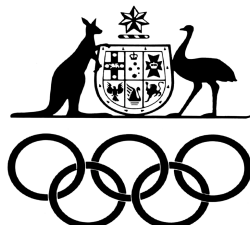


AUSTRALIAN OLYMPIC COMMITTEE
(ARBN 052 258 241)
(Registered No. A0004778J)



HOUSE OF REPRESENTATIVES
STANDING COMMITTEE ON FAMILY AND COMMUNITY AFFAIRS

PARLIAMENTARY INQUIRY

SUBMISSION

SUBSTANCE ABUSE IN AUSTRALIAN COMMUNITIES

9 June 2000

1. INTRODUCTION.

Not only is the use of sports drugs in Australian society increasing at an alarming rate, but studies have determined that attitudes accepting the use of anabolic steroids in particular have also changed. To take but one example, the advice from the National Drug & Alcohol Research Centre is that 3.9% of males in 1998 found non-medical anabolic steroid use acceptable (up from 2.3% in 1995) and 0.9% of females also indicated acceptance in 1998 (up from 0.8% in 1995)¹. This reflected a rise in the figures in the “lifetime use” of steroids from 0.6% in 1995 to 0.8% in 1998².

This use is not just within the sporting community, but extends to the non sports sectors of Australian life. Whilst the Australian Olympic Committee is extremely concerned at the growth of use of sports drugs, and particularly at what may be described as the ‘hard’ sports drugs, it is also concerned about the detrimental health and social effects of the widespread use of these drugs within the general community.

The damaging effects of sports drugs on the health and well-being of those who use them cannot be denied. There is ample evidence that the use of these drugs has resulted in death and permanent and irreversible physical and psychological damage.³

Whilst the use of sports drugs within the sporting community is serious, the wider social implications of the use of these drugs demands that they be treated equally with the recognised illicit ‘social’ drugs, such as heroin and cocaine. It is widely accepted that the fight against drugs is not effectual if this fight is only addressed to the user. It is necessary to tackle the problem at its source – ie the levels of manufacture, importation and trafficking.

The AOC’s research revealed that the penalties which applied to the manufacture, importation and trafficking of sports drugs were insufficient to act as a deterrent. It was found that these penalties were markedly less severe than those which applied to the manufacture, importation and trafficking of illicit social drugs.

Consequently, the AOC prepared a submission dated 23 August 1998 seeking a commitment from all the governments of Australia, Federal, State and Territory, to:

1. amend the relevant legislation to ensure that the manufacture, importation, export, trafficking and illegal possession and use of “hard” sports drugs are subject to the same restrictions and penalties as the serious illicit social drugs; and
2. commit sufficient and appropriate resources to ensure that an effective regime is in place to combat the manufacture, importation, trafficking and illegal use and possession of these drugs.⁴

The AOC is pleased to report that some positive action has been taken, as will be set out below, in response to this submission, however it remains concerned that further avenues identified have not been explored by the various stakeholders . With the staging of the 2000

¹ P Dillon, 1998 National Drug Strategy Household Survey, First Results p8

² P Dillon, 1998 National Drug Strategy Household Survey, First Results p5 The Australian Bureau of Criminal Intelligence report, “Australian Illicit Drug Report 1998-1999” cites the National Drug Strategy Household Survey (NDSHS) as indicating that 3.9% of males and 0.7% of females have used anabolic steroids for non-medical use. These figures are also quoted in the Special Report on The Drug Summit, The Sydney Morning Herald, 15 May 1999. C Fleming in AOC 1998 Submission Exhibit 19 compares the Australian findings to the US studies which indicate that 1 in 10 males between the ages of 12-28 use anabolic steroids on a daily basis.

³ See for example the report by the South Australian State Coroner linking the death of Ervin Zurmuhl with his use of anabolic steroids. The Daily Telegraph, 1 June 2000 p 22

⁴ See enclosed as an attachment to this submission.

