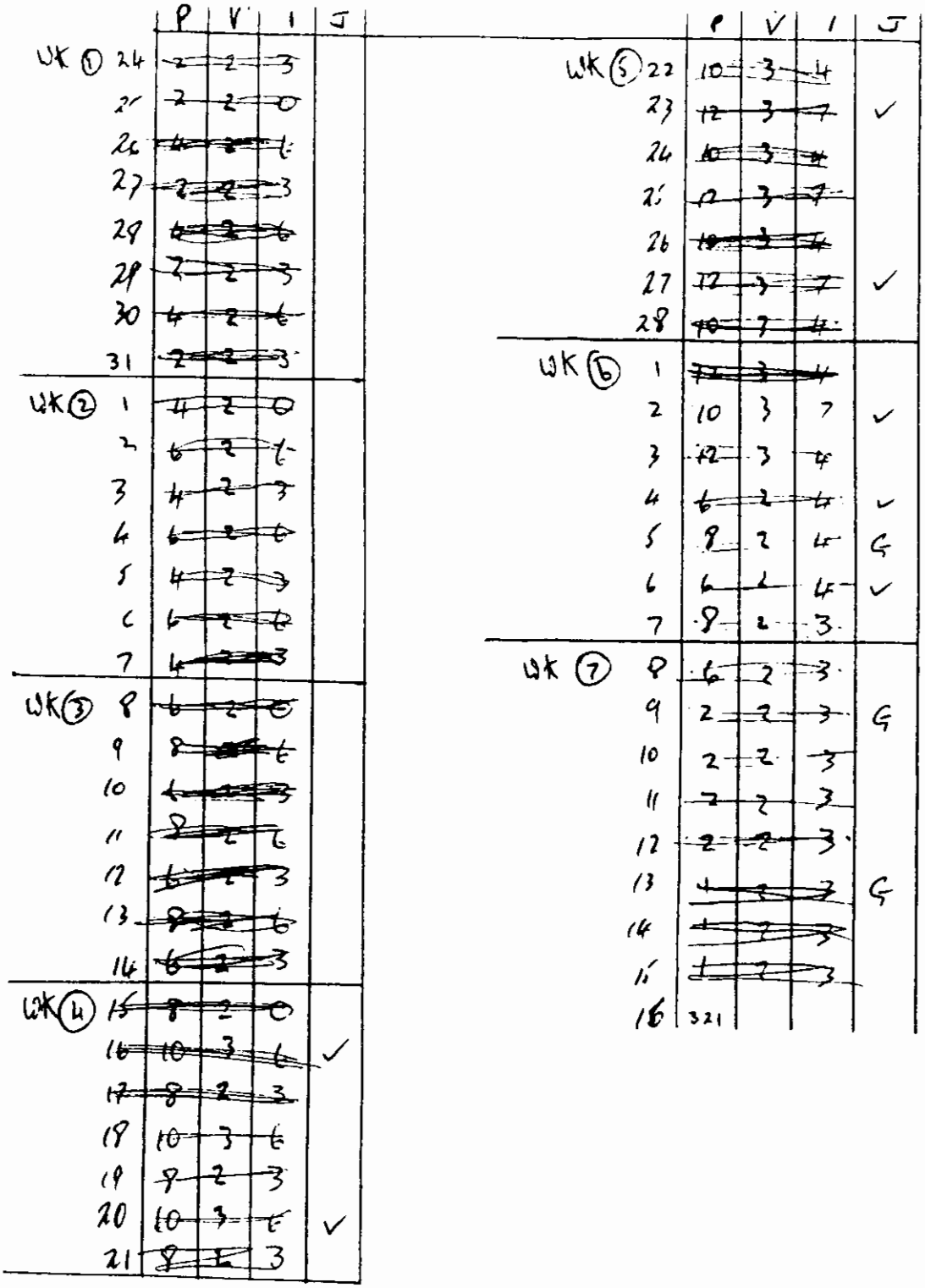
Schedule No. 2



		P	V	I	J
Wk ①	24	2	2	3	
	25	2	2	0	
	26	4	2	1	
	27	2	2	3	
	28	6	2	6	
	29	7	2	3	
	30	4	2	6	
	31	2	2	3	
Wk ②	1	4	2	0	
	2	6	2	1	
	3	4	2	3	
	4	6	2	6	
	5	4	2	3	
	6	6	2	6	
	7	4	2	3	
Wk ③	8	6	2	0	
	9	8	2	1	
	10	4	2	3	
	11	8	2	6	
	12	6	2	3	
	13	8	2	6	
	14	6	2	3	
Wk ④	15	8	2	0	
	16	10	3	6	✓
	17	8	2	3	
	18	10	3	6	
	19	8	2	3	
	20	10	3	6	✓
	21	8	2	3	
Wk ⑤	22	10	3	4	
	23	12	3	7	✓
	24	10	3	4	
	25	12	3	7	
	26	10	3	4	
	27	12	3	7	✓
	28	10	3	4	
Wk ⑥	1	12	3	4	
	2	10	3	7	✓
	3	12	3	4	
	4	6	2	4	✓
	5	8	2	4	G
	6	6	2	4	✓
	7	8	2	3	
Wk ⑦	8	6	2	3	
	9	2	2	3	G
	10	2	2	3	
	11	2	2	3	
	12	2	2	3	
	13	4	2	3	G
	14	4	2	3	
	15	4	2	3	
	16	321			

6.119 The athlete concerned said that injectables on the schedule, whether given in Australia or overseas, were all administered by Mr Lyn Jones.[210]

Mr Lyn Jones' Interpretation of the Schedule

6.120 According to Mr Jones, the column headed 'P' refers to 'protein pills, which are the amino acids'.[211] The 'V' is vitamins, the 'I' is inosine and the 'J' is for jabs, the ticks being injections of Vitamin B12, the 'G' being for injections of ATP, (adenosine triphosphate).[212] A 'G' is used to indicate ATP on the schedule because ATP:

> is a substance used in geriatric medicine. In fact we call it the 'Big G'.[213]

6.121 Mr Jones told the Committee that, because in late February the athletes on the schedule would have been in Greece for a competition, he may have administered some of the injections on the schedule himself[214] but that other injections would have been administered by medical staff at the AIS.[215]

A Comparison of the Weightlifter's Interpretation with that of Mr Jones

6.122 Both the weightlifter and Mr Jones agree that the schedules were prepared by Mr Jones and are in his handwriting.[216] They agree that the schedules were intended as part of the build-up program for the 1987 Moomba International weightlifting competition. Both agree that the numbers in the columns represent the number of pills to be taken and the 'V' and 'I' stand for vitamins and inosine, respectively. Both agree that 'J' stands for jabs, meaning injections.

6.123 The different interpretations relate to two matters . One is the column headed 'P', with the weightlifter claiming 'P'

stands for pills, which were 2.5 milligram Lonavar, and Mr Jones claiming 'P' stands for protein by which he means amino acid pills. The other is the nature of the injections, the weightlifter claiming the ticks are Sustanon and the G gonadotrophin, Mr Jones claiming the ticks are vitamin B12 and the G represents ATP injections.

Mr Jones' Rationale for the Schedule

A. Amino Acids

6.124 Mr Jones explained to the Committee that the schedule was 'a result of experiments we conducted at the Institute',[217] part of an attempt 'to try all legitimate means to aid the athletes' endeavours'.[218] He emphasised, however, that the schedule itself was 'not an experiment' but was 'applying the results of the experiment in the practical situation'.[219] He explained that he 'had a hand in designing' the schedule[220] and, when asked about the contribution of the doctors said 'it is flowing from their research and I put it together'.[221] He described the rationale of the schedule as:

> the variance of the amino acids, increasing doses as the loading increases in the training and the same thing with the other substances ...[222]

6.125 Mr Jones was unable to tell the Committee of anyone else in the country who would have the knowledge of amino acids and combinations used in this schedule.[223] He also noted that this particular schedule had never been published 'but the investigatory work into amino acids has been published'.[224] The schedules were being used 'to try to get a good result after using the research that had been done by the medical people',[225] and the doctors were 'aware' that the program was being used.[226]

6.126 The Committee has been informed by the Australian Institute of Sport that four studies were carried out at the Institute to examine physiological effects of amino acids.[227]

- In 1984 a pilot study using an amino acid and vitamin preparation called 'Prevalon' was carried out using a small group of weightlifters as subjects. The results of this study cannot be located. (This was the study during which Mr Hambesis demonstrated a high level of testosterone).

- In 1985 a study on amino acids, growth hormones and exercise was carried out, the results of which were published in The Australian Journal of Science and Medicine in Sport in March 1988. This study, based on five throwers, concluded that exercising in the fasted state resulted in a sevenfold increase in growth hormone release over a program where food was eaten before exercising, but that the addition of amino acid supplements did not significantly enhance the release of growth hormone under specified dietary conditions.

- In 1986 a study of amino acids, fasting and exercise on nocturnal growth hormone production in weightlifters, the results of which have been prepared for publication and made available to the Committee. The paper concludes that the oral ingestion of amino acid supplements did not lead to an enhancement of nocturnal growth hormone release.

- In 1987 a 12 week study on weightlifters investigated the physiological and haematological changes associated with weight training and the use of amino acids. The results of this study are currently being prepared for analysis. It is clear that, whatever the findings of

this study, they have no relevance for any schedules prepared in January 1987.

6.127 It appears to the Committee that none of the amino acid studies carried out by the AIS could provide a rational basis for the schedules prepared by Mr Jones. None of the experiments was able to demonstrate an increase in any of the natural performance enhancing hormones when amino acid preparations were taken, and yet this was the purpose for which they were being used.

B. Vitamin B12 (Cytamen)

6.128 Mr Jones told the Committee that the vitamin B12 was an intramuscular injection. He did not know the name of the preparation he had injected, saying that:

> It was a long name; it is about that long, but then it says B12 at the end and that is what I call it.[228]

The name of the preparation is, in fact, 'Cytamen' and it was purchased by the AIS on a regular basis and in large quantities.

6.129 The B12 injections, represented, according to Mr Jones' interpretation, by the ticks on the schedules, were:

> For people who have trouble holding the body weight ... It stimulates the appetite - you should be hungry more frequently. Force feeding is what you are talking about really. It is not hard.[229]

The fact that B12 was an appetite stimulant or on schedules for athletes 'who need to keep their weight up' was repeated by Mr Jones several times.[230] For example, in a letter sent to the Committee at a later date he noted that:

> B12 injections were only a feature for lifters attempting to gain or maintain higher body

> weight, and would only have been used in a minority of cases.[231]

6.130 The schedules show that two or three B12 injections would have been given each week to each athlete on the schedule. Dr Gavin Dawson told the Committee that he would:

> see no reason for giving two injections or even three injections of B12 in a week. Some people ... do go for B12 injections to some doctors ... but never would they have more than 1000 micrograms per week, which is 1[ml] of Cytamen or vitamin B12.[232]

6.131 Although Mr Jones showed some uncertainty about the size of the B12 injections he had administered, he decided that they were each 5ml 'because the 10ml things are very big'.[233]

6.132 Dr Fricker pointed out that vitamins for injection can be obtained over-the-counter without prescription and that there is:

> a long tradition of Vitamin B12 use by athletes, either self-administered or administered by coaches. Athletes use vitamin B12 to enhance their performance and B12 is not a banned substance.[234]

6.133 Sister Beasley also gave the impression that B12 injections were easily available at the AIS when describing how, if athletes:

> were in heavy training they would come to me directly and ask me if I could give them B12. I would always ask the doctor if he was available, or ask the coach if I could contact them. If they were not contactable I would give the injection of vitamin B12 but let the doctor know as soon as possible afterwards.[235]

6.134 Dr Maguire, while he:

> was not involved in administering them, ... had knowledge that injections of B12 were to be given and .. was again supportive of the project and supportive of the ingestion of this medication.[236]

C. Adenosine Triphosphate (ATP)

6.135 Each schedule shows a total of three injections which, according to Mr Jones' interpretation, were of ATP. One was given in the penultimate week and two in the final week of the schedules, and they are shown by the appearance of a 'G' in the 'jab' column.

6.136 Dr Gavin Dawson, a Foundation Fellow of the Australian Sports Medicine Federation, gave medical advice on the use of ATP, saying that it was used in geriatrics, cardiology and rheumatology and that:

> it was said to overcome the pain and stiffness of rheumatic patients ... and increase blood flow and peripheral circulation. I think it was withdrawn simply because it did not work. ATP ... is given intramuscularly, one or two ampoules daily, for two to four days, followed by the same on half dosage on alternate days, to a total of 10 or 20 ampoules.[237]

6.137 The Committee was puzzled as to why ATP should be indicated by a 'G' on the schedule. Mr Lyn Jones explained that this was because it is a substance used in geriatric medicine and for this reason 'we call it the "Big G"'.[238] It was later explained by Mr Julian Jones that this expression was limited in its currency to the weightlifting gym at the AIS and that elsewhere it would not be understood.[239] Mr Wardle, the weightlifting coach at the AIS, also confirmed this strictly in house use of the expression 'Big G'.[240]

6.138 In Camera evidence was received, however, that a weightlifter from the AIS other than the one who provided the schedule also interpreted the 'G' as gonadotrophin.[241]

6.139 Mr Jones described how ATP 'takes away the aches, sometimes, which they develop in the joints when they are reducing weight'.[242] Given that the same schedule includes B12 injections to assist in putting on weight, this does not seem likely to have been a problem. He also explained how ATP is usually used 'in the week or two weeks prior to a competition' and how it 'is just about good for everybody. I have not seen anybody it has not been good for'.[243] It is interesting that on the schedules two of the three ATP injections take place after the competition, (which was on 7-8 March). Mr Merv Kemp, throwing coach at the AIS, remarked that ATP would be given after a competition only if an injury had occurred. He was unable to explain why such injections would be written in initially.[244]

6.140 Mr Jones agreed that the administration of ATP injections is commonplace in weightlifting around the world 'and in many other sports as well'.[245] The following exchange took place:

> Senator Collins - From your experience, would it be normal practice for [ATP] to be given to all weightlifters before a competition?
> Mr Jones - Certainly my weightlifters would normally get it ... It is used by a lot of people around the world.[246]

6.141 Mr Julian Jones similarly agreed that ATP is commonly used in weightlifting and that it 'is common in many other sports too'.[247] He also described how, in schedules different to those being examined by the Committee, 'we may use five ATP at the end'.[248] The schedules were not written up but:

> if you have five ATPs at the last week you just send him over (sic) for five in a row to the sports medicine department to get them.[249]

6.142 Mr Julian Jones could himself remember 'having a series of three or four' ATP injections before the national championships. These had been administered by the nurse.[250] Mr Julian Jones and Mr Paul Harrison each believed they would have received 'six or seven ATP injections' while at the AIS, and on nearly every occasion they would have been administered by Sister Beasley.[251]

6.143 Dr Fricker was able to recollect that:

> one weightlifter in particular did have three ATP injections prior to a competition and he believed it helped him ... That was a bit of a trial on our part and so that does not worry me.[252]

6.144 In a letter dated 20 January 1989 the Committee sought information from the AIS on the availability of ATP at the Institute. On 27 January 1989 Dr Ross Smith, Acting Director, AIS wrote to the Secretary informing him that:

> Dr Fricker recalls that during the first half of 1985, approximately five boxes (up to a maximum of ten boxes) of five ampoules [of ATP] were provided free of charge by Riker Pharmaceuticals in Sydney at the request of Dr Fricker. He believes that this was the end of stock. This was the only provision of ATP the Sports Medicine unit has been given and Dr Fricker has indicated that these ATP ampoules have been used.[253]

In other words, the total supply of ATP ever available at the AIS was a maximum of 50 injections, and could possibly have been only 25. In terms of the medical applications described by Dr Dawson, this would amount to only one or two courses. Moreover, in addition to the ATP said to have been used in weightlifting, it was also being used in other areas of the AIS. Dr Fricker

recalled giving two or three ATP injections to a track and field coach for a knee injury and to an athlete competing in the decathlon at the University Games in Kobe, Japan in 1985.[254] Mr Merv Kemp recalled the shot putter Mr John McNamara receiving ATP injections on two or three days in 1987, the injections being given by Dr Maguire, and other track and field athletes being given ATP injections.[255] Mr Craig Hilliard was also aware of track and field athletes receiving ATP injections[256] while both Mr Paul Nandapi and Mr Phillip Nettle had received ATP injections.[257]

6.145 On 30 January 1989 Mr Lyn Jones wrote to the Committee, informing it, among other things, that:

> A.T.P. injections were only used sparingly for and after very important competitions as their cost was high.[258]

This is completely inconsistent with his own earlier evidence as is the evidence given by his son, Mr Julian Jones.

6.146 Mr Harry Wardle, weightlifting coach at the AIS, who appeared before the Committee on 14 February 1989, stated that ATP was used:

> very, very sparingly because I do believe it was quite expensive. But if it was administered at the Institute it would have been by the doctor, and if it was necessary on the road, as it were, then it would have been done by Mr Jones or myself.[259]

6.147 Sister Beasley said the 'she never gave ATP injections without a doctor's order, either verbal or written'[260] and that she never gave ATP to any coach.[261] She said that she would have been likely to have administered most of the ATP, although the doctors could administer them as well. She had 'no idea' how coaches could have obtained ATP.[262]

6.148 Dr Maguire was unsure of whether supplies of ATP would have been available after those provided 'to the Institute free of charge for the project' had been used, although he suggested that:

> supplies of ATP are readily available in European countries and would be, again, readily available to athletes travelling and returning to Australia.[263]

Involvement of Medical Staff

6.149 The Committee investigated the involvement of the medical staff in the development of the schedule and the administration of the substances or injections included in it. Sister Sue Beasley had no involvement with the schedule.[264] Dr Ken Maguire had no involvement in the schedule or in the administration of the B12 or ATP injections that, on Mr Jones' interpretation were required.[265] Neither did he provide the ATP or B12.[266] Dr Fricker told the Committee that he 'was not aware of this particular schedule being applied at the time'[267] and that he had no recollection of ever administering injections of ATP or B12 in association with such a schedule.[268] These comments are supported by the fact, discussed later, that there are no injections related to the schedule marked on the medical records of the athletes concerned.

6.150 Indeed, not having seen the schedule before, Dr Maguire was unable to say what the injections indicated in the 'J' column were.[269]

The Number of Schedules

6.151 The Committee has two schedules, one being that for a weightlifter who gave evidence in camera, the other being one prepared for Mr Julian Jones. Given the restricted availability of ATP, which is represented by 'G' on Mr Jones' interpretation

of the schedule, it was of interest to discover how many such documents had been prepared.

6.152 When asked how long the schedule, in its current form, had been in use at the AIS, Mr Jones replied; 'About two years'.[270] Asked how many athletes under his supervision would have had schedules prepared similar to those being examined by the Committee, Mr Jones indicated it would be the senior athletes and that it:

> would be about half a dozen. The younger guys are encouraged with the amino acids, but not in a regimented form.[271]

Mr Jones then indicated that the schedule is usually used in preparation for a competition and that there would be 'probably two or three major competitions a year'.[272] The following exchange took place:

> Senator Collins - How many courses similar to this one in front of you would you have administered to each athlete per year? Was it just the one seven week course in 12 months?
> Mr Jones - ... I said it would be probably two times a year
> Senator Collins - Two times a year and six athletes.[273]

Later, the following exchange took place:

> Senator Collins - Are these schedules still being provided to athletes now, and are there athletes at the Institute now still on a similar program?
> Mr Jones - Right now, no, because our program is finished, but we have used it this year [1988], yes.[274]

6.153 Using the minimum figures provided by Mr Jones of six athletes using schedules twice a year, and given that each schedule included what Mr Jones claimed were three injections of ATP, it would appear that at least 36 ATP injections were being administered in weightlifting each year over a number of years.

As already explained, there were never more than 50, and possibly only 25, ATP injections ever available at the Institute and at least a dozen would have been used by track and field athletes.

6.154 Talking about written schedules generally, rather than those similar to the ones in the possession of the Committee, Mr Jones said that he would have been using them 'Since the inception [of the AIS], I guess'[275] and went on to say they would have been prepared for the senior athletes.[276] However, he went on to say that the schedules involving amino acids were 'a new thing'.[277] This was confirmed by Mr Julian Jones who told the Committee that he first started to take regular schedules of vitamins and proteins (i.e. amino acids) in about 1985, although he added, 'I may be wrong'.[278] He stated:

> I think [1985] is when the amino acids started coming out on the market and so that is when we started doing it.[279]

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.155 Mr Lyn Jones also informed the Committee that each schedule was individually designed for a particular athlete. For example, an athlete having no need to put on weight would not receive B12 injections[280] while a heavier lifter might need to take more protein (amino acid) pills.[281] It will be noted that the schedules included in this report each show a different total number of pills in the 'P' columns.

6.156 After the Committee had initiated inquiries into the availability of ATP and received the answer discussed above, Mr Lyn Jones wrote to the Committee on 30 January 1989 to say that:

> The number of schedules of that type would have been limited to 3 or 4 (total) as we were trying a new structured system as a practical application of indications given by A.I.S. research into natural growth hormone release. ... ATP injections were only used sparingly for and after very important competitions as their cost was very high.[282]

6.157 Mr Julian Jones, appearing before the Committee on 13 February 1989, said that schedules were not normally written out because 'We were just told to take 10 every day. That is fairly simple to remember'.[283] He said that the variation in the number of amino acid tablets shown on the written schedule occurred only with this schedule:

> Normally, the other times it was as the bottle says: 'Take eight before you go to bed' or 'Take 10 before you go to bed'. This was just a one off situation that we tried and that is the reason why it is written out.[284]

6.158 Mr Harry Wardle, weightlifting coach under Mr Lyn Jones, told the Committee that the written schedules represented:

> a change in the system of what we had been doing. People normally were taking a set amount every day. We decided, or Mr Jones decided, that we would try something different for this build-up.[285]

6.159 Contrary to the evidence given by Mr Jones to the Committee on 14 December 1988, the Committee was now being told that the written schedule was prepared on only one occasion - to cover the build-up to the 1987 Moomba International weightlifting competition. On this occasion there were, according to Mr Julian Jones, four schedules produced; one each for Mr Julian Jones, Mr Paul Harrison, Mr Danny Mudd and Mr Gary Parisi.[286] Mr Julian Jones (on 1 December 1987) and Mr Daniel Mudd (on 2 December 1987) have both signed statutory declarations to state that while at the AIS they were never offered, and have never taken, performance enhancing drugs. Copies of these statutory declarations were given to the Committee by the AIS in July 1988.

The Effectiveness of the Schedules

6.160 When asked whether his weightlifters had shown beneficial results from using the programs represented by the schedule, Mr Lyn Jones replied:

> They certainly seem to produce better results with this.[287]

The following exchange took place:

> Senator Collins - You are satisfied from your own observation of the application of the substances that you would happily administer a similar program to lifters if you took up training again next year?
> Mr Jones - I would think so. If we got good results with it, why would I not do it?[288]

6.161 However, in his letter to the Committee of 30 January 1989 Mr Jones wrote that;

> The structured schedule of supplementation you have did not seem to produce any better results than the taking of fixed daily amounts so we abandoned the production of specific schedules.[289]

6.162 Mr Harry Wardle, appearing before the Committee in February 1989, commented that:

> We did not get any better results with that [schedule] than we did with any other amino acid program, so we scrapped it and went back to [giving seven amino acid tablets every day].[290]

6.163 The Committee finds it interesting that decisions could be made about the effectiveness of a schedule involving so many substances when no controls were used. Moreover, of the four weightlifters on the schedule, one did not complete it. Mr Julian Jones was injured in Greece in February 1987 and stopped the

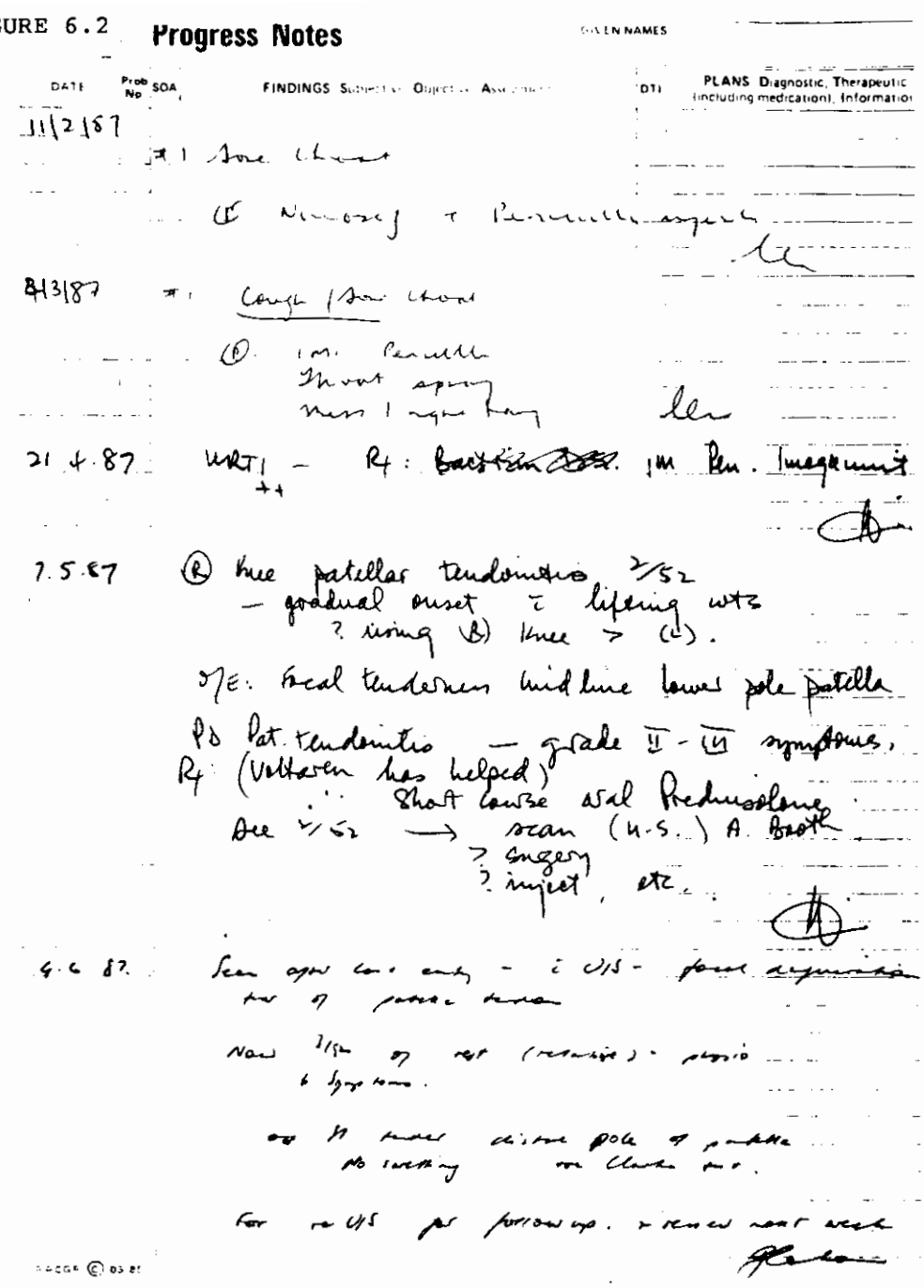
course, including his injections.[291] Mr Paul Harrison, although ostensibly following the schedule:

> did not have any [injections] on that build-up because the previous year ... I tore all the ligaments in my knee. I was just in a slow period at that time.[292]

Of the other lifters on the schedule Mr Gary Parisi followed the full course but, according to Mr Julian Jones, Mr Danny Mudd would have had no B12 injections, not having a weight problem.[293] Mr Mudd might or might not have received the ATP injections.[294]

6.164 According to Dr Fricker any athlete receiving an injection from a doctor would have had it recorded on their medical records.[295] The Committee would accept this and, indeed, would be very surprised if this was not the case. However, the medical records examined by the Committee, including those of Mr Julian Jones who, as already discussed, told the Committee he had received 'six or seven' ATP injections, do not show that any ATP injections were administered to weightlifters. It is also interesting to note that Mr Gary Parisi was due to receive an injection (of B12) on 4 March 1987, according to his schedule. Although he visited Dr Maguire on that date and received an injection of intramuscular penicillin (See Figure 6.2) there is no indication on his medical records of Mr Parisi having received a B12 injection on that date, or on any other date.[296]

FIGURE 6.2 **Progress Notes**



Extract from medical records of Mr Gary Parisi showing that although he visited the doctor on 4 March 1987 there is no record of a Vitamin B12 injection being administered.

6.165 Mr Jones described the program under which the schedules were developed as 'an application of the experimental results in the practical situation'. [297] The Committee was puzzled as to how the effectiveness of the program could be evaluated in the absence of any records of what individual athletes were taking. Mr Lyn Jones said that he did not keep file copies of the schedule but continued:

> I know the basis of the rationale as to how they are put together ... we vary them constantly.[298]

Mr Jones did not require the schedules to be returned to him once the build-up course had been completed.[299] In other words, there was no permanent record kept of the dosages administered to each athlete which could subsequently be related to improvements in performance. The following exchange took place between Senator Collins and Mr Jones on this matter:

> Senator Collins - Yes, two seven week courses per year for two years. What practical benefit of that kind of research for the future of your sport at an institute of sport is gained when there are no written records kept of the administration of the substances?
> Mr Jones - A valid comment
> Senator Collins - What is your answer to it?
> Mr Jones - I have the knowledge. I am a professional
> Senator Collins - do you take it with you when you leave the Institute this year?
> Mr Jones - Yes.[300]

6.166 According to Mr Jones tests were being carried out which would be of no benefit to the AIS, or to anyone else, because no records were being kept. Moreover, the Committee finds it difficult to accept that Mr Jones' memory was so good that he could remember precisely the complex details of the schedules being used and be aware of the number of pills being taken by a weightlifter at any stage of his program.

Expert Technical Advice on the Schedules

6.167 The Committee sought an opinion on the schedules from a number of people expert in sports medicine or the use of drugs in sport.

6.168 In considering these views, account should be taken of the comments of Dr Ken Maguire, of the AIS, that the schedule had been 'deliberately done to be like a steroids schedule'.[301] Dr Maguire suggested that 'One of the aims of the project basically was to try to mimic the effects of steroids without using steroids'.[302] However, by his own admission, Dr Maguire had not seen the schedule before he appeared before the Committee[303] and had no involvement in the preparation of the schedule or the administration of the substances on it.[304] Moreover, no other witness appearing before the Committee, including Mr Lyn Jones who designed the schedule, offered this explanation. This is not surprising given that the doctors were not involved in the design of the schedule and Mr Jones told the Committee that his only involvement with anabolic steroids was seeing pictures of them in magazines.[305] The Committee also notes that Mr Julian Jones did not proffer the explanation offered by Dr Maguire.

6.169 It should also be noted that Mr Julian Jones objected to the opinions expressed by the technical experts consulted by this Committee on the grounds that he could not see:

> how a medical person, if he is not involved in weightlifting programs at an elite level, can voice an opinion on that anyway.[306]

He argued that the schedule could not be interpreted without reference to each athlete's training schedule. For example, he suggested that in the week in which the lifter was taking the maximum number of protein pills he would be on his maximum training load weeks and experiencing greatest muscle breakdown.[307]

6.170 Dr G L Blackman, Chairman and Managing Director the Victorian Institute of Drug Technology felt unable to offer an opinion on either interpretation, noting that there are 'as many drug/supplement regimens' for sports people as there are sports people and the profiles you have sent could, I am sure, be interpreted in many ways'.[308]

6.171 Dr Brian Corrigan, a senior specialist in Rheumatology and Chairman of the National Program on Drugs in Sport said, in relation to Mr Lyn Jones' interpretation of the schedule, that he:

> would find it most difficult to envisage the need for such an involved and complex programme for taking what are really such simple compounds.[309]

6.172 He said that the pills under the 'P' columns would be anabolic steroids because 'they are given in such a high dose and in a cyclical manner'; that the ticks represent injectable steroids and that:

> 'G' given at the end of this cycle are virtually certainly injections of gonadotrophins although I suppose that they could stand for Growth Hormone.[310]

Dr Corrigan concluded by saying that:

> I'm sure you realise that this cycling is the common method of prescribing or using anabolic steroids and again this would account for the high doses used and the method of use. Indeed, it would stretch credibility too far to believe that these schedules are for anything else rather than for steroids.[311]

6.173 Mr Steve Haynes, Manager of the National Program on Drugs in Sport, felt that the schedules could be interpreted either way but pointed out that the steroid interpretation:

> would be consistent with information published in medical/scientific journals and 'underground' information. The basic rationale would be a period of administration of oral and/or injectable anabolic agents superseded by the administration of testosterone approximately 10 days prior to a sporting event ... [312]

6.174 Dr Gavin Dawson was:

> confident that P does not stand for Protein Pills or amino acids, because one would not increase the dosage in the manner demonstrated, since it is a food stuff necessitating regular intake.[313]

6.175 According to Dr Dawson the contour of low-high-low dosage under the 'P' column of the schedule is 'typical of an anabolic steroid cycle'.[314] He also expressed confidence that the 'G' was gonadotrophin, injected 'to stimulate the testes to produce endogenous testosterone in the body'.[315] He went on to say that:

> In relation to the ticks under Column J; these are more likely to fit the drug sustanon, rather than Vitamin B12 ... the injections are given in weeks 4, 5 and 6 where there is a maximum peaking effect of Lonavar. This would produce an extremely strong anabolic effect, particularly on weeks 5 and 6. At this point ... the recipient could compete in an event ... Vitamin B12 injections may have a tonic effect but it would be rather more logical to administer it at regular intervals rather than a series of injections close together.[316]

6.176 Dr A P Millar of the Institute of Sports Medicine at Lewisham Hospital wrote that:

> There would be little doubt that the P is an anabolic steroid ... it is the only drug that I am aware of that is taken in this fashion.[317]

He noted that the ticks in the J column are consistent with the use of an anabolic injectable and that:

> The use of chorionic gonadotrophin where it is marked G in the schedule is again characteristic of this routine of anabolic steroid usage where it is believed the gonadotrophin injection will stimulate the pituitary gland to form the lutenizing and follicle stimulating hormones which are suppressed by the use of anabolics and in that way there will be a more rapid return to normal of the body's own production of anabolic material and in the case of a male, testosterone.[318]

6.177 It is quite clear from these expert opinions that a detailed rationale can be developed easily to explain the schedules according to the interpretation put forward by the weightlifter and that the weightlifters' interpretation appears to be more soundly based in terms of pharmacology, physiology and medicine than that put forward by Mr Jones. It is also worth noting that Mr Haynes,[319] Dr Dawson[320] and Dr Millar[321] each comment on the high dosages of Lonavar implied by this schedule. Dr Millar indicated some of the possible consequences of these dosages but commented that this level of dose 'is however characteristic of a number of schedules of the usage of this preparation'.[322]

6.178 Mr Lyn Jones' comment on these expert opinions was that:

> I think the really honest comment in this 'expert advice' comes from Mr Haynes, 'It is not possible to comment on which of these rationales is "most likely". The schedule could be interpreted either way'. I put the schedules together and they are for the substances I outlined.[323]

Drug Test While on Schedule

6.179 The schedule was agreed by all parties to be a build-up for the 1987 Moomba International weightlifting competition. The weightlifter who provided the schedule to the Committee said that he attended that competition and that while there he was subject to a drug test.[324] As the competition was on 7-8 March 1987, he was still taking steroids at the time of the competition, if his interpretation of the schedule is accepted. Mr Jones used this to support his case that the schedule could not be referring to steroids.[325]

6.180 The weightlifter told the Committee that he did wonder why he did not test positive at the Moomba competition and added:

> I do not know whether this has any relevance on anything, but prior to the competition Lyn Jones gave me a bottle of red stuff. To this day I do not know what it is, but it tasted like cough medicine. He said this would throw off the test.[326]

6.181 The substance was allegedly taken while travelling from the hotel to the competition, and was assumed by the weightlifter to be some sort of masking agent. Mr Jones denied ever giving any athlete a blocking agent or a masking agent.[327]

6.182 The Committee sought advice from the Australian Weightlifting Federation as to who was tested at the 1987 Moomba International competition. Dr David Kennedy wrote to the Committee on 7 February 1989 to say:

> Unfortunately the list of names of the five competitors who were subject to drug testing at that competition is no longer available.[328]

6.183 Dr Kennedy could remember that five lifters were tested, two from overseas and three from Australia. He was able to

recollect the names of the two overseas lifters, but the name of only one of the Australian lifters. Subsequently, on 15 February 1989, the Committee received a facsimile message from Dr Kennedy stating that 'after further extensive investigations and subsequent verification' he was able to give the names of the other two Australian lifters tested at the competition. This information allowed the Committee to confirm that the weightlifter concerned had indeed been tested.

6.184 The tests for the 1987 Moomba International weightlifting competition had been carried out by the Brisbane drug testing laboratory. It should be noted that this laboratory had been notified in January 1987 that it had failed the IOC re-accreditation test and from February 1987 onwards had informed all sporting organisations using the laboratory that this was the case.[329] This is noted because in writing to the Committee to say that the name of the competitors tested at the 1987 Moomba competitions were not available, Dr Kennedy made a particular point of saying that the Brisbane laboratory was used:

> because at that time [it] was still accredited by the International Olympic Federation and the Australian Weightlifting Federation was encouraged by the Australian Government and the Australian Sports Commission to utilize a laboratory within Australia so as to enhance our international reputation in the field of drug analysis in sport.[330]

6.185 The Committee sought advice from the Brisbane Drug Laboratory as to the likelihood that a competitor taking the drugs indicated on the schedule could have tested negative. Dr Les Johnson wrote to the Committee that:

> In March 1987 our laboratory was quite capable of detecting Lonovar (oxandrolone) and Sustanon (testosterone) in urine at a limit of detection of approximately 5-10mg/ml. This limit of detection would detect most cases of steroid abuse assuming that the urine had not

> been modified through the use of diuretics or probenecid.
>
> In March 1987 we were not testing for diuretics or probenecid. In fact, we were not aware of the use of probenecid by athletes until we received a letter in June 1987 from the IOC Medical Commission - doping control chairman ... which showed that probenecid could reduce the urinary levels of androgenic/ anabolic steroids by up to 99%. This is quite a remarkable result. A 99% reduction in normal steroid elimination would severely limit the capabilities of our laboratory to detect anabolic steroids at our lower level of detection.[331]

6.186 If the pills on the schedule were anabolic steroids, it would appear either that the weightlifter had been given a blocking agent, or that the drug tests carried out at the Moomba competition were in some way compromised. This kind of doubt about testing will always remain while the sporting federations themselves are responsible for carrying out tests. It emphasises the need for a completely independent testing authority as described in Chapter Three.

Conclusions

6.187 Mr Lyn Jones' evidence in relation to the drug schedules was full of inconsistencies and contradictions. His argument that the schedules were based on the experiments conducted into the use of amino acids at the AIS is disproved by the results of those experiments, which show that amino acids do not increase the body's natural production of growth hormone. His argument that B12 injections were used to stimulate appetite to gain weight was unconvincing, especially when he told the Committee that ATP injections, given in the same schedule, were to reduce the joint pains felt by weightlifters when losing weight. Mr Jones told the Committee that ATP injections were commonly used by his weightlifters and by weightlifters around the world. However, when it became apparent that the total amount of ATP

ever held by the AIS was too small to provide enough for the total number of injections that would have been administered according to the schedules, Mr Jones told the Committee that ATP was used only very sparingly, because its cost was so high. Mr Wardle supported Mr Jones in this, saying that he believed that the ATP was quite expensive. In fact, the evidence clearly shows that the ATP used at the AIS had been provided to the Institute free of charge. Mr Jones claimed that the injections on the schedules would have been administered by the medical staff at the AIS. This is not supported by the medical staff, or by the medical records that the Committee has been able to examine. Mr Jones first suggested that many such schedules had been used, but in later evidence, after the limited supplies of ATP became known to the Committee, Mr Jones suggested that only three or four such schedules had ever been prepared. Mr Jones at first told the Committee that the build-up program on the schedule had improved the performance of his weightlifters, but then said that the performance enhancement was no better than that of any other build-up schedule, so he stopped using it. The Committee is in any case at a loss to understand how any conclusion could be drawn about the effectiveness of the schedule, given that apparently only one weightlifter ever completed it. The fact that Mr Jones did not keep copies of the schedule also makes it surprising that he was able to evaluate its results, particularly given its complicated pattern of variation in the doses of the pills. The expert advice sought by the Committee on the schedule provided an explanation for the weightlifter's interpretation, but no direct support for the explanation put forward by Mr Jones.

6.188 The only rational explanation for the form of the schedule, other than that it was a steroid schedule, was that provided by Dr Maguire, who said that it was intended to mimic a steroid schedule. However this interpretation was contradicted by

the evidence of Mr Jones, who designed the schedule, that his only knoweldge of steroids was seeing pictures of them in magazines.

6.189 Given the gross inconsistencies and contradictions just described, the Committee accepts the interpretation of the schedule provided by the weightlifter from whom it was obtained, namely, that it is a steroid schedule. In the Committee's view this interpretation is correct, and is overwhelmingly supported by the evidence.

Purchase and Importation of Steroids

Introduction

6.190 With one exception, to be discussed later, the athletes who claim they were given drugs by Mr Lyn Jones say that they were not expected to pay for them.[332] A common view seems to have been that Mr Jones was purchasing the drugs overseas and that they were somehow paid for out of the cash advance received for overseas trips.[333]

6.191 In considering the purchase of drugs Mr Don Talbot recalled that, when he was Executive Director of the AIS, he had what he called 'a trial balloon' discussion with Mr Lyn Jones and Mr Kelvin Giles. The two coaches made reference to the purchase of anabolic steroids and other banned substances along the lines of 'if we were to buy these things, how would it be perceived?'[334] Mr Talbot explained that the question was more from the standpoint of 'would it be possible' to use Institute money to facilitate the purchase of drugs rather that that of 'ought to be'. He said:

> I felt at the time, this was the real point of our discussion. That is, the 'trial balloon' to see if the AIS might condone, in fact support, the use of drugs by its athletes.[335]

Mr Lyn Jones' comment on this was that:

> It does not make sense. Kelvin and I had only known Talbot a matter of a few months and we would be hardly talking to him in these terms. If talking to him about an AIS doping policy made him feel we were 'sounding him out' as to the AIS funding steroid use he was mistaken.[336]

6.192 The Committee received evidence that steroids can be purchased relatively easily, and cheaply, overseas. Mr Nigel Martin, for example, said that:

> You can buy [steroids] extremely cheap. The Soviets get them for nothing, or the Eastern bloc countries get them for almost nothing. They would probably sell them for $1 or $2 a bottle. You would probably buy 100 bottles or something like that.[337]

6.193 According to Mr Dallas Byrnes, pills could be bought in Italy in 1981 for about $10 a hundred, depending on what you were buying.[338]

Hungary, Yugoslavia and Italy

6.194 Mr Paul Clark said that he had witnessed Mr Jones buying steroids at the Panonia championships in Hungary in 1981 and the world junior championships in 1981 in Italy. He said that he was

> in the room when athletes from these countries came in with the drugs; that was the usual case.[339]

Polish, Hungarian and Italian coaches were allegedly selling the steroids to Mr Jones.[340]

6.195 Mr Clark admitted to bringing into Australia anabolic steroids purchased by Mr Jones at different competitions[341] and said that the drugs 'were just packaged in boxes and put in the suitcase'.[342] He did not remember the labels being taken off the drugs and said that the labels:

> were original labels; on some occasions they were foreign language but you could still understand that they were steroids.[343]

6.196 Mr Dallas Byrnes described to the Committee how:

> When we used to go overseas and compete [Mr Lyn Jones] used to buy up pretty big. He would buy so much of it that if there were eight of us travelling overseas we would be flat out between the eight of us putting it all back into our bags to bring it back into the country.[344]

6.197 Mr Byrnes, like Mr Clark, claimed that he had seen Mr Jones purchase steroids in Italy in 1981 and in Yugoslavia and that the purchases were made from 'other coaches and other athletes'.[345] Mr Byrnes also claimed that Mr Jones asked his weightlifters to 'scout around' in order to find out what other competitors had, and to buy it.[346]

Brazil

6.198 Mr Clark and Mr Byrnes both gave evidence that they witnessed Mr Jones purchase steroids in Brazil in 1982.[347] Mr Byrnes declared that Mr Jones:

> bought some from a chemist in Brazil because that was pretty cheap ... Lyn Jones bought a fair bit in Brazil.[348]

He again stated that 'Lyn Jones was in Brazil. He was there with Harry Wardle'.[349]

6.199 The Committee has been able to determine that Mr Lyn Jones has never been to Brazil. Examination of the travel documents at the AIS relating to the visit to Brazil in August 1982 show that Mr Harry Wardle travelled as team coach. Although the travel arrangements were made by Mr Jones, there were no arrangements made for him. The passport Mr Jones was using in 1982 has been examined. It shows that he did not visit Brazil, then or at any other time during the currency of that 10 year UK passport issued in 1975. A check with the Department of Foreign Affairs has confirmed that there is no evidence of any other travel document being issued to Mr Jones.[350]

6.200 The Committee concludes that allegations made that Mr Jones purchased steroids in Brazil and imported them into Australia are wrong. This matter is further discussed in the final section of this Chapter in which the credibility of evidence given by some of the witnesses is examined.

Czechoslovakia

6.201 Mr Hambesis said:

> I went to Czechoslovakia and I know that in Czechoslovakia, Lyn Jones bought some drugs. I was not there when he actually purchased them, but the drugs were given to one of the other athletes and one of the drugs came in alfoil like Panadol, and you pop them out. [Mr Jones] wanted them all popped and he got some of the athletes to pop all the tablets and they were sticking them in vitamin containers.[351]

6.202 The tablets concerned were said to be Dianabol.[352] They were put into vitamin bottles to make them less bulky and Mr Hambesis estimated that he 'had to pop over 20 000 tablets'.[353] He said it took 'a good half an hour to an hour. I was just sitting there popping pills'.[354]

Methods of Importation

6.203 Mr Hambesis told the Committee that drugs were brought in from overseas in a suitcase or by mail. He said 'I know he mailed them. I could not say specifically it was to his address'.[355]

6.204 Mr Clark claimed that the weightlifters brought the drugs back in their luggage and described how on:

> one occasion we were intercepted [by Customs] but for some reason Customs did not presume them to be dangerous or what not, so they were just passed straight through.[356]

He explained that the Customs official discussed the matter with Mr Lyn Jones, but no further action was taken. On arrival back in Australia, Mr Clark gave the drugs back to Mr Jones.[357]

6.205 Mr Byrnes claimed that all members of the weightlifting team were involved in bringing drugs back into Australia[358] and that on coming back from overseas:

> Lyn Jones would be sending packages from what he purchased overseas to [other coaches in Australia].[359]

Response of Mr Lyn Jones

6.206 Mr Jones denied he had ever manipulated expenditure accounts to finance drug purchases. At the Institute he was:

> required to budget and receipt for all moneys ... entrusted to us when we take teams overseas.[360]

He said that the AIS checked that all claims for expenses were properly based:

> By receipting for the moneys involved and, in many cases, paying the expenses involved beforehand.[361]

The extent to which this is an accurate description of financial control mechanisms at the Institute is discussed in the Chapter Nine.

6.207 Mr Jones denied that he had ever obtained steroids overseas,[362] denied that he had given Mr Hambesis pills to pop and transfer to vitamin bottles,[363] denied purchasing drugs from athletes in the presence of Mr Paul Clark[364] and denied mailing steroids to Australia.[365] He acknowledged that he attended the 1981 junior world championships in Lugarno, Italy. He claimed that although he did not buy steroids in Czechoslovakia Mr Hambesis did, and he denied ever having bought anabolic steroids from Bulgarian or Hungarian coaches at weightlifting events. In short, Mr Jones said that all allegations relating to him purchasing and/or importing steroids were 'absolutely untrue'.[366] He asked:

> Do you really think that coaches are going to sell anabolic steroids to me when I am on the Committee that bans people for doing that sort of thing, I mean, that is ridiculous.[367]

6.208 Mr Julian Jones and Mr Paul Harrison, two long-time members of the AIS weightlifting squad, also denied ever being asked to bring back steroids when travelling overseas or having knowledge of anyone else doing this.[368]

<u>Sale of Drugs</u>

6.209 There are a number of allegations that Mr Lyn Jones has sold performance enhancing drugs to people outside the AIS.

6.210 In camera evidence was received from a weightlifter that he had been asked to pay $500 for a build-up course of steroids.

This took place before he joined the Institute and the payment was necessary because he was not a full scholarship holder.[369]

6.211 Mr Nigel Martin said that Mr Jones was 'well-known throughout Canberra as the supplier' and that he had spoken to several people who had bought steroids from Mr Jones.[370] Mr Byrnes told the Committee that he directly witnessed Mr Jones selling steroids to a New Zealand weightlifter, Mr John Callaghan, around 1981 and that he saw cash change hands.[371] Mr Byrnes also suggested that Mr Jones 'is the big wheeler and dealer [at the AIS] amongst other coaches'[372] and referred to Mr Jones getting:

> some of the weightlifters to sell them at some of the gyms ... That was the only way for them to get some money together. They had wasted their life for the last four or five years at the Institute, and they did nothing except weightlifting, on the dole or what not. They have no future and the only way for them to make a few dollars is to be buying (sic) it.[373]

6.212 Mr Stan Hambesis told the Committee that about 12 months after leaving the AIS he purchased steroids from Mr Lyn Jones. He described how he went to the AIS weightlifting gymnasium and:

> all the guys were training, but I spoke to [Lyn Jones] in his office and I just told him that I needed to get some Dianabol and he just told me to come a couple of days later, and I got the Dianabol off him.[374]

Mr Hambesis said that he would have paid Mr Jones over one hundred dollars for a six weeks supply of Dianabol.[375]

6.213 Mr Jones denied that he had ever sold or given out any steroids to any AIS athletes or that he sold drugs to a weightlifter before the lifter became a full scholarship holder at the AIS.[376] He said that he knew nothing about the drug distribution network in Australia[377] and that, in so far as

performance enhancing drugs are concerned, he had 'never sold anything to anybody'.[378]

Involvement with the Brisbane Drug Testing Laboratory

Introduction

6.214 As discussed earlier, Mr Lyn Jones heard rumours that two of his weightlifters had purchased steroids while competing in Brazil in 1982.[379] He was asked by the Committee why he did not initiate testing of the athletes concerned, in order to determine whether they had been using steroids. He replied that 'there was no testing process to avail ourselves of. This is fairly new stuff'.[380] When reminded that the Commonwealth Games had been held in Brisbane that year (in October) and that an accredited drug testing laboratory had been set up in Brisbane, he replied:

> Certainly, but there was no direct pipeline from the Institute into that organisation straight away.[381]

He clarified that he meant that there was no direct association with the laboratory and that while the laboratory was there in 1982 he did not know whether it was there before.[382] Mr Jones also said that 'There was no pre-games testing' carried out by the laboratory.[383]

Provision of Urine Samples

6.215 In fact the association between Mr Jones and the Brisbane drug testing laboratory went back to 1981. Dr Ken Donald, Deputy Director-General of Health and Medical Services, Queensland Department of Health, described the setting up of the Brisbane laboratory. The decision to establish the laboratory was taken in late 1979 and Dr Donald, then director of pathology at the Royal Brisbane Hospital, was given responsibility for setting it up.[384] Dr Donald told the Committee that in setting up such a

laboratory it was necessary to acquire both pure samples of the substances for which tests were to be carried out, and samples of urine from people who had taken these substances. This was in order to examine the metabolism and the excretion of the metabolic products. For this reason:

> most laboratories try to make contact with people who might know about the substances and ask if urine can be obtained.[385]

6.216 Dr Donald told the Committee that he was:

> informed by staff members that an arrangement had been made to obtain urine samples from a coach involved in weightlifting at the AIS and that these arrangements had occurred at a seminar in Melbourne at some time in May 1981 ... The arrangement was that urine samples would be sent to the staff members and the staff would analyse the samples and would inform the person involved of what they found. My understanding is that amongst the first batch of samples that arrived some were found positive. Verbal communications were entered into, and the laboratory was informed that they had found a list of drugs that were, in fact, in the urine sample ... The communication was between Mr Les Johnson, who was the senior scientist in the laboratory, and Mr Lyn Jones, who was a coach.[386]

6.217 Dr Donald told the Committee that Mr Jones had approached Mr Johnson, volunteering to provide the samples.[387] Moreover, in that first group of samples, 'staff members were informed that there was one other sample in which they had missed the drug'.[388] Subsequently, Mr Jones provided to the laboratory some urine samples which 'had the drug in them labelled on them, so that the laboratory could use them as control samples'.[389]

6.218 Dr Donald emphasised that he did not know the circumstances under which the urine samples 'were collected at the far end'.[390] However, Mr Don Talbot, Chief Executive of the AIS at the time this incident took place, was able to recollect that:

> Somewhere in casual conversation [Lyn Jones] did tell me that he had been doing some testing, or he was starting or embarking on a test program with one of the labs, and that would have been Brisbane, to see if they could identify any drugs; they wanted experience in identifying drugs in athletes.[391]

6.219 On being asked where the positive samples were coming from Mr Talbot replied:

> Lyn Jones as well as being the coach at the Institute of Sport, also had some official capacity with weightlifting in Australia, and I was not sure whether he meant the Institute - this is on reflection - or whether he meant other aspects of weightlifting in Australia ... I just assumed it was our people but it may well have not been.[392]

Mr Jones told the Committee that he had discussed the setting up of the Brisbane laboratory with Mr Talbot:

> as I wanted him to be aware that I had sent samples to Dr Johnson and that they were not provided by AIS scholarship holders.[393]

6.220 Mr Dallas Byrnes, a weightlifter in the AIS squad during this period, recollected that he used to give urine samples when he was 'on the gear' and that this was done 'quite a few times' including 'a month or two months' before the SGIO Games in 1981.[394] Later, Mr Byrnes told the Committee in relation to these urine samples that:

> Lyn Jones knew someone that was testing us. He said that. And it was between them as to how he got away with it.[395]

He further elaborated this by saying that:

> He has a lot of contacts. Lyn Jones has been in the sport for a while. He knows what is

> going on and what he can and cannot get away with. He has got to know a few people here and there. He mentioned it in conversation to us in the room that he knew someone in Brisbane who was testing for him and doing him a favour.[396]

The favour according to Mr Byrnes was to tell Mr Jones whether the samples tested positive and the relevance of this was:

> In case you were to be tested ... if you are going to an overseas competition there is a good chance you will be tested for steroids. To be on the safe side what you do is you test everyone before you go overseas to make sure that they are not positive'.[397]

6.221 It should be noted that Mr Byrnes gave his evidence on 13 February 1989 while Dr Donald appeared before the Committee on 15 February 1989.

6.222 Following the appearance of Dr Donald before the Committee Mr Lyn Jones wrote to the Secretary on 15 February 1989.[398] He made the following points in his letter:

- at the 1981 Melbourne conference he was approached by Dr Johnson asking for help in the provision of samples. Mr Jones himself did not initiate the contact or volunteer samples.

- Mr Jones at first said he was unable to help as 'he did not know anyone in the sport who were (sic) involved in anabolic steroid use'.[399] However, because of Mr Jones' concern that the laboratory receive IOC (sic) accreditation he contacted a friend 'a former weightlifter in Sydney who worked at a bodybuilding gym'.[400] This friend, given a guarantee of complete anonymity, provided samples from his members.[401] Mr Jones emphasised in his letter that:

no-one from the A.I.S. was involved in any way in the taking or providing these samples.[402]

- Mr Jones said that Dr Johnson later told him the number of positive samples and he told Dr Johnson that 'that did not correspond with the number my friend had indicated to me'.[403] Following a further request from Dr Johnson and 'after much negotiation' with his friend in Sydney, Mr Jones provided another series of samples with the actual substance being taken written on the sample bottles.[404]

- Mr Jones also made the comment that, given Dr Donald's evidence, the two lifters from his squad at that time who had made allegations against him might now 'have a miraculous recall'.[405]

6.223 In considering Mr Jones' comments the Committee notes that they contradict his professed lack of knowledge about the use of steroids in gyms and his professed lack of knowledge about the existence of the Brisbane laboratory before 1982. His comments concerning 'miraculous recall' ignore the fact that Mr Byrnes' evidence preceded that given by Dr Donald, as did the letter received from Mr Paul Clark discussing the SGIO Games. (next section)

6.224 Mr Jones' comments also contradict those made by Dr Donald in a number of respects, one being as to who made the first approach. Dr Les Johnson informed the Committee that 'There was no preconceived plan' on his part to approach Mr Jones whom he met, or was introduced to, 'during a lunch or coffee break, and with whom he discussed anabolic steroid testing in general'. Dr Johnson said that:

> The eventual outcome of our discussions was that Mr Jones offered to see what he could do to arrange for [positive] urines to be sent to our laboratory. I do not remember whether

> Mr Jones initiated the offer or whether I asked him for assistance. To the best of my recollection it was just a concept that quickly evolved as a result of our conversation.[406]

6.225 Dr Johnson, also said that Mr Jones' statements concerning the origin of the urine samples:

> can neither be proved nor disproved by myself or anyone else involved with the ... laboratory because of the anonymity requirements outlined in Mr Jones' statement.[407]

6.226 In a later clarification Dr Johnson said that he had 'implicitly assumed' the specimen came from AIS weightlifters but he had no way of verifying his assumption. He noted that:

> It never occurred to me that Mr Jones who was the AIS weightlifting coach (presumably resident in Canberra at the time) would arrange for specimens to be obtained from a Sydney bodybuilding gymnasium.[408]

6.227 The Committee notes the obvious difficulties and ethical problems faced by a drug testing laboratory in legitimately obtaining the samples necessary to calibrate its equipment and test its techniques. There are clearly three possible reasons why coaches would assist in providing such samples. One is for the reason stated by Mr Jones, to assist the laboratory to obtain the necessary accreditation. A second reason would be to test the performance of the laboratory, in order to determine its testing capacities. A third reason is to have samples tested so that athletes can determine the clearance time of particular drugs, i.e. the length of time for which they need to stop taking the drug before a competition in order to test negative.

6.228 The fact that Mr Jones at first explicitly denied all knowledge that the Brisbane laboratory existed before the Commonwealth Games, despite the assistance he had provided to the

laboratory in 1981, has forced the Committee to conclude that his stated reason for providing the positive urine samples is not true. The Committee believes that in providing positive samples to the laboratory Mr Jones was seeking information on the substances it could identify. Such information is of obvious use to a coach whose athletes might be taking anabolic steroids, and the Committee notes that the laboratory failed its IOC reaccreditation test in 1987 because it failed to identify a number of substances. Moreover, as discussed in Chapter Three, some unusual results obtained by the laboratory during the 1982 Commonwealth Games have been retrospectively interpreted as being caused by the use of blocking agents intended to circumvent the testing capability of the laboratory.

6.229 The Committee is unable to accept the explanations provided by Mr Jones for his involvement with the establishment of the laboratory and is unable to find any reason why the other witnesses providing evidence on this matter should not have told the truth. The fact that Mr Jones deliberately misled the Committee about his knowledge of the setting up of the laboratory, and his general evasiveness about this matter, leave in doubt his motives for providing the samples.

Screening Tests

6.230 Before leaving the subject of Mr Jones' involvement with the Brisbane drugs laboratory it should be noted that in February 1982 it had been drawn to Dr Donald's attention that persons associated with a number of sports 'and at a number of levels of administration in those sports' were seeking drug screening programs before the Commonwealth Games.[409] The sports requesting screening tests included cycling, weightlifting, track and field, 'and there were definitely others as well'.[410] On 30 August 1982 Dr Donald instructed the laboratory not to undertake screening tests and to accept only '<u>official</u> Commonwealth Games samples'.[411] In this context the statement of Mr Byrnes concerning screening tests and the comment of Mr Jones that

'there was no pre-games testing' by the laboratory[412] may carry a added significance. However, Mr Jones informed the Committee that he had not himself requested screening tests from the Brisbane laboratory and that he did not know anyone else who might have done, or why.[413]

SGIO Games

6.231 On 24 January 1989 (i.e. before Dr Donald gave his evidence on 15 February 1989) the Committee received a letter from Mr Paul Clark. He described how:

> As a trial run for the 1982 Commonwealth Games, the National Championships were held at the Games venue October 1981, taking advantage of laboratory equipment functions. AIS weightlifters submitted urine samples to the trial run, unfortunately I don't think samples were labelled with names only indexes of some sort.[414]

6.232 Dr Donald told the Committee that the laboratory approached the organisers of the SGIO games 'and offered to do dope testing so that we would test our systems'.[415] Because the laboratory had not at that stage received accreditation, it was agreed that 'there would be no legal standing for any of the results we produced'.[416] The selection of competitors to be tested was left largely to the officials of the sports involved.[417] Dr Allan Clague, who was in charge of collecting the samples from the weightlifters nominated for testing by the officials of weightlifting,[418] wrote to Mr Lyn Jones on 4 November 1981 to report that:

> Four of the twelve urines tested were positive for anabolic steroids. All four had major urinary metabolites of Dianabol ... In addition, two specimens probably had ... metabolites of either ... (Decadurabolin or ... (Durabolin))

> Besides the anabolic steroids, one competitor had high levels of pseudoephedrine and its metabolites and two had rather high levels of caffeine ...[419]

6.233 Mr Jones agreed that as Competition Director of the SGIO games he had co-operated in the drug testing rehearsal requested by the laboratory. He noted that '79 lifters from 9 nations' competed at the games. He said that he believed 'twelve lifters were selected at random and given a number and provided the standard urine sample'.[420] Following the event and before receiving the letter from Dr Clague informing him of the substances detected he was:

> informed of the 7 numbers of the lifters which had returned positive results ... I did take the opportunity to ask my A.I.S. Squad members who were tested what number they had been given and checked them against the numbers of the positive samples I had been given. They did not correspond. I want to make this quite clear there were no positive results from <u>any A.I.S lifter</u>.[421]

6.234 This involvement of Mr Jones in the trial run of the laboratory makes it all the more surprising that he could not recollect, when he first appeared before the Committee, whether the drugs testing laboratory existed before 1982.[422]

MR HARRY WARDLE

6.235 Mr Harry Wardle was Mr Lyn Jones' assistant weightlifting coach at the AIS. While it must be assumed that he would be aware of any administration of steroids or other drugs by Mr Jones, no direct allegations were made by any of the athletes against Mr Wardle except that Mr Byrnes referred to Mr Wardle administering injections.[423]

6.236 Mr Wardle said that his knowledge of steroids derived exclusively from what he had read and that he had learnt nothing

from conversations with other coaches or with athletes.[424] His response to finding out that anyone had been taking steroids would be to throw them out of his squad.[425]

6.237 Mr Wardle told the Committee that he would not be able to tell if any of his lifters were taking steroids[426] and that the lifters:

> do not talk to me about it too much because I shut them up very quickly. I do not want to talk about anabolic steroids ... I do not counsel them, no. I tell them that I do not want to know anything about steroids - finish.[427]

6.238 Following the allegations made in the 'Four Corners' program of November 1987 the AIS had an inquiry carried out by their solicitors, Mallesons Stephen Jacques. A copy of the confidential report of that inquiry has been given to the Committee by the AIS. When Mr Wardle was interviewed by the AIS solicitors he said that there was no program of anabolic steroid use at the AIS and that if such a program was to exist he would know, because he spends about five hours a day with them.[428] This clearly contradicts the evidence that he gave to this Committee. Mr Wardle said that he could not recall having made these earlier statements to the solicitors[429] and went on to say that, if he had made them, he would have been wrong.[430]

6.239 The Committee did not find Mr Wardle a convincing witness and notes that the Institute's solicitor, reporting on his interview with Mr Wardle said:

> What Mr Wardle told me was almost identical with what Mr Jones said, although Mr Wardle was more restrained. I felt that it was likely that the information he gave was rehearsed with Mr Jones.[431]

ALLEGATIONS MADE AGAINST WEIGHTLIFTERS

6.240 As has been discussed earlier in this report. Mr Byrnes and Mr Clark were the subject of rumours that in Brazil in 1982 they made purchases at chemist shops. After they left the Institute their team mates apparently gave information that these purchases had been steroids and in 1987 Mr Jones took statutory declarations to this effect from the weightlifters making the allegations. Mr Clark and Mr Byrnes both denied these allegations.

6.241 Mr Jones said that when he discovered that Mr Hambesis had a high testosterone level following the December 1983-84 amino acid pilot study, Mr Hambesis had admitted to buying steroids from a Russian coach in Czechoslovakia. The Committee was given by the AIS a copy of an undated statutory declaration from Mr Cameron Menhenick in which he declares:

> that at the 1983 Czech Cup Weightlifting competition in Strova, Czechoslovakia, I saw Stan Hambesis - my AIS team mate - in possession of anabolic steroids he had purchased from Russian team members. I did not report this occurrence at the time to my coaches and the AIS as I did not wish to get my team mate in trouble.

Mr Ronald Laycock made a statutory declaration to the same effect dated 15 December 1987.

6.242 Mr Hambesis denied that he ever purchased steroids in Czechoslovakia[432] although, as previously discussed, he admitted helping pack steroids which were purchased by Mr Lyn Jones and which he said were later mailed back to Australia from Cardiff in Wales.[433]

6.243 As already discussed, Messrs Byrnes, Clark and Hambesis all admit to using performance enhancing drugs while at the AIS

but say that they were taken under the direction of Mr Lyn Jones, the Head Coach. Mr Hambesis admitted having taken two courses of Dianabol (each course of six to eight weeks) before going to the AIS.[434]

6.244 Mr Paul Harrison said that in both 1984 and 1985, prior to the world junior championships, he was asked by Mr Hambesis to purchase anabolic steroids overseas so that Mr Hambesis could sell them in Canberra.[435] Mr Hambesis denied these allegations.[436]

6.245 Mr Dallas Byrnes told the Committee that Mr Julian Jones was one of the AIS weightlifters who had taken steroids.[437] He continued:

> I would say it was towards the end of 1982 that Lyn started giving [Julian Jones] some in tablet form, but he being his own son, I am sure that he would not have put him on steroids at 15 or 16 it was probably at about 17 or 18.[438]

6.246 Mr Julian Jones denied ever having taken steroids or amphetamines.[439] If the drug schedule discussed earlier is taken as a steroid schedule, and given that Mr Julian Jones admitted that one of the schedules in the possession of the Committee was his, his denial cannot be accepted.

MOVE TO HAWTHORN

6.247 Weightlifting at the AIS has been based in Canberra since the inception of the AIS. In 1985 a partnership scheme was established between the AIS and 'the largest and most successful weightlifting club in Australia, Hawthorn Weightlifting Centre' in Melbourne. As a result, elite Hawthorn lifters became AIS scholarship holders, received AIS support and were included in

the AIS team for overseas competition. 'Master Hawthorn coach Paul Coffa' became an AIS coach as a result of this partnership.[440]

6.248 In 1988 a decision was taken to move weightlifting from Canberra to Hawthorn. Mr Lyn Jones, then Head Coach of weightlifting at the AIS, told the Committee that he was against the move and had resigned from the Institute because of it. He said that the Board of the Institute had made the decision without allowing either himself, as Head Coach,[441] or the President of the Australian Weightlifting Federation[442] to present any point of view.

6.249 Mr Ron Harvey, Deputy Chairman and Chief Executive, Australian Sports Commission and Australian Institute of Sport, confirmed that Mr Jones was not consulted about the move. He explained that:

> The Board consults with national sporting organisations on the processes of all the sports that were reviewed. The head coach did not necessarily come into that unless brought in by the national sporting organisation.[443]

6.250 Mr Harvey told the Committee that 'Mr Jones was consulted when the decision had been made'.[444] Professor Bloomfield stated that the Board did not value Mr Jones' professional opinion because 'we had felt that for some time that his services would be terminated at the end of the year'.[445]

6.251 Both Mr Harvey and Professor Bloomfield denied Mr Jones' assertion that the President of the Australian Weightlifting Federation had not been consulted,[446] Professor Bloomfield stating that he had held discussions with the President (Mr Coffa) in Hawthorn.

6.252 Mr Jones described to the Committee a meeting in June 1988 between himself, the President of the Australian Weightlifting Federation (AWF) Mr Sam Coffa, the Executive Director of the AWF Mr Bruce Walsh, Mr Ron Harvey and Dr Ross Smith. Mr Jones informed the Committee that the AWF representatives:

> attended the meeting with a comprehensive four year plan for AIS weightlifting involving the base at Canberra, the satellite centre at Hawthorn and propositions for other satellite centres in NSW and Queensland. Mr Harvey did not enter into any discussion with regard to the AWF plan. He told us that the Board had decided to move weightlifting to Melbourne ... President Coffa stated that this decision was not acceptable to the AWF and requested a meeting with the AIS Board ... The Board refused to meet Mr Coffa, an extraordinary decision which the AWF found hard to accept ... Later Professor Bloomfield visited Hawthorn and confirmed with Mr Coffa that the Board would enter into no discussion over the move to Melbourne. I, following consultation with Mr Coffa, forwarded a letter to Dr Smith telling him I would not be seeking another contract with the AIS. The AIS never told me they had in mind not to renew by contract.[447]

6.253 Mr Jones told the Committee that:

> The full reasons [for the move] have not really been made clear to me, as to why they think it should be moved there because there are more weightlifters in Melbourne. I totally agree that it will be a very good thing for Melbourne to have it there, but the scholarship holders whom we have right now from all over the country ... will be impoverished when this unit goes to Melbourne.[448]

6.254 Mr Harvey explained that the Board had been considering the move as far back as 1986 and that the decision was a result

of a review of full residential sports undertaken by the Board at the end of 1988 and the first half of 1988. As a result of this review:

> a decision was made that weightlifting did not warrant a full residential program, and that the amount of money would need to be reduced to meet other commitments, and the best location for the weightlifting would be where the weightlifting strength is and that is at Hawthorn.[449]

6.255 One aspect of the proposed move of particular interest to the Committee was the extent to which it might reduce any perceived problem with the use of drugs by AIS weightlifters in Canberra. Mr Nigel Martin described the proposed move as taking weightlifting 'out of the frying pan into the fire'[450] while Mr Dallas Byrnes similarly could see no real advantage flowing from the move in this respect.[451] Mr Martin said he had told Mr Harvey:

> 'You cannot control the use of drugs in this place, You are going to have even less control over what goes on with your money, what goes on with the administration and the use of drugs and the abuse once you farm out all these sports to satellite places' ... [Mr Harvey] seemed to agree that that was right but I think he also thought that he could wash his hands of it more.[452]

6.256 Mr Harvey could not remember any reference to the move to Hawthorn in the conversation with Mr Martin, saying that at that stage the Board 'was 'not that far advanced in [its] consideration of the move'.[453]However Mr Harvey said that if Mr Martin:

> was saying that if we started decentralising we would spread the problem even further, and then he went on to talk about weightlifting, he may have mentioned that to me - a number of people have mentioned the problems of decentralisation.[454]

6.257 The Committee has not yet had an opportunity to examine weightlifting outside the Canberra base of the AIS, but is aware of a number of allegations that have been made in relation to weightlifting in general and weightlifting at Hawthorn in particular. For this reason the Committee believes that any decision to base AIS weightlifting at Hawthorn should await the outcome of the next stage of its inquiry.

DISCUSSION

6.258 Mr Jones denied all of the allegations made concerning his involvement with performance enhancing drugs. He said that:

> the primary motivations in making the allegations are hate, vengeance, greed and avarice.[455]

6.259 Mr Jones claimed that the allegations made against him had all been orchestrated by Mr Nigel Martin and he described how Mr Martin went to Dr Cheffers (then Director of the AIS) to accuse Mr Jones:

> of giving steroids to the lifters in the AIS, purely as an effort to damage me and get back at me for what I was trying to do there.[456]

He said that on one occasion:

> Martin fronted me in the gym and in front of witnesses ... threatened me that he would fight dirty or any other way that he could to get on top of me.[457]

Mr Jones also said that in 1987:

> and probably before, [Mr Martin] approached former weightlifting scholarship holders who he felt were disgruntled with the AIS and suggested that if they signed a writ for

damages against the AIS he could get them handsome amounts of money.[458]

6.260 The allegations from Mr Glenn Jones and Mr Ian Childs were, according to Mr Jones, flowing from an attempt to seek revenge for faction fighting in the NSW Weightlifting Federation in 1976.[459]

6.261 The three weightlifters who have taken out writs against the AIS are Mr Paul Clark, Mr Dallas Byrnes and Mr Stan Hambesis. Mr Julian Jones told the Committee that he could have predicted that these three weightlifters, together with Mr Gary Parisi, would appear before the Committee and lie, but that he would assume anyone else from the present or former weightlifting squad of the Institute would be telling the truth.[460]

6.262 Subsequent to this statement by Mr Julian Jones the Committee received evidence from Mr Anthony (Tony) Hills that he had been supplied by Mr Lyn Jones with anabolic steroids and other drugs while at the AIS. Mr Lyn Jones told the Committee that he was not surprised by the allegations made by Mr Hills as he 'is well known as a close friend of Hambesis and Clark'. Mr Jones said that he totally refuted the allegations made by Hills about him.[461]

6.263 The Committee attempted to contact all of the 37 weightlifters who had ever held an AIS scholarship to ask whether they had been offered or used performance enhancing drugs while at the AIS, whether they had knowledge of other weightlifters using drugs, and whether they had any knowledge of the coaches becoming involved in the supply or administration of drugs. Apart from those weightlifters who appeared to give evidence before the Committee, (Messrs Byrnes, Clark, Hambesis, Harrison, Jones and Parisi) responses were received from:

Mr Daniel Mudd;
Mr Richard Worreschk;
Mr Cameron Menhenick
Mr Vince Squeo;
Mr Greg Hayman;
Mr Craig Jackson;
Mr Ron Laycock;
Mr John Siermicki; and
Mr Anthony Hills.

6.264 With the exception of Mr Hills, whose response was discussed earlier in this Chapter, these weightlifters all denied using performance enhancing drugs and said that they had never been offered these drugs by Mr Lyn Jones. Again with the exception of Mr Hills, they said that they were not aware of other weightlifters at the AIS using performance enhancing drugs, although Mr Menhenick repeated his claim that in 1983 he had seen Mr Hambesis purchase anabolic steroids in Czechoslovakia.[462] Mr Siermicki, however, made the interesting observation that:

> While at the Institute I was not fully aware of weightlifters [at the AIS] taking performance enhancing drugs.[463] (Emphasis in original)

6.265 The Committee concludes that Mr Siermicki was less than frank in his written response and that he was acting so as to protect the reputation of weightlifting, and possibly that of Mr Jones. One of the problems that the Committee has had to contend with throughout this inquiry is that people still actively involved in a sport are very loath to admit to any knowledge of, or involvement with, performance enhancing drugs, for fear that it might damage their career or destroy friendships. Those who have left the sport are often seen as having grudges of one kind or another against those still involved.

6.266 The Committee is aware that both Mr Paul Clark and Mr Dallas Byrnes have provided misleading information to the Committee in at least one respect. As discussed earlier in the report, they both stated that they had observed Mr Lyn Jones purchasing steroids in Brazil. Mr Dallas Byrnes had signed a statutory declaration to this effect.[464] However, the Committee is confident that Mr Jones is telling the truth in saying that he has never been to Brazil. The questions that have to be considered are whether Mr Clark and Mr Byrnes were deliberately misleading the Committee or made this allegation as the result of a faulty memory; and what weight can be placed on the other evidence given by these witnesses.

6.267 In considering the extent to which Mr Byrnes deliberately provided misleading evidence, the Committee notes that Mr Byrnes said:

> Lyn Jones was in Brazil. He was there with Harry Wardle. I cannot say why he says that he was not there: you should be able to check that up.[465]

The Committee believes that Mr Byrnes was well aware that his statement could and would be checked, and that Mr Byrnes was not deliberately trying to mislead the Committee. Further evidence that this is the case was provided by Mr Hambesis, who gave evidence some hours after Mr Byrnes and said that:

> Dallas just said to me out there, 'Look I was not 100 per cent sure, but what I recall is that ... I ended up seeing Lyn Jones there, so that is why I remember that he was in Brazil.[466]

However, even if Mr Byrnes was not deliberately trying to mislead the Committee, questions must inevitably remain about the credibility of the remainder of his evidence.

6.268 It needs also to be pointed out that Mr Julian Jones (and Mr Paul Harrison, who appeared with him) would also appear to be misleading the Committee if the steroid interpretation of the drug schedule is accepted. As both Mr Julian Jones and Mr Harrison admit they were using the schedule, acceptance of the steroids interpretation implies not only that they were misleading the Committee about the schedule but that they were also misinforming the Committee when they claimed that they had never taken steroids or knew any weightlifter who had. An alternative explanation would be that even if the schedule is accepted as a steroid schedule, they were not fully informed about what they were taking, and believed that the pills they were taking were indeed amino acid pills.

6.269 The evidence given by most of the witnesses presenting evidence in relation to the use of drugs by the weightlifting squad at the AIS has probably involved a mixture, in varying proportions, of the truth and inadvertent and deliberate lies. The task of disentangling the various allegations, assertions and interpretations is not easy, but, in the Committee's view, the evidence supports the conclusion that banned sporting drugs were used by weightlifters at the AIS. This conclusion would hold whether one accepts the evidence presented by Mr Jones that his former weightlifters were purchasing and using anabolic steroids while at the AIS, or whether one accepts the view of those weightlifters claiming that Mr Jones was supplying and administering steroids. There is no doubt that weightlifters under the direct supervision of Mr Lyn Jones were using steroids and other banned substances while he was coach and that steroids were being bought and sold by people associated with the weightlifting squad while he was in charge.

6.270 The contradictions and inconsistencies running throughout Mr Jones' evidence make it clear that he has been less than truthful, and the Committee has considerable doubts about the veracity of his evidence on many important points. Where

evidence given by Mr Jones is contradicted by other evidence the Committee has generally had no hesitation in rejecting Mr Jones' evidence.