Olympic Games in Sydney and the current international focus on sports doping, the AOC provides this submission in an attempt to assist the Standing Committee to understand that the social and economic cost of sports drugs abuse extends beyond sport, and into the wider community.

2. Sports Drugs.

The almost universally accepted list of sports drugs is that published by the International Olympic Committee (and now the World Anti-Doping Agency). Whilst much has been said over the last few years about the simplification of this list, the fact is that it prohibits five classes of substances on the basis that they are performance enhancing and/or a danger to the health of athletes, that they are otherwise illegal, and because of the impact Olympic athletes have as role models.

The five prohibited classes of substances are:

- Stimulants
- Narcotics
- Anabolic Agents
- Diuretics
- Peptide Hormones, Mimetics and Analogues

In addition, the IOC also prohibits methods designed to either enhance performance or to pharmaceutically, chemically or physically manipulate the integrity and validity of urine samples used in doping controls.

After consultation with Dr Brian Sando (the head of the AOC Medical Commission and the Team Medical Director for the 1988, 1992, 1996 and 2000 Australian Olympic Teams) and based on its experience generally, the AOC submits that the ‘hard’ sports drugs are:

- Anabolic androgenic steroids;**
[referred to throughout as “anabolic steroids”]
- Beta 2 agonists (other than salbutamol, salmeterol and terbutaline);** and
- Peptide and glycoprotein hormones and analogues**

The description expressly does not include amphetamines (being the more serious stimulants), diuretics and narcotics, as the manufacture, importation, export, trafficking and illegal possession and use of these are already covered by legislation concerning illicit social drugs and their therapeutic use by qualified medical practitioners and registered pharmacists. For the purposes of this submission, all future references to ‘sports drugs’ are to the above highlighted substances.

The IOC specifically describes as examples of anabolic steroids:

androstenediol, androstenedione, clostebol, dehydroepiandrosterone (DHEA), dihydrotestosterone, fluoxymesterone, metandienone, metenolone, nandrolone, 19-norandrostenediol, 19-norandrostenedione, oxandrolone, stanozolol, testosterone, ...and related substances⁵

Thus anabolic steroids are testosterone – the male hormone – and the synthetic derivatives of testosterone.

⁵ IOC Olympic Movement Anti-Doping Code, Appendix A, 1 January 2000

Beta 2 agonists are prohibited by the IOC as they may have powerful anabolic effects when administered systemically. The AOC has excluded salbutamol, salmeterol and terbutaline from its description of sports drugs as these three substances are not prohibited in sport where they are administered by inhaler. This is to permit the legitimate therapeutic use of these three substances by asthma sufferers. Accordingly, the relevant beta 2 agonists are:

*bambuterol, clenbuterol, fenoterol, formoterol, reproterol ... and related substances*⁶

The Peptide Hormones, Mimetics and Analogues include:

1. *Chorionic Gonadotrophin (hCG- human chorionic gonadotrophin);*
2. *Pituitary and synthetic gonadotrophins (LH);*
3. *Corticotrophins (ACTH, tetracosactide);*
4. *Growth hormone (hGH);*
5. *Insulin-like Growth Factor (IGF-1);*
and all the respective releasing factors and their analogues;
6. *Erythropoietin (EPO);*
7. *Insulin (permitted only to treat insulin-dependent diabetes).*⁷

3. The Incidence of The Use of Sports Drugs.

Anabolic steroids

*“I do not think that the use of anabolic steroids to enhance athletic performance can be anything but abuse.”*⁸

In 1990, the Senate Standing Committee on Environment, Recreation and the Arts which enquired into “Drugs in Sport” (“Black Committee”) identified that sports drugs, in particular anabolic steroids, were a serious social and sporting problem in Australia and that various changes to the law were required to prevent their increased use.