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

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

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

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

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

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

1. Letter the Hon. R J Ellicott to Chairman, 9 April 1989
2. Survey of Drug Abuse in Australian Sport, Australian Sports Medicine Federation, December 1982, pp. 164 and 159
3. Survey of Drug Abuse in Australian Sport, Australian Sports Medicine Federation, December 1982, pp. 164 and 159
4. Transcript of Four Corners Program, 30 November 1987
5. Evidence p. 550
6. Evidence p. 793
7. Evidence p. 782
8. Evidence p. 782
9. Evidence pp. 730-1
10. Evidence p. 754
11. Evidence p. 981
12. Evidence p. 985
13. Evidence p. 986
14. Submission No. 33C
15. Evidence p. 2091
16. Evidence p. 834
17. Evidence p. 791
18. Evidence pp. 791-2
19. Evidence p. 834
20. Evidence p. 724
21. Evidence p. 1569
22. Evidence p.1570
23. Letter Mr Lyn Jones to Secretary, 20 April 1989, p. 10
24. Letter the Hon. R J Ellicott to Chairman, 9 April 1989
25. Evidence p. 1610
26. Evidnece p. 685
27. Evidence p. 685
28. Evidence p. 679
29. Evidence p. 814
30. Evidence p. 815
31. Evidence p. 816
32. Evidence p. 973
33. Evidence p. 815
34. Evidence p. 798
35. Evidence p. 835
36. Evidence pp. 2069-70
37. Evidence pp. 674-5
38. Evidence p. 725
39. Evidence p. 797
40. Evidence p. 804
41. Evidence p. 415
42. Evidence p. 685
43. Evidnece p. 787
44. Letter Mr Lyn Jones to Secretary, 29 December 1988
45. Letter Mr Lyn Jones to Secretary, 20 April 1989, p. 7
46. Evidence p. 866; see also Evidence p. 785
47. Evidence pp. 614-5
48. Evidence p. 615
49. Evidence p. 657
50. Evidence p. 658
51. Evidence p. 659
52. Evidence p. 1011
53. Evidence p. 2063
54. Submission No. 45D
55. Evidence p. 915
56. Evidence p. 833

57. Evidence p. 833
58. Evidence p. 1022
59. Evidence p. 1022
60. Evidence p. 1023
61. In Camera Evidence p. 567
62. Evidence p. 841
63. Evidence p. 898
64. Evidence p. 622
65. Evidence p. 623
66. Evidence p. 782
67. Evidence p. 829
68. Evidence p. 828
69. Evidence p. 820
70. Evidence p. 1019
71. Evidence p. 1020
72. Letter from Dr David Kay Kennedy to Secretary, 13 February 1989 and attached Analytical Report from Royal Brisbane Hospital Sports Drug Testing Laboratory
73. Evidence p. 819
74. Evidence p. 910
75. Evidence p. 837
76. Evidence p. 831
77. Evidence p. 813
78. Evidence p. 898
79. Evidence p. 837
80. Evidence p. 1503
81. Letter Dr Brian Corrigan to Chairman, 17 March 1989
82. Letter Mr Lyn Jones to Secretary, 20 April 1989, p. 16
83. Evidence p. 804
84. Evidence 764
85. Evidence p. 1013
86. Evidence p. 1565
87. Evidence p. 1568
88. Letter Mr Don Talbot to Chairman, 25 March 1989
89. Letter Mr Lyn Jones to Secretary, 20 April 1989, p. 16
90. Evidence p. 1566
91. Evidence p. 784
92. Evidence p. 784
93. Evidence p. 785
94. Evidence p. 785
95. Evidence p. 785
96. Evidence p. 863
97. Evidemce p. 846
98. Evidence p. 864
99. Evidence p. 864
100. Evidence p. 867
101. Evidence p. 870
102. Evidence p. 871
103. Evidence p. 895-7
104. Evidence p. 897
105. Evidence p. 786
106. Evidence p. 893
107. Evidence p. 1271
108. Evidence pp. 786-7
109. Evidence p. 1633
110. Evidence p. 1634
111. Evidence p. 1632
112. Evidence p. 1633

113. Evidence p. 1633
114. Evidence p. 1633
115. Evidence p. 1635
116. Evidence p. 1492
117. Evidence p. 1493
118. Evidence p. 1494
119. Letter Mr Jones to Secretary, 20 April 1989
120. Evidence p. 860
121. Letter Mr Lyn Jones to Secretary, 20 April 1989
122. Evidence p. 860
123. Evidence p. 1242
124. In Camera Evidence p. 301
125. Evidence p. 860
126. Evidence p. 1046
127. Evidence p. 1633
128. Evidence p. 1511
129. Evidence p. 1510
130. Letter Dr R G Smith, Acting Director, AIS, to Secretary, 27 January 1988
131. In Camera Evidence p. 302
132. Letter Mr Michael Noonan, Record Keeper, Australian Weightlifting Federation Inc., to Secretary 9 February 1989
133. Letter Mr Lyn Jones to Secretary, 20 April 1989 p. 17
134. In Camera Evidence p. 79
135. Evidence p. 832
136. Letter Mr Lyn Jones to Secretary, 20 April 1989, p. 17
137. Evidence p. 869
138. Evidence p. 861
139. Evidence pp. 603-7 and 625-7
140. Evidence p. 2063
141. Evidence p. 615
142. Evidence p. 643
143. Evidence pp. 988-9
144. Evidence p. 961
145. Evidence p. 998
146. Evidence p. 997
147. Evidence p. 618
148. Evidence p. 616
149. Evidence p. 2063
150. Evidence p. 964
151. Evidence p. 617
152. Evidence p. 619
153. Evidence p. 650
154. Evidence p. 847
155. Evidence p. 841
156. Evidence p. 916
157. Evidence pp. 1068-70
158. Evidence p. 831
159. Evidence p. 223
160. Evidence p. 222
161. Evidence p. 618
162. Evidence pp. 568-70
163. Evidence p. 569
164. Evidence p. 658
165. Evidence p. 658
166. Evidence p. 696
167. Evidence p. 659
168. Evidence p. 1019

169. Evidence p. 831
170. Evidence p. 980
171. Evidence p. 621
172. Evidence p. 621
173. Evidence p. 640
174. Evidence p. 847
175. Evidence p. 833
176. Evidence p. 868
177. Evidence p. 618
178. Evidence p. 617
179. Evidnece p. 956
180. Evidence pp. 971-2
181. Evidence p. 795
182. Evidence p. 852
183. Evidence p. 845
184. Evidence p. 859
185. Evidence p. 845
186. Evidence p. 1244
187. Evidence p. 1377
188. Purchase Order No. 365007 AIS, 10 September 1982 signed by Mr Lyn Jones and Mr Peter Bowman
189. Purchase Order No. 365011, AIS
190. Letter Mr Lyn Jones to Secretary, 10 April 1989, p. 13
191. Evidence p. 662
192. Evidence p. 663
193. Evidence p. 963
194. Evidence p. 619
195. Evidence p. 957
196. Evidence p. 956
197. Evidence p. 955
198. Evidence p. 641
199. Evidence p. 2064
200. Submission No. 45D
201. Evidence p. 873
202. Letter Mr Lyn Jones to Secretary, 30 January 1989
203. Evidence p. 875
204. Letter Mr Lyn Jones to Secretary, 29 December 1988
205. In Camera Evidence p. 214
206. In Camera Evidence p. 216
207. In Camera Evidence p. 216
208. In Camera Evidence p. 222
209. In Camera Evidence p. 217
210. In Camera Evidence p. 222
211. Evidence p. 876
212. Evidence p. 876
213. Evidence pp. 853-4
214. Evidence p. 876
215. Evidence 878
216. Evidence p. 885
217. Evidence p. 880
218. Evidence p. 881
219. Evidence p. 894
220. Evidence p. 885
221. Evidence p. 885
222. Evidence p. 893
223. Evidence p. 881
224. Evidence p. 882
225. Evidence p. 924

226. Evidence p. 930
227. Letter Dr Ross Smith, Acting Director, AIS to Secretary, 17 January 1989
228. Evidence p. 852
229. Evidence p. 853
230. Evidence p. 846 and 878
231. Evidence p. 1046
232. Evidence p. 1362
233. Evidence p. 853
234. Evidence pp. 1472-3
235. Evidence p. 1372
236. Evidence p. 1405
237. Evidence pp. 1362-3
238. Evidence pp. 853-4
239. Evidence pp. 1047-8 and 1055-6
240. Evidence pp. 1248-9
241. In Camera Evidence p. 431
242. Evidence pp. 853-4
243. Evidence p. 854
244. Evidence p. 1184
245. Evidence p. 855
246. Evidence p. 854
247. Evidence p. 1057
248. Evidence p. 1059
249. Evidence p. 1059
250. Evidence p. 1060
251. Evidence pp. 1062-3
252. Evidence p. 1497
253. Letter Dr Ross Smith to Secretary 27 January 1989
254. Letter Dr Fricker to Secretary, 27 January 1989
255. Letter Mr Merv Kemp to Secretary, 24 January 1989
256. Letter Mr Hilliard to Secretary, 27 January 1989
257. Evidence pp. 1174-5
258. Evidence p. 1046
259. Evidence p. 1256
260. Evidence p. 1372
261. Evidence p. 1373
262. Evidence p. 1373
263. Evidence p. 1046
264. Evidence p. 1396
265. Evidence p. 1405
266. Evidence p. 1406
267. Evidence p. 1486
268. Evidence p. 1486
269. Evidence p. 1452
270. Evidence p. 882
271. Evidence p. 885
272. Evidence p. 891
273. Evidence p. 920
274. Evidence p. 924
275. Evidence p. 890
276. Evidence p. 890
277. Evidence 890
278. Evidence p. 1074
279. Evidence p. 1074
280. Evidence p. 921
281. Evidence p. 1021
282. Evidence p. 1046

283. Evidence p. 1027
284. Evidence p. 1027
285. Evidence p. 1245
286. Evidence p. 1050 and 1051
287. Evidence p. 884
288. Evidence p. 926
289. Evidence p. 1046
290. Evidence p. 1258
291. Evidence p. 1048
292. Evidence p. 1061
293. Evidence p. 1061
294. Evidence p. 1062
295. Evidence p. 1488
296. Evidence p. 1489
297. Evidence p. 894
298. Evidence p. 893
299. Evidence p. 921
300. Evidence p. 922
301. Evidence p. 1452
302. Evidence p. 1451
303. Evidence p. 1452
304. Evidence p. 1405
305. Evidence p. 837
306. Evidence p. 1044
307. Evidence p. 1031
308. Letter Dr G L Blackman, Chairman and Managing Director the Victorian Institute of Drug Technology, to Secretary, 9 February 1989
309. Evidence p. 1035
310. Evidence p. 1035
311. Evidence p. 1036
312. Evidence p. 1037
313. Evidence p. 1040
314. Evidence p. 1039
315. Evidence p. 1039
316. Evidence p. 1039
317. Evidence p. 1042
318. Evidence p. 1401-2
319. Evidence p. 1038
320. Evidence p. 1039
321. Evidence p. 1042
322. Evidence p. 1042
323. Letter Mr Lyn Jones to Secretary, 20 April 1989, p. 16
324. In Camera Evidence p. 223 and 231
325. Evidence p. 878
326. In Camera Evidence pp. 231-2
327. Evidnece p. 841
328. Letter Dr David Kennedy to Secretary, 7 February 1989
329. Letter Dr Les Johnson, Drug Laboratory Supervisor, The North Brisbane Hospitals Board, to Secretary, 10 March 1989
330. Letter Dr David Kennedy to Secretary, 7 February 1989
331. Letter Dr Les Johnson, Drug Laboratory Supervisor, The North Brisbane Hospitals Board, to Secretary, 27 February 1989
332. Evidence pp. 619 and 969
333. Evidence pp. 647 and 969
334. Evidence p. 1568
335. Letter Mr Don Talbot to Chairman, 25 March 1989
336. Letter Mr Lyn Jones to Secretary, 20 April 1989, p. 16

337. Evidence p. 681
338. Evidence p. 959
339. Evidence p. 647
340. Evidence p. 649
341. Evidence p. 649
342. Evidence p. 647
343. Evidence p. 649
344. Evidence p. 958
345. Evidence p. 958
346. Evidence p. 958
347. Evidence pp. 646-7 and 960-1
348. Evidence p. 960
349. Evidence p. 961
350. Letter A G D White, Assistant Secretary, Consular and Passports Branch, Department of Foreign Affairs and Trade, to Secretary, 3 March 1989
351. Evidence pp. 650-1
352. Evidence p. 651
353. Evidence p. 660
354. Evidence p. 661
355. Evidence p. 646
356. Evidence p. 648
357. Evidence p. 649
358. Evidence p. 977
359. Evidence p. 987
360. Evidence p. 840
361. Evidence p. 840
362. Evidence p. 837
363. Evidence pp. 849 and 915
364. Evidence p. 917
365. Evidence p. 912
366. Evidence p. 839
367. Evidence p. 839
368. Evidence p. 1071
369. In Camera Evidence pp. 240-1
370. Evidence p. 680
371. Evidence pp. 967-8
372. Evidence p. 994
373. Evidence p. 995
374. In Camera Evidence p. 325
375. In Camera Evidence p. 325
376. Evidence p. 850
377. Evidence p. 909
378. Evidence p. 928
379. Evidence p. 863
380. Evidence p. 864
381. Evidence p. 864
382. Evidence p. 865
383. Evidence p. 869
384. Evidence p. 1264
385. Evidence p. 1266
386. Evidence p. 1267
387. Evidence p. 1268
388. Evidence p. 1268
389. Evidence p. 1269
390. Evidence p. 1269
391. Evidence p. 1605
392. Evidence p. 1605

393. Letter Mr Lyn Jones to Secretary, 20 April 1989, p. 16
394. Evidencepp. 965-6
395. Evidence p. 970
396. Evidence p. 992
397. Evidence p. 992
398. Evidence p. 1607
399. Evidence p. 1607
400. Evidence p. 1608
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402. Evidence p. 1608
403. Evidence p. 1608
404. Evidence p. 1608
405. Evidence p. 1608
406. Letter Dr Les Johnson, Drugs Laboratory Supervisor to Chairman, 21 March 1989
407. Letter Dr Les Johnson, Drug Laboratory Supervisor, to Secretary 10 March 1989
408. Letter Dr Les Johnson to Chairman, 21 March 1989
409. Evidence p. 1282
410. Evidence p. 1286
411. Evidence p. 1285
412. Evidence p. 869
413. Letter Mr Lyn Jones to Secretary, 20 April 1989, p. 17
414. Evidence p. 1271
415. Evidence p. 1273
416. Evidence p. 1273
417. Evidence p. 1274
418. Evidence p. 1275
419. Evidence p. 1275
420. Evidence p. 1609
421. Evidence p. 1609
422. Evidence p. 865
423. Evidence p. 976
424. Evidence p. 1238
425. Evidence p. 1241
426. Evidence p. 1231
427. Evidence p. 1236
428. Report on Enquiry Conducted for the Institute from 27 November to 7 December 1987
429. Evidence p. 1247
430. Evidence p. 1247
431. Report on Enquiry Conducted for the Institute from 27 November to 7 December 1987
432. In Camera Evidence p. 318
433. In Camera Evidnece p. 319
434. Evidence p. 608
435. Evidence p. 1020
436. In Camera Evidence p. 331
437. Evidence p. 1011
438. Evidence p. 1012
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440. AIS Annual Report, 1984-85, p. 59
441. Evidence p. 842
442. Evidence p. 843
443. Evidence p. 1948
444. Evidence p. 1949
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446. Evidence pp. 1949 and 1950

447. Letter Mr Lyn Jones to Secretary, 20 April 1989
448. Evidence p. 842
449. Evidence p. 1948
450. Evidence p. 697
451. Evidence p. 1000
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453. Evidence p. 1952
454. Evidence p. 1953
455. Evidence p. 783
456. Evidence p. 789
457. Evidence p. 790
458. Evidence p. 790
459. Evidence p. 791
460. Evidence p. 1067
461. Letter Mr Lyn Jones to Secretary, 20 April 1989
462. Letter Mr C Menhenick, to Secretary, 1 March 1989
463. letter Mr J Siermicki to Secretary, 23 March 1989
464. Evidence p. 980
465. Evidence p. 961
466. In Camera Evidence p. 317

CHAPTER SEVEN

TRACK AND FIELD AT THE AIS

INTRODUCTION

7.1 Track and field was one of the original sports included when the AIS was established in 1981. Mr Kelvin Giles was appointed as Head Coach and Mr Merv Kemp was appointed as one of the AIS coaches. Mr Craig Hilliard joined the AIS as a track and field coach in June 1982. Mr Tony Rice replaced Mr Giles as Head Coach in October 1984.

7.2 Table 7.1 summarises the data for Athletics from the Survey of Drug Abuse in Australian Sport to give some indication of the general level of drug usage in athletics.

TABLE 7.1
USE OF DRUGS BY COMPETITORS IN ATHLETICS
(Based on 281 respondents)

Drug	Percentage using it	Survey page
Vitamins	69.0	77
Anti-inflammatory drugs	36.7	86
Analgesics	16.7	96
Bronchodilating drugs	21.0	108
Diuretics	-	118
Anabolic steroids	1.4	128
Stimulants	5.3	138
Sedatives	8.2	148

7.3 The survey also recorded that 39.9 per cent of respondents from Athletics knew of other competitors who had taken drugs to improve performance.[1]

7.4 Given the evidence earlier in this report on the extent to which performance enhancing drugs are used, or perceived to be used, by track and field athletes internationally, it would be surprising if no AIS athlete had ever tried them. It would certainly appear that track and field athletes are aware of what is available, and are also aware of what is banned. For example, Mr Kelvin Giles, a former Head Coach in Track and Field at the AIS said that on the basis of his observations:

> if you talk to track and field athletes about the drugs question, they can give you nearly a full list of what is on the banned list. They understand; it is part of their entire environment.[2]

7.5 Similarly, current AIS track and field coach, Mr Craig Hilliard commented:

> some of those [AIS] athletes have talked to me about drugs ... It is part and parcel of your life, your everyday existence ...Talking about it is different from doing it.[3]

7.6 In a letter dated 19 August 1986 to the Australian Athletic Union Mr Merv Kemp, throwing coach at the AIS, wrote that:

> During the recent Commonwealth Games tour it was again obvious that a substantial number of Australian athletes had used illegal drugs as part of their preparation for the competitions. While it may be a fact of life that very many successful athletes from all event groups make use of various drugs there is still a responsibility on the [Australian Athletic Union] to endeavour to ensure that their use in Australia is stamped out ... Several of the recent team members were not

> prepared to compete because the meetings were drug tested and because at that stage, they may not have passed such a test.[4]

7.7 A definite association between track and field at the AIS and the use of performance enhancing drugs occurred in 1987 when Ms Sue Howland, who at that time had an associate scholarship allowing the use of AIS facilities, tested positive at a Belfast meeting leading up to the World Track and Field Championships in Rome.[5] Shortly following this, in November 1987, the ABC broadcast a Four Corners program in which Ms Howland and Mrs Gael Martin made various allegations, some of which related to Mr Merv Kemp, throwing coach at the AIS.[6] Then, in December 1988, after the Committee's inquiry had started, Mr David Smith, a former AIS athlete, made a number of allegations concerning drug use in track and field in an item on a Channel 10 newsbroadcast on 2 December 1988.[7]

MR MERV KEMP

Knowledge of and Attitude to Drugs

7.8 Mr Kemp told the Committee that he thought it was part of his job as a coach to be informed about steroids, and that he saw this as being necessary to allow him to provide advice to his athletes.[8]

7.9 Mr Kemp also said that he saw it as part of his job to seek out and provide alternatives to anabolic steroids.[9] He described how he went to the AIS doctors and said, 'Can we find some alternative for the athletes which does not infringe the rules?'[10] This led to the work carried out by the AIS on the use of amino acids to stimulate the body's production of growth hormone.

7.10 In discussing why some substances should be banned but others allowed, Mr Kemp said:

> It does not seem to me to be terribly much different, really, from taking steroids or vitamins. The question is where do they draw the line.[11]

He indicated that in his view if a substance presented no health risk and was not precluded by the rules, it could be used.[12]

Knowledge of AIS Athletes Taking Drugs

7.11 In his original submission to the Committee Mr Kemp had written that:

> Athletes ... are placed in a position where they are damned if they do use drugs but they are damned if they don't. Consequently some athletes resort to secretive drug usage.[13]

However, Mr Kemp said to the Committee:

> I can assure you that in our area [track and field] there is no drug taking at the AIS.[14]

He later stated that he did not have any knowledge of any of his athletes taking drugs.[15]

7.12 When asked what it would cost an athlete a year for his drugs, Mr Kemp replied:

> I have only two athletes who have ever shown me what they were doing. One showed me and told me that for 12 weeks he was outlaying $1300.[16]

Mr Kemp told the Committee that while these drugs worked 'in terms of muscle mass' that:

> in performance, you must come back to the skill factor ... You might become bigger and stronger but you still have to be able to

> apply your physical abilities in terms of the competition itself.[17]

The Committee notes that at no time did Mr Kemp suggest that these athletes were either 'his athletes' or at the AIS.

7.13 The Committee also noted that Mr Kemp described how Mrs Gael Martin, while a scholarship holder at the AIS, had asked whether he could supply her with steroids.[18] He also recalled a weight training session in April 1985 when Mrs Martin remarked to him that 'that was the best work-out she had ever done without steroids'.[19]

7.14 Mr Kemp was able to remember this incident:

> because it was just prior to going away with the Pacific Conference Games team. She did not perform particularly well there but later in the year her performances started to improve again, so I guess there is the problem that if anyone improves you assume steroids are there.[20]

7.15 It should be noted that Mr Brian Miller, formerly Sport Psychologist at the AIS, told the Committee that:

> In August 1985, Gael Martin told me that she was taking steroids again. She was not overly alarmed about this, but she was very anxious that her then coach, Merv Kemp, must not find out. Her exact words were, 'He'd do his block if he found out!' I took this to mean that Merv did not know she was taking steroids, and that if he found out that she was, he would get her dismissed from the A.I.S. programme.[21]

7.16 Mr Miller's conversation presumably took place after Mrs Martin had asked Mr Kemp to supply steroids, and after she had remarked to Mr Kemp that she had had her best work-out without steroids. Moreover Mrs Martin, in a letter to the Committee dated 14 March 1989, said that the expression 'He'd do his block' was used in the wrong context and she described how:

> In Sept. 1985, Mr Kemp took myself and 3 other athletes to China for 2 competitions. The 1st competition, I competed as it was not a tested meet. The 2nd comp was, so I withdrew, advising Mr Kemp that I was afraid of being tested as I was currently on steroids, and he was aware of my situation even before leaving Australia. It was my decision to withdraw from the end competition and told Mr Kemp that if anyone made a fuss, I had injured my knee in the previous competition. Mr Kemp did not report me on our return, and neither should have as in Hong Kong we went together on a shopping spree through all the chemists to obtain testosterone and other anabolic substances.[22]

7.17 Mrs Martin was a full scholarship holder at the AIS between February 1985 and October 1986,[23] and admits to taking drugs over this period to cope with her training loads, to recover from training day-to-day, and to better her performance.[24]

7.18 Even though Mrs Martin was a scholarship holder at the time she asked him for steroids, Mr Kemp took no action, apart from telling her that 'it was not part of our coaching practice to distribute steroids'.[25] No action was taken because Mr Kemp said that he did 'not feel very comfortable with the role of being an informant'.[26]

7.19 The Committee believes that Mr Kemp's lack of action on this matter was not consistent with his responsibilities as an AIS coach and is inconsistent with his action in relation to an alleged urine substitution incident which is discussed later in this chapter.

Administration of Injections

7.20 Mr Kemp informed the Committee that he had, on occasions, administered various vitamin and Adenosine

Triphosphate (ATP) injections to his athletes. The vitamins were an attempt to assist recovery from training, while the ATP was to relieve joint pain resulting from extensive weight training sessions. Dr Fricker had:

> expressed doubts that the vitamin injections would make any appreciable difference but felt that basically no harm would be done and that there may be some psychological benefits.[27]

7.21 Dr Fricker had instructed Mr Kemp about using vitamin injections and observed Mr Kemp 'undertaking the procedure'.[28] Injections administered by Mr Kemp at the Institute were:

> made because the medical staff was not available when the weight training sessions finished late in the evening.[29]

7.22 Mr Kemp told the Committee that the syringes he used for these injections were provided by Dr Fricker.[30] According to the notes of a discussion between Dr Ross Smith and Dr Peter Fricker on 8 December 1987 contained in the Mallesons Stephen Jacques 'Report on Enquiry Conducted for the Institute From 27 November to 7 December, 1987', Dr Fricker allegedly told Dr Smith that he:

> was unaware that syringes were being given to coaches Kemp, Wardle and Jones. [Fricker] stated that he was not directly aware that this was happening, but not surprised to know it occurred.

7.23 However, Dr Fricker subsequently informed the Committee that 'he may have given [Mr Jones] syringes on two or three occasions. Similarly, Merv Kemp got some syringes and needles'. (In Camera Evidence p. 736) Dr Fricker challenged the accuracy of the record of discussion drafted by Dr Smith.[31]

Supply and Administration of Steroids

7.24 Ms Sue Howland alleged that she had been given 'a bottle of tablets' by Mr Kemp[32] while Mrs Gael Martin told the Committee that she and other athletes had received a steroid injection from Mr Kemp in Italy in 1984.[33] Mrs Martin said that she had witnesse Mr Kemp giving injections to the other athletes when she was in Italy and that she knew what they were being injected with because, 'It was the same stuff I was getting'.[34] Mrs Martin told the Committee that Mr Kemp 'seemed to know what volume to give the other throwers', but that she had told him the volume of the injections to give to her.[35]

7.25 Mr Kemp said to the Committee that he:

> would like to make it perfectly clear that I have never supplied [Mrs Martin] with steroids at any time and the allegations that she saw me injecting these athletes with what she called the same stuff is completely and utterly untrue. I did not inject these athletes with testosterone at that time nor have I done so at any other time.[36]

7.26 The athletes present on the trip to Italy were Mr Phillip Spivey, Mr Phillip Nettle and Mr Paul Nandapi. The Committee sought information from each of these athletes on any injections they had received while associated with the AIS, who had administered them, who had witnessed their administration, and whether they had ever taken steroids.[37] These athletes all denied ever having taken anabolic steroids, but all could recollect Mr Kemp giving injections. Mr Spivey indicated that he had never himself received an injection from Mr Kemp, although he was aware that Parentrovite (a vitamin B/C complex) injections had been administered to other members of the squad.[38] Mr Nettle had received injections from Mr Kemp but did not specify the type,[39] while Mr Nandapi commented that:

> Some vitamin injections were done by Merv Kemp ... after weight training sessions in 1984. I was also given Vitamin injections by Merv Kemp when we were in Italy and also some ATP.[40]

7.27 Mr Nettle was able to recall receiving injections with Mrs Martin and Ms Howland present.[41] Mr Nandapi remembered receiving injections with Ms Howland present,[42] while Mr Spivey could remember other people being present when he received one injection, but could not recollect who they were.[43] Moreover, this injection was not administered by Mr Kemp.

7.28 Mr Kemp recalled giving injections of vitamins such as Parentrovite to his athletes. In relation to giving injections in Italy he said:

> I can remember I was going to inject one athlete and he was so terrified of needles that it was impossible to do it ... I have no special recollection of injecting the other boys but I could well have done it. They would be able to testify better than I could.[44]

7.29 In a letter to the Committee dated 24 January 1989 Mr Kemp had informed the Committee that:

> While in Italy in 1984 I injected two athletes, Paul Nandapi and Phil Nettle, with vitamin preparations. On that occasion I had with me Parentrovite and hypodermics supplied by Dr Peter Fricker. Parentrovite is a large volume injection and painful for the recipient so while in Italy I purchased some vitamin B12 which is available in much smaller but highly concentrated doses. I used the preparation on one occasion with the athletes mentioned above in the hope that the smaller volume would be less painful.[45]

7.30 Mr Kemp also pointed out that:

> Gael Martin in Italy claimed that she had been injected with steroids; a few weeks later she went to the Olympic Games in Los Angeles,

> winning a bronze medal, which would have required a mandatory drug test, and she passed that test then. I know that there are other athletes over there who got caught on steroids ... I went from Genoa to London with the three boys and we competed in the British 3A's Championships. That is a major drug-tested meet. I am not likely to be giving them steroids just before a competition of that nature; plus that, there were other meets which we went to in Italy, which could well have been drug tested as well.[46]

7.31 Mrs Martin explained that the injections had been of a water based testosterone that could be taken up to two weeks before a competition. She had continued to receive injections in the USA and had received the same kind of injection the day before breaking the Commonwealth Record in a competition at Berkeley that was exactly two weeks before the day she competed in the Olympics.[47]

7.32 Mrs Martin admitted to the self-administration of several anabolic steroids while at the AIS, and said that her use of drugs 'was also encouraged by the coach at the time at the AIS, and encouraged by other people in the AIS'.[48] When asked if the coach referred to was the throwing coach, she replied 'My coach'.[49] When subsequently asked about the injection she had allegedly been administered by Mr Kemp, Mrs Martin replied 'He was not my coach'.[50] Further, 'it was not anyone associated with the Australian Institute of Sport' who gave her the drugs.[51] Dr Jean Roberts advised the Committee that she was 'Gael Martin's technique coach or throwing coach, as distinct from her strength coach who was her husband [Mr Nigel Martin]'.[52] Mr Kemp informed the Committee that Dr Roberts replaced him as Mrs Martin's coach after October 1985.[53]

Purchase of Steroids

7.33 Mrs Gael Martin told the Committee that she had bought drugs in Italy in 1984[54] as had other AIS athletes present on the

same trip.[55] She alleged that Mr Kemp had advised her which drugs to buy in Italy[56] and that he had missed training sessions in order to go and purchase steroids.[57] Mrs Martin claimed that these steroids were subsequently imported into Australia in Mr Kemp's personal baggage.[58]

7.34 Mr Kemp agreed that anabolic steroids are available over-the-counter at Italian pharmacies, saying that 'If you have the lire, they have the steroids'.[59] He said that anabolic steroids were available without a prescription, although, 'If you have a prescription, you can get them cheaper again'.[60] He said however, that:

> there was no attempt by me at that stage to try to smuggle any form of illicit drugs into Australia.[61]

He emphasised later that he 'did not bring anything back into Australia that I should not have'.[62]

7.35 Mr Kemp explained that he felt that it was part of his job to find out 'what Australian athletes were being confronted with'.[63] Mr Kemp asked the Italian throwing coach Mr Jimmy Pedemonte 'what sorts of things were being taken by Italian throwers, or what sort of things might have been available to them'.[64] Mr Pedemonte provided a list of steroidal and non-hormonal products.[65] Mr Kemp told the Committee that:

> If there was something that this Italian coach ... suggested might be of some use, I went and got a sample of it.[66]

These purchases were made at various times, some during the ten days Mrs Martin was with the party while others could have been picked up 'in other places we visited while in Italy'.[67]

7.36 Mr Kemp was unable to remember the total cost of the pharmaceutical preparations that he purchased in Italy, but

thought that it may have been in the order of $100 or $200.[68] When asked what volume of material he had brought back into Australia, Mr Kemp replied 'I brought back samples of things' and then added 'I had what we call a crew bag or a sports bag, and these products were in this bag'.[69]

7.37 According to the evidence given by Mrs Martin, Mr Kemp took off the original labels from the substances he bought from the Italian pharmacies and replaced them by labels that he had had typed up previously at the AIS.[70] Mr Kemp told the Committee that he 'did not repackage or relabel any items of any nature whatsoever'.[71] He expanded on this later by saying:

> I did not repackage or relabel any items whatsoever when I was over there. I did have labels. I had some labels typed up at the Institute which had my name on them ... I point out that the Commonwealth Games team followed the same sort of practice in 1986 of using sets of labels to put on passports, tickets, and so on.[72]

7.38 Soon after his return to Australia, Mr Kemp showed the substances he had purchased in Italy to Dr Peter Fricker of the AIS.[73] Dr Fricker:

> looked at a lot of these items, particularly some of the injectable vitamins, and said that they had already passed their expiry date, so they were thrown into the bin.[74]

A range of items had been purchased in Italy but, 'As it turned out, quite a lot of these things were available in Australia anyway'.[75] Some of the products not thrown away had been stored under Mr Kemp's house in boxes, and he was able to show some of them when he appeared before the Committee.[76]

MR CRAIG HILLIARD

Supply of steroids

7.39 A number of allegations had been made on the public record by Mr David Smith, concerning his coach Mr Craig Hilliard. In accordance with the principles outlined in the preface to this report, Mr Smith was invited to give evidence to the Committee on the matters he had raised, and Mr Hilliard was given an equal opportunity to respond.

7.40 Mr David Smith, a full time scholarship holder at the AIS from December 1983 until March 1988[77] alleged that his former coach, Mr Craig Hilliard, supplied him with the anabolic steroid Lonavar in April 1985.[78] He also alleged that a hurdler, Mr John Caliguri, had been given substances by Mr Hilliard.[79]

7.41 Mr Smith described how he was going through an extremely heavy training period and that Lonavar was given to him by Mr Hilliard:

> in the sense that it would aid in recovery from each training session I was doing.[80]

7.42 According to Mr Smith he was handed a white plastic bottle marked 'Lonavar'. Within 10 seconds, Mr Hilliard had taken back the bottle in order to scratch out the name 'Lonavar'. Mr Smith alleges that Mr Hilliard told him to take the tablets in a series of four, three, two, one, two, three, four on consecutive days, for a total period of 10 days.[81] The fluctuating levels were apparently to alleviate the problem of the body developing a tolerance.[82]

7.43 Mr Smith said that the offer of drugs to help him recover from the hard training schedule was unsolicited,[83] and that it was only a couple of days after the matter was first

discussed that Mr Hilliard supplied the drugs.[84] The drugs were provided free.[85]

7.44 The allegations by Mr Smith were 'emphatically' denied by Mr Hilliard who stressed that, since joining the AIS in 1982, he had 'never condoned, encouraged or distributed performance enhancing drugs to athletes'.[86]

7.45 Dr Brian Miller, former AIS psychologist, stated in a letter to the Committee in February 1989:

> In March 1988, David Smith told me that no matter what it cost him personally he would see that Craig Hilliard 'would get his' ... I now believe that David saw the media attention associated with the Senate inquiry into drugs, as his opportunity to carry out his vendetta against Craig. As far as I know Craig has never given drugs to any athletes, and I was shocked and saddened by David's allegations.[87]

7.46 With regard to Mr Smith's allegation of drugs being given by Mr Hilliard to Mr John Caliguri, Mr Caliguri has provided a statutory declaration[88] not only denying his taking of performance enhancing drugs but also denying that any conversations about this matter had taken place with Mr Smith.

Knowledge of Steroid Use

7.47 Mr Hilliard told the Committee that:

> Mr Smith offered performance enhancing drugs to athletes between 1980 and 1982. He also admitted in front of an athlete that he wanted to get his hands on any drugs he could - in particular, testosterone ... and attempted to coerce that athlete into taking it. ... He admitted to me in 1983 when he started on a scholarship at the Institute of Sport that he had taken testosterone and other performance-enhancing drugs [including Catavit]. In 1986

> he told another AIS athlete, 'You know what your options are; the only way you will improve is by taking steroids'. ... In July 1987, in the presence of junior walkers and the manager-coach for a State team competing in Hobart, following his performance Mr Smith said, 'You should get hold of some of this stuff I was on'. I was not coaching him at that time.[89]

7.48 It seems quite clear that Mr Hilliard had ample ground for believing that Mr Smith had been taking testosterone and Catavit before joining the AIS.[90] Although Mr Hilliard counselled Mr Smith and told him that drugs were not part of his weaponry or the policy of the Institute, he did not report the fact to anyone at the AIS because he felt he could handle the matter himself.[91] Mr Hilliard said that he would not be surprised if Mr Smith had continued to take drugs while at the AIS, but said:

> Unfortunately, I cannot prove that, I never saw him actually physically take drugs.[92]

7.49 The Committee believes that in not acting on his suspicions Mr Hilliard was ignoring his responsibilities and obligations as a coach at the AIS. As discussed in Chapter Eleven, the AIS had a discretionary drug testing program that could be used to test athletes about whom suspicions of drug use might be held, and the situation described by Mr Hilliard is, in the Committee's view, the situation in which the discretionary testing power should have been used.

Relationship with Athlete

7.50 Mr Smith first raised his allegation of drug administration by Mr Hilliard with Mr Ron Harvey, AIS Deputy Chairman, on 4 December 1987 shortly after the Four Corners story was broadcast. A subsequent inquiry by the AIS's solicitors found no information to support Mr Smith's claims.[93]

7.51 Mr Smith repeated the allegations on 2 December 1988 on a Canberra news program. This was within a few days of the allegations of steroid administration in track and field having been made before the Committee by Mrs Gael Martin and Ms Sue Howland on 30 November 1988.

7.52 Mr Hilliard said that he saw Mr Smith's allegations as being motivated by 'personal recrimination and public persecution'.[94] He added:

> For three years ... I have lived in fear of reprisals against me, my girlfriend and my personal property. My coaching has suffered and my lifestyle has been severely affected.[95]
>
> He has had the opportunity to come in and actually slash me apart and all I can come in and do is deny the allegations and hopefully clear my name.[96]

7.53 The Committee notes Mr Hilliard's claim that its inquiry provided an opportunity for Mr Smith to slur Mr Hilliard's reputation. In camera, he was asked why he had not earlier sought to respond to Mr Smith's televised comments by publicly expressing his innocence, or by pursuing a defamation action.[97] Mr Hilliard indicated to the Committee that he had chosen not to pursue either of these options, although the Institute had advised him that it was examining the filing of an action against Mr Smith in which he would be involved.[98]

KNOWLEDGE OF AN ALLEGEDLY RIGGED DRUG TEST

Introduction

7.54 Ms Jane Flemming gave in camera evidence to the Committee about her involvement in a urine substitution incident in Belfast on 30 June 1986, at a meeting in the lead-up to the

Commonwealth Games in Edinburgh.[99] Mr Kemp also requested that he be allowed to give in camera evidence to the Committee about this matter.

7.55 The Committee informed both witnesses at the commencement of their in camera hearings that the Committee was unable to give an absolute assurance under Senate procedures that evidence taken in camera would not subsequently be released. Both Ms Flemming and Mr Kemp acknowledged their understanding of this advice.

7.56 The evidence given to the Committee in camera, together with information already available to the Committee, made it clear that knowledge of this incident was widespread. After hearing all the relevant evidence and seeking additional information, the Committee learnt that the widely held view of what had happened in relation to this incident was incorrect, and that the reputation of an Australian athlete had been unfairly tainted.

7.57 The Committee received advice from Ms Sue Howland that Mr Kelvin Giles had sought to contact her on the day a witness was scheduled to appear before the Committee to discuss the details of the allegations which were to be made.[100] Mr Giles' role and interest in this matter is unclear. What is certain, however, is that one of the witnesses before the Committee sought in camera status for evidence they were prepared to discuss in advance with a third party.

7.58 The Committee has determined in these circumstances that release of the in camera evidence is in the public interest and is necessary in order to rectify the incorrect account that has commonly been accepted. The evidence demonstrates the irresponsible attitudes displayed by some Australian coaches and sporting officials in dealing with a significant incident involving drug testing.

Who was in Belfast

7.59 The Australian track and field team at the Ulster Games consisted of ten athletes. These included Ms Flemming and Ms Sue Howland. Mr Tony Rice, head coach of Track and Field at the AIS, was coach to this contingent.

7.60 Neither of Ms Flemming's AIS coaches, Mr Merv Kemp and Mr Craig Hilliard, were in Belfast. They were elsewhere in Britain and Europe preparing other Australian athletes for the Commonwealth Games. Ms Flemming could not recall Mr Rice being in Belfast.[101]

7.61 Mr Maurie Plant, an official of the Australian Athletic Union, was in Belfast as Assistant Team manager of the Track and Field Team for the Edinburgh Commonwealth Games. Ms Flemming described Mr Plant as a friend of hers[102] although his status in Belfast was not clear to her.[103]

The Incident

7.62 Ms Flemming said that Mr Maurie Plant approached her to provide a urine specimen which could be substituted for Ms Sue Howland's, who had been picked for random testing.

> [Mr Plant] came up to me [at the javelin throwing area] and asked me if I would urinate in a bottle for Sue Howland because she had been picked for testing ... He gave me a drink bottle ... I went and weed in a bottle and apparently it got passed off as Sue's urine sample.[104]

7.63 Mr Plant recalled:

> After Sue [Howland] had finished her event, she advised me that she would be required for doping control testing. (It is normal practice

> for any athlete to advise management that they had been chosen.) It was my responsibility as the management personnel there to accompany the athlete to the drug testing area and ensure that I.A.A.F. [International Amateur Athletic Federation] procedures were followed. As I had not had much experience with this situation (my expertise was programming), I became rather panicky. I had heard rumours surrounding Sue Howland and drugs and I was not sure how to cope with the situation.
>
> As a knee jerk reaction and worried about a member of the Australian Team, I made a grave error of judgement. I approached the heptathlete, Jane Flemming, and asked her to produce for me a urine sample. This was whilst Howland was awaiting her prize money. Flemming, who was rather naive and very shocked at the suggestion, nevertheless produced a sample for me in a small drink container. My plan was that if there was a problem, then maybe somehow I could switch the samples.
>
> As I walked across the Mary Peters Stadium to meet with Sue and the I.A.A.F. delegate ..., I began to think about my actions. Here I was, a person with ambitions and responsibilities in the sport carrying a receptacle containing someone's urine. The more I thought, the more stupid I felt. Before I joined the athlete and the delegate, I got rid of the urine and the receptacle in a public toilet behind the main straight seating and at that point I totally abandoned any thoughts of interfering in the testing procedure.[105]

Mr Plant then described in detail how he had accompanied Ms Howland to provide the requisite urine sample.

7.64 The Committee finds it remarkable that the first response of an Australian official on being asked to accompany an athlete to a drug test was to seek a substitute urine sample. The Committee finds it all the more remarkable given that he would have had to consider an attempt to corrupt the IAAF delegate and that the whole system would have had to have been corrupt if his attempt were to have succeeded.

7.65 Mr Kemp was informed of the incident by Ms Flemming on her return to Canberra, when she was visiting her boyfriend who was living in Mr Kemp's house at the time.[106] On 19 August 1986, Mr Kemp described his knowledge of the incident to the Australian Athletics Union in the following terms:

> Sue Howland did not want to compete because the meet was drug tested but did so after receiving assurances that she would be exempted. An IAAF official, however, stepped in and insisted that the women's javelin be tested and Sue Howland was required to undergo a test. In the panic that followed an AAU team management official pressured Jane Flemming to take the test on Howland's behalf.[107]

7.66 In evidence, Mr Kemp admitted 'I do not know the details of what actually took place and I do not know whether there was a test done in the end'.[108] He added 'It may be that Howland actual took the test and passed it okay'.[109]

7.67 Mr Rice, was not informed of the incident by Ms Flemming at the time it took place. He recalled that when leaving the ground at the conclusion of the meeting, he was informed by an Australian athlete 'that Sue Howland had been selected for random drug control testing and had departed to produce the required sample'.[110]

7.68 Mr Rice outlined his understanding of the substitution incident, obtained once he had returned to the AIS from Europe in September 1986. He remembered being told by Ms Flemming:

> that she had been approached by Sue Howland to provide a substitute urine sample but had refused to do so inspite of encouragement from other, unnamed athletes. She [Ms Flemming] was not aware whether any other athletes had also been asked to substitute at that test.[111]

7.69 Mr Craig Hilliard was informed by Ms Flemming on her return to the Australian team camp in Belgium from Belfast 'that she had been harassed into providing a urine sample for ... Sue Howland who had been unexpectedly summoned for a drug test'.[112]

7.70 Ms Howland has advised the Committee that:

> I provided my own sample (contrary to popular belief) for the dope test [in Belfast] ... at that particular test it would have been impossible to substitute urine as I was watched ... while providing the urine and the doctor in charge is very well known for his 'strictly by the rules approach'.[113]

7.71 Ms Howland subsequently provided to the Committee a copy of the Drug Control Test form which demonstrated that she attended the Drug Control Station at 8.50pm and passed a urine sample of 80ml.[114]

Subsequent events

7.72 The Committee has sought to clarify the chronology of significant events that occurred after 30 June 1986, on which date the incident in Belfast took place. These subsequent events are then described in detail.

Chronology

30 June 1986 -	Ulster Games, Belfast
1 July 1986 -	Ms Flemming informed Mr Hilliard about the incident
24 July 1986 -	Commonwealth Games in Edinburgh
2 August 1986 -	Ms Flemming returned to Australia and informed Mr Kemp of the incident
19 August 1986 -	Mr Kemp wrote to inform the AAU about the incident
4 September 1986 -	Mr Rice returned to Australia

9 September 1986 -	Mr Rice contacted by the AAU about Mr Kemp's letter
Mid September 1986 -	Mr Rice interviewed Ms Flemming and Mr Hilliard
6 October 1986 -	Meeting between Mr Rice, Mr Kemp and the AAU
23 January 1987 -	AAU wrote to Ms Flemming and Ms Howland

Mr Merv Kemp's letter

7.73 The matter would have apparently gone no further, had not Mr Kemp seen fit to formally inform the Australian Athletics Union (AAU) about the incident. His letter to the AAU dated 19 August 1986, written after he was informed of the incident by Ms Flemming, explained that:

> an appalling incident occurred involving Australian athletes and team officials ... Besides being an illegal practice it was totally unfair for Jane to be subjected to this kind of action and brings the AAU's credibility into question.[115]

7.74 Mr Kemp told the Committee that he wrote to the AAU some time after the Commonwealth Games and 'drew their attention to the fact that some irregularity had occurred'.[116] His motive for writing was because 'I do not think it is the right thing for people to go around and try to use other athletes to subvert themselves on drug tests' and 'where I started objecting is when an athlete with whom I was involved in coaching is being used to try to get someone else off the hook'.[117]

7.75 Mr Kemp recalled telling the other AIS track and field coaches, but not Ms Flemming, that he had written the letter, but was uncertain whether he had informed Mr Rice.[118] Ms Flemming simply stated 'that Merv sent a letter to the AAU telling it about the incident'.[119]

7.76 Mr Hilliard noted that 'Mr Kemp who was an official team coach wrote to the AAU expressing his concern'.[120] In his evidence, Mr Hilliard indicated that he had discussed the matter with Mr Kemp before Mr Kemp wrote the letter to the Australian Athletic Union.[121]

7.77 Mr Rice had no knowledge of the letter from Merv Kemp before being contacted about it by the Australian Athletic Union.[122]

Australian Athletic Union Action - August to December 1986

7.78 Mr Kemp's letter to Mr Rick Pannell, General Manager of the Australian Athletic Union, was received on 22 August 1986.[123]

7.79 Mr Kemp recalled that the Australian Athletic Union Board apparently resolved to send a delegation to Canberra to discuss the letter personally with him and with Mr Tony Rice. The delegation consisted of Mr Rick Pannell, Australian Athletic Union General Manager, and Mr Fletcher McEwen, National Coaching Co-ordinator.[124] Mr Kemp believed the meeting 'may still have been in 1986'.[125]

7.80 At this meeting Mr Kemp recalled Mr Pannell saying:

> it is a problem for [the AAU], but this is the sort of thing we have been encouraging people to say and provide the evidence about.[126]

Mr Merv Kemp believed that the AAU contacted Ms Flemming and Ms Howland after these discussions.[127]

7.81 Mr Rice recalled that on 9 September 1986, having just returned to Australia, he received a phone call from Mr Fletcher McEwen, Australian Athletic Union National Coaching Director, about Mr Kemp's letter. He noted: 'Mr McEwen informed me that the letter had been considered by the Board of Management ... and

they were conducting an enquiry into the allegations'. Mr Rice then recounted a meeting with Mr Pannell and Mr Kemp on 6 October 1986. 'At the conclusion of the meeting Mr Pannell informed us that he would be reporting back to the Board ... who were extremely interested in pursuing the subject'.[128]

Meeting at the AIS - September 1986

7.82 Mr Rice informed the Committee that, about mid-September 1986, he 'conducted an interview with Jane Flemming, and her coach Craig Hilliard in [his] office'.[129]

7.83 Ms Flemming (incorrectly) recalled that 'about six months [after the incident] I got called in to see Tony Rice'.[130] She later qualified this to 'in about November 1986, so it was about five months after the incident'.[131] She added 'He called me in - he had Craig in there and then they called me in'.[132]

7.84 Mr Hilliard could 'not recall a formal meeting with [Mr Rice] to discuss any form of action. I believe Ms Flemming did talk with Mr Rice regarding the incident'.[133]

What happened at the meeting at the AIS

7.85 Mr Rice referred to the meeting as 'an interview with Jane Flemming ... regarding the particular incident'.[134]

7.86 Ms Flemming recalled telling Mr Rice all that had happened.[135] She thought that at this meeting she had discussed with Mr Rice a letter from the Australian Athletic Union (AAU) because 'we discussed what I would do ... and I decided that I would not write back'.[136] The letter from the AAU was not sent to Ms Flemming until four months later, as discussed below.

7.87 Ms Flemming recalled '[Mr Rice] had no idea at all. He was really shocked, I think, and especially because ... he knows that kind of character that I have and I do not think he would have expected it to come from me'. Further: '[Mr Rice] did not really tell me to do anything, he just wanted to hear what the full story was'.[137]

Australian Athletic Union Action - 1987

7.88 The Australian Athletic Union formally sought comment from Ms Flemming on 23 January 1987. Its letter informed her that a letter had been received:

> indicating that there may have been some irregularities in drug testing of Australian athletes at the meeting in Belfast ... Your name has been mentioned ... as being involved and if you could throw any light on the situation it would be very much appreciated.[138]

7.89 Ms Flemming did not reply to this letter. She said that:

> I did not know what to do and I decided that I would not write back and I would see what happened and [the AAU] have never, ever, contacted me again about it.[139]

7.90 Mr Hilliard wrote that Ms Flemming:

> received correspondence from the AAU asking her if she wanted the matter taken further (the exact content of the letter I cannot recall). I understand and know that Ms Flemming was reluctant to pursue any course of action ... and she certainly did not wish to tarnish her excellent reputation or become an informer ...[140]

7.91 Ms Howland recalled returning to Australia from New Zealand early in 1987 and her mother [who lives in Mackay] had read to her over the telephone a letter received from the Australian Athletic Union. She stated:

> I can't remember what the letter said as I never sighted it and so never bothered to answer it as it didn't mean anything to me.[141]

7.92 Mr Rice was not aware of any further action being taken on this allegation by the AAU subsequent to his 6 October 1986 meeting with Mr Pannell.[142]

Motives for the Substitution

7.93 Ms Flemming's understanding of the rationale for Mr Plant's request was confused. She guessed that Mr Plant had not wanted Ms Howland to test positive because he was an Australian official and because he might have told Ms Howland that there was to be no drug-testing undertaken at that meet.[143] But Ms Flemming also believed that Mr Plant worked for Mr Andy Norman, the meet promoter, who allegedly had wanted to get Ms Sue Howland tested positive to eliminate her from the Commonwealth Games, thus leaving his friend Ms Fatima Whitbread without major competition.[144]

7.94 Mr Plant commented 'that my original motivation in regarding the sample was to save embarrassment to the Australian Athletic Union, together with a sense of loyalty to an Australian athlete'.[145]

7.95 Ms Sue Howland said:

> there is no way Jane Flemming would provide me with a sample in a dope test as she dislikes me immensely and always has. Also, if I was

> going to do it I definitely would not use a sample from her, I'd make sure it was from someone who I knew would be able to provide a clean sample'.[146]

Knowledge of the Incident

7.96 While Ms Flemming had chosen not to report the incident to either the AIS or the AAU she discussed the matter informally with a wide range of athletes and personal contacts, including AIS employees Mr Merv Kemp, Mr Craig Hilliard, Mr Brian Miller, Mr Tony Rice and Dr Peter Fricker.[147]

7.97 The Committee notes that Ms Flemming had discussed the incident in an informal, social setting with Mr Kemp yet he had notified the Australian Athletics Union,[148] the other coaches at the AIS,[149] and Mr Peter Bowman.[150]

7.98 In view of Mr Bowman's current position as Co-ordinator, Track and Field at the AIS, the Committee sought details of his knowledge about the matter. Mr Bowman responded that, at the time he heard about the incident, he held the position of Assistant Director, Sports Administration, which is not directly associated with track and field. In other words he said that he did not hear of the matter in an official capacity. He wrote 'I took no action as it was a rumour and had no official source ... In addition, as the AIS athlete was representing Australia, if I had received a complaint, I would have forwarded it to the Australian Athletic Union'. He added: 'I understand quite a number of people know about the incident'.[151]

7.99 The Committee notes that Mr Giles appeared in camera the day after seeking to contact Ms Howland to discuss Ms Flemming's evidence but did not volunteer his knowledge of the incident to the Committee. As a result of Committee questioning, Mr Giles said only that he had heard of 'shenanigans going on' involving the British thrower Ms Fatima Whitbread, but he did not make any

comment suggestive of his knowledge of Ms Howland's implication.[152] At the least, the Committee is forced to conclude that Mr Giles has been less than frank in the evidence he presented.

7.100 Mr Ron Harvey, current Deputy Chairman and Chief Executive of the AIS who commenced after the incident had taken place had no knowledge of it.[153] He expressed the view that an AIS athlete involved in the provision of a urine sample for the purpose of substitution should be sacked.[154]

Conclusions

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

7.102 The Committee finds it unacceptable that although Ms Flemming held an AIS scholarship and discussed the incident with Messrs Kemp, Hilliard and Rice, all AIS coaches, no formal report was made to the AIS, in the first instance by Kemp, although he wrote to the AAU, and in the second instance by the other two. The Committee rejects Mr Bowman's suggestion that because Ms Flemming was representing Australia and not the AIS, the substitution incident was a matter for the Australian Athletic Union and not the AIS. Under the Code of Ethics which AIS scholarship holders are required to sign, the athletes agree, inter alia, to 'abide by both the rules and the spirit of my sport'.[155] In the Committee's view, Ms Flemming is liable for disciplinary action by both the Australian Institute of Sport and the Australian Athletic Union.

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

7.104 The Committee notes that Mr Rice gave an account of the incident which was different from that given by all other witnesses, when he suggested that Ms Howland had approached Ms Flemming to provide a urine sample which had been refused. His letter was otherwise detailed and accurate. By comparison, the other respondents were vague about such matters as the timing and the nature and extent of discussions, but were at least consistent in their general theme. The Committee expresses its concern about whether Mr Rice's recollections failed him in this instance or whether he had sought to provide a different version of events to explain his subsequent lack of action. The Committee concludes that because they did not inform the AIS management about the involvement of an AIS scholarship holder in a clear breach of sporting ethics and AIS guidelines, all three AIS track and field coaches failed to properly discharge their responsibilities. On this matter, as on others discussed in this Chapter, AIS coaches have shown an unsatisfactory attitude towards meeting their obligations to the AIS.

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

> the slight delay is due to the fact that we have our Australian Championships from 11- 19 March [1989] and our office resources are slightly stretched at the moment.[156]

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

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

1. Survey of Drug Abuse in Australian Sport, Australian Sports Medicine Federation, December 1982, p. 164
2. Evidence p. 1118
3. Evidence p. 1218
4. Letter Mr Merv Kemp to Mr Rick Pannell, Australian Athletic Union, 19 August 1986
5. Submission No. 16 p. 93
6. Submission No. 16 p. 78
7. Letter Dr R G Smith, Acting Director, AIS, to Chairman, 13 December 1988
8. Evidence p. 1182
9. Evidence p. 26k
10. Evidence p. 32k
11. Evidence p. 32-3k
12. Evidence p. 33k
13. Evidence p. 5k
14. Evidence p. 35k
15. Evidence p. 1130
16. Evidence p. 42k
17. Evidence p. 42k
18. Evidence p. 1139
19. Evidence p. 1178
20. Evidence p. 1178
21. Evidence p. 1160
22. Letter Mrs Gael Martin to Chairman, 14 March 1989
23. Evidence p. 526
24. Evidence p. 427
25. Evidence p. 1139
26. Evidence p. 1139
27. Letter Mr Merv Kemp to Secretary, 29 January 1989
28. Letter Mr Merv Kempo to Secretary, 24 January 1989
29. Letter Mr Merv Kemp to Secretary, 24 January 1989
30. Evidence p. 1159
31. In Camera Evidence p. 738
32. Evidence p. 556
33. Evidence pp. 531 and 567
34. Evidence p. 567
35. Evidence p. 568
36. Evidence p. 1140
37. Evidence pp. 1165-75
38. Evidence p. 1169
39. Evidence p. 1174
40. Evidence p. 1175
41. Evidence p. 1174
42. Evidence p. 1175
43. Evidence p. 1170
44. Evidence p. 1141
45. Letter Mr Merv Kemp to Secretary, 24 January 1989
46. Evidence pp. 1140-1
47. Telephone conversation with Secretary, 10 May 1989
48. Evidence p. 527
49. Evidence pp. 527-8
50. Evidence p. 548
51. Evidence p. 528
52. Evidence p. 1922
53. In Camera Evidence p. 382
54. Evidence p. 528
55. Evidence p. 567

56. Evidence p.532
57. Evidence p. 566
58. Evidence p. 567
59. Evidence p. 1177
60. Evidence p. 1177
61. Evidence p. 1130
62. Evidence p. 1176
63. Evidence p. 1131
64. Evidence p. 1131
65. Evidence pp. 1131-2
66. Evidence p. 1144
67. Evidence p. 1177
68. Evidence p. 1134
69. Evidence p. 1144
70. Evidence p. 571
71. Evidence p. 1130
72. Evidence p. 1176
73. Evidence p. 1132
74. Evidence p. 1132
75. Evidence p. 1144
76. Evidence p. 1132
77. Evidence pp. 938-9
78. Evidence p. 939
79. Evidence p. 942
80. Evidence p. 940
81. Evidence pp. 939-40
82. Evidence p. 940
83. Evidence p. 945
84. Evidence p. 948
85. Evidence p. 948
86. Evidence p. 1189
87. Evidence p. 1160
88. Evidence p. 1225
89. Evidence p. 1193-4
90. Evidence p. 1194
91. Evidence p. 1194
92. Evidence p. 1196
93. Mallesons Stephen Jacques Report on Enquiry Conducted for the Institute from 27 November to 7 December 1987
94. Evidence pp. 1189-90
95. Evidence p. 1190
96. Evidence p. 1192
97. In Camera Evidence pp. 426-9
98. In Camera Evidence p. 428
99. In Camera Evidnece pp. 273-99
100. Letter Ms Sue Howland to Secretary, 1 March 1989
101. In Camera Evidence p. 282
102. In Camera Evidence p. 275
103. In Camera Evidence p. 280
104. In Camera Evidence p. 275
105. Letter Mr Maurice S Plant to Secretary, 3 April 1989
106. In Camera Evidence pp. 376-7 and 383
107. Attachment to letter, Mr Rick Pannell, General Manager, Australian Athletic Union to Secretary, 9 March 1989
108. In Camera Evidence p. 397
109. In Camera Evidence p. 398
110. Letter Mr A L Rice to Secretary, 8 March 1989
111. Letter Mr A L Rice to Secretary, 8 March 1989

112. Letter Mr Craig Hilliard to Secretary, 23 March 1989
113. Letter Ms Sue Howland to Secretary, 1 March 1989
114. Note Ms Sue Howland to Secretary, received 23 March 1989
115. Attachment to letter, Mr Rick Pannell, General Manager, Australian Athletic Union to Secretary, 9 March 1989
116. In Camera Evidence p. 376
117. In Camera Evidence p. 392
118. In Camera Evidence p. 377
119. In Camera Evidence p. 281
120. Letter Mr Craig Hilliard to Secretary, 23 March 1989
121. In Camera Evidence p. 416
122. Letter Mr A L Rice to Secretary, 8 March 1989
123. Attachment to letter, Mr Rick Pannell, General Manager, Australian Athletic Union, to Secretary, 9 March 1989
124. In Camera Evidence p. 379
125. In Camera Evidence p. 381
126. In Camera Evidence pp. 387-8
127. In Camera Evidence p. 384
128. Letter A L Rice to Secretary, 8 March 1989
129. Letter Mr A L Rice to Secretary, 8 March 1989
130. In Camera Evidence p. 282
131. In Camera Evidence p. 284
132. In Camera Evidence p. 297
133. Letter Mr Craig Hilliard to Secretary, 23 March 1989
134. Letter Mr A L Rice to Secretary 8 March 1989
135. In Camera Evidence p. 283
136. In Camera Evidence p. 283
137. In Camera Evidence p. 296
138. Attachment to letter Mr Rick Pannell, General Manager, Australian Athletic Union to Secretary, 9 March 1989
139. In Camera Evidence p. 283
140. Letter Mr Criag Hilliard to Secretary, 23 March 1989
141. Letter Ms Sue Howland to Secretary, 1 March 1989
142. Letter Mr A L Rice to Secretary, 8 March 1989
143. In Camera Evidence pp. 278-9
144. In Camera Evidence p. 277
145. Letter Mr Maurice S Plant to Secretary, 3 April 1989
146. Letter Ms Howland to Secretary, 1 March 1989
147. In Camera Evidence pp. 276, 280, 283 and 289
148. In Camera Evidence p. 376
149. In Camera Evidence p. 377
150. In Camera Evidence pp. 395-6
151. Evidence p. 2075
152. In Camera Evidence pp. 372-3
153. Evidence p. 2072
154. Evidence p. 2072
155. Evidence p. 1777
156. Letter Mr Rick Pannell, General Manager, Australian Athletic Union to Secretary, 9 March 1989

CHAPTER EIGHT

ROWING AT THE AIS

INTRODUCTION

8.1 Rowing was introduced to the AIS in Canberra in 1985, with the first rowing scholarship holders arriving at the end of April that year. Mr Reinhold Batschi was appointed as head coach. The aim of the AIS Rowing Program is:

> to develop rowers to Olympic medal standard by offering a superior training environment to the elite rowers of the nation, and also through coach education and the Apprentice Coach Scheme to improve the level of Australian coaching talent.[1]

8.2 Some indication of the general level of drug use by rowers is given by Table 8.1 which summarises data from the Survey of Drug Abuse in Australian Sport published in December 1982 by the Australian Sports Medicine Federation.

TABLE 8.1
USE OF DRUGS BY ROWERS
(Based on 133 respondents)

Drug	Percentage using it	Survey page
Vitamins	68.4	77
Anti-inflammatory drugs	18.0	86
Analgesics	15.0	96
Bronchodilating drugs	25.6	108
Diuretics	6.8	118
Anabolic steroids	3.0	128
Stimulants	1.5	138
Sedatives	9.8	148

8.3 The Survey also found that 30.8 per cent of rowers knew other Australian competitors taking drugs to improve their performance and that 0.8 per cent of the sample intended taking steroids in the future, while 1.5 per cent were going to take stimulants and 3.0 per cent sedatives.[2]

8.4 The Australian Rowing Council, which has undertaken doping control at national championships since 1982 and has had the longest regular testing program of any sport in Australia,[3] felt that the drugs of most concern in rowing are:

1. Anabolic - androgenic steroids in heavyweight rowers.
2. Diuretics in lightweight rowers.[4]

Although the use of stimulants has occasionally been detected during testing at international regattas, this has not involved Australians.[5]

8.5 As mentioned in the earlier part of this report, there has been one death in Australian rowing involving the abuse of diuretics and inappropriate nutrition and dehydration in an attempt to maintain unnatural lightweight status. Dr Webb said that he thought diuretic use would be the biggest problem that rowing has as a sport because, in terms of a rowing race, anabolic steroids are not really beneficial.[6]

8.6 While Dr Webb was able to point to instances of anabolic steroids being used in rowing, he said that:

> there is not much point, with anabolic steroids, in having one member of the crew using them and one not.[7]

The Committee does not accept this and believes that anabolic steroids are as likely to be used by individual rowers as by individuals in any other team sport.

ROWING AT THE AIS

8.7 No specific allegations were made about the use of drugs by rowers at the AIS. However Mrs Gael Martin, in discussing drug usage at the AIS, said that she had heard that anabolic steroids had been used in rowing. She emphasised however that 'That is just hearsay'.[8] Because it had been informed such a rumour existed, the Committee called Mr Reinhold Batschi to give evidence. In addition to being Head Coach at the AIS, Mr Batschi is the National Coaching Director and Head Rowing Coach of the Australian Rowing Council.[9]

8.8 Mr Batschi made the comment that lightweight rowing is not an Olympic sport[10] so that there would be no problems with diuretics at the AIS. He also mentioned that because rowing was a team event, anyone taking steroids would be quickly identified, because he would be 'behaving differently to the other guys'.[11] He said that to the best of his knowledge no rowers under his control would be using diuretics or anabolic steroids.[12]

8.9 Mr Batschi told the Committee that he did not think anabolic steroids would be helpful in rowing.[13] The Committee accepts that this is true in so far as the event itself is concerned, but notes that the benefits of anabolic steroids may often relate to speedy recovery from training, increased desire for training and even a placebo effect, rather than a direct effect on competition.[14] The Committee also notes that a paper 'Drugs and the Australian Institute of Sport: Guidelines for Staff', which was prepared for consideration at the 7 October 1987 meeting of the AIS Board, stated:

> The following sports are considered by the Board to have a higher incidence of drug abuse with anaboalic steroids:
>
> - rowing,
> - field events of track and field
> - water polo, and
> - weightlifting

8.10 Mr Batschi said to the Committee:

> I personally have never done my homework on drugs. I refuse to read some of the literature on it. The more you get involved in it, the more you start believing in it, and you get tempted to do it. I have been loyal to my sport for the last 50 years and I just refuse to do it. I have been a professional coach for the last 15 years. I refuse to believe in it. I have proved so many times that it can be done without drugs.[15]

8.11 The Committee has noted this ostrich like attitude in some other coaches and staff members of the AIS. It is an attitude which does not seem helpful to the athlete or to the coaches, and which some might deem to be irresponsible. It can be contrasted with the view of Mr Merv Kemp who said to the Committee:

> I thought it was part of my job as a coach to be informed about steroids. I could not very well give any advice to the athlete if I was in a position of total ignorance. To that end there are a number of books in the Institute of Sport about anabolic steroids and their use in sport.[16]

8.12 As someone having considerable professional responsibilities in rowing at a national level, the Committee would expect Mr Batschi to keep himself informed on all matters affecting his sport and those under his charge. By refusing to keep himself informed about drugs he is putting himself into a position from which he will be unable to offer effective counselling to his athletes, if only because they are likely to be better informed than himself. His attitude is also likely to make him more liable to miss any signs that drugs are being used, as he is unlikely to be sensitive to relevant indications; and it makes him more likely to participate in the inadvertent use of banned drugs - such as over-the-counter decongestants.

8.13 Mr Batschi's stance on this matter is particularly surprising given that a submission from the Australian Rowing Council, an organisation of which he is National Coaching Director, notes that the '"Drugs in Sport" was incorporated into the coach and athlete education programme'[17] and refers to 'intensive education of coaches and rowers'.[18]

8.14 The Committee is of the view that the attitude exhibited by Mr Batschi and his ignorance of performance enhancing drugs are both to be deprecated in someone in his position. The Australian Institute of Sport should take steps to ensure that all its coaches are informed about drug abuse and are provided with the training necessary to enable them to provide effective counselling to their athletes on the use of performance enhancing drugs.

1. AIS Annual Report, 1984-85 p. 46
2. Survey of Drug Abuse in Australian Sport, Australian Sports Medicine Federation, December 1982, pp. 164-159
3. Evidence p. 403
4. Evidence p. 404
5. Evidence p. 404
6. Evidence p. 429
7. Evidence p. 420
8. Evidence p. 575
9. Evidence p. 1227
10. Evidence pp. 1227 and 1229
11. Evidence pp. 1230-1
12. Evidence p. 1232
13. Evidence p. 1227
14. Evidence p. 1354
15. Evidence p. 1228
16. Evidence p. 1182
17. Evidence p. 403
18. Evidence p. 404

CHAPTER NINE

FINANCIAL ADMINISTRATION AT THE AIS

INTRODUCTION

9.1 The Committee has examined the financial administration of the AIS because of concerns that public monies could be diverted to the purchase of performance enhancing drugs by either overt or covert means.

9.2 The Australian Institute of Sport was incorporated on 24 September 1980, nine months after the then Minister for Home Affairs, Mr Bob Ellicott, announced the Government's decision to establish a National Sports Training Institute.

9.3 An interim AIS Board of Management had held its first meeting on 23 April 1980. The Board consisted of the 10 directors appointed by the Minister and the Executive Director ex officio. The inaugural Chairman was Mr R Kevan Gosper, Chairman and Chief Executive Officer of the Shell Group of Companies, and a former Olympic athlete.

9.4 The inaugural Executive Director, Mr Don Talbot, had a career as a successful swimming coach, but had not previously headed the administration of a body such as the AIS. He started work in October 1980, at which time he 'was the only executive on the staff'.[1]

9.5 Company Secretary and Administrator was Mr Peter Bowman, the Financial Administrator being Mr John Scarano. Six junior administrative staff dealt with personnel, financial and travel details.

9.6 According to a 1989 Price Waterhouse internal audit special review of certain aspects of the AIS's operations:

> In its early years the Institute was constrained by both finances and staff numbers with the result it was not possible to initiate an 'ideal' system of accounting control over expenditure. However, the system was as good as could be expected in the circumstances.
>
> In later years with increased funding and staff resources the accounting systems have shown considerable improvement and whilst there is always room for further enhancement we believe the systems are appropriate to an organisation of the Institute's size and conform with standards generally applicable in Commonwealth undertakings.[2]

9.7 The Committee requested the Auditor-General to comment on the Price Waterhouse report in his role as external auditor to the AIS. The response from the Australian Audit Office (AAO) indicated that:

> From Audit's viewpoint it is considered that the executive summary in the special review report provides an accurate picture of the AIS accounting systems relating to purchases and travel. The AIS systems and procedures have improved over recent years; however, there is always room for further enhancement. The present systems are appropriate considering the Institute's size and conform with standards generally applicable in Commonwealth undertakings. While there is some potential for misuse of funds, the basic controls are adequate and no direct evidence of misuse was detected by the internal auditors.

> The scope and approach of the internal audit review was soundly based and the report represents fairly the matters addressed and the findings of the review.[3]

9.8 At the Committee's public hearing held on 12 April 1989, representatives of the AIS offered to seek to have conducted by the Australian Audit Office another audit of the expenditure by the weightlifting section, which had been a major area of examination by Price Waterhouse. This offer was accepted by the Committee.[4] The Committee received this AAO report on 20 April 1989.[5] References to the findings in this report are made later in this chapter.

9.9 Three aspects of particular concern were addressed during the Committee's hearings:

- the level of cash advances to coaches and the related acquittal process in relation to overseas travel;
- the system for ordering and receipt of medical supplies; and
- delegation of authority.

ACQUITTAL OF CASH ADVANCES

Introduction

9.10 The Committee paid close attention to the system of travel expenditure to examine the extent to which AIS management had sought to prevent misuse of its funds which could be directed towards the purchase of illicit drugs.

9.11 Mr Talbot indicated in his evidence before the Committee that when he was the Executive Director of the AIS 'he was concerned all the time' about the amount of cash that coaches took overseas[6] and said:

> When I had to approve some of the tours and I saw the big amounts of money ... I felt that we should do something about that. So I did speak to John Scarano and Peter Bowman ... on setting up a procedure of application whereby the coach would put in the tour that he wanted to go on, it would then be costed by John Scarano and by a travel agent we had on board at that time, and then we had a figure laid down ... when that was totalled, it would come to me for approval and if I had a problem with it, then I would talk to the coach ... if it was in accordance with the budget, and it seemed to be costed fairly straightforwardly -we knew the costs of airfares, accommodation, food and that sort of thing - it was approved.[7]

He continued:

> When the track and field team people in particular ... went onto the European Circuit ... they carried the biggest amounts of money. We set up an account in the UK ... whereby we forwarded certain amounts of money which could be drawn on by the coach ... as well as him having some out-of-pocket money. To a certain degree that did solve the problem ... but ... when you have teams travelling you can get 12 to 15 athletes who are going away for two to three months. They have to be kept, housed, driven around ... and you are getting into big money ... I did request at that time that we have managers travel with the team ... [but] [w]e could not afford - that was the word that was given to me at board level - to send managers with the teams and the coaches had to be the factotums.[8]

9.12 The 1989 Price Waterhouse report commented in its executive summary that:

> In our view there has been, and always will be, scope for unscrupulous persons to misuse Institute funds and would point out that given the nature of the Institute's operations it would be virtually impossible to devise a

'fail-safe' system, particularly with regard to travel expenditure.

Notwithstanding the potential for misuse of funds, we have found no direct evidence of such misuse.[9]

9.13 Price Waterhouse's report then specifically indicated that:

Considering the limited resources available during its early years of operation the travel system implemented by the Institute was adequate ... Whilst the system was adequate our review revealed that in the early years of the Institute's operations certain control procedures were not always complied with. The main area of control deficiency was the acquittal process which was not usually well documented.

However, following internal audit recommendations and increased resources the control environment was enhanced and the deficiencies were gradually eliminated.

Under the current system there is little scope, other than in the area of cash advances, to exploit the system as, amongst other controls, there is a detailed acquittal process.

As mentioned above the only area subject to possible manipulation is the daily cash allowance given to travellers in advance. This practice is in line with current Government practice. It is not considered cost effective to include such expenditure in the acquittal process.

Obviously, if the allowances were not used for food or other authorised purposes they could be used for the purchase of drugs or other unauthorised items.[10]

9.14 The current situation with respect to minimising opportunities for misuse of cash advances was described by Mr Robert Hobson, Acting Director, Corporate Services at the AIS in the following terms:

> All travel by way of plane is ... put through our account with Australian Airlines. There is no transaction of cash by a coach. We have tried as much as possible to ensure that any expenditure is done through a credit card system. We have tried to ensure that all accommodation is paid for by account and not by cash ... The coach may still carry some cash ... [but] that would only be for the first few days of travel.[11]

Opportunities for funding of drugs

Introduction

9.15 While athletes and coaches are naturally able to purchase drugs from their own monies, Ms Sue Howland suggested that AIS coaches travelling overseas could divert AIS funds to enable the purchase of drugs by falsification of such receipts as hotel expenses.[12] Mrs Gael Martin alleged that the AIS track and field coaches:

> had a trick. At the hotels they would stay at [they] would speak to the person behind the counter and would get an athlete to take letter-head paper from underneath the counter. They would write up their own accounts, and the extra expense would cover for the steroids that they bought.[13]

9.16 Mr Kelvin Giles described how the acquittal of overseas travel expenses was capable of falsification when he discussed his having claimed as 'miscellaneous expenses' or 'taxi fares' the payment of bribes to meeting organisers in Europe. Neither of his explanations of the expenses claimed would apparently have been challenged, because of the nature of the acquittal process which did not require receipts for such items. Mr Giles said that he would guess that the maximum amount capable of such a claim would be of the order of $250.[14]

9.17 Mr Giles said that hotel expenses could not be falsified because hotels would be pre-booked or because the hotel bills were paid directly by the meeting promoter.[15] Mr Merv Kemp denied any personal experience or knowledge of falsification of hotel expenses with a view to overstating expenses.[16]

9.18 Mr Scarano was unaware of any AIS coaches having to pay bribes to officials to enable their athletes to compete,[17] but was aware that coaches might receive reimbursement from meeting organisers for expenses already incurred in relation to travel or accommodation while overseas. In these circumstances 'it is possible that an athlete or the coach could keep the cash at the time'.[18] Mr Scarano then qualified this statement by saying:

> If the athlete is performing so well, whatever costs can be passed onto the next person, it is all the better for the Institute.[19]

Mr Kemp's Pharmaceutical Purchases

9.19 Mr Kemp was asked about the manner in which he accounted for the purchase in Genoa in June 1984 of a quantity of pharmaceuticals which Mrs Martin had alleged included anabolic steroids.[20] In summary, Mr Kemp explained that he left Australia with $11 550 in both cash and traveller's cheques to meet the expenses of his party of four which remained overseas for several weeks and visited several countries. He refunded $4634 to the AIS upon his return, and accounted to the AIS for the money he had spent, with receipts, for all items except meal allowances.[21]

9.20 Mr Kemp said that it was his understanding that meal allowances did not require acquittal and that 'I could pocket the money and keep it for myself' if he did not spend the allowance in full. He estimated that the total meal allowance for the party was $100 a day, although meals could be bought for as little as $1.20 each.[22]

9.21 Mr Kemp explained that as coach-manager of the team he controlled the finances for the party. This enabled him to return unexpended amounts to the Institute but, had he wished to tell the Institute that all unacquittable moneys had been expended, the Institute would have accepted that explanation:

> They [the AIS] have said to me when I have taken money back that the meals do not have to be accounted for; the things that we were specifically required to account for were the miscellaneous allowances.[23]

9.22 The budgeted amount of $500 in miscellaneous allowance was acquitted in full. In doing this Mr Kemp presented two receipts for pharmaceuticals from Genoa pharmacies. This was despite Mr Kemp having told the Committee (before he was given the opportunity to examine documentation in relation to the acquittal process) that he had not notified the AIS of these purchases because he 'acquitted the money as meal allowance'.[24]

9.23 Mr Kemp was asked about another Genoa pharmacy receipt which he provided to the Mallesons Stephen Jacques inquiry in November 1987, but which had not been provided to the AIS at the time of acquittal in July 1984. Mr Kemp explained that it was 'located after the acquittal had taken place'.[25] The three receipts were for 'trifling amounts', totalling about $50 only.[26]

9.24 Mr Kemp's use of surplus meal allowance funds for these purchases of pharmaceuticals which he estimated 'may have been in the order of $100 or $200'[27] was legitimate, since the moneys spent were technically his own.

9.25 Mr Kemp, like all other AIS coaches in this situation, had a discretion as to which receipts were provided to the Institute to justify claims against the miscellaneous expenses

budget, and thus also had a discretion about the amount of money refunded to the AIS after the completion of a trip.

9.26 Mr Kemp agreed that, hypothetically, he could have spent hundreds of dollars on steroids or other substances using AIS money and imported them into Australia without the Institute being able to detect the matter[28] but he denied that he had ever done so.

Certification of expenses

9.27 The practice of obtaining a coach's certification that all monies were spent for the purpose intended was also examined. Mr Scarano said that while receipts would normally be required to substantiate claims for taxis and the like 'where they were not presented by the coach, we always get the coach to write a short note'.[29] One such certification is shown in Figure 9.1.

9.28 The 1989 Price Waterhouse report noted several claims of this nature. The report indicated that in relation to an overseas trip in 1981, some $607 of miscellaneous expenses was claimed by the coach without receipts.[30] The reviewers acknowledged the reasonableness of the claim in the context of the trip, and this instance was the largest such claim noted in the report.

9.29 Price Waterhouse commented that:

> This approach to acquittal of overseas travel is clearly unacceptable and we are pleased to note it is not a feature of the current system.[31]

9.30 Problems were noted by Price Waterhouse with travel acquittal until May 1984, after which date 'the travel system was operating satisfactorily ... and there were no reportable deficiencies'.[32]

FIGURE 9.1

Re-Finances Wt. Lifting Team.

Lyn Jones ⟶ John Scossaro.

This is to certify that all the monies etc. given to me for the Weightlifting Team to Hungary, Yugoslavia & Italy were spent on the purposes for which it was intended. Receipts are provided for major items of expenditure. However receipts are not available for all meals, local transport, taxi fares etc.,

[signature] 4/8/81

Certification by an AIS coach of the proper expenditure of funds provided for overseas travel.

Overseas Travel by Weightlifting Coaches

Introduction

9.31 Schedules which described cash advances given to coaches for a number of overseas trips between 1981 and 1983 were provided to the Committee by the AIS.

9.32 Mr Scarano said that the amounts advanced to the coaches in these cases was normal practice, and acceptable provided that adequate substantiation was provided.[33] He added support to Mr Talbot's evidence that concern had been expressed about the responsibility placed on coaches for carrying large amounts of cash, and he said that the system was changed to require athletes to acquit their own meal and other allowances rather than 'the coach collecting the whole lot at one go'.[34]

9.33 One schedule showed that Mr Lyn Jones was advanced $10 952 in cash and traveller's cheques for a trip with five athletes to Hungary, Yugoslavia and Italy in May-June 1981. However, a formal acquittal of the advance could not be located by the AIS. A number of receipts and a certification by the coach that funds were expended for the purpose for which they were intended were the only documents located.[35] Price Waterhouse's 1989 special examination of weightlifting expenditure revealed that the acquittal process in relation to this trip was not adequately carried out by the travel clerk, despite major invoices and other supporting documentation having been handed to the finance section by Mr Jones on the team's return.[36]

9.34 A second schedule dealt with a cash advance to Mr Harry Wardle of $4042.08 for five athletes to travel to Brazil in August 1982.[37] Expenditure of exactly $4042.08 was acquitted, which is a somewhat remarkable result, although Price Waterhouse did not note any reportable deficiencies in relation to this trip.[38]

9.35 Another schedule dealt with a cash advance of $7481.34 for Mr Lyn Jones and seven athletes who were to travel variously to several European countries, including USSR and Wales, in October and November 1983. Expenses acquitted for this trip exceeded the cash advance by $249.88.[39] This trip is discussed in some detail in the next section.

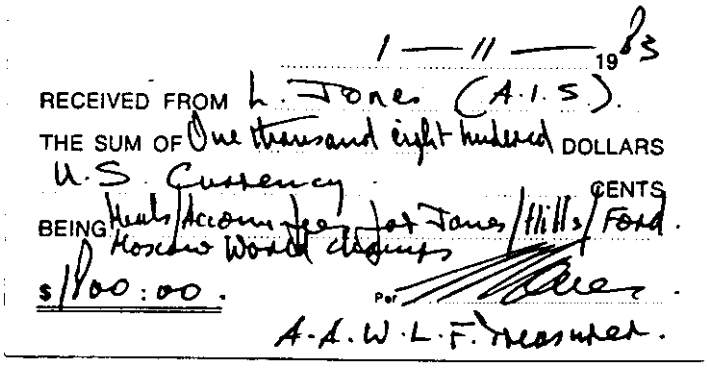
1983 Weightlifting Tour

9.36 The Committee paid particular attention to a receipt for $US1800 tendered by Mr Jones as proof of expenses while in Moscow in October 1983[40] and two receipts similarly dealing with expense incurred in Cardiff in November 1983. Price Waterhouse had examined expense claims for this trip and queried only the absence of receipts for taxi fares amounting to $172, which was considered reasonable in the context of the trip.[41]

9.37 Mr Jones, as Treasurer of the then named Australian Amateur Weightlifting Federation (AAWF), had issued himself, as AIS coach, with a receipt for accommodation and associated expenses for himself and two weightlifters while in Moscow. (Figure 9.2) The receipt was dated 1 November 1983, the date the group departed from Moscow. The two AIS weightlifters had been selected to represent Australia at the World Championships in Moscow and had their air fares paid by the AAWF. The AIS was apparently liable for all other costs.

9.38 When he examined the receipt Mr Scarano had some difficulty interpreting the nature of this transaction and its timing. He queried whether the receipt had been presented to the AIS for reimbursement without supporting documentation because, 'Generally, we try to obtain as many receipts as we can to support the expenditure'.[42] No such supporting documentation is apparent from an examination of the acquittal material provided to the Committee by the AIS. The Committee requested the advice

FIGURE 9.2



1 — 11 — 19 83

RECEIVED FROM L. Jones (A.I.S).

THE SUM OF One thousand eight hundred DOLLARS

U.S. Currency CENTS

BEING Heads/Accom fees for Jones/Hills/Ford.
Moscow World champs

$1800:00. Per

A.A.W.L.F. Treasurer.

Receipt from Mr Lyn Jones, as Treasurer of the Australian Amateur Weigthlifting Federation, to himself as an AIS coach.

of the Australian Weightlifting Federation (AWF) about the nature of the financial arrangements made between the AAWF and the AIS, and sought copies of any records in the Federation's possession relating to the transaction to which Mr Jones' receipt referred.

9.39 Mr Paul Coffa, AWF Treasurer since October 1987, wrote to advise the Committee that he had no documentation available to support any financial transaction prior to his appointment as Treasurer. Mr Coffa referred the Committee to Mr Ralph Cashman, who was manager of the Australian team at the 1983 Moscow World Championships.[43]

9.40 Mr Cashman, Executive Vice President of the Australian Weightlifting Federation, recalled paying the whole of the Moscow hotel account and receiving payment from Mr Jones for the AIS party. He had no records, accounts or receipts in his possession, however, to support these recollections.[44]

9.41 Mr Coffa and Mr Cashman both noted that it is customary for the competition's host body to provide accommodation at a daily rate established by the international federation, and which is known in advance. Mr Cashman has estimated that the $US1800 accommodation bill was accounted for by three individuals being accommodated for 12 nights at a rate of $US50 per day.[45]

9.42 Mr Jones explained that the AIS Finance Department had asked him to provide a receipt from the AAWF Treasurer for acquittal purposes and, on informing them that he was the AAWF Treasurer, he was asked to provide a receipt. Mr Jones pointed out that he could easily have sought a receipt from Mr Cashman, but that that had not been required by the AIS.[46] Price Waterhouse clearly accepted this document as adequate for acquittal purposes.

9.43 The Cardiff receipts were notable because Mr Jones provided to the AIS for acquittal purposes two receipts from the Welsh Weightlifting Federation for accommodation and meals for £2769 and £1704. He then acquitted only the latter amount. The competition was an AIS v Wales team match involving both the AIS senior and junior groups. Mr Jones had indicated on the £2769 receipt that it consisted of £1704 for seniors and £1065 for juniors.

9.44 Mr Jones has advised that his acquittal was only for the senior team, and Mr Wardle was responsible for acquittal of the junior team's expenses.[47] Price Waterhouse criticised the acquittal of the junior team's trip, because it was unable to locate supporting documentation to the acquittal process.[48] It appears that the overlap of the travel plans of the senior and junior groups had led to a confused acquittal process of each group individually.

ORDERING AND RECEIPT OF MEDICAL SUPPLIES

Introduction

9.45 The AIS is naturally concerned about the health and fitness of its athletes, and buys large quantities of medical supplies and pharmaceuticals. While normal accounting and budgetary controls could be expected to apply to such purchases, the Committee examined the potential for the use of AIS ordering of medical supplies as a means of covertly purchasing performance enhancing drugs.

9.46 Price Waterhouse's comments outlined above about constraints on both finances and staff members in the Institute's early years are relevant.[49] Its report went on to describe several control weaknesses which related to the ordering and receipt of medical supplies and which could in part be explained by lack of resources. These were:

- that while the finance section sought in most cases written approval from the resident doctor prior to processing a purchase order for medical supplies initiated by a coach, the effectiveness of this control was largely diminished as the doctor approving the purchase order had no involvement with certifying that the goods received were the ones actually ordered;[50]

- because there was no adequately controlled storeroom for the central receipt of deliveries until 1985, there is evidence to suggest that goods purchased were often directly delivered to the initiating department.[51]

9.47 The effect of these control breakdowns was summarised by Price Waterhouse as:

> ... coaches can buy vitamins and food supplements without medical approval, with the result there is scope for misuse of funds by an unscrupulous coach in collusion with an outside party.[52]

And:

> If such collusion existed it would have been very difficult to prevent through any system of accounting control.[53]

9.48 Mr Hobson acknowledged that it is impossible to provide a 'fail-safe' system, but said:

> I would be quite confident with today's systems that there is minimum opportunity for [fraud] to happen. I am not suggesting for one moment that it cannot - it can.[54]

Purchases by Mr Lyn Jones

9.49 The Price Waterhouse report concentrated particularly on the expenditure of the weightlifting section at the AIS. Athletes began arriving at the Institute in January 1981 and Head Coach of weightlifting, Mr Lyn Jones, was noted as making regular purchases from March 1981 onwards of medical supplies, vitamins and food supplements for which he sought AIS reimbursement.

9.50 The Committee has noted that between March 1981 and April 1982, Mr Jones made some 19 separate purchases of food supplements and vitamins for which he sought reimbursement of $2250. These are shown in Table 9.1 below.