Since the time of this report, anabolic steroid usage in the sporting and general community has increased markedly. The National Drug Household Survey prepared by the National Drug and Alcohol Research Centre in 1995⁹ indicated that the incidence of anabolic steroid use for non-medical purposes had doubled since 1993, from 0.1% to 0.2% of the population. Similarly, the incidence of people trying anabolic steroids for non-medical purposes had doubled since 1993, from 0.3% to 0.6% of the population.¹⁰

The same survey reported that the use of tobacco, tranquillisers, barbiturates, and inhalers decreased over the period. While the use of heroin, amphetamines and cocaine also rose over this period, the use of these drugs did not increase at the rate as anabolic steroid use.¹¹

The National Drug Household Survey for 1998 found that while the “recent” (last 12 months) non-medical use of anabolic steroids was maintained from 1995 to 1998 at 0.2% of the general population in Australia (14 years and over), the “lifetime use” of steroids had risen from 0.6% in 1995 to 0.8% in 1998¹². Interestingly, the age at which a person first used steroids increased from 19 to 22 years.¹³

⁶ IOC Olympic Movement Anti-Doping Code, Appendix A, 1 January 2000

⁷ IOC Olympic Movement Anti-Doping Code, Appendix A, 1 January 2000

⁸ Dr Nicholas Keks, Associate, National Health and Medical Research Council, during the hearings of the Senate Standing Committee on Environment, Recreation and the Arts into Drugs in Sport.

⁹ AOC 1998 Submission Exhibit 2 page 1

¹⁰ AOC 1998 Submission Exhibit 2 page 1

¹¹ AOC 1998 Submission Exhibit 2 page 1

¹² P Dillon, 1998 National Drug Strategy Household Survey, p5 The Australian Bureau of Criminal Intelligence, “Australian Illicit Drug Report 1998-1999” cites the National Drug Strategy Household Survey as indicating that 3.9% of males and 0.7% of females have used anabolic steroids for non-medical use. These figures are also quoted in the ‘Special Report - The Drug Summit’, *SMH*, 15/5/99.

The report of the Victorian Premier's Drug Advisory Council in 1996 quoted a 1992 "Survey on Drug Use among Victorian Secondary School Students". This survey found that for steroids, the percentage of males in Year 7 to have ever used anabolic steroids for non-medicinal purposes was 2.9% followed by 3.8% in Year 9 and 3.7% in Year 11. For the corresponding period, the percentage of females to have ever used steroids for non-medicinal purposes was 0.4% in Year 7, 1.2% in Year 9 and 0.5% in Year 11.¹⁴

The National Expert Advisory Committee on Illicit Drugs in October 1999¹⁵ noted that the National School Survey found that 1.4% of 12-17 year olds admitted use of anabolic steroids without a doctor's prescription in the previous 12 months, compared with 2.5% who admitted use of heroin and 4.7% who admitted the use of ecstasy or designer drugs. The author of this report however suggested that these figures should only be used with caution as there was some concern that some students may have misunderstood these questions in the survey.

The findings of use in such young children is consistent with a general trend of increased use of anabolic steroids in the Australian community and the increased use of anabolic steroids worldwide. Undoubtedly a contributor to this rise is the increased publicity surrounding cases concerning the use of sports drugs. Some obvious examples are the widely criticised culture of drug use in cycling highlighted by the controversies in the Tour de France in 1998¹⁶; the positive testing to steroids of Justin Charles and Alastair Lynch in the Australian Football League, Robbie O'Davis and Rodney Howe in the National Rugby League and Dean Capabianco and Linford Christie in athletics. Further publicity continues to surround the trials of those involved in the institutionalised doping of East German athletes.

Anabolic steroids are used by participants in many sports, particularly in strength related events. However, it is naive and incorrect to assume that anabolic steroid use is confined to use in sports, or to elite sport. Indeed, whilst the terms of reference of the "Black Committee" focused on the use of performance enhancing drugs in sport, considerable evidence was put before it during the hearings of non-sports related use of anabolic steroids.