TABLE 9.1
PURCHASES OF VITAMINS AND FOOD SUPPLEMENTS BY MR LYN JONES
MARCH 1981 - APRIL 1982

Date of Claim (date of invoice)	Item	Amount	Supplier
20.03.81 (19.03.81)	Vitamins & protein supplements (VPS)	$70.78	Hughes Pharmacy
31.03.81 (31.03.81)	VPS	$80.14	Belconnen Mall Amcal
April 81 (13.04.81)	VPS and sustagen	$65.16	Belconnen Mall Amcal
05.05.81 (27.04.81)	VPS	$102.03	Belconnen Mall Amcal
07.05.81 (09.04.81)	**VPS**	**$90.00**	**Colin Bova Chemist, Burwood**
27.07.81 (22.07.81)	Protein 90	$30.15	Unknown
05.08.81 (30.07.81)	Protein 90	$40.08	Unknown
27.08.81 (?)	Proteins & liniment	$67.27	Unknown

03.09.81 (01.09.81)	Protein powder & tabs	$45.93	Healthy Life, Belconnen Mall
28.09.81 (15.09.81) & 25.09.81	Protein 90	$79.58	Healthy Life, Belconnen Mall
11.11.81 (?)	Protein 90	$34.29	Unknown
24.11.81 (11.11.81)	Protein 90	$32.43	Unknown
29.01.82 (?)	Protein 90	$60.37	Unknown
16.02.82 (?)	Liver extract & yeast tablets. Anti cramp tablets	$19.34	Unknown
24.02.82 (?)	Protein 90	$37.17	Unknown
03.03.82 (12.02.82)	**Food supplements**	**$800.00**	**Colin Bova**
30.03.82 (?)	Protein 90	$34.00	Unknown
23.04.82 (01.04.82 & 13.04.82)	Protein 90 and sustagen	$43.52	Various (incl. Brisbane)
18.05.82 (15.03.82)	**Food supplements**	**$500.00**	**Colin Bova**

9.51 These reimbursements were generally approved by Mr Talbot, and his signature of approval was taken by Mr Scarano as a sufficient basis for payment.[55]

9.52 As pointed out by Mr Scarano, 'Quite a lot of trust was put on senior coaches',[56] and 'A lot of responsibility was placed on the coaches and, once the coach discussed that with the Director, our finance section assumed that [the goods as ordered] had been received'.[57]

9.53 The Committee notes that head coaches at the AIS are paid salaries approximating those of members of Level 1 of the Senior Executive Service of the Australian Public Service.

9.54 Mr Talbot commented that:

> One of the things that did create a problem for us also at that period of time - remember that we were starting early and ... we were really a four-man show, overworked and underpaid - was that some coaches were paying out of their own pocket to buy vitamins or supplements and then looking for reimbursement. In the early stages that happened.[58]

And:

> ... we were heading towards getting permanent medical staff on board and putting it [medical supplies] onto their accounts and having those people supervise it ...[59]

9.55 The Committee has closely examined the receipts proffered by Mr Jones to the AIS when seeking reimbursement for the 19 purchases. There is no evidence of medical approval for these reimbursements, although Mr Jones indicated on certain claims for payment that the purchases were based on the advice of either Dr Fricker, Dr Maguire or Dr Telford. The Committee also noted that Mr Jones bought vitamin vials to the value of $140 in August 1982[60] and 20 syringes in September 1982,[61] both approved by Mr Bowman, without any indication being given of medical staff approval. Mr Bowman's role in these purchases is discussed later in this chapter.

9.56 The Price Waterhouse report tabulated total purchases by weightlifting from 1981/82 to 1987/88, as shown in Table 9.2.

TABLE 9.2

AIS SPECIAL REVIEW

WEIGHTLIFTING PURCHASES AND PAYMENTS SUMMARY

Date	Clothing $	Training Supplies $	Medical Supplies -Vitamins $	Medical Supplies -Other $	Miscellaneous $	Travel $	Salaries $	TOTAL $
1981/82	2,865	2,164	458	491	29	31,566	57,695	95,268
1982/83	3,901	1,065	5,370	822	767	33,558	60,041	105,524
1983/84	8,532	1,162	3,242	389	411	79,560	64,382	157,678
1984/85	5,016	793	NIL	903	1,370	40,590	62,241	110,913
1985/86	5,999	1,742	730	1,963	123	99,066	72,283	181,906
1986/87	5,218	1,584	NIL	52	763	75,697	77,690	161,004
1987/88	4,029	562	1,266	NIL	3,094	54,535	79,537	143,023
TOTALS	35,560	9,072	11,066	4,620	6,557	414,572	473,869	955,316

It should be noted that the medical supply purchases include any made through the sports science/sports medicine budget on behalf of weightlifting or were made direct by a weightlifting coach; except that the figures cited for 1981/82 represent only accounts billed direct to the weightlifting budget and do not include Mr Jones' ad hoc purchases.[62]

9.57 Mr Talbot sought to explain the pattern of vitamin purchases in the following way:

> The year 1981-82 would be a low year because we did not start till late and we were getting by on shoestring needs. Then 1982 was the first full year, when we were operating at full scale. There was an attempt made to buy product ... in advance and from the cheapest source that we could get because at all times, and at my doing, there had to be restraints shown in the budget. We just did not have the money to throw around. Therefore there was a lot of product bought at that time.[63]

He continued:

> In 1983-84, ... the figure goes down and continues to be down, because it would seem to me that there was an overbuy, which probably occurred in 1982-83, and that better controls were coming in at that point ... because we were locating suppliers ... They were offering us deals ... Some of those deals were pretty good.[64]

9.58 Dr Maguire also noted:

> The aim of the Institute of Sport [is] to offer alternatives. With our dietary programs we have undertaken - we now have extremely good catering facilities, good food and qualified nutritionists - we have been able to reduce the use of food supplements quite significantly in all the sports.[65]

9.59 Mr Jones stated in a letter to the Committee:

> The early rise in purchases matched:
>
> i. The need to supplement the very poor food being fed to the lifters while living at the ANU and later at Arscott House.
>
> ii. Increase in team numbers.
>
> In 1984/85 the new AIS Residences opened together with the dining hall where the food quality and quantity were excellent and the need for much of the food supplementation was reduced. During this time the AIS received vitamins through sponsorship. There came in too at this time a reduction in budgets to individual sports and also each sport was made responsible for all money spent on that sport. Economies had to be made. Around this time too Weightlifting lost its Addidas sponsorship for training and competition equipment so once again priorities had to be worked out and economies made.
>
> In 1987/88 the number of sports at AIS was ever increasing and consequently the availability of sponsorship items such as vitamins and amino acid tablets was diminished and I needed to purchase some of these through the weightlifting budget.[66]

9.60 The Committee also examined the variability in several elements of the weightlifting budget from year to year, as demonstrated in Table 9.2. For example, in 1984/85, vitamin purchases ceased after an expenditure of $3242 the previous year, while clothing purchases decreased by 30 per cent and miscellaneous expenditure trebled.

9.61 Mr Hobson said:

> As a general comment I think you will find that a number of items can fluctuate within a sports budget, depending on what happens with the actual scholarship holders. For example, it is quite common for a number of the sports to bring scholarship holders in for a two-year

> period and a lot of the clothing may last for that two-year period. Then at a further intake two years later you are up for a higher cost and so on. I am not for one moment suggesting that that did or did not happen with weightlifting; I am merely trying to explain the fact that quite often movements in budget levels can be quite easily explained for those sorts of reasons.[67]

And:

> I think that expenditure patterns within sports budgets can change because of the particular nature of a sport or because of the intakes in the sport or for a whole range of reasons, including competition within the year.[68]

9.62 The Committee requested that this aspect of the operations of the weightlifting section be subjected to closer examination. The report of the Australian Audit Office of April 1989 specifically addressed this matter. Its report stated:

> Expenditure Variations
>
> As a result of the inclusion of approximate values for sponsorship and the adjustments arising from the AAO examination of source records there has been, to some extent, a flattening of the patterns of expenditure variations between years in comparison with the figures shown in the [Price Waterhouse] internal audit report.
>
> AAO identified a number of factors that could contribute to valid variations in financial expenditure from year to year. These factors included:
>
> - sponsorship arrangements and their impact on budget levels and subsequent expenditure patterns
> - intake levels and overall numbers of scholarship holders and their accommodation, catering and training arrangements

- relationships between programs of competition and usage patterns
- changes in accounting practices and the classification of expenditure items
- centralised or bulk purchasing policies and arrangements, and
- general price changes, particularly for imported clothing and equipment that may be affected by exchange rate fluctuations.

In view of the range of factors, including possible offsetting effects, it was difficult to establish the impact that any one factor might have on expenditure patterns across years and across expenditure classifications. As a consequence of the patterns of expenditure contained in the revised schedule and the factors mentioned above, AAO concluded that the expenditure variations in themselves did not necessarily result from purchases being manipulated to disguise the nature of expenditure. An explanation of the variations required examination at the individual transaction level.[69]

Suppliers of Food Supplements

9.63 Three of the purchases for which Mr Jones sought reimbursement were from a pharmacy operated by Mr Colin Bova in Burwood, NSW.[70] A fourth order placed by Mr Jones with Bova Chemist was paid by the AIS direct. The receipts indicated purchases as follows:

9 April 1981	Vitamin and food supplements	$90
12 February 1982	Food supplements	$800
15 March 1982	Food supplements	$500
26 August 1982	Vitamin vials	$140

9.64 The Committee notes that Mr Talbot described how he was approached by Mr Jones early in May 1981, shortly after the first Bova purchase, to discuss his attitude to the use of AIS funds for the purchase of illicit drugs.[71]

9.65 The Committee examined these purchases in particular for several reasons:

- in each instance, goods were received prior to Mr Jones raising an order to seek payment;
- the first receipt was not pre-printed with the pharmacist's contact details as were the others;
- the first receipt, in handwriting, showed Bova Chemist as being in Burwood, Victoria, rather than Burwood, NSW;
- the orders were all rounded to the exact dollar amount;
- a suggestion in one of Mr Jones' claims for payment that the materials ordered were not available in the ACT;
- the elapse of time between the date shown on the receipt and the date that Mr Jones sought reimbursement in each case;
- the fact that Mr Jones made ad hoc purchases on three occasions for small amounts shortly after the date of the third Bova receipt, yet saw fit to claim these small amounts with alacrity, while all the while in possession of a $500 reimbursement which he failed to pursue;
- the absence of medical officer approval for any of the purchases; and
- an allegation that the Burwood pharmacy had been involved in the supply of illicit drugs to local weightlifting clubs.[72]

9.66 Mr Bova was asked to comment on the first three of these transactions. In an undated letter received by the Committee on 3 March 1989,[73] Mr Bova denied that the $90 receipt had come from his pharmacy, while acknowledging the validity of the other two. He had no records for 1981 and 1982 on which to base his comments, but he recalled having supplied Mr Jones with various vitamin and food supplements in the past. These were said to be energy boosting vitamin B or protein building tablets, vitamin B injectables, and food supplements such as Prolac and Sustagen.

9.67 Mr Bova recalled sending the goods to Mr Jones with an invoice enclosed, receiving a cheque and then issuing a receipt if requested. Mr Bova also denied having supplied steroid-type medication to any athlete without a doctor's prescription.[74]

9.68 Mr Jones has advised that he placed orders with the Bova Chemist by telephone, by mail and in person. Initially he paid for the goods and sought reimbursement, but later he sent order forms to the finance section, medical authorisation was obtained, and the AIS order was mailed to Mr Bova. When the goods arrived he would inform the finance section who would make payment, based on the account sent with the goods. Mr Jones also stated that Mr Bova's goods were either sent to Canberra by airfreight or he would collect them in person if he was in Sydney.[75]

9.69 Mr Scarano recalled that in 1981 Canberra pharmacies did not carry in stock the quantities required by AIS coaches of such things as vitamins, and they had to seek supplies from Sydney or Melbourne. He also refuted claims that supplies could be obtained overnight.[76] Mr Talbot indicated support for these views,[77] as did Dr Maguire.[78]

9.70 Mr Jones informed the Committee that he had known of Mr Bova's business when he had worked in Burwood and was aware that he was able to supply requirements for vitamins and food supplements in large quantities, at 'an excellent price'.

Mr Jones recalled purchasing Supradyn, Berocca, Calcevitone, Cytacon, Redoxon, Sustagen (both powder and liquid), various protein tablets, Complan and Sanatogen from Mr Bova.[79] The Committee notes that the use of airfreight from Sydney to Canberra would substantially lessen any price advantage offered by purchasing from Mr Bova. It is also surprising that airfreight would be used to transport such bulky items as food supplements.

9.71 Mr Jones could not recall whether Mr Bova had provided the $90 receipt.[80] This does not provide the Committee with any explanation for the fact that he proffered to the AIS for reimbursement a receipt which the pharmacist has denied issuing and which was erroneously annotated as coming from Burwood, Victoria rather than Burwood, NSW.

9.72 Mr Scarano did not believe there was anything untoward about the two orders for food supplements for a total $1300 from Bova Chemist being placed within the space of some four weeks:

> because I do know that the coaches involved at the time, both in this particular case of weightlifting and in other areas, often had meetings together because budgets were very short. They used to have discussions about where to buy certain items so that if one coach was able to negotiate a large purchase they could at the time discuss some sort of discount component with the various organisations. I do know that with food supplements they were shared between at least three sports at the Institute ...[81]

9.73 Similarly, Dr Maguire argued that food supplements were used across several sports and 'that to me is not an extraordinary amount of money for those particular supplements. They are extremely expensive'.[82] Mr Bowman, after consulting some of the head coaches at the AIS, passed on their recollections of purchasing in bulk on a collective basis.[83]

9.74 Mr Jones could not recall why the two orders for food supplements totalling $1,300 were made within one month. He wrote:

> It could have been because I had decided to build up a stock and not have to keep ordering all the time. I hardly think all would have been consumed within the month. I often at that time shared my stocks with other sports so I cannot be exactly sure who consumed all the stock. It must be remembered that at this time of AIS development individual sport budgets provided only for travel, education and board and lodging. All other items came out of various central funds controlled by administration so all these items were virtually common property.[84]

9.75 Mr Talbot was asked about the delays in the presentation of the Bova receipts for payment. The approximate time-lags between the dates of the receipts and Mr Jones' claims for payment were four, two and nine weeks respectively. Even the fourth order had been received by Mr Jones some four weeks before he raised an appropriate purchase order, with payment not being made for another six weeks. Mr Talbot responded that claims were dealt with immediately, particularly if it was a reimbursement for a personal amount to one of the coaches. His only explanation for the delays was that he may have been away from Canberra.[85]

9.76 After examining the documentation for the first three Bova orders, Mr Talbot expressed concern that there was no indication that Dr Telford 'who was in charge of the entire sports medicine program'[86] at that time (having been appointed in June 1981) was referred to in the documents.

9.77 Mr Scarano was asked to comment in general terms about the speed with which reimbursement for purchases was sought. He said:

> From my experience the delay between the actual purchase and the reimbursement normally went along with the amount of money involved. Generally, the coaches buying items of whatever could be on overseas travel, interstate travel or whatever, and that always has some sort of lag. In the main, coaches usually bring things in within 14 to 30 days. For larger amounts it is quite often very soon after the event.[87]

9.78 Mr Jones could not recall the reasons for the delays in presentation of receipts for reimbursements. He suggested simply that 'maybe Talbot or myself were away'.[88] The Committee nonetheless notes that Mr Jones was in Canberra to make successful claims for $34 and $43.52 when in possession of a receipt for $500 for which he did not press for early reimbursement.

9.79 In relation to the delay in the presentation of the $140 invoice from Colin Bova to the AIS for payment, Mr Jones wrote:

> This time was an extremely busy one for me with the imminent start of the Commonwealth Games. I was spending a great deal of time in Brisbane and it is not surprising to me that there might have been variances in normal procedures at this time or that I have very little recollection of a $140 order.[89]

9.80 Table 9.1 demonstrates that Mr Jones was generally quick to seek reimbursement of relatively small out-of-pocket payments but, for reasons unknown, he deferred for several weeks the seeking of reimbursement from the AIS for the much larger orders placed with Bova Chemist.

9.81 Mr Jones' several purchases were verified by the Australian Audit Office (AAO) in its April 1989 review of AIS expenditure, which detailed all purchases from Colin Bova Chemist. See Table 9.3[90]. The AAO also noted several further purchases from Mr Bova which had not previously been drawn to the Committee's attention, and which were noted as having been made

on behalf of both weightlifting and track and field. None of these purchases was queried by the AAO, however, and were apparently purchased according to proper controls.[91]

TABLE 9.3
DIRECT PAYMENTS TO COLIN BOVA CHEMIST
FROM THE AIS WEIGHTLIFTING BUDGET

Date	Order No.	$ Paid
30.09.82	365 012	140.00
09.12.82	365 015	40.00
07.03.83	365 026	897.30
05.07.83	365 053	1012.25
11.01.84	181 013	3241.77
12.07.84	420 038	1830.50
	Total	$7161.82

9.82 The Committee notes that the value of orders in Table 9.3 placed with Colin Bova Chemist alone could have accounted for the total requirement for anabolic steroid purchases for the whole AIS weightlifting squad, with some $7161 having been expended in 22 months.

9.83 Another supplier of food supplements was Gallasch and Coffey Pty. Ltd. of Hindmarsh, South Australia, a firm which dealt principally in the manufacture of health foods. The Committee notes that one of the then principals of the firm was not unfamiliar with the use of anabolic steroids for performance enhancement. As early as 1972 Mr Wayne Gallasch had published a booklet about anabolic steroids entitled Muscle Building Hormones for Body Builders and Athletes, published by World Publishers Extraordinaire. The Committee obtained accounting records which indicate that the AIS commenced placing regular orders with the firm from April 1982 for bulk supplies of the types of protein

supplements which Mr Jones had previously been buying on an ad hoc basis. There was some degree of overlap in these purchases, which may suggest either over-ordering of certain items or that different materials were being ordered. This is demonstrated graphically in Figure 9.3.

9.84 When asked who would have been responsible for selecting Gallasch and Coffey as a supplier to the Institute, Mr Talbot replied:

> I would say that that would probably have been a coach identification. When coaches are in the field they identify their sources of product.[92]

9.85 The order form indicates that Mr Jones initiated the first order placed with Gallasch and Coffey in April 1982. This received the approval of Dr Maguire, who had commenced at the AIS earlier that year. Delivery was made to the AIS store-room later in April 1982. However, Mr Scarano described the delivery system at that time as 'equipment was delivered in front of the AIS indoor sports arena, and the coaches just grabbed ... boxes and they just disappeared'.[93]

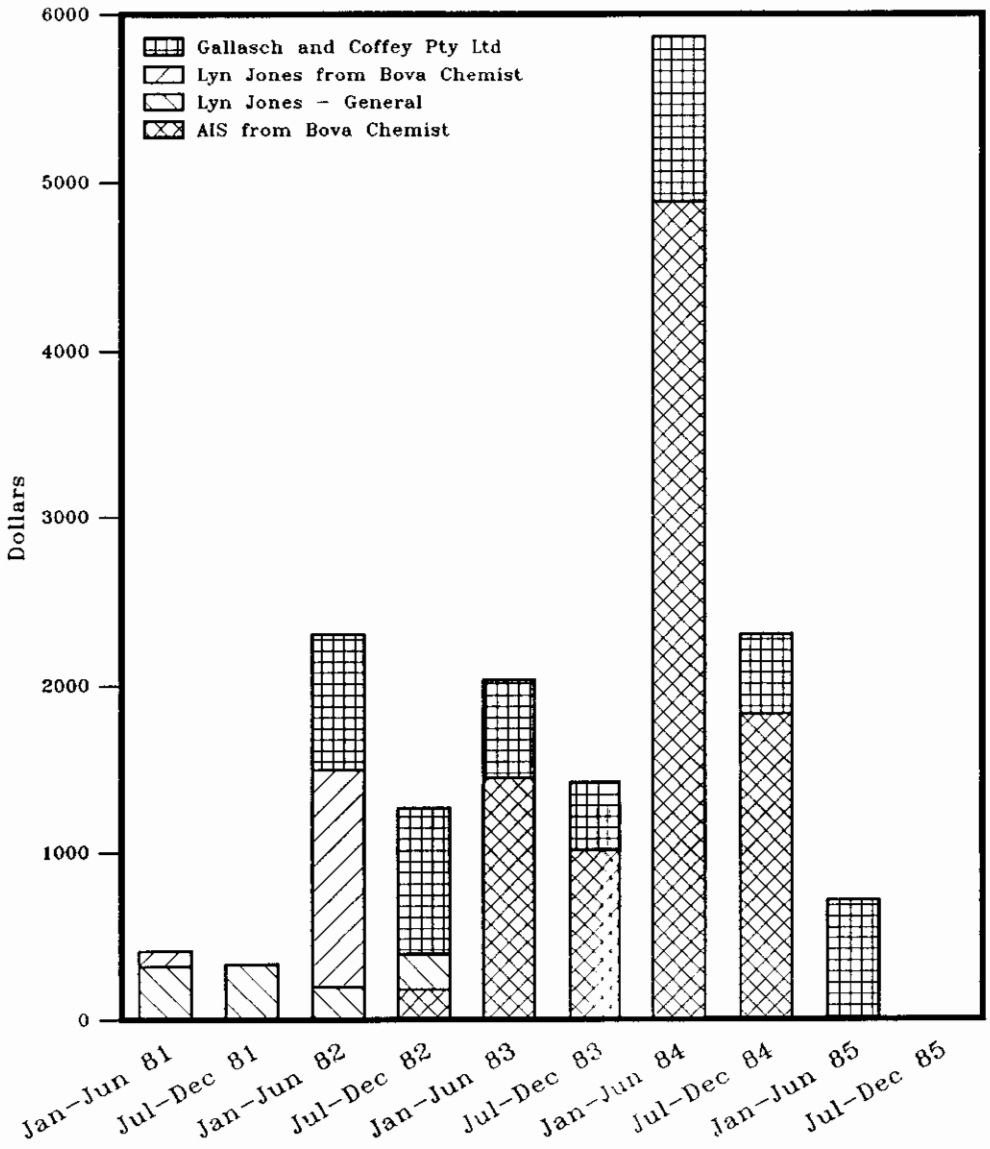
9.86 Mr Jones wrote that:

> The Protein 90 we had been buying in some quantity was made by [Gallasch and Coffey] and I remember sending for their price list with a view to buying in bulk for a better price and maybe arranging a sponsorship deal. Later Maxted Marketing - the then AIS marketing company - arranged a deal which gave us a percentage of free supplements with each order.[94]

FIGURE 9.3

VITAMIN AND FOOD SUPPLEMENT PURCHASES, 1981 – 1985

Direct purchases by Mr Lyn Jones and AIS purchases from Colin Bova Chemist and Gallasch and Coffey Pty Ltd.



9.87 Gallasch and Coffey Pty. Ltd. wrote to advise the Committee that its product, under the brand name of Nutra Life, was, and still is, a respected brand of vitamins and food supplements. The company had 'never been in the business of selling steroids or other banned substances under the guise of vitamins or food supplements'.[95]

9.88 Subsequent orders for protein and other food supplements from Gallasch and Coffey indicated the change of ordering procedure initiated by the AIS as already described by Mr Talbot above.[96] Orders were generally initiated by the medical staff, charged to the Sports Medicine budget, and deliveries were made direct to the Sports Science and Sports Medicine Centre. The Committee noted that a free issue was often sent with orders, as explained by Mr Jones.

9.89 However, the Price Waterhouse report showed that purchases of medical supplies continued to be made against the weightlifting budget, and also noted system breakdowns where such medical supply purchases were not authorised by a doctor.[97] Given Price Waterhouse's observation of 'a conflict between the opinions held by a number of coaches and Sports Science and Sports medicine personnel as to the usefulness of vitamins and food supplements in enhancing an athlete's performance',[98] reticence on the part of a coach to seek medical officer authorisation for such purchases could be expected.

9.90 Price Waterhouse noted that 'there is no clear management policy dealing with purchases of vitamins and food supplements for consumption by athletes'.[99] It recommended that, because of the scope for coaches to misuse funds in collusion with an outside party, there should be an immediate ban on coaches buying vitamins and food supplements directly. They should be ordered and dispensed through the Sports Science and Sports Medicine Centre.[100]

9.91 The Committee has been informed of the promulgation of such a policy by the Institute on 30 March 1989, a copy of which was received by the Committee on 5 April 1989.[101]

DELEGATION OF AUTHORITY

Introduction

9.92 The inaugural Chief Executive of the AIS, Mr Don Talbot, was responsible for the establishment and oversight of an appropriate system of management controls. The 1989 Price Waterhouse report suggested that 'in its early years ... the system [of accounting control over expenditure] was as good as could be expected in the circumstances'.[102] However, it then noted a number of instances where control weaknesses could have enabled misuse of AIS funds.

9.93 Mr Talbot was asked if he ever felt the need to check the adequacy of the acquittal process following an overseas trip. He responded:

> No, because we already had a system in place that was doing that. That was with the accountant's department and also with the Chief Administrator. I would expect that by the time they got to me that those things had been looked at.[103]

And:

> I would not have done anything about it unless it was mentioned to me that there was a problem in this area [of acquittal].[104]

9.94 For example, he recalled Mr Scarano admonishing him for giving oral approval to a claim for payment, 'and so we ceased to do that. We put in a written form of approval'.[105] Mr Scarano had

delegated power to approve payments 'for items of a petty cash nature ... Anything else at the time was always approved by either the Administrator or the Executive Director'.[106]

System Failures

9.95 Price Waterhouse's audit testing revealed a number of instances where medical supplies were purchased without a doctor's authorisation. Four of these instances, between 1982 and 1984, were approved by Mr Bowman, the then Administrator of the AIS.[107]

9.96 Given Mr Bowman's key role in the chain of command at the AIS in its early years, with his endorsement to any expenditure being taken as sufficiently authoritative for approval by both Messrs Talbot and Scarano, the Committee questioned Mr Bowman closely. When asked to comment about this Price Waterhouse finding, Mr Bowman said:

> the only three people who could authorise anything in those days were the three said people. [Messrs Talbot, Bowman and Scarano] A doctor could not nor could a coach. If anything was required, the order form would come in and, depending on delegation, it would be signed. I think in that particular audit report they referred to medical supplies. I think they used the word a 'deficiency'. I do not think they said that it was unauthorised. If they said that, they are absolutely wrong. In November 1981 Kevan Gosper, as Chairman of the Board, proclaimed - it was not a resolution - that anyone caught assisting the administration of drugs would get the sack. So we were pretty conscious, particularly after that particular minute. From then I brought in a policy that any vitamins, et cetera, that were consumed by an athlete had to be endorsed by a doctor. In every case that I know of, when an order form came in, for example for vitamin B, it had to be endorsed by the doctor before I would approve it. I challenge the auditor or anybody else to find a form over there other than that following that

> procedure. The invoices that the auditor picked up were for surgical gloves and things, I understand. How can that be a deficiency? A purchase of surgical gloves and things is not consumed by the athlete.[108]

9.97 The Committee obtained the relevant order forms for the medical supply purchases referred to by Price Waterhouse. Three of the four orders related to orders for protein supplements, vitamin vials, syringes and a range of vitamins by Mr Lyn Jones. Mr Bowman approved these purchases, with no apparent reference to a doctor, in apparent contradiction of the policy he had brought in only a matter of a few months previously. In evidence, Mr Bowman could not remember why he had approved these purchases.[109]

9.98 The Australian Audit Office's (AAO) April 1989 report incorporated a copy of an internal minute from Mr Bowman dated 9 June 1983 to all coaches, sports medicine, sports science and administration officers which directed that all medical supplies were to be purchased by sports medicine personnel as from 1 July 1983. This policy was 'apparently introduced by Mr Bowman on an informal basis in January 1982. ... This change in policy was reflected in an increase in the sports medicine expenditure on medical consumables and supplies from $4,237 in 1982-83 to $31,674 in 1983-84'.[110]

9.99 The AAO followed up the transactions authorised by Mr Bowman which had been referred to in the Price Waterhouse report. AAO noted a number of other transactions, prior to the introduction of the formal policy, not countersigned by medical personnel. It added:

> AAO acknowledges that during this period the administrative staff at the Institute was severely constrained and systems were still being developed. Although the control breakdown should not have occurred, given the situation at that time, AAO believes there may have been extenuating circumstances.[111]

The AAO also noted that, on another occasion when Mr Bowman authorised a medical supply purchase without medical authorisation, there was an annotation on the relevant AIS form 'Doctor and Telford unavailable PB'.[112]

9.100 Mr Jones could not recall the nature of his discussions with Mr Bowman about the purchase of syringes from Amcal Belconnen and vitamin vials from Colin Bova Chemist, but he wrote that:

> Knowing Mr Bowman he would have cleared these purchases with our medical officers. This was his normal practice as I recall.[113]

It is nonetheless a cause for concern to the Committee that Mr Jones was able to purchase such items as syringes and injectable vitamins without the prior imprimatur of AIS medical staff.

Level of Supervision

9.101 Mr Bowman denied that he had any role in the examination of coaches' acquittals on return from overseas trips. 'That was handled entirely by our one accountant, Mr John Scarano, or in later years ... when he had an assistant appointed'.[114] He saw fit to defend Mr Scarano:

> who was under unbelievable pressure. Bear in mind that [he] worked to me. He was the only accountant. He did everything from petty cash ... right up to preparing the statutory final accounts under the ACT Companies Ordinance.[115]

9.102 The Committee believes that Mr Scarano was a diligent and efficient officer who justified the faith placed in him by his senior officers. The Committee does not believe that the same

can be said of Mr Talbot's reliance on Mr Bowman to ensure the proper control and accountability of public monies.

9.103 The Committee noted Mr Bowman had had no personal involvement in the approval of the payment of the $90 receipt, supposedly from Colin Bova Chemist but said by Mr Bova not to be from his pharmacy.[116] Mr Bowman noted that the receipt was for a small amount which had been approved under 'a proper delegation' and was more concerned over this than over the fact that public monies could have been misappropriated.[117]

9.104 The Committee was more concerned that Mr Bowman had not sought to closely examine the contents of the Price Waterhouse report prior to his appearance before the Committee, given that much of the substance of the report's adverse findings directly related to his activities as the then head of financial administration at the AIS. The Committee finds that Mr Peter Bowman has displayed a disregard for the proper public accountability for the expenditure of public monies inconsistent with his former position as Company Secretary and Administrator of the AIS.

9.105 Price Waterhouse noted two instances in 1987-88 where Mr Jones had been able to initiate purchases of medical supplies without a doctor's authorisation. These incidents occurred under the administration of the current management team. Chief Executive, Mr Ron Harvey, 'was not aware of that'.[118]

Recommendation Twelve

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

Conclusions

9.106 If the Committee is to accept the admissions of those weightlifters who have described how they were provided with anabolic steroids by Mr Lyn Jones, it also has to accept that these drugs could have been bought with Institute funds. While the analysis presented in this chapter has provided no definite proof that this has occurred, it has nevertheless shown that the system was such that drug purchases could have been made and covered up. There is no doubt, in the Committee's view, that anabolic steroids could have been supplied to athletes using public money. As pointed out in the Price Waterhouse special review of weightlifting expenditure:

> control weaknesses would have enabled the Institute's purchasing system to be exploited for the purposes of purchasing unauthorised drugs as the persons initiating the purchase orders could also have been responsible for directly receiving the goods ordered.[119]

9.107 It is also clear that the cash advances paid to coaches in connection with overseas tours could have been a potential source of public monies for the purchase of illicit drugs by coaches and athletes at the AIS. The Committee notes that AIS management has endeavoured to minimise opportunities for misuse of its funds from this source.

1. Evidence p. 1569
2. Evidence p. 1577
3. Letter Mr M J Jacobs, First Assistant Auditor-General, Australian Audit Office to Chairman, 17 March 1989
4. Evidence pp. 2098-9
5. Letter, Mr B J Boland, Senior Assistant Auditor-General to Chairman, 20 April 1989
6. Evidence p. 1569
7. Evidence pp. 1571-2
8. Evidence pp. 1572-3
9. Evidence p. 1577
10. Evidence pp. 1585-6
11. Evidence p. 2083
12. Evidence p. 538
13. In Camera Evidence p. 132
14. Evidence pp. 1103-5
15. In Camera Evidence p. 356
16. Evidence p. 1143-4
17. Evidence pp. 1541-2
18. Evidence p. 1541
19. Evidence p. 1541
20. Evidence p. 566
21. Evidence pp. 1155-6
22. Evidence p. 1134
23. Evidence p. 1150
24. Evidence p. 1134
25. Evidence p. 1158
26. Evidence p. 1158
27. Evidence p. 1134
28. Evidence pp. 1135-6
29. Evidence p. 1528
30. Evidence p. 1588
31. Evidence p. 1587
32. Evidence p. 1590
33. Evidence pp. 1534 and 1537
34. Evidence pp. 1538-9
35. Evidence p. 1532
36. Evidence p. 1587
37. Evidence p. 1535
38. Evidence p. 1588
39. Evidence p. 1536
40. Evidence p. 1524
41. Evidence p. 1589
42. Evidence p. 1528
43. Letter Mr Paul Coffa, Treasurer, Australian Weightlifting Federation Inc., to Secretary 27 February 1989
44. Letter from Mr R F Cashman, Executive Vice President, Australian Weightlifting Federation, to Secretary 29 March 1989
45. Letter Mr Coffa to Secretary, 27 February 1989 and letter Mr Cashman to Secretary 29 March 1989
46. Letter Mr Lyn Jones to Secretary, 20 April 1989, p. 15
47. Letter Mr Lyn Jones to Secretary, 20 April 1989, p. 15
48. Evidence p. 1589
49. Evidence p. 1577
50. Evidence p. 1580
51. Evidence pp. 1581 and 1594
52. Evidence p. 1584
53. Evidence p. 1581

54. Evidence p. 2088
55. Evidence pp. 1518-9 and p. 1548
56. Evidence p. 1518
57. Evidence p. 1520
58. Evidence pp. 1611-2
59. Evidence p. 1613
60. Purchase Order No. 365012
61. Purchase Order No. 365007
62. Oral advice by Mr Zia Quereshi of Price Waterhouse, 21 March 1989
63. Evidence p. 1597
64. Evidence p. 1597-8
65. Evidence p. 1467
66. Letter Mr Lyn Jones to Secretary, 20 April 1989, pp. 10-11
67. Evidence p. 2097
68. Evidence p. 2098
69. Letter Mr B J Boland to Secretary, 20 April 1989
70. Evidence pp. 1385-90
71. Evidence pp. 1565-9
72. Evidence pp. 985-7
73. Evidence pp. 2091-2
74. Evidence p. 2091
75. Letter Mr Lyn Jones to Secretary, 20 April 1989, p. 11
76. Evidence pp. 1525-6
77. Evidence p. 1597
78. Evidence p. 1464
79. Letter Mr Lyn Jones to Secretary, 20 April 1989, p. 11
80. Letter Mr Lyn Jones to Secretary, 20 April 1989, p. 12
81. Evidence p. 1520
82. Evidence p. 1465
83. Evidence p. 2096
84. Letter Mr Lyn Jones to Secretary, 20 April 1989, p. 12
85. Evidence p. 1612
86. Evidence p. 1613
87. Evidence p. 1517
88. Letter Mr Lyn Jones to Secretary, 20 April 1989, p. 12
89. Letter Mr Lyn Jones to Secretary, 20 April 1989, pp. 12-13
90. Source: Extracted from April 1989 Australian Audit Office's report on AIS expenditure, Attachment D.
91. Letter Mr B J Boland, Senior Assistant Auditor-General to Chairman, 20 April 1989
92. Evidence p. 1612
93. Evidence p. 1545
94. Letter Mr Lyn Jones to Secretary, 20 April 1989, p. 13
95. Letter Mr T Bartusek, Director, Fitness Warehouse to Secretary, 14 April 1989
96. Evidence p. 1613
97. Evidence p. 1584 and 1594
98. Evidence p. 1538
99. Evidence p. 1583
100. Evidence p. 1584
101. Evidence pp. 2157-8
102. Evidence p. 1577
103. Evidence p. 1613
104. Evidence p. 1595
105. Evidence p. 1611
106. Evidence p. 1517
107. Evidence p. 1584
108. Evidence p. 1937

109. Evidence p. 1944
110. Letter Mr Boland to Secretary, 20 April 1989, p. 5
111. Letter Mr Boland to Secretary, 20 April 1989, p. 7
112. Letter Mr Boland to Secretary, 20 April 1989, Attachment E
113. Letter Mr Lyn Jones to Secretary, 20 April 1989, p. 13
114. Evidence p. 1944
115. Evidence p. 1941
116. Evidence p. 2091
117. Evidence p. 1938
118. Evidence p. 1945
119. Evidence p. 1581

CHAPTER TEN

AIS MEDICAL STAFF AND SERVICES

INTRODUCTION

10.1 Health and sport are intimately related. On one level the community's participation in sport is consistent with improving the health of a nation. On another level, the finest sporting performances can only be attained when they are accompanied by a high level of health. Athletes, more than others, receive instant feedback of poor health when their sporting performances deteriorate.

ROLE OF AIS MEDICAL STAFF

10.2 The Australian Institute of Sport provides medical staff and facilities to ensure that athletes' health is maintained at a level to maximise their performances. It is accepted that heavily training athletes striving for greater performances suffer injuries and contract illnesses as a result of their training and competing. Dr Ken Donald noted that:

> Pain is an occupational hazard in a high performance sportsperson's daily life. It is the ability to withstand pain and to continue to perform that sorts out the winners and the losers.[1]

10.3 The medical staff provide the expertise to speed athletes recovery from injury or illness with minimum disruption to their training schedules. In essence, the medical staff of the Australian Institute of Sport are required to balance the health of the athlete against the striving for high level performance.

In some cases the health concerns are so great that athletes are advised to either discontinue a sport or reduce their training for a substantial period of time. For example, Mr Dallas Byrnes, an AIS weight-lifter, was advised to discontinue weightlifting because of a congenital back malformation.[2] Another AIS weight-lifter, Mr Gary Parisi, was advised to discontinue training to have a knee operation.[3] In most cases, however, a compromise can be reached as Dr Ken Maguire explained:

> In many sports of the Australian Institute of Sport there is a wide variety of alternative training programs that can be undertaken to maintain fitness while a particular injured area improves. That is a fairly typical example in weight-lifting, for example, where, if a person has a knee or ankle problem a program can be devised, which is usually devised between both the doctor and coach, to undertake what we call an upper body program. They simply work their upper body, but do not go through the formal manoeuvres of the weight-lifting techniques. In most cases an athlete does not have to stop complete training and the fine line between stopping an athlete from training and doing a modified program is something that the doctor and coach work very, very closely to define.[4]

RELATIONSHIP BETWEEN DOCTORS AND COACHES

Introduction

10.4 The Committee received a number of allegations that the coaches at the AIS were able to over-rule the doctors and that, as a result, athletes were forced to undergo training when the medical indications were that they should have been resting. Mr Nigel Martin for example, claimed that 'Coaches perceive doctors as providing an easy way out or an excuse to get out of training'.[5] He discussed what he saw as the very high injury rates resulting from training at the AIS[6] and said that Mr Lyn Jones, for example, 'has a history of overriding medical advice'.[7] He told the Committee he believed that:

> the very fact that doctors still work at the Institute and put up with ... outrageous injury rates to my mind must raise questions about their professionalism and their attitude in general to their work and sports.[8]

Mr Ron Harvey suggested that the high injury rates were simply because, 'with a hospital at hand, athletes invariably go there'.[9]

Use of Cortico-Steroids

10.5 In contrast to the muscle-building anabolic steroids which are banned, the anti-inflammatory and pain killing cortico-steroids can be used for cetain defined purposes. The IOC Medical Commission has ruled that:

> The use of cortico-steroids is banned except for topical use (aural, opthalmological and dermatological), inhalation therapy (asthma, allergic rhinitis) and local or intra-articular injections. Any team doctor wishing to administer cortico steroids intra articularly or locally to a competitor must give written notification to the IOC Medical Commission.[10]

It is not clear from this ruling if doctors are required to notify the IOC Medical Commission of the legitimate use of cortico steroids at all times, even during training, or only at the time of competition.

10.6 Two former Australian Institute of Sport weight-lifters alleged that the doctors at the Institute provided cortico-steroids to athletes at the coaches' request. Mr Paul Clark said that the doctors 'just took the coach's word and administered drugs'.[11] He also noted that the doctor did not inquire of his training regime, 'he usually left that to the coach's discretion'.[12] Mr Hambesis similarly suggested that the doctors

'never used to question the coaches'.[13] He described how Mr Lyn Jones suggested that he should have a cortisone injection to assist him to train and compete whilst he was suffering from a knee injury. After 'approximately three' such injections. Mr Hambesis:

> told Mr Jones that he did not want to have any more of the drug but would prefer to train with lighter weights to give the knee a chance to improve. Mr Jones told [Hambesis] to have the cortisone injections or leave the Institute.[14]

10.7 In the case of other substances the situation may have been even more relaxed. Mr Julian Jones explained to the Committee that if a weightlifter on a build-up schedule had five ATP injections during the last week:

> you just send him over for five in a row to the sports medicine department to get them.[15]

10.8 Dr Fricker, the Co-ordinator of Medical Services at the Australian Institute of Sport, strongly denied this type of relationship existed:

> No medical practitioner in his right mind would conduct a practice like that where a patient walks in, sits down on the bed, holds up a note saying 'Give me cortisone', and you give it to him without saying a word and he walks out.[16]

He explained:

> We made the decision with the athlete on the nature of the problem and the treatment. If they needed a cortisone shot it was discussed and then administered, and the coach was informed.[17]

Co-operation and Priority

10.9 Dr Fricker said that the doctors and coaches co-operated in the treatment of injured athletes:

> If an athlete is injured, we would discuss that injury with any coach of any athlete ... or at least put something in writing to communicate the diagnosis, recommended management treatment and so forth. Again, in the real world, that may not have happened 100 per cent of the time, but certainly with significant injuries there would definitely be a consultation and we did work closely with the lifting coaches in particular.[18]

10.10 This view of the doctor-coach relationship was supported by Mr Lyn Jones, the head coach of weight-lifting.[19] He even went further to say:

> You cannot believe that it is possible for a coach to override a duly appointed doctor of the AIS. That is what the doctors are there for: we work together; we are not working against each other. We want to get the best result for the athletes there.[20]

Mr Jones stated very strongly that he had never asked an athlete to train while injured, unless he had received clearance from the doctor.[21]

10.11 However, Dr Maguire, a consulting physician to the AIS, expressed a different view to that of Mr Jones:

> The emphasis in elite sports participation is for a person not to stop training ... that fine line between stopping an athlete from training and doing a modified program is something that the doctor and coach work ... to define ... If there is an argument - there very rarely is an argument - the person who normally wins out is the coach for many good reasons, because obviously the coach has the day-to-day assessment of the athlete and we

> may only see that person on one occasion to give an opinion. ... But, in almost all circumstances, the coach has the final say because he and the athlete decide on the appropriate course of treatment.[22]

10.12 Mr Don Talbot, the first director of the Australian Institute of Sport, confirmed Dr Maguire's view of the relationship:

> The coach was the boss. This was actually a decision of mine. The way that I had described this to people who came in applying for positions - particularly the medical people who were coming in, for whom it would probably be something that they had not experienced before - was that they were really resource people to the coaches. They were to understand that that was their role and that they had no right to question a decision of a coach or to interfere in a training decision that he might make. Outside of that, of course, if there was a complaint or an inquiry made to them on other grounds, then they could do what they liked with it. But if it meant training and working out or competing, then the coach was to make the final decision. In fact, we selected coaches on the basis of their understanding of what that could mean to an athlete, and on the understanding that they would always keep the well-being of the athlete uppermost in their mind.[23]

10.13 The evidence supports the view that, at least in the past, the coach had the controlling role in the training and health of AIS athletes, with the doctor providing information and advice in a consulting role. Logically, this has placed greater emphasis on the performance of athletes than on their health. Potentially this could lead to a greater than necessary level of sports injuries and attitudes which would support the use of performance-enhancing drugs.

10.14 At the AIS the coach has the controlling role in the training and health of the athlete, with the doctor providing information and advice in a consulting role. Logically, this

places greater emphasis on the performance of athletes than on their health. Potentially this could lead to a greater than necessary level of sports injuries and a situation where performance-enhancing drug use is condoned.

Pain-Killing Injections

10.15 One situation in which a conflict between doctors and coaches can occur is in the use of pain-killing injections to allow continued competition. This is a potentially dangerous practice which can result in further injury under the strain of competition without the controlling effect of pain. Mr Harry Wardle, assistant coach in weight-lifting, said that doctors did provide pain killing injections at weight-lifting competitions, but that the Institute doctors were not involved.[24] Mr Wardle is reported by the AIS solicitors as saying that:

> If a cortisone injection had been administered I would not let the athlete compete for a day or so.[25]

According to Dr Maguire, athletes were not allowed to compete between three and seven days after a cortico-steroid injection.[26]

10.16 Contrary to this evidence, an example of pain-killing injections being provided during a competition was described by Mr Lyn Jones in the Australian Institute of Sport Bulletin No. 27 of 14 October 1981:

> Chris Ford equalled his best snatch 130K and tore ligaments in his elbow with a very close 132.5. He had to have two pain-killing injections in his elbow to go on with jerks and did well to equal his best on 160K. He jerked 165K on his second, only to have it turned down by the referees. The Jury did not agree with them - neither did we - and they gave him a further attempt. However, although

> Chris gave it everything and walked all over the stage trying to hold it up, his elbow would not allow him to control the weight and he failed.

The idea of someone holding 165 kilograms above their head with an injured elbow is alarming to say the least, and can hardly be in the best interest of the athlete.

10.17 Dr Maguire commented on the use of pain-killing injections during competition as follows:

> if you were truly honest it is almost accepted practice by many elite sporting teams to have that sort of thing done. It is a matter of the patient knowing the risks, the doctor being prepared to do it, and the coach being prepared to let the athlete compete. It is not illegal. It is not illegal in the sense that it is medically illegal but there are medical contrary indications.[27]

Dr Maguire indicated that this approach was not acceptable to him and said that he did 'not see it as a proper way to manage people'.[28]

10.18 To discourage drug use it is necessary to encourage an environment in which health is placed above performance. For this reason, and in order to prevent further injury, the use of pain-killing injections in order to compete should not be allowed.

Education

10.19 Doctors and coaches also co-operated on a more personal level. For example, Dr Fricker explained the effects of drugs to the coaches. He explained the use of probenecid as a blocking agent to Mr Jones[29] and gave information to Mr Kemp on the drugs

Mr Kemp had brought back from Italy.[30] Dr Fricker also advised on the relevance of ATP to performance as a result of Mr Kemp's inquiries.[31]

MEDICAL ADMINISTRATION

Introduction

10.20 The administrative environment of the Australian Institute of Sport medical services and facilities is different from that of a usual doctors surgery. For example, there are only about 300 athletes requiring attention. The athletes attend the medical services frequently, often with recurring injuries. The medical staff have a much greater influence than with normal patients over the residential athlete's diet, living conditions, social environment and training.

Unusual Practices

10.21 In this environment, a number of practices have been adopted which are not in accord with the usual practice of a doctor's surgery:

- Physiotherapists were given permission by Dr Maguire to issue non-steroid, anti-inflammatory medications when the doctor was absent. Dr Maguire commented that:

> it was a somewhat blanket approval in the instance where there is an absence of a doctor, for example, on weekends or after hours; if in the instance of an acute sporting injury an athlete required a non-steroid anti-inflammatory medication, the athlete was issued that by either of those two people and subsequently we were notified that the athlete had had an injury and the medication prescribed.[32]

. Sister Beasley was given permission by Dr Maguire to provide supplies of medications to athletes for chronic injuries. Dr Maguire described the process:

> There were other instances where an athlete who had been taking a particular medication for a chronic injury was able to attend if his supplies of a certain medication had expired and he needed a further prescription or, should I say, a further supply. So in ordinary medical practice where we write repeat prescription system, but the medication was given usually through the AIS pharmacy and usually again noted in the patient's notes.[33]

. Sister Beasley provided injections of vitamin B12 if an athlete requested them, without the doctor's approval if he was absent.[34]

. Sister Beasley would attempt to record all injections on the athletes' medical records but may not have recorded all vitamin B12 or ATP injections.[35] This was confirmed by Mr Julian Jones, a weight-lifter.[36] Dr Fricker would normally record all injections administered within the surgery.[37]

. Throughout his time at the AIS Dr Fricker was aware that some coaches at the Institute were injecting athletes with Vitamin B12. He had watched Mr Lyn Jones injecting an athlete to check that he was using the correct procedure.[38] This was confirmed by Mr Jones.[39] Dr Fricker defended this practice on the grounds that the community accepts that injections can be made by non-medical people in the case of diabetics or by parents with allergic children.[40]

. Only three coaches at the Institute, Mr Lyn Jones, Mr Harry Wardle and Mr Merv Kemp, said that they had injected athletes while away from the Institute.[41] Dr Fricker said he had provided Vitamin B12 injections and syringes to coaches, but believed it was unlikely that he would have provided ATP

injectables.[42] Sister Beasley also provided syringes and Vitamin B12 to Mr Harry Wardle.[43]

- After 1982, food supplements and vitamin supplies were ordered as medical supplies.[44] However, Sister Beasley did no receive these supplies or control their distribution.[45] In fact, the audit report of Price Waterhouse noted that even after 1982, coaches could 'buy vitamins and food supplements without medical approval'.[46]

10.22 Dr Fricker indicated that the practice of allowing coaches to inject vitamin B12 and the provision of syringes and medications to coaches had now ceased.[47] This was a matter of policy decided by the Institute administration as a result of the Four Corners program in November 1987.[48]

Security of Drugs

10.23 In the early days of establishing the medical services area, concerns were raised about the security of medications held by the Institute. Medications were stored in unlocked cupboards and Sister Beasley told the AIS solicitors:

> I was concerned for a time in 1982/83 that there was a possible regular shortage of drugs from the cupboard, but this related to analgesics and anti-inflammatory drugs only. It is possible that there had been a break in but there was no evidence of a physical break-in. There were rumours that someone in the weightlifting squad had broken into the cupboard.[49]

10.24 The pharmacist, Mr Moore, who had stocked the cupboards when the AIS pharmacy was established in 1983, had expressed concern about the number of people who had access to the cupboard.[50] Sister Beasley later clarified this concern by stating that it was directed at easy access by 'physiotherapists and any of the medical staff'.[51]

10.25 With regard to current practice, Sister Beasley told the AIS solicitors:

> In May, 1986 we moved to the new Sports Medicine Centre. The method of storing drugs there was in locked cupboards in a locked alcove area. The alcove area is not left unlocked at night when I am not in attendance, but the cupboards are left unlocked during the day.[52]

Distribution of Vitamins and Food Supplements

10.26 The Sport Science Department of the AIS, which is distinct from the Medical Services Department, also distributed medications such as vitamins, minerals, inosine and a wide variety of food supplements to AIS athletes. Dr Maguire described how:

> Sports science people give out a whole range of things ... there can be up to nine different things given. These kids are taking up to 20 or 30 capsules a day that are not being recommended by a medical practitioner.[53]

10.27 Dr Maguire expressed concern at this practice because:

> Such medications are not given under medical supervision. The AIS medical staff have had numerous problems with such drug distributions. This principally relates to the interaction between Sports Science medications and those given by the medical staff which can result in the non-effectiveness of prescription medication such as antibiotics.[54]

He described the case of a rower whose recurrent chest infections were not responding to the prescribed antibiotics because of the antibiotic's interaction with high potency iron tablets being given by the sports science area.[55]

10.28 Dr Fricker also had knowledge of this case and commented:

> That was a patient of another doctor at the Institute. When I was made aware of that we contacted the particular person in the particular unit in the sports science area who had been supplementing the athlete's diet in training with various compounds - vitamins and minerals, including iron and so on - and the issue was basically discussed then to say that we must practise medicine and we must have some control over who is taking what. All the practice, if you like, from that end was to be held over until we could review it and any athlete who was given anything should be put through us first. The system has been tightened up in several ways. One is that in any projects on, say, applied nutrition and so on where supplementation is being investigated, those athletes are made known to us and the dosages of various things and so forth are kept on record for our information. if there are any suspicious medical circumstances that occur in that end of sports science they have to be presented to us pretty acutely and we take a much more supervisory role, as much as is possible, in that sort of experimentation and so forth. But certainly that problem occurred once.[56]

10.29 Dr Maguire told the Committee that:

> The AIS administration has not intervened to stop the distribution of such medications despite the concern of the AIS medical staff of the adverse aspects of non-medical supervision of such chemicals.[57]

If this issue of uncontrolled, interacting medications was raised with the AIS administration at the time of the above case, the administration would have been aware of the problem for over a year.

10.30 The AIS informed the Committee that, since 30 March 1989, the purchase, distribution and advice relating to vitamins,

minerals and food supplements has been completely under the control of AIS medical staff. All purchases have to be approved by an AIS medical practitioner, purchased by the AIS nurse and registered by the nurse on receipt.[58]

10.31 In this connection it is interesting to note that the amino acids and inosine tablets included in the weightlifting schedules discussed in Chapter Six, were purchased out of the weightlifting budget.[59] Their distribution had nothing to do with either the Sports Science or the Sports Medicine areas. Moreover, the weightlifting area did not keep any records relating to the distribution and use of these substances.[60]

Discussion

10.32 The practices which allowed coaches to obtain syringes and injectable medications, and to be seen to have legitimate reasons to inject athletes, potentially provided opportunities to hide the injection of anabolic steroids. Similarly, the lack of control over the purchase and distribution of medications would also have made it possible for coaches to obtain performance-enhancing drugs through the medical budget, if they so desired.

10.33 A second issue is the use of public money to provide B12 and ATP injections, and vitamins, inosine and food supplements. Research conducted at the AIS itself indicates that they are of no use to an athlete on a normal diet. Dr Maguire, for example, described a one year study at the AIS:

> fully funded ... through the Meat and Livestock Board, which showed without any shadow of a doubt that vitamin preparations made no difference. Despite that, the scientist that undertook that experiment continues to give out massive doses of vitamins.[61]

However, while there may be no physiological advantage produced by these substances, the Committee recognises that their use may well give sportspeople a psychological advantage, particularly if they are made available through the sports medicine area. For this reason they may help keep athletes from turning to banned substances for performance assistance. An alternative view would be that the principle of using chemicals to enhance performance should not be encouraged.

MEDICAL RESEARCH

Purpose

10.34 The medical staff of the AIS recognised the pressures on elite athletes to improve performance at any cost. For this reason, the medical staff conducted research into natural methods of enhancing performance. As Dr Fricker stated:

> The support and encouragement I received was most notably a result of the universal desire to find alternatives to drug abuse in sport, which could then be presented to athletes who were being tempted down the wrong path as meaningful, practical and safe methods of achieving their ultimate performance.[62]

Dr Maguire saw the research as an integral part of the process of deterring athletes from taking drugs and drew attention to the fact that 'the Australian Institute of Sport is the only organisation which has written scientific literature to look at alternatives to anabolic steroids'.[63]

Application of Research

10.35 Dr Fricker indicated that there was little follow-up of the research in the practical, applied coaching situation. He stated:

> we did a series of studies in the applied sense on athletes, using measured doses of amino acids. We measured their blood responses of growth hormone and so on over a period of six weeks in two cases, three days in eight in another case, and so on. We varied the conditions and we said, 'This seems to do that, this seems to do that: and this seems to do that'. We presented all those results back to the coaches and the athletes formally, in a one-to-one situation and as a group, and we have also presented that to our sport science staff at a research meeting. That is that. Then the coaches are free obviously, or encouraged, to take the suggestions that we make and apply them to their athletes.[64]

These experiments have been discussed in Chapter Six, in relation to the use made of them by the weightlifting squad.

10.36 Despite the fact that the research results provided no evidence to suggest that these substances were effective, coaches and the Sports Science area continued to provide them to athletes.

KNOWLEDGE OF STEROID USE

Sister Beasley

10.37 Sister Beasley was suspicious of Mrs Gael Martin and believed that she may have been using anabolic steroids, but did not observe any symptoms of steroid use in any other athlete at the Institute.[65] She believed that athletes would not confide in her because of her professed attitude:

> I have made it clear to every athlete that I do not want to know about anything to do with anabolic steroids and with taking anabolic steroids. If they were taking them, that is their own business and it is not to do with me. They never mentioned it because they know I am totally against that.[66]

10.38 The Committee finds this statement from Sister Beasley extraordinary, because Sister Beasley was responsible for carrying out the random drug testing program. It would seem to the Committee that athletes using performance-enhancing drugs should be her business.

10.39 Sister Beasley was also responsible for counselling residential athletes in the use of oral contraceptives and menstrual control when requested.[67] Given this responsibility, he stated attitudes to steroid use and her availability to discuss steroid use with athletes appears inconsistent. This is particularly important when the effects of steroid use on oral contraceptives or mentstrual control is considered.

10.40 A better approach would involve all members of the medical staff providing information on drug abuse but strongly emphasising the health aspects of the problem.

Dr Fricker

Mrs Gael Martin

10.41 Dr Fricker stated that in 1986, Mrs Gael Martin revealed to him that she was taking anabolic steroids. At that time, he believed he was bound by medical ethics not to reveal the matter to the Institute's administration, although he took the opportunity to discuss the matter in principle with the then Director, Dr John Cheffers.[68]

Other Suspicions

10.42 Dr Fricker was suspicious that other athletes at the Institute were using anabolic steroids, 'but all athletes either denied this or avoided questions on the subject'.[69] He argued that:

> it is difficult to spot a steroid user, either physically in the male, or by the occurrence of common medical problems presented in the normal context of a medical practice. Masculinising effects in the female are harder to hide and suspicions are more easily aroused - there is no doubt about that. In summary, the only ways to detect illegal use of doping agents is to perform dope tests, at random, under IOC rules. This is what we have done and have instituted over recent years and we are still performing at the Australian Institute of Sport.[70]

10.43 It was also noted by Dr Fricker that, because of the contracts they sign, he would now report on athletes who told him that they were on steroids. Two or three years ago, there would have been some discretion in reporting a steroid user to the administration.[71]

10.44 Mr Ron Harvey brought the Committee's attention to an apparent discrepancy between the scholarship paper, which the athlete signs and according to which the athlete agrees to allow doctors to breach confidentiality in the case of doping, and the AIS doping policy, which protects the doctor-patient confidentiality even in doping cases. The AIS sought legal advice to clarify this issue and advised the Committee of a suggested new clause to the AIS doping policy which protects patient confidentiality except for matters related to fitness to train or participate, or a breach of the drug policy.[72]

10.45 There was an element of contradiction in Dr Fricker's evidence. Although he was suspicious of steroid use in some athletes, he made no attempt to confirm his suspicions. However, he agreed that he had the power to order additional discretionary tests for steroid use as part of the in-house testing program.[73] This power was never used.[74]

10.46 Dr Fricker pointed out that his suspicions about Mr Hambesis were prior to the beginning of the AIS testing program. He also indicated that there was no need for a discretionary drug test in Mrs Gael Martin's case, as he had certain knowledge of her use of anabolic steroids and had raised the issue with the Executive Director at the time, Dr Cheffers.[75]

10.47 Dr Fricker, in the course of normal treatment, had questioned the weightlifters about anabolic steroid use but they had all denied any use of banned substances.[76] He did not order a discretionary test of Ms Howland because 'I did not suspect that she was on steroids',[77] and because 'she was not an Institute scholarship holder at the time'.[78] Ms Howland was an associate scholarship holder in 1986 and 1987.[79]

10.48 There is some doubt about Dr Fricker's knowledge of Ms Howland's steroid use, as will be discussed in the next section. However, his comment suggested that he had a particular time in mind when asked about her steroid use This was probably related to the pathology test requested by Dr Maguire. To simply order a discretionary test of Ms Howland at that time would have put the issue beyond doubt, and possibly prevented her subsequent banning at an international athletic competition.

Dr Maguire

Introduction

10.49 Dr Maguire said that he had certain knowledge that Ms Sue Howland was using steroids. He stated that:

> She attended with her coach or, should I say, her coach - adviser at the time Kelvin Giles because they were concerned that she may have been taking an excessive amount of anabolic steroids.[80]

Dr Maguire told the Committee that he understood that:

> Her major concerns related to the dosage she was taking and whether that would cause any long-term adverse effects. I explained to her that if, for example, you undertook liver function tests that would not tell anything with regards to the liver problems because with patients taking anabolic steroids the liver may become slightly abnormal during the initial part of the treatment but thereafter it normalises so testing does not help you. The only way to know about long term damage is to look at the irreversible effects of anabolic steroids. In a female athlete that relates to the effect of testosterone on the clitoris, the chest hair, their voice and sterility.[81]

Testosterone - Epitestosterone Test

A. Introduction

10.50 At the time of this initial consultation, Dr Maguire ordered testosterone to epitestosterone ratio tests on three different occasions one week apart.[82] He said that he counselled Sue Howland on the dangers of anabolic steroids and understood that she was ceasing her current dosage of 40mg of Andriol per day.[83] Andriol is a commercial testosterone.

10.51 The reasons that Dr Maguire ordered the testosterone to epitestosterone ratio tests were not made clear. Dr Maguire stated that the test:

> has other connotations in endocrinology, where we are looking at the metabolite ratio because, of course, the testosterone is metabolised. You need to know more than just the testosterone.[84]

However, when the pathology laboratory advised that they were unable to do the ratio rest, he stated that:

> As far as I am concerned, all that I really need to know is the testosterone.[85]

And in a later hearing:

> I initially ordered a urine test and then subsequently the blood tests were taken. As you are aware, the laboratory people phoned and said that they were unable to do that particular test I had ordered, so I said that I would be quite happy just to know exactly what happened to the testosterone level.[86]

10.52 Dr Maguire also explained why three tests were ordered and not just one:

> The main reason for the three tests is the variability that one can get with hormone assays and also, with the biological variation up and down, we had to be absolutely sure that the medication was an excessive dosage - that was the key thing - and to say, 'You are kidding yourself if you think that you can take these things and get away with it. They are going to cause problems'. That is the reason for doing the tests.[87]

10.53 The testosterone tests, which started on 15 January 1986, showed that the testosterone level in nanomoles per litre varied from 0.7 in the first week to 4.9 in the second week and 2.1 in the third week. The advice on the test results from Macquarie Pathology Services show that the reference range for females is below 3.0 nanomoles per litre. Results above this level are indicative of the need for further investigation.[88]

TABLE 10.1[89]

Testosterone Assay Ms Sue Howland

Date	Testosterone n mol/L
29 January 1986	2.1
22 January 1986	4.9
15 January 1986	0.7

Reference range: Female <3.0 n mol/L

B. Interpretation of Results

10.54 Dr Maguire provided an ambiguous explanation of the test results. The pattern of results over the three weeks could be interpreted purely as natural variability, indicating however that an above-normal level of testosterone was recorded in one instance; or the results could be interpreted as a continuation of the use of anabolic steroids by the athlete.[90] Dr Maguire told the Committee that:

> The fact that the first test really showed that it was still within normal levels to me meant that she probably was not taking a super excessive amount. When the second test was elevated, that really made me think, 'Is she stopping the medication or not?' The last dosage was of course in the normal range. So she stopped. But those levels were not so high that I felt it was necessary to go on and do the more expensive tests such as assessing her pituitary function. I did not really think that her testosterone level was significant enough to warrant any further investigation at that stage.[91]

10.55 Similarly, Dr Maguire appeared confused over the underlying principles of his interpretation of the results. He stated that:

> My premise of doing the test was to assess what has happened to that particular end organ response and to say, if, on the second test, despite your alleging that you have reduced your medication, your testosterone is elevated, you have serious problems because you have induced over a long period of time of taking that particular medication, significant elevations of your body's own testosterone and that is going to cause significant problems with masculinisation, sterility, et cetera.[92]

10.56 This indicates that Dr Maguire expected an elevation of testosterone as a sign of serious problems. In effect, he argued

that the production of testosterone in the female ovaries or adrenal gland is stimulated by the introduction of testosterone by injection, and that this higher level of testosterone continues even after the testosterone injections are stopped. However, medical research indicates that because of negative feedback, a lowered testosterone level would be expected.

> When the concentration of testosterone in the blood is low, the hypothalamus releases leutenising hormone stimulating the pituitary gland to release gonadotrophin. This in turn stimulates the Leydig cells in the testes in the male [or the ovaries and adrenal gland in the female] to produce testosterone. When the level of testosterone is normal to high, the hypothalamus is not stimulated, thus the circuit is depressed and no additional testosterone is produced.[93]

10.57 It is important to note that Dr Maguire did not follow-up the test results and did not have any consultations with Ms Sue Howland about anabolic steroids apart from the initial Australian Institute of Sport consultation when the tests were ordered. Dr Maguire stated:

> She was told that she must stop and that was the end of the consultation. I had no further reviews with her after that in relation to this particular issue. So she was informed to quite categorically that she must stop.[94]

At a later hearing he again stated that:

> When I reviewed the results there was no indication for further tests and that was just left on the table. I did not discuss with her doing any further test for investigations or I did not even discuss with her the results of those particular tests. I have no recollection of her phoning me up and saying , 'Look, what did the tests show?'. The fact that the tests were really quite normal, except for that

> middle one, to me meant that there was no major concern about end organ problems.[95]

C. Ms Sue Howland's Explanation

10.58 The Committee was aware of the testosterone-epitestosterone test because Ms Howland, under summons, had been compelled to provide to the Committee papers in her possession relevant to the subject of the inquiry.

10.59 Ms Howland indicated through her evidence that her consultation with Dr Maguire was for an entirely different purpose than to check on the long term effects of anabolic steroids. She wanted to establish the time it would take for Andriol to clear her system and become undetectable in a drug test. Andriol is a form of testosterone and is used as a replacement for anabolic steroids in the weeks leading to a tested competition. She stated that:

> I'd bought the bottle of Andriol in September 1985 in Seoul with Kelvin [Giles] as he said it was really good for going close to testing. I said I wouldn't mind doing a little experiment to test it out some time and he said he'd speak to Ken [Maguire] about it. Regarding whether I was accompanied by Kelvin - I went to see Dr Maguire about an injury and I mentioned that Kelvin was going to have a chat to him. He told me that Kelvin had already spoken to him all about it and he sat down straight away and filled out the pathology request forms with blank dates on them for me.[96]

Ms Howland also told the Committee that:

> Dr Maguire told me he'd heard andriol is out of the system in 72 hours so he was quite interested to see if it was true, as having first hand knowledge is better than relying on rumours.[97]

10.60 Ms Howland informed the Committee that the results of the tests were consistent with her expectations:

> The results of the first of our three tests showed a level which was in the normal range for that of a female. That was exactly what it was supposed to show, the next test being done at the end of the 10 day period when the highest level was in the system. The third was a few days later to see how much had gone out of the system in that period of time.[98]

10.61 In effect, the information provided by the series of tests allowed Ms Howland to calculate that seven days after ceasing taking 40mg of Andriol for a period of ten days, her testosterone level was in the normal female range and presumably undetectable. The only possible improvement in this knowledge would be provided by the use of the testosterone to epitestosterone ratio test as originally requested, because this is the test used by doping laboratories. Ms Howland told the Committee that she was not aware of any other athletes having screening tests carried out at the AIS but that she knew:

> of another [AIS] scholarship holder who wanted to know the results of the tests when he'd heard that I'd had them done.[99]

10.62 Ms Howland also stated that:

> Dr Maguire has never spoken to me at any time about <u>any</u> type of effects. He has also definitely never told me to stop taking steroids.[100]

Ms Howland also commented that if Dr Maguire had carried out tests to check potential damage:

> I would have thought that the most important test would be a liver function test. I'm not a doctor but I can't imagine why he'd only do a testosterone epitest. test when checking for long term side effects of steroids,

particularly when I hadn't been on steroids for quite a long period of time.[101]

D. Mr Kelvin Giles' Response

10.63 Mr Kelvin Giles stated that he arranged for Ms Howland to meet with Dr Maguire but implied that he was not present at the consultation described by Dr Maguire. Dr Maguire indicated repeatedly that Mr Giles was present.[102] Mr Giles' motivation for arranging the meeting was his concern that Ms Howland was taking 'a new drug called Andriol that she obtained from Korea'. He reported that Dr Maguire 'reinforced the hazards of taking an unknown, foreign-purchased drug and offered to test her for any harmful effects'.[103]

10.64 It is difficult to characterise Andriol as a 'new' or 'unknown' drug as it is described in detail in the Practitioners Priority Guidelines of 1984 distributed by the Commonwealth Department of Health and Community Services. This publication is readily available to doctors. Andriol was approved for marketing in Australia in September 1983. MIMS annual, 1988, a directory of available medications, provides a detailed description of Andriol, indicating that it is between 77 per cent and 93 per cent excreted three to four days after administration.[104]

E. Purpose of Testosterone:Epitestosterone Test

10.65 Dr Ken Donald, a pathologist and the person in charge of the 1982 Commonwealth Games drug testing, when asked to comment on the use of the ratio test in relation to androgenic effects said:

I cannot really see the value of testosterone: epitestosterone ratio in that context.[105]

He said that he would conduct such a testing regime to discover how long before a competition athletes would be required to cease taking a drug to ensure they would be tested negative. He stated:

> I would simply get the things measured that were going to be measured to test me when I competed. That is, I would have a test done for the artificial compound itself, that is, the anabolic steroid, and I would have the testosterone - epitestosterone ratio done. ... I would get it done several times.[106]

F. Comments by Ms Raelene Boyle

10.66 Ms Raelene Boyle, a former Australian athlete and friend of Ms Howland, told the Committee that Ms Howland had told her the purpose of the test was to avoid detection during competition.[107]

G. Dr Fricker's Involvement

10.67 Sue Howland also said that Dr Peter Fricker was aware that Dr Maguire had ordered the testosterone to epitestosterone ratio test for her:

> Then Peter Fricker came and I saw him the following week and I said, 'We never got our results', and he was quite upset with Ken Maguire because Ken did epitestosterone-testosterone levels and Peter said, 'What you should have done was just go back and instead of doing the testosterone levels you go partly back into the body and ask for something else, and then no-one knows what you are actually looking for, but you get exactly the same results'.[108]

Dr Fricker's comments here are consistent with the remark recorded in the handwritten version of the statement made by Dr Maguire to the AIS solicitors that 'Path request made in re problems/symptoms complained of not for medication being taken'.[109]

10.68 Dr Fricker denied any knowledge of the test or of this meeting with Ms Howland.[110] He stated that his only involvement with the tests was in passing a telephone message to Dr Maguire to ring the pathology service.[111]

10.69 However, Dr Maguire indicated that Dr Fricker, as a result of the phone call from Macquarie pathology, 'would have known that that girl [Ms Howland] had admitted that she was taking an anabolic preparation'.[112] He stated:

> That would be the first time he knew definitely. There had been strong suspicions for many, many years that she had been taking preparations. There had been very strong suspicions about both her and Gael Martin, going back probably to 1981-82, but there was absolutely no proof whatsoever, nor had the athletes ever admitted that they were taking a preparation. Particularly from Sue's point of view, she is a fairly masculine looking lady and people had obviously questioned her superb performance and also the fact that she travelled regularly to Europe and had always thrown her best when she had returned from European competition. So there were obviously question marks about her for a long, long time. Again, there was no admission from her, she had never confronted anybody for advice about drugs, et cetera.[113]

H. Administration's Knowledge

10.70 Dr Maguire did not inform the Institute's administration of his certain knowledge that Ms Howland was taking Andriol. He argued that:

> The most important thing is the professional confidentiality. Our role is to work with the athlete; our role is not to be seen as a pimp, to tell administration about every single medical problem of the athlete ... I do not see my role as a doctor to be dashing off to administration to tell them about every

> medical problem of an athlete, even though it is something as significant as the anabolic steroid issue.[114]

10.71 Dr Maguire agreed with the Committee that he was aware at the time he ordered the test that Ms Howland had signed the scholarship holder's agreement which absolved him from medical confidence, but that this did not affect his actions.[115] It is also interesting to note that no record of the visit or test request was made on Ms Howland's medical records although a copy of the Macquarie Pathology result form was later placed in the file. Dr Maguire explained that no record was made because:

> of the trickiness of that particular issue to have an athlete admit that she is taking an anabolic preparation and that she is concerned about possible side effects.[116]

I. Payment for Test

10.72 It is clear from the Macquarie Pathology Services form that the testosterone to epitestosterone ratio test was paid for by Medicare. The Health Insurance Act states:

> Unless the Minister otherwise directs, a Medicare benefit is not payable in respect of a health screening service, that is to say, a professional service that is a medical examination or test that is not reasonably required for the management of the medical condition of the patient.[117]

10.73 The Department of Community Services and Health have advised, in respect of the monitoring of steroid activity, that:

> the pathology tests carried out to check enzyme levels are not reasonably required of the management of the medical condition of the patient and therefore fall into the category of health screening.[118]

10.74 This advice would seem to apply to the use of testosterone level tests to avoid detection in a drug testing program. On the other hand, Dr Maguire argues that it was quite proper to use Medicare to fund the test:

> I think it was proper in the sense that we were evaluating the endocrine problems of the medication a patient was taking. It is very important to know what is happening to that particular patient, particularly the endocrine function. That really is a form of evaluation of the patient's sickness or illness and whether the patient has any disability of the body as a result of the medication.[119]

Discussion

10.75 There are many inconsistencies in the evidence offered by Dr Maguire on this matter. He claimed that Ms Howland sought his assistance to examine any long term damage she may have suffered through the use of Andriol, a form of testosterone. As a result of this consultation he counselled her to cease taking Andriol and ordered a urine analysis for the testosterone to epitestosterone ratio. This test was not available and Dr Maguire settled for a blood test of testosterone levels on three different days, one week apart. The results were not provided to the patient, nor were there any subsequent consultations. She obtained them later herself.

10.76 The Committee concludes that the medical reasons advanced for ordering the testosterone to epitestosterone ratio by Dr Maguire are not convincing and are contradictory to evidence from other medical experts. Similarly, his discussion of the testosterone level results did not contribute to the Committee's understanding of his purpose in ordering the tests in the form that he did. The most telling evidence is that the results were apparently not used in any subsequent consultation.

10.77 Ms Howland's evidence, in contrast, is consistent and easily understood. In wishing to establish the clearance times for Andriol, she sought to have the same test as used in a drug test taken before, during and after a course on Andriol. She would have no reason to be concerned about the androgenic effects of Andriol (a testosterone) because she would use an anabolic steroid during training and only change to testosterone for a short period nearer to a drug-tested competition. She obtained the results subsequently from Macquarie Pathology without Dr Maguire's assistance and the results of the testosterone test are consistent with her explanation.

10.78 In considering Mr Kelvin Giles' evidence on this matter, the facts show that Andriol was not a 'new and unknown drug' at that time. Ms Howland's evidence, that Mr Giles advised her to purchase Andriol in Korea because of its fast clearance time, is consistent with the events that followed. It is inconceivable that an international track and field coach of Mr Giles' standing would be unaware of the actions of testosterone at that time in early 1986.

10.79 The Committee concludes that Dr Maguire arranged the testosterone tests for Ms Howland for the purpose of establishing her clearance time for Andriol and that this was done at public expense. Mr Giles is implicated with this action to mislead the Committee. Ms Howland's evidence is judged to be a consistent and true account of events.

Knowledge of Weightlifting 'Build-ups'

10.80 Mr Dallas Byrnes, a weight-lifter at the Institute said that he believed that the doctors were aware he was using anabolic steroids, particularly during a 'build-up' to a competition.[120] However, he did not discuss steroids with the doctors at any time.[121] Mr Byrnes indicated that the term

'build-up' was almost synonymous with being on a course of steroids for the weightlifters. He stated that:

> if you are on a build-up it means you are on a course.[122]

10.81 A weightlifter who gave evidence in camera indicated that he was at the AIS for about a month in early 1986.[123] During this time he was assessed for a full scholarship and checked by Dr Maguire.[124] A disc lesion was diagnosed. Dr Maguire explains:

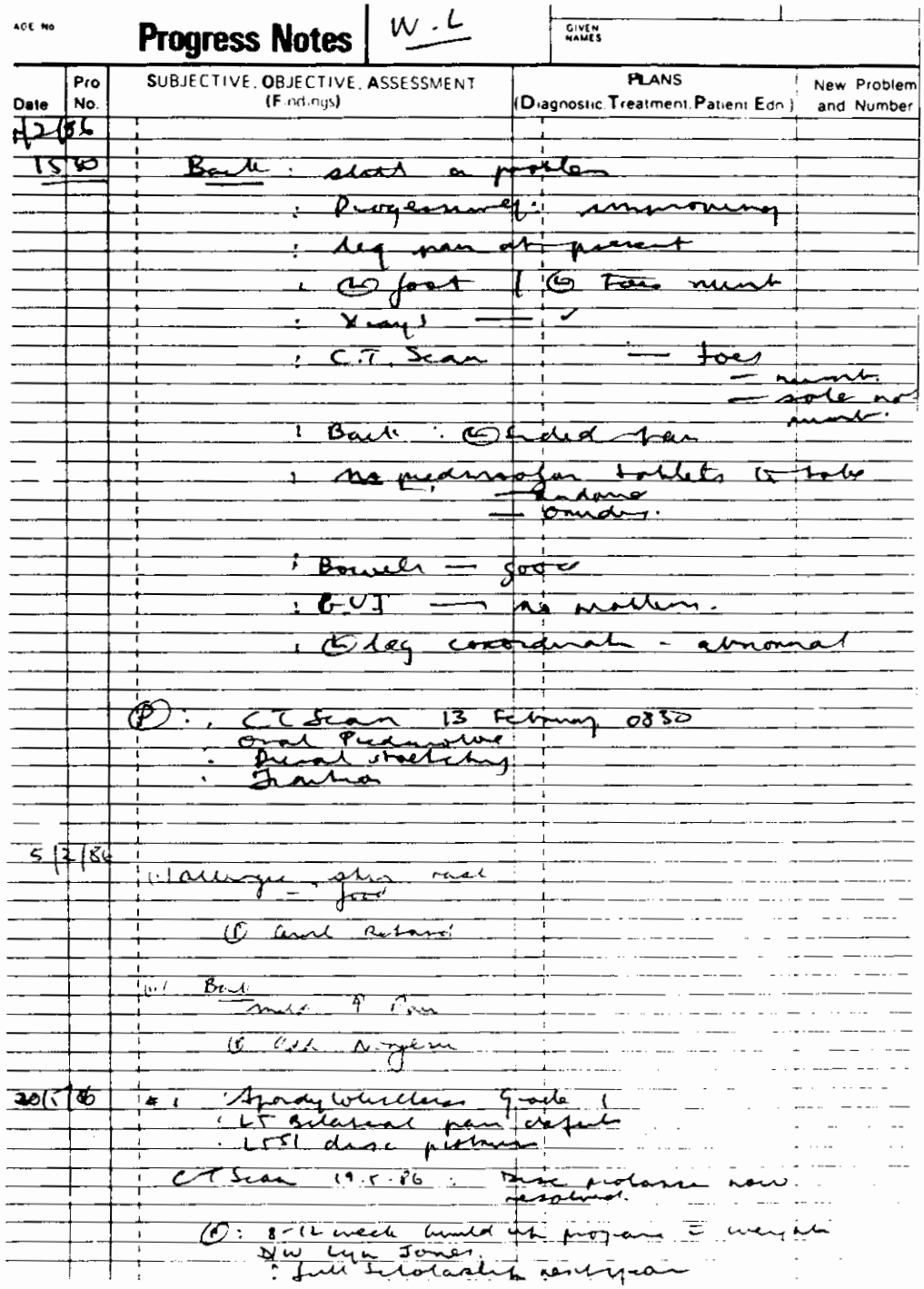
> The main reason for [him] was that he came down basically to be considered for a full scholarship because he came down, he trained pretty well, and when we discovered the disc problem we said, 'Look, ... you are really going to have to stop training. When you go back to Sydney the point is that you have to have another scan to show that it is resolved'. When it had resolved [he] and I spoke on the phone and I said, 'Everything is very good but you now have to build your training back up again to get fit', because he wanted then to lift a sufficient weight to be considered for a scholarship the following year. We had a period of between three and six months to increase his training load such that he could be considered for readmission to the Institute and subsequently he progressed well and was readmitted to the Institute.[125]

10.82 The weightlifter told the Committee that he was using anabolic steroids during this build-up period and that Lyn Jones had sold him the steroids for this purpose. An annotation by Dr Maguire on the weightlifter's medical records reads:

> Eight to twelve week build-up program equals weight; DW [discussed with] Lyn Jones; then full scholarship next year.[126]

Figure 10.1 on the following page shows the relevant medical record.

FIGURE 10.1



Weightlifter's medical record showing use of the term 'build-up'.

10.83 Dr Maguire denied that the term build-up involved a course of steroids:

> That is a fairly common statement that we have build-up programs for swimmers and everybody. When they are recovering we build them up gradually.[127]

Assessment of Weightlifters

10.84 In his statement to the AIS solicitors after the November 1987 Four Corners program, Dr Maguire indicated some knowledge of anabolic steroid use in the weight-lifting squad. The statement read:

> I normally assume that the weight-lifter is taking anabolic steroids, although this is a suspicion only as I have no evidence. Tests for anabolic steroids are taken by blood test. A weight-lifter would be very wary of a urine test. Clinically, there are no obvious medical signs to create a suspicion that an athlete is taking anabolic steroids, but regular presentation of stomach problems causes one to be careful.[128]

10.85 When questioned, Dr Maguire denied that this statement was a true record of his interview:

> I would retract that statement because that is untrue from my point of view.[129]

Dr Maguire said in later questioning that he assumed weight-lifters are not on steroids, a position completely opposed to the statement made to the solicitors.[130] He also said that:

> at no stage do we specifically order tests which are looking for anabolic steroids.[131]

Moreover, at no stage during his entire time at the Institute had he:

> seen a blood test on a weightlifter which has been suggestive of severe toxic effects of any known medication.[132]

He told the Committee that:

> in any of the power sports, one has in the back of one's mind the possibility, but under no circumstances did we consider any particular lifter taking steroids.[133]

10.86 The AIS solicitors who conducted the interview with Dr Maguire, later informed the Committee that they believed the original statement in the report was a true record of the interview. The handwritten note of the interview read:

> You normally assume a weight-lifter is taking anabolic steroids - merely suspicions without evidence - but always aware of the possibility.[134]

10.87 On being informed about this confirmation of the interview report Dr Maguire wrote to the Committee that:

> Mr Stanwix, the A.I.S. Solicitor, informed me after the hearing that his short hand notes abbreviated drugs as A/S and that when he transcribed his notes he felt that A/S stood for anabolic steroids. The correct statement is anti-inflammatory drugs. Mr Stanwix initially apologised for the error and said a change would be made. However, after a five minutes discussion with Dr Ross Smith, AIS Acting Director, he informed me no change would be made. The correct wording would be anti-inflammatory drugs.[135]

10.88 In a later hearing, Dr Maguire again argued that the AIS solicitor, Mr Stanwix, had made a mistake in his abbreviations and described a conversation after the initial hearing:

> He [Mr Stanwix] felt that it would be inappropriate to change it and I said, 'You

> must change it because it does not read correctly'. The fact that that person comes with stomach problems and is being treated for injuries, the first thing you think about is his use of anti-inflamatories, not anabolic steroids. Then there was the thing about testing for anabolic steroids using blood tests. You do not test for anabolic steroids using blood tests. So there were errors in just that paragraph and when you look at the other paragraphs the errors just continue. His abbreviation for anabolic steroids was ABS. He said to me, 'No, I think my abbreviation in that one was AS'. I said, 'Perhaps your AS should have been interpreted as anti-inflammatory rather than as anabolic steroids'.[136]

10.89 The actual handwritten notes, as shown in Figure 10.2, do not use abbreviations at all and clearly state 'anabolic steroids'. The second sentence, 'Path. request made in re problems/symptoms complained of not for medication being taken', seems to indicate that Dr Maguire was well aware of steroid use by weightlifters and is consistent with the comment allegedly made by Dr Fricker to Ms Howland that:

> instead of doing the testosterone levels you go partly back into the body and ask for something else, and then no-one knows what you are actually looking for, but you get exactly the same results.[137]

FIGURE 10.2

I normally assume that the weightlifter is taking anabolic steroids, although this is a suspicion only as I have no evidence. Tests for anabolic steroids are taken by blood test. A weightlifter would be very wary of a urine test. Clinically there are no obvious medical signs to create a suspicion that an athlete is taking anabolic steroids, but regular presentation of stomach problems causes one to be careful. In 1982 I did not divulge information to coaches but I have since changed this procedure. I have never prescribed anabolic steroids.

Summary of discussion in AIS Solicitors report.

You normally assume a w/lifter is taking anabolic steroids - merely suspicions without evidence - but always aware of this possibility.
Tests taken by blood ~~test~~. W/l told but v. wary of urine test. Path request made in re problems/symptoms complained of not for medication being taken.

Copy of handwritten notes of discussion.

You normally assume a w/lifter is taking anabolic steroids - merely suspicions without evidence - but always aware of this possibility.
Tests taken by blood test. W/l told but v. wary of urine test. Path request made in re problems/symptoms complained of not for medication being taken.

Typed transcription of handwritten notes.

10.90 Mr Stanwix described his version of events following the initial hearing involving Dr Maguire:

> When he rejected the content of the note in his evidence to the Committee, and during a break I commented to him by way of speculation, if you like, whether it was possible that the context of the paragraph in the statement would make sense if instead of the words 'anabolic steroid' the typed note had mistakenly reflected an abbreviation anti-inflammatory'. That was pure speculation by me at the time. I did not have the handwritten notes with me. I had no reason to suspect that there was an error. But he was so adamant that he had not referred to anabolic steroids in that way, and you have seen the handwritten note, Senator. There are some lines of notation. It is not as if it is a passing note. It is a discrete portion of discussion about anabolic steroids ... Dr Maguire rejected the interpretation that there could have been an error of the kind speculated about.[138]

10.91 The handwritten note, by its very nature, supports the view of events of Mr Stanwix and the AIS. It is quite clear that the note is not abbreviated and the discussion is about anabolic steroids. It is inconceivable that the AIS solicitors had interpreted Dr Maguire's comments in exactly the opposite way to that he had intended. On balance, the evidence indicates that Dr Maguire was aware of anabolic steroid use among the AIS weightlifting squad and subsequently sought to conceal evidence of this knowledge.

USE OF DEHYDRATION TO 'MAKE-WEIGHT'

10.92 Diuretics are a banned substance according to the IOC Medical Commission.[139] They are used both to reduce weight quickly and to reduce the concentration of banned drugs in urine by producing a more rapid excretion of urine.

10.93 Mr Nigel Martin told the Committee that Dr Fricker was involved in providing saline drips to AIS weightlifters to assist their recovery after rapid weight loss to make the correct limit. He stated that:

> The Committee should perhaps look at the use of diuretics, which are now banned but which are used extensively in weightlifting ... They should also look at the use of saline drips which are given to athletes after they made the weight division. I have witnessed this in athletes from the AIS, from both Hawthorn and Canberra, being administered glucose drips ... by Dr Fricker and Dr David Kennedy. You go into a room and there are all these people lying on beds with a thing in their arm.[140]

He did not accuse Dr Fricker of providing or encouraging the use of diuretics.

10.94 Dr Fricker informed the Committee that he had provided saline drips to assist recovery but that he did not believe the use of diuretics was involved. He stated that:

> no AIS athlete or coach was given diuretics by myself for the purpose of losing weight for competition.[141]

10.95 Dr Fricker said that he had administered intravenous fluids to athletes around the time of competition on two occasions. He pointed out that:

> These were AIS weightlifters and under the rules of competition time was allowed between the weigh-in and the competition itself. This time was specifically scheduled by the International Weightlifting Federation (IWF) to allow for athletes to 'rehydrate' and the use of intravenous fluids in this context was a practice which was widespread and accepted internationally. Such a practice was not proscribed or banned by the IOC.[142]

10.96 One occasion was at the Australian Games in 1985 when Mr Daniel Mudd and one other weightlifter became unwell and suffered cramps after losing several kilograms of weight through 'fasting, sauna room use, running distances in hot clothing and training hard without drinking'.[143] The second occasion, in 1985 1986 involved an international competition in Melbourne when Mr Cameron Menhenick became sick after 'similarly induced weight loss'.[144] Dr Fricker emphasised to the Committee that:

> In 1986 my thinking on the use of intravenous rehydration led me to the belief that this practice may lead athletes into a false sense of security where vigorous self- dehydration to the point of sickness by athletes would be reversed safely and quickly by a medical officer ... I decided that such a practice should cease and in 1986 coaches and athletes were informed of the decision.[145]

10.97 Although Dr Fricker has now ceased this practice, and this was corroborated by Dr Maguire,[146] the question remains whether this practice is continuing under the supervision of other medical practitioners. The Committee considers that this practice, whether it involves diuretics or other rapid weight loss methods, is not in the interests of the health of the athlete. It encourages athletes to attempt drastic weight loss in the knowledge that a doctor will assist them to recover and compete.

1. K Donald, The Doping Game, A Boolarong Publication, Brisbane, 1983, p. 82
2. Evidence p. 784
3. Evidence p. 788
4. Evidence p. 1408
5. Evidence p. 700
6. Evidence p. 678
7. Evidence p. 685
8. Evidence p. 700
9. Evidence pp. 2069-70
10. Evidence p. 107
11. Evidence p. 653
12. Evidence p. 638
13. Evidence p. 640
14. Evidence p. 634
15. Evidence p. 1059
16. Evidence p. 1506
17. Evidence p. 1507
18. Evidence p. 1495
19. Evidence pp. 789 and 810
20. Evidence p. 835
21. Evidnece p. 807
22. Evidence p. 1408
23. Evidence p. 1612
24. Evidence p. 1250
25. Mallesons Stephen Jacques Report on Enquiry Conducted for the Institute from 27 November to 7 December 1987
26. Evidence p. 1422
27. Evidence p. 1424
28. Evidence p. 1424
29. Evidence p. 898
30. Evidence p. 1132
31. Evidence p. 1161
32. Evidence p. 1404
33. Evidence p. 1404
34. Evidence p. 1372
35. Evidence p. 1374
36. Evidnece p. 1048
37. Evidence p. 1487
38. Evidence p. 1512
39. Evidence p. 795
40. Evidence p. 1472
41. Evidence p. 845, Letter Mr Wardle to Secretary, 1 February 1989, Letter Mr Kemp to Secretary, 24 January 1989
42. Evidence p. 1492
43. Evidence p. 1377
44. Evidence p. 1522
45. Evidence p. 1392
46. Evidence p. 1582
47. Evidence p. 1473
48. Evidence p. 1489
49. Mallesons Stephen Jacques Report, op. cit Section 2.3
50. Mallesons Stephen Jacques Report, op. cit Section 2.3
51. Evidence p. 1376
52. Mallesons Stephen Jacques Report, op. cit Section 2.3
53. In Camera Evidence p. 669
54. In Camera Evidence p. 570
55. In Camera Evidence p. 668

56. Evidence p. 2052
57. In Camera Evidence p. 570
58. Evidence p. 21577
59. Evidence p. 926
60. Evidence p. 934
61. In Camera Evidence p. 669
62. Evidence p. 1472
63. Evidence p. 1402
64. Evidence p. 1489
65. Evidence p. 1379
66. Evidence p. 1308
67. Evidence p. 1381
68. Evidence p. 1473
69. Evidence p. 1474
70. Evidence p. 1476
71. Evidence p. 1512
72. Evidence p. 2066
73. Evidence p. 1480
74. Evidence p. 2023
75. Evidence p. 2025
76. Evidence p. 2026
77. Evidence p. 2026
78. Evidence p. 2027
79. Evidence p. 526
80. Evidence p. 1425
81. Evidence p. 1425
82. Evidence pp. 1527-8
83. Evidence p. 1426
84. Evidence p. 1429
85. Evidence p. 1429
86. In Camera Evidence p. 607
87. Evidence p. 1455
88. Evidence p. 1427
89. Evidence p. 1427
90. Evidence p. 1436
91. In Camera Evidence p. 622
92. Evidence p. 1457
93. Submission No. 22 p. 14
94. Evidence p. 1438
95. In Camera Evidence p. 624
96. In Camera Evidence pp. 616-7
97. In Camera Evidence p. 614
98. In Camera Evidnece pp. 615-6
99. In Camera Evidence p. 614
100. In Camera Evidence p. 615
101. In Camera Evidence p. 615
102. In Camera Evidence pp. 621 and 624
103. In Camera Evidence p. 618
104. MIMS 1988, p. 6-313
105. Evidence p. 1708
106. Evidence p. 1709
107. Evidence p. 1739
108. Evidence p. 1443
109. In Camera Evidence p. 648
110. Evidence p. 1475
111. Evidence p. 1444
112. In Camera Evidence p. 607
113. In Camera Evidence p. 607

114. Evidence p. 1441
115. Evidence p. 1442
116. In Camera Evidence p. 605
117. Sub Section 19(5) Health Insurance Act 1973, as amended
118. Letter from Assistant Secretary, Drugs of Dependence Branch to Dr Brian Corrigan, 26 March 1987
119. Evidence p. 1439
120. Evidence p. 1010
121. Evidence p. 990
122. Evidence p. 1010
123. Evidence p. 1462
124. Evidence p. 1462
125. Evidence p. 1462
126. Evidence p. 1462
127. Evidence p. 1462
128. Evidence p. 1409
129. Evidence p. 1411
130. Evidence p. 1413
131. Evidence p. 1409
132. Evidence p. 1410
133. Evidence p. 1410
134. In Camera Evidence p. 648
135. Evidence p. 571
136. In Camera Evidence p. 654
137. Evidence p. 1443
138. Evidence p. 2110
139. Appendix 5 of this report
140. Evidence p. 709
141. In Camera Evidence p. 684
142. In Camera Evidence p. 685
143. In Camera Evidence p. 685
144. In Camera Evidence p. 685
145. In Camera Evidence p. 685
146. In Camera Evidence p. 567

CHAPTER ELEVEN

AIS DRUG TESTING

HISTORY

Introduction

11.1 From January 1982, all AIS scholarship holders were required to abide by the AIS 'Code of Ethics'. This included an agreement to undertake a random drug test, if required, and an agreement not to 'take or use drugs or stimulants nor participate in other practices prohibited by the Institute'.[1] Presumably, the stimulants referred to are those banned by the IOC. However, no tests were required by the AIS until 1986.

Random Testing

Introduction

11.2 In June 1986, random testing of scholarship holders commenced.[2] Twenty-three random tests were administered over a six month period to December 1986, and all were recorded as negative.[3]

11.3 At that time the administrator was Dr Jean Roberts, who was also Mrs Gael Martin's throwing and technique coach.[4] Mrs Gael Martin ceased her full scholarship with the AIS in October 1986.[5] She was not subjected to a random test at the AIS during the short time between June and October 1986.[6]

11.4 Dr Roberts described the procedure for selecting an athlete for testing:

> Every Monday morning Sister Sue Beasley, who is the nursing sister in the Institute, and I would go together to the physiotherapy room. There would always be injured athletes there, receiving treatment on Monday morning. The athlete would actually throw the dice and we would have a set of random numbers and from that get a final number ... and this would restrict the choice to, say, five lines of numbers. The athlete would throw the dice again, and this would restrict the column. The athlete would throw the dice again until finally we had narrowed it down to one number and whatever that number was, the athlete who threw the dice would know it for that week, say, 25. Sister Beasley and I would then go back to her office and get out the computer listing of athletes in alphabetical order. If 25 was Joe Smith, I would tell the head coach to notify the athlete.[7]

11.5 Sister Beasley described her involvement in the tests:

> I was involved in helping to select the athlete with the administrator of sports medicine and sports science and an athlete. When we found an athlete who was not being treated in physio, we would use a barrel of balls like a lotto system. The athlete would chose another athlete for drug testing and the administrator would look up the name of the athlete who was being selected. The administrator would notify the athlete and notify the coach that that particular athlete was to come in for random drug testing. The athlete would make an appointment to see me and I would do the test.[8]

11.6 Dr Roberts said that the alphabetical list of athletes was updated every month.[9] The selection process occurred on the first working day of each week and the athlete had until 5pm of the following day to report to Sister Beasley. Slightly longer times were allowed for the outposted AIS units, and overseas athletes were tested on their return.[10]

11.7 With the change in Directors in early 1987, the Co-ordinator of Sports Science and Sports Medicine, Dr Peter Fricker, was asked to re-assess the drug testing procedures and to consider an extension of these procedures to all athletes associated in some way with the Institute, and into high-risk sports.[11] As a result, in April 1987, the Institute's drug testing procedures were aligned with those of the Australian Olympic Federation and testing was extended to all athletes receiving grants under the Sports Talent Encouragement Plan administered by the Australian Sports Commission.[12]

Frequency of Tests

11.8 In August 1987, the Board of the AIS decided that two athletes would be randomly selected each week, one from all resident athletes, and one from those in the national Sports Program and the 'high-risk' sports.[13] The Director also introduce drug testing of whole AIS squads at his discretion.[14] Squad tests are discussed in a later section of the Chapter as they are more an example of discretionary testing than of random testing.

11.9 During 1987, seventy nine athletes were recorded by the AIS as being tested at random, including the weight-lifting and track and field squads.[15] All results but one were negative. The tests were only for the presence of anabolic steroids.[16]

Squad Testing

11.10 In September 1987, Mr Ron Harvey, the Director of the AIS, introduced drug testing of complete AIS squads.[17] This gave the Director the power to order drug tests for all scholarship holders in a particular sport at the AIS. The usual conditions applied, and required members of the squad to provide a urine sample within two days of the tests being ordered.

11.11 The weightlifting squad was the first tested at the Director's discretion, on 7-8 September 1987. The Track and Field Squad was tested on 7-8 December 1987 and the Cycling Squad in March 1988. All results were negative.[18]

11.12 Since the Inquiry began, two further squads, water polo and rugby union were tested in November and December 1988 respectively.[19]

Positive Test

11.13 One athlete at the AIS showed minute traces of anabolic steroid in his first sample, but subsequent analysis of the second sample, collected at the same time, was negative. Mr Ron Harvey, AIS Director at that time stated that:

> The Institute's action on that test was to inform the Australian Soccer Federation, as the boy, in a letter to us, indicated that it was when he was under its care that that he possibly took some tablets.[20]

The AIS Board accepted that the athlete had not knowingly taken or administered an illegal substance.[21] The Australian Soccer Federation were asked to follow-up the matter. The athlete concerned was Mr Alistair Edwards who had been tested on 15 September 1987.

Procedures and Costs

11.14 The drug testing program was under the direct control of Dr Fricker, the Co-ordinator of Sports Science and Sports Medicine, during 1987 and early 1988. Dr Jean Roberts was replaced by Mr Michael Corbitt, who was in turn replaced by Mr Don Wright as the administrator involved in the selection of athletes for testing, using the random system.[22] In January 1988, the administrative procedures for the Sports Medicine Centre were reviewed and amended.[23]

11.15 Dr Fricker acknowledged that he had discretionary power to order a test for any athlete he suspected of using drugs.[24] He advised the Committee that he had never used this power.[25]

11.16 The cost of the random testing program for the Institute increased from $3 800 in 1986-87 to over $23 000 in 1987-88.[26] The current cost of each test was $232, and the AIS expected that the total costs in 1988-89 would be in the order of $40 000.[27]

Drugs in Sport Program's Involvement

11.17 In April 1988, Mr Steve Haynes, the National Co-ordinator of the Drugs in Sport Program, was asked to co-ordinate all AIS and Sports Talent Encouragement Plan random drug testing.[28] Mr Haynes:

> took over the co-ordination of the test program at the AIS with respect to selection of athletes and the facilitation of security containers and dispatch to an overseas laboratory, bearing in mind that at that stage there was no accredited laboratory in Australia.[29]

11.18 Sister Beasley was still responsible for the collection of the urine sample from the athlete.[30]

11.19 Between January and 20 July 1988, thirty six athletes were tested, including the cycling squad. All results were negative.

Current Practice

11.20 Mr Steve Haynes described the current practice:

> The whole drug testing program now is under the control of the anti-drugs campaign, from the selection of the athletes to the collection of the athletes' samples, dispatch

> to the laboratory and the retrieval of results and subsequent action. That was instigated officially from 13 February this year [1989] but is a process that commenced on 1 January this year.[31]

11.21 Mr Ron Harvey expanded on the changes put in place since the inquiry began:

> We have provided additional money to the drug testing in sport program, plus additional staff. We will have a recommendation going to the board on 3 March [1989] that the drug testing facility be removed from our premises completely into an independent location. We are seeking legal advice on the patient-doctor confidentiality question to see whether we can avoid that to assist the doctors.[32]

11.22 It should be noted that the National Program on Drugs in Sport is still under the management structure and control of the board of the Australian Sports Commission.[33]

11.23 The procedures for collection, identification and dispatch of the urine sample now follow the International Olympic Commission requirements. Athletes must complete an Athlete Signature Form and provide information to assist with laboratory analysis. The sample is dispatched to, and analysed at, an IOC accredited laboratory; either Cologne or Los Angeles. The urine sample is analysed for the presence of stimulants, narcotics and steroids.[34]

11.24 At 30 June 1988 there were 294 athletes on scholarship at the Institute. With the testing rate at one or two athletes per week, an athlete could be expected to be tested about once every 3 to 6 years.

DISCUSSION

Chaperone Anomalies

11.25 Drug testing guidelines require a chaperone to witness urine collection and to ensure that the urine collected in the bottle has been passed by the athlete selected for the test. For this reason, it is essential that the chaperone is the same sex as the athlete and that he or she accompanies the athlete to the toilet. It is important that the chaperone is identified in the testing procedure and signs the Specimen Identification Form. If the test results need to be further investigated, the chaperone can testify that the urine was passed by the athlete selected. The chaperone, in normal competition testing, also serves as a check that procedures are followed rigorously and that more than just the supervisor and the athlete are involved in sealing the sample.

11.26 The 'Area Supervisor' in the sample collection-procedure is the person responsible for supervising procedures and certifying that the urine samples are correctly sealed so that they cannot be tampered with before analysis by an IOC accredited laboratory. It is also essential that the area supervisor be identified on the Specimen Identification Form by a signature.

11.27 The following pages provide examples of the Specimen Identification Forms found on the drug testing files at the AIS. The first (Figure 11.1) shows no chaperone identified, the second (Figure 11.2) no area supervisor and a female chaperone for a male athlete. The third (Figure 11.3) records Sister Beasley as both chaperone and area supervisor for a male athlete. The fourth (Figure 11.4) records Sister Beasley as the chaperone and Dr Fricker is identified as the area supervisor in Sister Beasley's handwriting, but there is no signature. The last (Figure 11.5) records Dr Fricker as the unsigned chaperone in Sister Beasley's handwriting. In other cases Sister Beasley has

signed the form as area supervisor for samples that were collected in Brisbane.

11.28 Of the 99 Specimen Identification Forms on the AIS file provided to the Committee, only 10 contain the signature of both a chaperone and an area supervisor in accord with accepted procedures. Two of these 10 were supervised by the replacement nurse. Another two of these 10 tests involved a longer delay between selection for testing and the time of giving a urine sample than the allowed 48 hours. Overall, less than 10 per cent of all tests in 1986 and 1987 met the accepted standards and the Committee believes, as a result, that the integrity during this period of the entire AIS testing program is questionable.

11.29 It is clear from the drug testing files provided to the Committee by the AIS that the correct procedures were not followed during 1986 and 1987.

11.30 Sister Beasley was asked if she had chaperoned male athletes. She replied that:

> I signed just for the sake of signing the form, but the athletes were chaperoned by a male for a male athlete and a female for a female athlete.[35]

Sister Beasley was able to name a list of people who may have acted as chaperones, but could not offer an explanation as to why the forms were not completed. She also recognised that because the procedures were not accurately recorded, any action on a positive test would fail.[36]

FIGURE 11.1

SPORTS DRUG TESTING
LABORATORY
DEPARTMENT OF PATHOLOGY
ROYAL BRISBANE HOSPITAL

DRUG TESTING 0578 *

SPECIMEN IDENTIFICATION FORM

Date 19 / 11 / 86 No. 1780

COMPETITOR SELECTION CRITERIA A.I.S. Random Drug Testing

COMPETITOR'S SURNAME OBERMAN SEX M

COMPETITOR'S OTHER NAMES Mark Raymond

COMPETITOR'S COUNTRY Australia

SPORT Waterpolo EVENT

COMPETITOR'S IDENTIFICATION NUMBER

The competitor identified above passed a satisfactory specimen of urine in my presence

Chaperone's Signature

NAME OF CHAPERONE (Block Letters)

The urine obtained from the competitor identified above has been properly sealed and given the number affixed above.

C Beasley

Area Supervisor's Signature

NAME OF AREA SUPERVISOR (Block Letters)

I agree with the above statements.

M Oberman

Competitor's Signature

Team Official's Signature
(If any present)

NAME OF TEAM OFFICIAL (Block Letters)

Specimen identification form with no chaperone identified.

FIGURE 11.2

SPORTS DRUG TESTING
LABORATORY
DEPARTMENT OF PATHOLOGY
ROYAL BRISBANE HOSPITAL
0874 *

DRUG TESTING

SPECIMEN IDENTIFICATION FORM

Date 11 / 3 / 87 No. 1441

COMPETITOR SELECTION CRITERIA A.I.S. Random Drug Testing

COMPETITOR'S SURNAME Honey SEX M

COMPETITOR'S OTHER NAMES Neil Emil

COMPETITOR'S COUNTRY Australia

SPORT Track + Field EVENT Pole Vaulter

COMPETITOR'S IDENTIFICATION NUMBER

The competitor identified above passed a satisfactory specimen of urine in my presence

S Beasley
Chaperone's Signature

NAME OF CHAPERONE (Block Letters) Sue Beasley

The urine obtained from the competitor identified above has been properly sealed and given the number affixed above.

Area Supervisor's Signature

NAME OF AREA SUPERVISOR (Block Letters)

I agree with the above statements.

Competitor's Signature

Team Official's Signature
(If any present)

NAME OF TEAM OFFICIAL (Block Letters)

Specimen Identification Form showing female chaperone for male athlete and no recorded area supervisor.

FIGURE 11.3

SPORTS DRUG TESTING
LABORATORY
DEPARTMENT OF PATHOLOGY
ROYAL BRISBANE HOSPITAL

DRUG TESTING 1220 *

SPECIMEN IDENTIFICATION FORM

Date 3 /8 /87 No. 1041

COMPETITOR SELECTION CRITERIA A.I.S. Random Drug Testing

COMPETITOR'S SURNAME ANDERSON SEX M

COMPETITOR'S OTHER NAMES JOHAN

COMPETITOR'S COUNTRY AUSTRALIA

SPORT TENNIS EVENT

COMPETITOR'S IDENTIFICATION NUMBER

The competitor identified above passed a satisfactory specimen of urine in my presence

S Beasley
Chaperone's Signature

NAME OF CHAPERONE (Block Letters)

The urine obtained from the competitor identified above has been properly sealed and given the number affixed above.

S Beasley
Area Supervisor's Signature

NAME OF AREA SUPERVISOR (Block Letters)

I agree with the above statements.

Competitor's Signature

Team Official's Signature
(If any present)

NAME OF TEAM OFFICIAL (Block Letters)

Specimen Identification Form showing female chaperone for a male athlete and the same person as both chaperone and area supervisor.

FIGURE 11.4

SPORTS DRUG TESTING
LABORATORY
DEPARTMENT OF PATHOLOGY
ROYAL BRISBANE HOSPITAL
1221 *

DRUG TESTING

SPECIMEN IDENTIFICATION FORM

Date 13/8/87 No. 153

COMPETITOR SELECTION CRITERIA AIS Random Drug Selection

COMPETITOR'S SURNAME SALTER SEX F

COMPETITOR'S OTHER NAMES Teresa Michelle

COMPETITOR'S COUNTRY Australia

SPORT Basketball EVENT

COMPETITOR'S IDENTIFICATION NUMBER

The competitor identified above passed a satisfactory specimen of urine in my presence

SBeasley
Chaperone's Signature

NAME OF CHAPERONE (Block Letters) Sue Beasley

The urine obtained from the competitor identified above has been properly sealed and given the number affixed above.

Area Supervisor's Signature

NAME OF AREA SUPERVISOR (Block Letters) Peter FRICKER

I agree with the above statements.

x Teresa Salter
Competitor's Signature

Team Official's Signature
(If any present)

NAME OF TEAM OFFICIAL (Block Letters)

Specimen Identification Form showing Dr Fricker as area supervisor but unsigned.

FIGURE 11.5

NATIONAL PROGRAM ON DRUGS IN SPORT

SPECIMEN IDENTIFICATION FORM

DATE 9 /9/87

COMPETITOR SELECTION CRITERIA A.I.S. random Drug Testing

COMPETITOR'S SURNAME Gibson SEX Male

COMPETITOR'S OTHER NAMES John Bacharach

COMPETITOR'S COUNTRY Australia

SPORT ~~Football~~ Soccer EVENT Soccer

COMPETITOR'S IDENTIFICATION NUMBER .....

The competitor identified above passed a satisfactory specimen of urine in my presence

.....
Chaperone's Signature

NAME OF CHAPERONE (Block Letters) Peter FRICKER

The urine obtained from the competitor identified above has been properly sealed and given the number affixed above.

S Beasley
Member Doping Committee Signature

NAME OF MEMBER (Block Letters) Sue Beasley

I agree with the above statements.

John B. Gibson
Competitor's Signature

.....
Team Official's Signature (if any present)

NAME OF TEAM OFFICIAL (Block Letters) .....

Specimen Identification Form showing Dr Fricker as the unsigned chaperone in Sister Beasley's writing.

'Sink-Tests'

11.31 Mr Hambesis, who left the AIS before random testing was introduced, told the Committee that he understood:

> Every time leading up to a competition, if some of the athletes were not competing those athletes would be handpicked to be tested and apparently they also used the sink test at times - you urinate into into a tube and just pour it down the sink.[37]

Ms Sue Howland suggested that Sister Beasley was involved in a cover-up of a positive test:

> She was the one who was there to watch them, I suppose. There was particularly one test that we know about - whether it got tipped down the sink or whatever.[38]

11.32 Sister Beasley denied this involvement and said that no-one had sought to intrude in the testing procedure to the extent that she was involved in either selection of the athlete or collecting the urine sample.[39]

11.33 Dr Fricker denied strongly any interference by AIS staff with dope testing procedures at the AIS:

> With respect to dope testing at the AIS, the allegations presented by Ms Howland and Ms Martin that sports medicine staff interfered with dope testing procedures at the AIS, which we have instituted under International Olympic Committee procedures, are absolute lies. I have read transcripts of their 'evidence' and I am amazed at the clumsiness and appalling lack of understanding of dope testing procedures. I trust their lack of credibility on this matter is evident.[40]

11.34 Despite Dr Fricker's statement, it is obvious that due to the slackness with which the procedures for collecting urine samples were followed, samples could have been tampered with or

destroyed by Sister Beasley. Moreover, because of the lack of proper documentation, in many cases there is no evidence that the urine sample was actually provided by the athletes being tested. Even if samples were found positive it is highly unlikely that any action could have been taken when area supervisors or chaperones were not recorded or had not signed the required forms. As discussed later, Dr Fricker himself was party to these lax procedures, quite apart from his overall responsibility for the drug testing program. The comments made above by Dr Fricker about Ms Howland and Mrs Martin's appalling lack of understanding of dope testing' are much more appropriately applied to himself, as his statement that International Olympic Committee procedures were used is just not true.

Selection Anomalies

11.35 According to the AIS drug testing files, there were 67 athletes selected on a weekly basis between 15 June 1986 and 30 November 1987. Five of the athletes selected never presented for a drug test and another two were exempted from testing.[41]

11.36 Dr Fricker indicated that three or four of these athletes were no longer AIS scholarship holders at the time of the test, and for this reason they were excused from taking the test.[42] He indicated that there was a delay in the updating of the list of scholarship holders:

> One of the bugs in the system was a delay between athletes leaving and having their names removed from the register.[43]

This conflicts with the evidence of Dr Jean Roberts, that the list of scholarship holders was updated on a monthly basis.[44] Dr Fricker could offer no explanation as to why the other athletes were not tested.[45]

11.37 Ms Robyn Lorraway was also selected but not tested. Sister Beasley explained:

> We had done the test and she asked who was asking for the test. I said it was under the AIS scholarship scheme. She said: 'I am not an AIS scholarship holder. I refuse to have it sent'. I checked with Steve Haynes. We checked the list and she was not on a scholarship. Steve Haynes directed me to discard it, so in front of Robyn Lorraway it was discarded. [46]

11.38 The AIS records confirm that three of the athletes randomly selected for testing who did not present for the test had completed their scholarships, while another would have completed her scholarship before being available to undertake a test on her return from overseas. It is noteworthy that one of the athletes drawn for testing had completed her scholarship over two years earlier.[47]

11.39 The two remaining selection anomalies relate to squash players based in Brisbane, where the drug testing laboratory is located. In the first case, Mr James (Ricky) Curtis was overseas continuously for some seven months after being selected for testing in October 1986, except for a short period in Australia at Christmas when neither the Brisbane laboratory nor AIS coaches were available to take a sample. Mr Curtis was never asked to present for a drug test on his eventual return to Australia.

11.40 In the second case squash coach, Ms Heather McKay, recalled taking the requisite sample from Ms Amanda Hopps, the day after receiving notification from Canberra on 11 May 1987, and delivering it to the Brisbane laboratory. This procedure is in breach of the established protocol for Brisbane, where the athlete was required to attend the Brisbane laboratory in person to ensure the integrity of the process.

11.41 The absence of Ms Hopps' test result from the AIS schedule of drug test results has not been officially explained by the AIS. The Committee has noted that in June 1987 the Brisbane laboratory notified the AIS of the negative result of three tests, numbers 0878, 0887, and 1213. While 878 and 887 are shown in the AIS records as having been obtained in Canberra in April 1987, 1213 is omitted. There is a strong likelihood that sample number 1213 was that of Ms Amanda Hopps and that it had tested negative.

11.42 Figure 11.6 shows a minute relating to an athlete (Mr Mark Oberman) having being selected for a test but being excused on the basis that he had been tested five months previously. Sister Beasley could offer no explanation for this complete break with procedure:

> I do not remember doing that at all. It is completely out of character for me to do that. Honestly, I do not remember if that happened. I cannot understand why an athlete would turn up for a drug test and I would say, 'Go away'. It is completely and utterly against the whole thing that I was doing. When they tell me to do something I do it: I do not go and tell them to rack off. I do not understand. Honestly, I do not remember doing it. That is it - it is all I can say.[48]

11.43 After athletes were selected on the first working day of the week, they had until 5pm the following day to present for a test. Only 20 of the remaining 60 athletes selected in 1986 and 1987 actually met that criteria. Thirteen arrived within another three days, seven arrived after 30 days. Most surprising of all is that four athletes appeared to have been tested before their names were drawn.[49]

FIGURE 11.6

81

AUSTRALIAN INSTITUTE OF SPORT
MINUTE

For:	File
From:	Michael Corbitt
Subject:	Drug Test - Mark Oberman Date: 28 April 1987

Mark Oberman presented for the drug test for which he was selected on 27 April 1987

Mark has already been selected at random on 17 November 1986 and the test proved negative.

Although Mark was happy to provide another specimen, Sue Beasley advised that it was not necessary.

AIS Minute recording that an athlete had been excused from testing because he had been tested six months previously.

11.44 Dr Fricker explained the delays:

> if some athletes are away at competition, we try to insist that those athletes selected should try to return for drug testing as soon as they are back in Canberra. It is understandable that many athletes are away on tours, interstate or overseas, for competition. so that may explain the delay in some of those presenting.[50]

11.45 Athletes away on competition were not always tested on their return. For example, the files indicate that when the weightlifting squad was tested in September 1987, two members of the squad, Mr Paul Harrison and Mr Daniel Mudd, who were overseas at the time, were not tested on their return.

11.46 Neither Dr Fricker nor Sister Beasley could explain how four athletes were recorded as being tested before they had been selected.[51] The details of these discrepancies are shown in Table 11.1. It should be noted that one of the athletes concerned, Mr Alistair Edwards, tested positive for the first sample following the test, but the analysis of the second sample could not confirm this result. This test was an example of one in which there was no chaperone's signature, although Sister Beasley had printed in Mr Michael Corbitt's name as chaperone.

TABLE 11.1

DETAILS OF ATHLETES DRUG-TESTED BEFORE THEY WERE SELECTED

Name	Date Selected	Date Notified	Date Tested
Alistair Edwards	21 Sept 1987	15 Sept 1987	15 Sept 1987
Sharon Ellis	26 Oct 1987	20 Oct 1987	21 Oct 1987
Peter Hogan	23 Nov 1987	17 Nov 1987	17 Nov 1987
Paul Oberman	30 Nov 1987	17 Nov 1987	18 Nov 1987

11.47 Figure 11.7 shows the AIS file note giving details of who was selected on each date while Figure 11.8 shows the specimen identification form for Mr Edwards. It makes it quite clear that these athletes were notified before they were selected. Two explanations occur to the Committee. One is that the random drug testing program at the AIS was never intended to be anymore than a public relations exercise. Another is that the file note giving the dates on which athletes were selected is in some way incorrect. But this itself raises questions about the credibility of all the other documentation on the file, much of which, as already discussed, is in any case totally inadequate. In either case, it is difficult to conclude that any reliance at all can be placed on the results of the AIS random drug testing program.

11.48 Dr Fricker told the Committee that he became aware 'more recently' that large numbers of samples were obtained from athletes who were not chaperoned by the person indicated on the form as being their chaperone.[52] He said:

> I must say that I never checked all the forms ... I only became aware of this as a problem, as it is tonight, in recent weeks.[53]

This is difficult to accept, given that in 1986 and 1987 Dr Fricker had himself acted as a chaperone and area supervisor but had not signed the forms. When some of these forms were shown to him he commented:

> I do remember chaperoning that particular athlete, because I did not chaperone many. That is my name, I suppose, for the record ... It is not my signature. In fact, that is Sister Beasley's writing ... On folio No. 89 again my name is there as the name of the area supervisor but my signature is not on the form. On No. 87 it is a similar appearance - my name but not my signature. On No. 81 I am named as the chaperone of a male athlete on at least one occasion but I have not signed it as the chaperone.[54]

FIGURE 11.7

182

Week Commencing	Number Drawn	Name	Sport
August 3	106	Mark Crosby	WP
10	50	Sue Cook	TF
17	290	Alison Worth	Row
24	95	John Gibson	Soc
31	183	Nathan Meade	Div
September 7	85	Paul Foster	Soc
14	141	Kaylynn Fry	Row
21	65	Alistair Edwards	Soc
28	244	Catherine Spottiswood	Net
October 5	175	Greg Mills	Soc
12	257	Peta Taylor	Div
19	237	Chris Sharman	Wei
26	66	Sharon Ellis	TF
November 2	76	Michelle Gallen	Sw
9	206	Chris Sharman	Wei
16	68	Jane Flemming	TF
23	103	Peter Hogan	Gym
30	178	Paul Obermar	WP

AIS File Note showing the selection dates for athletes in the AIS testing program between August and November 1987

FIGURE 11.8

AUSTRALIAN SPORTS COMMISSION 0018 0018 131

NATIONAL PROGRAM ON DRUGS IN SPORT

SPECIMEN IDENTIFICATION FORM

DATE 15/9/87

COMPETITOR SELECTION CRITERIA A.I.S. random Drug. Selection

COMPETITOR'S SURNAME Edwards SEX Male.

COMPETITOR'S OTHER NAMES Alistair Martin

COMPETITOR'S COUNTRY Australia

SPORT ..... EVENT Soccer

COMPETITOR'S IDENTIFICATION NUMBER .....

The competitor identified above passed a satisfactory specimen of urine in my presence

.....
Chaperone's Signature

NAME OF CHAPERONE (Block Letters) Michael Corbitt

The urine obtained from the competitor identified above has been properly sealed and given the number affixed above.

S Bradley
Member Doping Committee Signature

NAME OF MEMBER (Block Letters) Susan Bradley

I agree with the above statements.

† Alistair Edwards
Competitor's Signature

.....
Team Official's Signature (if any present)

NAME OF TEAM OFFICIAL (Block Letters) .....

Specimen Identification Form for Mr Alistair Edwards showing that he was tested before he had been selected (cf. Figure 11.7)

11.49 The Committee finds it impossible to understand how the officer directly in charge of the drug testing program, who should be well aware of the protocols involved and the reasons for them, would behave in such a lax manner. Without the proper documentation, which is designed to protect the rights of the athlete as well as those of the Institute, there is no way that any action could have been taken had any test proved positive. There was no excuse for any chaperone not to provide a signature. In the case of some of the supposed chaperones, it might be said in their defence that they had never been properly informed of what their responsibilities were, but in Dr Fricker's case his actions, or lack of them, can only be described as incompetence.

Supervision of Tests

11.50 The Committee explored with the AIS the extent to which the drug testing procedures, apparently largely carried out by Sister Beasley, were subject to supervision. Sister Beasley told the Committee that she had been supervised once:

> It was the first time, by Mr Steve Haynes just to go over the procedures.[55]

The following exchange took place:

> Senator Crichton-Browne - You went over the correct procedures? So from that point you had no supervision at all?
> Sister Beasley - Not that I remember. Maybe he [Mr Haynes] might have come into the office once or twice after the first time, but it was not an organised attendance or he might have been there while I was drug testing someone, to pick up the specimens, but it was not organised, no.[56]

11.51 When Senator Crichton-Browne asked Sister Beasley whether she was ever supervised or whether anybody ever asked to review the procedures she was using in order to ensure they were in conformity with what was required, the following exchange took place:

Dr Smith - On a couple of occasions I have spoken to Sister Beasley about that. One was quite recently, prior to your intended visit, and we went through the procedures. With Senator Black, once again Sue Beasley went through that particular procedure. Prior to that, after I arrived at the Institute in late 1987, in discussion with Sister Beasley, she informed me of that particular procedure and to my knowledge it conformed with the protocols that were prescribed.

Senator Crichton-Browne - You have only just in the last moments learnt that she was signing as a chaperone when in fact she was not?

Dr Smith - Yes.[57]

11.52 The fact is, that as Acting Director of the Institute, Dr Smith was in overall charge of the drug testing at the Institute. He agreed with the Committee that this was the case.[58] While Sister Beasley must accept some responsibility for the very inadequate implementation of the drug testing program, it is clear that she should have been subject to proper supervision.

11.53 The Committee is appalled at the casual attitude displayed by senior staff, particularly by Dr Smith and Dr Fricker, who should have been responsible for directly supervising the integrity of the sample collection process. Even a superficial check of the paperwork involved in the testing program would have revealed some serious problems. Such checking by the senior officers of the AIS should have been a minimum requirement, and at the very least a random series of checks should have been carried out on the drug testing procedures themselves. The lack of action by the senior management and medical staff can only be described as incompetence and as a failure to treat the drug testing program with the seriousness that it deserves.

Alleged Test Cover-up Involving Mr Neil Honey

11.54 Mrs Gael Martin said that the 'sink test' to which Ms Howland had referred, involved a particular athlete at the AIS, and that she had first-hand knowledge of this athlete's comments.[59]

11.55 Mrs Martin told the Committee that this athlete had been selected for a random test in December 1986 or the beginning of 1987 and she said that:

> He gave his test and he was so concerned about it because he was taking drugs at the time so he went to his coach, who was the head coach in track and field at that time ... Tony Rice. When he told Tony Rice, he was absolutely horrified that one of his athletes was taking drugs. He went straight to sports science. I do not know what he asked but it was to stop the process of that test.[60]

11.56 Mr Kelvin Giles also had some knowledge of the circumstances of this particular test but claimed that this was second hand.[61]

11.57 The AIS testing records show that the athlete concerned (Mr Neil Honey) was tested in March 1987 and was negative.[62] The athlete's medical records confirm that the test was undertaken, and Sister Beasley recorded:

> appeared very angry (but co-operative about whole business) feels picked on??[63]

11.58 Mr Tony Rice denied that any athlete he had coached had told him that they would have problems in taking a doping control test.[64] The athlete concerned also denied taking performance enhancing drugs at the time he was subject to a random drug test, and had no comment to offer on any other related issues.[65]

11.59 The AIS drug testing files demonstrate that the testing program in 1987 was to begin on 19 January 1987.[66] However, the first test recorded in 1987 was on 2 February 1987. No explanation of the change in commencement dates is recorded on the file. This would be of little concern to the Committee except that the alleged cover-up of a test occurred during this period, prior to the Australia Day competition. The Committee has also noted that Mr Honey was notified of his selection for a further dope test on 7 December 1987 but that this test and its negative result were inadvertently missed from the print-out of dope test results originally provided to the Committee by the AIS.[67]

Effectiveness as Deterrent

11.60 The AIS admitted that:

> The number of tests of AIS athletes, relative to the total number of AIS athletes each week, would seem to provide a minimum form of deterrent. ... An increase in the number of tests made each week by random selection would further enhance the deterrent factor.[68]

However, the AIS also argued that:

> it would seem that the random nature by which squads of athletes have been tested has raised the deterrent factor markedly.[69]

11.61 Dr Fricker estimated that:

> if you tested all athletes in that high-risk group - you can extend that out as far as you like - if you tested them, say, every six weeks with a urine test under the IOC rules, then I think you would be pretty sure that all athletes in that program would be clean all the time.[70]

He further estimated that there were about 100 high-risk athletes at the Institute.[71] As a guide, Dr Fricker's program would require about 10 times the current testing rate of less than 90 tests per year.

11.62 Another aspect of the deterrence effectiveness of the AIS program is the random nature of testing. Mr Steve Haynes stated that:

> one of the big problems is trying to escape this random nature because you can end up with a fairly ineffective program. ... We have to get away from that random nature and I think we have to use the expertise that we have. ... While there should always be some sort of random element, there has to be some other mechanism ... We have a mechanism now whereby if we believe there is good cause to carry out additional tests, that will happen. From a hypothetical point of view, perhaps if a national coach contacted us and said that he wanted athlete X or Y tested, I think that would be a reasonable ground for consideration.[72]

11.63 Anabolic steroids are used only during training.[73] Presumably it would be more effective to test the high risk squads at the times during training when anabolic steroids are of maximum use, as argued in Chapter Three. It should be noted that the AIS was relying on the sporting associations themselves to test for the drugs most likely to be used during competition, because these tests were not conducted at the AIS.[74]

11.64 The effectiveness of the squad testing program as a deterrent has also been criticised. For example Ms Howland commented on this program:

> I am sure it is just a bluff for the public and for the Government ... Possibly an example was when Ron Harvey said - it was a big media thing last year - 'I just woke up this morning and said "I think we will get all the

> weightlifters tested"'. The weightlifters had been to a competition the week before they had been tested so everybody knew they were clear anyway.[75]

11.65 The suggestion that the weightlifting squad was tested at a time when they were known to be 'clean' was refuted by the AIS. Their submission stated:

> The test was taken 20 days prior to 4 of the 11 athletes departing overseas for an international competition. Six of the athletes participated in schoolboy championships up to a week before the testing and it was known at that time that the schoolboy competition was not subject to testing.[76]

11.66 Mr Harvey also denied any knowledge of whether the weightlifters would test negative or not:

> I had no knowledge of that, Senator, at all. I have got to be honest and say that when I put them in in September I had no knowledge of their timetable either. On the information I provided you, it was quite fortuitous that that was 20 days before all four of them were competing internationally.[77]

11.67 The discretionary power of the Director is a two-edged sword. When providing the appearance of an effective testing program, the unclear basis for ordering squad tests combined with its in-house nature also leave the AIS open to allegations of 'sham' testing. A more effective approach to targeted testing is discussed in Chapter Three and will be mentioned in later Sections of this Chapter.

Independence of Tests

11.68 Mr Haynes was asked to comment on the possibility of subverting the AIS drug testing program through any of the stages in the program. He commented that:

> Obviously, in any in-house drug testing program there is always that possibility, although I believe that the integrity of the people involved in sports medicine would have negated that. ... But it is one of the major problems that we have in drug testing programs. There has to be some independent agency to carry out drug testing because that conflict of interest will always exist.[78]

11.69 Had Mr Haynes known of the evidence already presented in this Chapter he may not have seen so confident. One clear case of conflict of interest was to place Dr Jean Roberts, who was Mrs Gael Martin's throwing and technique coach, in charge of the initial drug testing program. In commenting on this situation, Mr Haynes stated:

> I would have thought that was a foolish practice to have instigated.[79]

11.70 The AIS has recently shown concern for the potential conflict of interest in the drug testing program by putting the selection of athletes under the control of the National Program on Drugs in Sport in April 1988.[80] In 1989, the total control of the program was placed with the National Program on Drugs in Sport and it was proposed to move the drug testing facility to an independent location.[81] The AIS has also scheduled an internal audit of the random drug-testing program conducted by the Anti-Drugs Campaign.[82]

11.71 Unfortunately, this does not remove all conflict of interest because the National Program on Drugs in Sport is, itself, under the direction of the Australian Sports Commission.[83]

Testing of Non-Scholarship AIS Athletes

11.72 In an Article '"No drug use" at AIS' in The Canberra Times of 28 November 1987 Dr Fricker was quoted as saying:

> Any athlete who gets any support at all - and this could be just a taxi-fare from here to the airport - are on our list and could be asked to test at any time. It is done on a numbers system, like a drug lotto.

In other words the public were entitled to believe, because they were being told, that the entire body of athletes using AIS facilities was being subject to random drug testing. The Committee believes that this is an important principle, because the major role of the AIS is in providing training facilities, with the awarding of scholarships being subsidiary to this. However, while this principle that all athletes using AIS facilities be subject to testing was both important, and essential if the drug testing program was to operate in a fair and equitable manner, it had never been put into place. The Committee notes that Dr Fricker, in a letter to the Committee dated 8 May 1989 commenting on the article from which the quote was taken, said that it was an interpretation of what was said to the journalist.

11.73 Dr Maguire told the Committee that there were athletes resident at the AIS or using AIS facilities for training who were not subject to the random testing program. These included international athletes visiting the AIS. He commented that:

> The major contentious issue is that the AIS received a lot of accolades for providing facilities for overseas athletes and is happy to mention such athletes to promote the AIS. However, the rules say that ALL athletes using facilities are to be included in drug testing protocols. These rules are not being enforced and this is the responsibility of Administration.[84]

11.74 Dr Maguire said that this issue of the testing of facility-pass holders was of some concern to him because the group included an athlete who was known to have used anabolic steroids.[85] Dr Maguire commented:

> He is the major one I would say, but the fact that his training group train at the Institute and we have one of them who we know uses drugs, it is suspicious because of their type of sport. It would seem to me that that is another group of people that should be tested, because for example, if it is common knowledge around athletic circles that this particular man is taking drugs, and the athletes know what is happening, and you have got somebody who has got some sort of gripe to the Institute, if they know that there is a person training there and not being tested, then obviously that gripe is well founded.[86]

11.75 Dr Maguire also indicated a concern about visiting overseas athletes 'some of whom bring their own doctors and their own everything'.[87] He commented that:

> This [AIS] is their place to come and have a drug [test] free environment for the summer, so to speak.[88]

11.76 Dr Maguire said that the issue of including the facility-pass holders in the drug testing program was raised at the meeting with Mr Harvey immediately prior to Christmas in 1988, following Mr Harvey's meeting with the Minister. This meeting is discussed in more detail in Chapter Five. Dr Maguire described the meeting and commented that:

> Dr Smith had been told that there were athletes in the throwing area whom we had strong suspicions and even evidence on paper, were taking drugs and we recommended that they be tested. At that point, Mr Harvey interjected and said, 'Dr Smith, have those guys tested next week'. I know, after coming here for the inquiry, that those people have not been tested at all.[89]

11.77 Dr Fricker agreed that he and Dr Maguire 'did suggest that those athletes be tested fairly vigorously'.[90] He thought this had happened in November 1988, but on being told Dr Maguire said that it happened at the December 1988 meeting with Mr Harvey, he said, 'Yes, all right, I will accept that'.[91]

11.78 Similarly, Mr Harvey, when he appeared before the Committee on 3 April 1989, agreed that he had instructed Dr Smith to carry out the testing of facility pass holders as a result of that meeting.[92] The following exchange took place:

> Senator Crichton-Browne - I understand from the evidence that [the doctors] returned the bat to you and the matter was raised again at the late December meeting that you had with Dr Fricker, Dr Maguire and Dr Smith. That is four months ago. I think, as a result of that meeting, you instructed Dr Smith to provide the names.
>
> Mr Harvey - I did.[93]

Both Mr Harvey and Dr Smith advised the Committee that facility-pass holders and visiting athletes would be included on the list for selection for testing as soon as their consent could be obtained.[94] Mr Harvey commented that:

> I decided last December that we would throw in everybody from the local community who used it, all athletes as well, to try to get the barrel as big as we could'.[95]

11.79 Mr Harvey formally advised the Committee on 12 April 1989 that as from 17 April 1989 the program of drug testing at the AIS had been expanded to include:

- facility pass-holders;
- overseas athletes;
- hirers of facilities; and
- national sporting organisations.[96]

11.80 The question remains as to why it took so long to include facility pass-holders in the testing program, once this issue had been raised. The attitude of the administrators to this issue was also confused. At the later hearing on 12 April 1989,

neither Dr Smith nor Mr Harvey could recall Dr Maguire providing information on the need to test facility pass holders at the December meeting,[97] despite their confirmation during the earlier hearing that this discussion had occurred. The following exchange took place:

> Senator Collins - [Dr Maguire] never spoke to you about the failure of these people to be tested and they had never, at 3 April [1989] been tested?
>
> Dr Smith - No, I do not recall any specific ...
>
> Senator Collins - Can you assist us by suggesting who else he may have spoken to?
>
> Dr Fricker - For what it is worth, that means nothing to me either.[98]

11.81 Moreover, Dr Smith said that he could not recall that, during the interview to reprimand Dr Maguire for commenting on drug use during the Olympics, that Dr Maguire raised the question of athletes using AIS facilities (one of whom was suspected of taking steroids) not being included in the testing program.[99]

11.82 Dr Smith explained why the corrective action taken between 3 April and 12 April 1989 had not been taken earlier:

> It was started a while ago but there was difficulty, as Dr Roberts tried to explain on that Monday evening; she was having difficulty receiving the information from coaches who in the first instance had indicated they wished to have a facility pass. That is the best answer I can provide for you.[100]

11.83 However, it should be noted that Dr Maguire said:

> We have been fighting for nearly a year and a half now, I suppose, to have everybody included in drug testing but everybody is not.[101]

11.84 This statement is supported by a minute on the AIS drug testing file from Dr Fricker to Mr Harvey on 19 May 1987. The minute stated, among other things, that:

> The AIS I believe should be drug testing (dope testing) any athlete who receives support from the AIS in any way whatsoever. I believe it is unfair to select some athletes who train under the auspices of the AIS, but others are excluded from testing for reasons such as part-time or visiting scholarships, use of training facilities alone, limited coaching staff, etc.[102]

11.85 On this basis, that the issue was raised one and a half years ago, Dr Maguire's comment seems more than justified:

> Thus we have a situation of the medical staff informing Administration of potential drug users, of a command to include in testing being given but after 3 months NO testing was being undertaken. I feel that the medical staff have acted responsibly but have not been supported by Administration.[103]

11.86 The Committee notes Mr Harvey's remark at the 12 April 1989 hearing that:

> Following your comments made on Monday of last week, we put a needle in it and gave it a good push along.[104]

The questions arise to why this 'good push along' could not have been given earlier and whether it would have ever happened if the Committee had not expressed concern.

Conclusion

11.87 In appearing before the Committee, the AIS has placed great store on the success of their drug testing program.

Although 239 AIS athletes have been tested, none have proved positive (apart from the soccer player mentioned earlier, whose second sample tested negative).

11.88 The Committee is of the opinion that if strict drug-testing procedures had been observed for every test and there had been a higher frequency of testing, the AIS would have had good grounds for arguing that their drug testing program was an effective deterrent. However, as established by the evidence, there are major questions over the collection of urine samples, the selection of athletes for tests and the low frequency of testing.

11.89 Because correct procedures were not followed and the necessary documentation was not kept, the Committee cannot reject the allegations that drug-using athletes avoided or influenced drug test results while at the AIS. This conclusion issupported by the findings in other sections of this report that AIS athletes used performance-enhancing drugs.

11.90 While it is recognised that the AIS initiated a drug testing program, it appears that this was a response to outside pressures to be seen to be 'drug-free', rather than from any real concern for the need to strictly apply IOC guidelines to ensure the integrity of Australian sport and the health of its athletes. The administrators at the AIS had shown a low commitment to developing an effective deterrent program until this Inquiry became active. This is demonstrated by them ignoring for over a year and a half advice from the doctors on the need to include other athletes,in their testing program. They then took action over a matter of a few weeks in April 1989 after the issue had been raised at a hearing of the inquiry. The Committee believes that in many ways the AIS drug testing program was worse than having no drug testing programs at all. It provided the

protection of appearing to do something to prevent the use of drugs, but was conducted in such a manner that it may have been possible for athletes using drugs to claim that the program showed them to be drug free.

11.91 The move to put the AIS drug testing program into the hands of the National Drugs in Sport Program is to be welcomed. However, it is the Committee's view that an effective drug testing program will require that all tests be conducted by the completely independent Australian Sports Drug Commission proposed in Chapter Three.

John Black
Chairman

1. Evidence p. 1834
2. Evidence p. 1834
3. Evidence p. 1827
4. Evidence p. 1922
5. Evidence p. 526
6. Evidence p. 1827
7. Evidence p. 1923
8. Evidence p. 1393
9. Evidence p. 1924
10. Evidence p. 1924
11. Evidence p. 1835
12. Evidence p. 1835
13. Evidence p. 1836
14. Evidence p. 1836
15. Evidence p. 1827
16. Evidence p. 1836
17. Evidence p. 1836
18. Evidence pp. 1828-9
19. Evidence p. 1970
20. Evidence p. 1627
21. Minutes of AIS Board meeting, 2 March 1988
22. Evidence p. 1394
23. Evidence p. 1836
24. Evidence p. 1480
25. Evidence p. 2023
26. Evidence p. 1627
27. Evidence p. 1824
28. Evidence p. 1836
29. Evidnece p. 1636
30. Evidence p. 1394
31. Evidence p. 1636
32. Evidence p. 1629
33. Evidence p. 67
34. Evidence p. 1809
35. Evidence p. 2006
36. Evidence p. 2007
37. Evidence p. 642
38. In Camera Evidence p. 136
39. Evidence p. 1394
40. Evidence p. 1473
41. Evidence p. 2008
42. Evidence p. 2008
43. Evidence p. 2008
44. Evidence p. 1924
45. Evidence p. 2009
46. Evidence p. 2009
47. Letter Dr R G Smith to Secretary, 18 April 1989
48. Evidence p. 2009
49. Evidence p. 2013
50. Evidence pp. 2013-4
51. Evidence pp. 2013-4
52. Evidence p. 2019
53. Evidence p. 2060
54. Evidence p. 2076
55. Evidence p. 2059
56. Evidence p. 2059
57. Evidence pp. 2059-60
58. Evidence pp. 2016-7

59. In Camera Evidence p. 146
60. In Camera Evidence p. 1656
61. In Camera Evidence p. 354
62. Evidence p. 1827
63. Medical Records provided on 20 February 1989
64. Letter Mr Rice to Secretary, 7 February 1989
65. Letter from athlete, 10 February 1989
66. Minute from Dr Roberts to Mr Corbitt, 8 December 1986, folio 62
67. Letter Dr R G Smith, Acting Director, AIS, to Secretary 18 April 1989
68. Evidence p. 1825
69. Evidence p. 1825
70. Evidence p. 1484
71. Evidence p. 1484
72. Evidence pp. 1655-6
73. K Donald, The Doping Game, A Boolarong Publication, Brisbane, 1983, p. 109
74. Evidence p. 1825
75. Evidence p. 542
76. Evidence p. 1970
77. Evidence p. 2071
78. Evidence p. 1637
79. Evidence p. 1637
80. Evidence p. 1836
81. Evidence p. 1629
82. Evidence p. 2135
83. Evidence p. 67
84. In Camera Evidence p. 569
85. In Camera Evidence p. 608
86. In Camera Evidence p. 635
87. In Camera Evidence p. 632
88. In Camera Evidence p. 634
89. In Camera Evidence p. 628
90. In Camera Evidence p. 735
91. In Camera Evidence p. 735
92. Evidence p. 1926
93. Evidence p. 1926
94. Evidence pp. 1927-8
95. Evidence p. 1927
96. Evidence p. 2134
97. Evidence p. 2055
98. Evidence p. 2057
99. Evidence p. 2039
100. Evidence p. 2038
101. Evidence p. 2043
102. Minute from Dr Fricker to Mr Harvey, 19 May 1987, AIS file No. 87/0238, Folio 87
103. In Camera Evidence p. 568
104. Evidence p. 2039

APPENDIX 1

The following individuals and organisations made written submissions to the Committee:

Submission Number	
1.	Mr K McRae, Forestville, New South Wales
2.	Name and address withheld
3.	Mr J Sheedy, Willoughby, New South Wales
4.	Mr B Launder, Werribee, Victoria
5.	Mr M Kemp, Belconnen, Australian Capital Territory
6.	Australian Soccer Federation, Sydney, New South Wales
7.	Mr J Irwin, Everton Hills, Queensland
8.	Australian Hockey Association, South Melbourne, Victoria
9.	Dr Gavin Dawson, Launceston, Tasmania
10.	Australian Weightlifting Federation, Melbourne, Victoria
11.	Royal Brisbane Hospital Foundation, Brisbane, Queensland
12.	Mr Hayden Opie, Parkville, Victoria
13.	Australian Government Analytical Laboratories, Belconnen, Australian Capital Territory
14.	National Program on Drugs in Sport, Belconnen, Australian Capital Territory
15.	Health Department of Western Australian, Perth, Western Australia (in camera)
16.	Australian Institute of Sport, Belconnen, Australian Capital Territory
17.	Australian Sports Medicine Federation Ltd, Westmead, New South Wales

18. Australian Rowing Council Inc., Westmead, New South Wales

19. Australian Swimming Inc., Kippax, Australian Capital Territory

20. Australian Schools Sports Council, Dickson, Australian Capital Territory

21. Dr T Roberts and Mr D Hemphill, Footscray, Victoria

22. Centre for Sports Studies, Canberra College of Advanced Education, Belconnen, Australian Capital Territory

23. Australian Ice Hockey Federation, North Sydney, New South Wales

24. Australian Olympic Federation, Sydney, New South Wales

25. Mr Kelvin B Giles, Belconnen, Australian Capital Territory

26. Australian Universities Sports Association, North Ryde, New South Wales

27. Department of Community Services and Health, Canberra, Australian Capital Territory

28. Dr A P Millar, Petersham, New South Wales

29. Mr M Hurst, Sydney, New South Wales

30. Queensland Department of Health, Brisbane, Queensland

31. Mr M Stewart-Weeks, Chippendale, New South Wales

32. Ms Jane Flemming, Belconnen, Australian Capital Territory

33. Mr Glenn Jones, Queanbeyan, New South Wales and Mr Ian Childs, Caldwell, Australian Capital Territory

34. Australian Customs Service, Canberra, Australian Capital Territory

35. Australian Track and Field Coaches Association, Sydney, New South Wales

36. Dr Richard Ward, Melbourne, Victoria

37. Drug Free Powerlifting Association of NSW Inc., Rushcutters Bay, New South Wales

38. New South Wales Rugby League Limited, Sydney, New South Wales

39. 'Concerned Weightlifter'

40. Union Internationale de Pentathalon Moderne et Biathalon, Mount Eliza, Victoria

41. Messrs J Jones and P Harrison, Belconnen, Australian Capital Territory

42. Dr Michael O'Toole, Dandenong, Victoria

43. Musashi, Bentleigh, Victoria

44. Australian Little Athletics Union, Melbourne, Victoria

45. Mr S Raskovy, Croydon, Victoria

46. New South Wales Medical Board, Railway Square, New South Wales

47. Mr T Black, Kedron, Queensland

48. Mr A Watson, Galston, New South Wales

49. Victorian Weightlifting Association Inc., Hawthorn, Victoria

50. Mrs Gael Martin, Kambah, Australian Capital Territory

51. Mr Gary Parisi, Burwood, New South Wales

52. Mr B Frew, Drouin, Victoria

53. Australian Coaching Council, Belconnen, Australian Capital Territory

54. Queensland Drug Free Powerlifting Association Inc., Scarborough, Queensland

55. Australian Commonwealth Games Association, Double Bay, New South Wales

56. Mr J Smith, Frankston, Victoria

57. Dr D Weisner, Kensington, New South Wales

58. Australian Arthritis Foundation - ACT Inc., Woden, Australian Capital Territory

59. Mr T Gathercole, AM, Belconnen, Australian Capital Territory

60. Dr Graeme Blackman, Institute of Drug Technology, Boronia, Victoria

61. Queensland Fitness Accreditation Council, Kelvin Grove, Queensland

62. Mr A Kiely, Roseville, New South Wales

63. Confederation of Australian Sport, Deakin, Australian Capital Territory

APPENDIX 2

Individuals and organisations who appeared as witnesses before the Committee

Date of Hearing	Individuals/ Organisations	Represented By
11 November 1988	Mr M Kemp Mr K Giles	
	National Program on Drugs in Sport	Dr B Corrigan, Chairman Mr S Haynes, Manager Mr D Moore, Committee Member
21 November 1988	Australian Olympic Federation, Sydney, New South Wales	Mr J Coates, Vice-President Mr P Coles, Secretary-General Dr B Corrigan, Medical Officer
	Australian Sports Medicine Federation	Dr W Webb, Chairman
	Australian Rowing Council	Dr W Webb, Principal Medical Officer
	Australian Ice Hockey Federation	Dr P Gwozdecky, Sport Medicine Director
	Mr M Hurst (coach) Mr D Clarke (athlete) Ms M Holland (athlete) Dr A Millar Mr J Sheedy	
30 November 1988	Mr A Watson Mr S Howland Mrs G Martin	

Date of Hearing	Individuals/ Organisations	Represented By
6 December 1988	Mr S Hambesis	
	Mr J Pappas	
7 December 1988	Mr G Jones	
	Mr I Childs	
12 December 1988	Mr G Parisi	
14 December 1988	Mr L Jones	
13 February 1989	Mr D Smith	
	Mr D Byrnes	
	Mr J Jones and Mr P Harrison	
	Ms J Flemming	
14 February 1989	Mr K Giles	
	Mr M Kemp	
	Mr C Hilliard	
	Mr B Batschi	
	Mr H Wardle	
15 February 1989	Dr K Donald	
	Dr G Dawson	
	Sister S Beasley	
	Dr K Maguire	
	Dr P Fricker	
16 February 1989	Mr J Scarano	
	Mr D Talbot, OBE	
	Mr R Harvey and Mr R Hobson	

Date of Hearing	Individuals/ Organisations	Represented By
17 February 1989	Mr S Haynes Ms L Martin Dr K Donald Ms R Boyle	
3 April 1989	Australian Institute of Sport	Professor J Bloomfield, OBE former Chairman of the Board Mr P Bowman, Co-ordinator of Track and Field Ms E Darlison, Board Member Mr R Harvey, Deputy Chairman Mr R Hobson, Assistant Director Corporate Services Dr J Roberts, Assistant Manager Sports Administration Dr R Smith, Acting Director
12 April 1989	Australian Institute of Sport	Sister S Beasley Mr P Bowman Dr P Fricker Mr R Harvey Mr R Hobson Dr R Smith Mr J Stanwix

APPENDIX 3

PARLIAMENTARY PRIVILEGE

Procedures to be observed by Senate committees for the protection of witnesses

That, in their dealings with witnesses, all committees of the Senate shall observe the following procedures:

(1) A witness shall be invited to attend a committee meeting to give evidence. A witness shall be summoned to appear (whether or not the witness was previously invited to appear) only where the committee has made a decision that the circumstances warrant the issue of a summons.

(2) Where a committee desires that a witness produce documents relevant to the committee's inquiry, the witness shall be invited to do so, and an order that documents be produced shall be made (whether or not an invitation to produce documents has previously been made) only where the committee has made a decision that the circumstances warrant such an order.

(3) A witness shall be given reasonable notice of a meeting at which the witness is to appear, and shall be supplied with a copy of the committee's order of reference, a statement of the matters expected to be dealt with during the witness's appearance, and a copy of these procedures. Where appropriate a witness shall be supplied with a transcript of relevant evidence already taken.

(4) A witness shall be given opportunity to make a submission in writing before appearing to give oral evidence.

(5) Where appropriate, reasonable opportunity shall be given for a witness to raise any matters of concern to the witness relating to the witness's submission or the evidence the witness is to give before the witness appears at a meeting.

(6) A witness shall be given reasonable access to any documents that the witness has produced to a committee.

(7) A witness shall be offered, before giving evidence, the opportunity to make application, before or during the hearing of the witness's evidence, for any or all of the witness's evidence to be heard in private session,

and shall be invited to give reasons for any such application. If the application is not granted, the witness shall be notified of reasons for that decision.

(8) Before giving any evidence in private session a witness shall be informed whether it is the intention of the committee to publish or present to the Senate all or part of that evidence, that it is within the power of the committee to do so, and that the Senate has the authority to order the production and publication of undisclosed evidence.

(9) A chairman of a committee shall take care to ensure that all questions put to witnesses are relevant to the committee's inquiry and that the information sought by those questions is necessary for the purpose of that inquiry. Where a member of a committee requests discussion of a ruling of the chairman on this matter, the committee shall deliberate in private session and determine whether any question which is the subject of the ruling is to be permitted.

(10) Where a witness objects to answering any question put to the witness on any ground, including the ground that the question is not relevant or that the answer may incriminate the witness, the witness shall be invited to state the ground upon which objection to answering the question is taken. Unless the committee determines immediately that the question should not be pressed, the committee shall then consider in private session whether it will insist upon an answer to the question, having regard to the relevance of the question to the committee's inquiry and the importance to the inquiry of the information sought by the question. If the committee determines that it requires an answer to the question, the witness shall be informed of that determination and the reasons for the determination, and shall be required to answer the question only in private session unless the committee determines that it is essential to the committee's inquiry that the question be answered in public session. Where a witness declines to answer a question to which a committee has required an answer, the committee shall report the facts to the Senate.

(11) Where a committee has reason to believe that evidence about to be given may reflect adversely on a person, the committee shall give consideration to hearing that evidence in private session.

(12) Where a witness gives evidence reflecting adversely on a person and the committee is not satisfied that that evidence is relevant to the committee's inquiry, the committee shall give consideration to expunging that evidence from the transcript of evidence, and to forbidding the publication of that evidence.

(13) Where evidence is given which reflects adversely on a person and action of the kind referred to in paragraph (12) is not taken in respect of the evidence, the committee shall provide reasonable opportunity for that person to have access to that evidence and to respond to that evidence by written submission and appearance before the committee.

(14) A witness may make application to be accompanied by counsel and to consult counsel in the course of a meeting at which the witness appears. In considering such an application, a committee shall have regard to the need for the witness to be accompanied by counsel to ensure the proper protection of the witness. If an application is not granted, the witness shall be notified of reasons for that decision.

(15) A witness accompanied by counsel shall be given reasonable opportunity to consult counsel during a meeting at which the witness appears.

(16) An officer of a department of the Commonwealth or of a State shall not be asked to give opinions on matters of policy, and shall be given reasonable opportunity to refer questions asked of the officer to superior officers or to a Minister.

(17) Reasonable opportunity shall be afforded to witnesses to make corrections of errors of transcription in the transcript of their evidence and to put before a committee additional material supplementary to their evidence.

(18) Where a committee has any reason to believe that any person has been improperly influenced in respect of evidence which may be given before the committee, or has been subjected to or threatened with any penalty or injury in respect of any evidence given, the committee shall take all reasonable steps to ascertain the facts of the matter. Where the committee considers that the facts disclose that a person may have been improperly influenced or subjected to or threatened with penalty or injury in respect of evidence which may be or has been given before the committee, the committee shall report the facts and its conclusions to the Senate.

Resolutions of the Senate - 25 February 1988

APPENDIX 4

IN CAMERA EVIDENCE

A Senate Committee may agree to take evidence in camera. This means that the evidence will be taken in private, with the public and press excluded. In agreeing to take evidence in camera the Committee will inform a witness whether it is the intention of the Committee to publish or present to the Senate all or part of the evidence. For example, where a matter is either before a court of law or pending legal proceedings (sub judice), the Committee might wish to hear evidence in camera in order to avoid influencing or prejudicing the outcome of court proceedings. In these circumstances the Committee may indicate that it will authorise the publication of the in camera evidence once the legal proceedings have been completed.

When receiving in camera evidence for other than sub judice reasons it will generally be the intention of the Committee that the evidence will not be published. However, it should be noted that the Committee is unable to give a binding assurance that evidence taken in camera will not be disclosed. This is because disclosure can be authorised by three mechanisms:

- a resolution of the Committee concerned can result in the publication or the presentation to the Senate of evidence taken in camera;
- the production and publication of undisclosed evidence can be authorised by the Senate;
- an individual member of the Committee preparing a dissenting report may, without reference to the Committee or the witness, disclose in camera evidence which the member claims is clearly relevant to the matter on which the Senator dissents and which forms a necessary part of the reasoning of the dissent.

Clearly, the first of these mechanisms is under the control of the Committee and is unlikely to be applied if the Committee has indicated it does not intend to disclose in camera evidence. However, the membership of the Committee may change or the Committee may decide at some later stage that the reasons for confidentiality may no longer exist. In this case the Committee would normally notify the witness and seek his or her up-to-date preference about the matter. The other two mechanisms through which disclosure can be authorised are outside the direct control of the Committee. However, it should be noted their use has been rare.

In giving in camera evidence it should be noted that the resolutions adopted by the Senate on 25 February 1988 concerning procedures to be observed by Senate committees for the protection of witnesses state that:

> [w]here evidence is given which reflects adversely on a person ... the committee shall provide reasonable opportunity for that person to have access to that evidence and to respond to that evidence by written submission and appearance before the committee. (paragraph 13)

When a Committee has taken evidence in camera involving allegations made against an individual, the Committee will normally try to raise these allegations with the individual concerned in such a way that the identity of the witness making the allegations is not disclosed. This would be done during the course of an in camera hearing.

Distribution of the Hansard transcript of in camera evidence is limited to the witness, the Committee members, the Committee secretariat and to Hansard. Extra security, such as double enveloping is used in the distribution of such evidence.

Unauthorised disclosure of in camera evidence is both a contempt of the Senate and a criminal offence. The Parliamentary Privileges Act 1987 sets out the penalties for unauthorised disclosure of in camera evidence as:

- in the case of a natural person, $5 000 or imprisonment for 6 months;
- in the case of a corporation $25 000

It should be noted that disclosure can be authorised only by the three methods described. Disclosure cannot be authorised by the witness providing the evidence. If a witness later changes his or her mind about the need for secrecy, the Committee should be advised as, in this case, the Committee might wish to consider the possibility of disclosure.

If a witness wishes to keep confidential the fact that he or she has appeared to give evidence before the Committee, as well as the evidence given, this should be made clear to the Committee secretary as soon as possible.

Note:

Where there is an absolute need to ensure confidentiality a Committee may agree to hold private discussions with a prospective witness rather than take formal evidence.

APPENDIX 5

INTERNATIONAL OLYMPIC COMMITTEE

LIST OF DOPING CLASSES AND METHODS

I. **DOPING CLASSES**

A. Stimulants
B. Narcotics
C. Anabolic Steriods
D. Beta-blockers
E. Diuretics

II. **DOPING METHODS**

A. Blood doping
B. Pharmacological, chemical and physical manipulation

III. **CLASSES OF DRUGS SUBJECT TO CERTAIN RESTRICTIONS**

A. Alcohol
B. Local anaesthetics
C. Corticosteroids

NOTE:

The doping definition of the IOC Medical Commission is based on the banning of pharmacological classes of agents.

The definition has the advantage that also new drugs, some of which may be especially designed for doping purposes, are banned.

The following list represents examples of the different dope classes to illustrate the doping definition. Unless indicated all substances belonging to the banned classes may not be used for medical treatment, even if they are not listed as examples. If substances of the banned classes are detected in the laboratory the IOC Medical Commission will act. It should be noted that the presence of the drug in the urine constitutes an offence, irrespective of the route of administration.

EXAMPLES AND EXPLANATIONS

I. **DOPING CLASSES**

A. Stimulants e.g.

amfepramone
amfetaminil
amiphenazole
amphetamine
benzphetamine
caffeine*
cathine
chlorphentermine
clobenzorex
clorprenaline
cocaine
cropropamide (component of "micoren")
crothetamide (component of "micoren")
dimetamfetamine
ephedrine
etafedrine
ethamivan
etilamfetamine
fencamfamin
fenetylline
fenproporex
furfenorex
mefenorex
methamphetamine
methoxyphenamine
methylephedrine
methylphenidate
morazone
nikethamide
pemoline
pentetrazol
phendimetrazine
phenmetrazine
phentermine
phenylpropanolamine
pipradol
prolintane
propylhexedrine
pyrovalerone
strychnine and related compounds

* For caffeine the definition of a positive depends upon the following: - if the concentration in urine exceeds 12 micrograms/ml.

Stimulants comprise various types of drugs which increase alertness, reduce fatigue and may increase competitiveness and hostility. Their use can also produce loss of judgement, which may lead to accidents to others in some sports. Amphetamine and related compounds have the most notorious reputation in producing problems in sport. Some deaths of sportsmen have resulted even when normal doses have been used under conditions of maximum physical activity. There is no medical justification for the use of 'amphetamines' in sport.

One group of stimulants is the sympathomimetic amines of which ephedrine is an example. In high doses, this type of compound produces mental stimulation and increased blood flow. Adverse effects include elevated blood pressure and headache, increased and irregular heart beat, anxiety and tremor. In lower doses, they e.g. ephedrine, pseudoephedrine, phenylpropanolamine, norpseudoephedrine, are often present in cold and hay fever preparations which can be purchased in pharmacies and sometimes from other retail outlets without the need of a medical prescription.

THUS NO PRODUCT FOR USE IN COLDS, FLU OR HAY FEVER PURCHASED BY A COMPETITOR OR GIVEN TO HIM SHOULD BE USED WITHOUT FIRST CHECKING WITH A DOCTOR OR PHARMACIST THAT THE PRODUCT DOES NOT CONTAIN A DRUG OF THE BANNED STIMULANTS CLASS.

-Beta2 agonists

The choice of medication in the treatment of asthma and respiratory ailments has posed many problems. Some years ago, ephedrine and related substances were administered quite frequently. However, these substances are prohibited because they are classed in the category of "sympathomimetic amines" and therefore considered as stimulants.

The use of only the following beta2 agonists is permitted in the aerosol form:
bitolterol
orciprenaline
rimiterol
salbutamol
terbutaline

B. Narcotic analgesics e.g.

alphaprodine
anileridine
buprenorphine
codeine
dextromoramide
dextropropoxyphen
diamorphine (heroin)
dihydrocodeine
dipipanone
ethoheptazine
ethylmorphine
levorphanol
methadone
morphine
nalbuphine
pentazocine
pethidine
phenazocine
trimeperidine and related compounds

The drugs belonging to this class, which are represented by morphine and its chemical and pharmacological analogs, act fairly specifically as analgesics for the management of moderate to severe pain. This description however by no means implies that their clinical effect is limited to the relief of trivial disabilities. Most of these drugs have major side effects, including dose-related respiratory depression, and carry a high risk of physical and psychological dependence. There exists evidence indicating that narcotic analgesics have been and are abused in sports, and therefore the IOC Medical Commission has issued and maintained a ban on their use during the Olympic Games. The ban is also justified by international restrictions affecting the movement of these compounds and is in line with the regulations and recommendations of the World Health Organisation regarding narcotics.

Furthermore, it is felt that the treatment of slight to moderate pain can be effective using drugs - other than the narcotics - which have analgesic, anti-inflammatory and antipyretic actions. Such alternatives, which have been successfully used for the treatment of sports injuries, include Anthranilic acid derivatives (such as Mefenamic acid, Floctafenine, Glafenine, etc.), Phenylalkanoic acid derivatives (such as Diclofenac, Ibuprofen, Ketoprofen, Naproxen, etc.) and compounds such as Indomethacin and Sulindac. The Medical Commission also reminds athletes and team doctors that Aspirin and its newer derivatives (such as Diflunisal) are not banned but cautions against some pharmaceutical preparations where Aspirin is often associated to a banned drug such as Codeine. The same precautions hold for cough and cold preparations which often contain drugs of the banned classes.

NOTE: DEXTROMETHORPHAN IS NOT BANNED AND MAY BE USED AS AN ANTI-TUSSIVE.
DIPHENOXYLATE IS ALSO PERMITTED.

C. Anabolic steroids e.g.

bolasterone
boldenone
clostebol
dehydrochlormethyltestosterone
fluoxymesterone
mesterolone
metandienone
metenolone
methyltestosterone
nandrolone
norethandrolone
oxandrolone
oxymesterone
oxymetholone
stanozolol
testosterone** and related compounds

** Testosterone: the definition of a positive depends upon the following - the administration of testosterone or the use of any other manipulation having the result of increasing the ratio in urine of testosterone/epitestosterone to above 6.
It is well known that the administration to males of Human Chorionic Gonadotrophin (HCG) and other compounds with related activity leads to an increased rate of production of androgenic steroids. The use of these substances is therefore banned.

This class of drugs includes chemicals which are related in structure and activity to the male hormone testosterone, which is also included in this banned class. They have been misused in sport, not only to attempt to increase muscle bulk, strength and power when used with increased food intake, but also in lower doses and normal food intake to attempt to improve competitiveness.

Their use in teenagers who have not fully developed can result in stunting growth by affecting growth at the ends of the long bones. Their use can produce psychological changes, liver damage and adversely affect the cardio-vascular system. In males, their use can reduce testicular size and sperm production; in females, their use can produce masculinisation, acne, development of male pattern hair growth and suppression of ovarian function and menstruation.

D. Beta-blockers e.g.

acebutolol
alprenolol
atenolol
labetalol
metoprolol
nadolol
oxprenolol
propranolol
sotalol and related compounds

The IOC Medical Commission has reviewed the therapeutic indications for the use of beta-blocking drugs and noted that there is now a wide range of effective alternative preparations available in order to control hypertension, cardiac, arrythmias, angina pectoris and migraine. Due to the continued misuse of beta-blockers in some sports where physical activity is of no or little importance, the IOC Medical Commission reserves the right to test those sports which it deems appropriate. These are unlikely to include endurance events which necessitate prolonged periods of high cardiac output and large stores of metabolic substrates in which beta-blockers would severely decrease performance capacity.

E. Diuretics e.g.

acetazolamide
amiloride
bendroflumethiazide
benzthiazide
bumetanide
canrenone
chlormerodrin
chlortalidone
diclofenamide
ethacrynic acid
furosemide
hydrochlorothiazide
mersalyl
spironolactone
triamterene and related compounds

Diuretics have important therapeutic indications for the elimination of fluids from the tissues in certain pathological conditions. However, strict medical control is required.

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

Furthermore, deliberate attempts to reduce weight artificially in order to compete in lower weight classes or to dilute urine constitute clear manipulations which are unacceptable on ethical grounds. Therefore, the IOC Medical Commission has decided to include diuretics on its list of banned classes of drugs.

N.B. For sports involving weight classes, the IOC Medical Commission reserves the right to obtain urine samples from the competitor at the time of the weigh-in.

II. METHODS

A. Blood doping

Blood transfusion is the intravenous administration of red blood cells or related blood products that contain red blood cells. Such products can be obtained from blood drawn from the same (autologous) or from a different (non-autologous) individual. The most common indications for red blood transfusion in conventional medical practice are acute blood loss and severe anaemia.

Blood doping is the administration of blood or related red blood products to an athlete other than for legitimate medical treatment. This procedure may be preceded by withdrawal of blood from the athlete who continues to train in this blood depleted state.

These procedures contravene the ethics of medicine and of sport. There are also risks involved in the transfusion of blood and related blood products. These include the development of allergic reactions (rash, fever etc.) and acute haemolytic reaction with kidney damage if incorrectly typed blood is used, as well as delayed transfusion reaction resulting in fever and jaundice, transmission of infectious diseases (viral hepatitis and AIDS), overload of the circulation and metabolic shock.

Therefore the practice of blood doping in sport is banned by the IOC Medical Commission.

B. Pharmacological, chemical and physical manipulation

The IOC Medical Commission bans the use of substances and of methods which alter the integrity and validity of urine samples used in doping controls. Examples of banned methods are catheterisation, urine substitution and/or tampering, inhibition of renal excretion, e.g. by probenecid and related compounds.

III. CLASSES OF DRUGS SUBJECT TO CERTAIN RESTRICTIONS

A. Alcohol

Alcohol is not prohibited. However breath or blood alcohol levels may be determined at the request of an International Federation.

B. Local anaesthetics

Injectable local anaesthetics are permitted under the following conditions:

a) that procaine, xylocaine, carbocaine, etc. are used but not cocaine;
b) only local or intra-articular injections may be administered;
c) only when medically justified (i.e. the details including diagnosis; dose and route of administration must be submitted immediately in writing to the IOC Medical Commission).

C. Corticosteroids

The naturally occurring and synthetic corticosteroids are mainly used as anti-inflammatory drugs which also relieve pain. They influence circulating concentrations of natural corticosteroids in the body. They produce euphoria and side-effects such that their medical use, except when used topically, require medical control.

Since 1975, the IOC Medical Commission has attempted to restrict their use during the Olympic Games by requiring a declaration by the team doctors, because it was known that corticosteroids were being used non-therapeutically by the oral, intramuscular and even the intravenous route in some sports. However, the problem was not solved by these restrictions and therefore stronger measures designed not to interfere with the appropriate medical use of these compounds became necessary.

The use of corticosteroids is banned except for topical use (aural, opthalmological and dermatological), inhalational therapy (asthma, allergic rhinitis) and local or intra-articular injections.

ANY TEAM DOCTOR WISHING TO ADMINISTER CORTICOSTEROIDS INTRA-ARTICULARLY OR LOCALLY TO A COMPETITOR MUST GIVE WRITTEN NOTIFICATION TO THE IOC MEDICAL COMMISSION.

APPENDIX 6

Drugs Proscribed by the IOC Medical Commission which are available through the Pharmaceutical Benefits Scheme

Dexamphetamine
Adrenaline
Fenoterol
Phenylephrine
Caffeine
Codeine
Methadone
Morphine
Oxocodone
Pethidine
Papaveretum
Ethyloestrenol
Fluoxymesterone
Methenolone
Methyl Testosterone
Nandrolone
Oxymetholone
Testosterone
Alprenolol
Atenolol
Metoprolol
Oxprenolol
Pindolol
Propranolol