The survey conducted by the National Drug and Alcohol Research Centre entitled 'Patterns and Correlates of Anabolic-Androgenic Steroid Use' is the most comprehensive survey of the Australian population in relation to the use of anabolic-androgenic steroids.¹⁷ The survey found that users fell into four categories:

- **Sports related users:**
persons using anabolic-androgenic steroids to enhance sporting performance.
- **Body image:**
persons using anabolic-androgenic steroids to enhance appearance rather than performance. These type of persons account for the majority of users of anabolic steroids.
- **Occupational:**
persons using anabolic-androgenic steroids because the use serves a direct purpose, usually in the carrying out of employment duties. This group includes bodyguards, door staff/security personnel, construction workers, police, fire fighters and members of the armed services. The Black Committee noted with concern the tendency of a very high percentage of bouncers as steroid takers, the

C Fleming in AOC 1998 Submission Exhibit 19 compares the Australian findings to the US studies which indicate that 1 in 10 males between the ages of 12-28 use anabolic steroids on a daily basis.

¹³ P Dillon, 1998 National Drug Strategy Household Survey, First Results p6

¹⁴ "Drugs and Our Community", Report of the Premier's Drug Advisory Council, Melbourne, 1996

¹⁵ S Henry-Edwards et al "Options for the Control of Performance and Image Enhancing Drugs", prepared on behalf of the National Expert Advisory Committee on Illicit Drugs, October 1999

¹⁶ Also, Marco Pantani, the former Tour de France champion, was ordered on 6 June 2000 to stand trial in Forli, Italy, on charges of fraud in relation to high red blood cell levels recorded in a 1995 race.

Media Report 7 June 2000

¹⁷ AOC 1998 Submission Exhibit 4

enormous doses of anabolic steroids consumed by bouncers, the likelihood that bouncers will have an excessively aggressive attitude to nightclub and hotel patrons, and that many bouncers had problems with the law.

- **Adolescents:**

young persons using anabolic-androgenic steroids during a time when they are creating their identity and are susceptible to physical images portrayed in the media.¹⁸

The survey found that the reasons for the use of anabolic-androgenic steroids were inevitably personal and based on individual motivation.¹⁹

The survey noted that steroid users were a very discrete sub-group of illicit drug takers with the profile of the typical users being male, homosexual, in a stable relationship, well educated and in full or part-time employment with a higher disposable income²⁰. This profile is partially supported by the 1998 National Survey which found that; while females did not rate steroids as either first or second preferred drug, males rated them as first choice 0.1% of the time, and 0.2% as a second choice.²¹

Similar results were found when determining which drugs were associated with being a 'problem'. Females did not rate steroids at all in 1995, but in 1998 they scored 0.3%. Males in 1995 gave steroids only a 0.1% rating, while in 1998 they reached 0.4%.²²

Anabolic steroids are administered in cycles. This means that anabolic steroid users tend to use anabolic steroids for a longer period than users of illicit social drugs. The users in the survey had been using anabolic steroids for an average of 4 months to 2 years, with regular use for 16 years recorded.

Other potentially harmful practices of anabolic steroid users include:

- self injection procedures;
- concurrent use of anabolic steroids;
- use of anabolic steroids in high dosages;
- use of other sports drugs (including clenbuterol, human chorionic gonadotrophin and human growth hormone) and 'stacking' with substances such as ephedrine and caffeine; and
- concurrent use of illicit social drugs.

The use of anabolic steroids amongst adolescents is of great concern to the AOC. The Black Committee heard evidence of athletes as young as fourteen using steroids and it is clearly evident that young persons have access to, and use, anabolic steroids. Recent studies of anabolic steroid use in the United States indicate that the rate of use of anabolic steroids is between 4 and 11% of male adolescents, and between 0.5 to 2.9% of female adolescents. In circumstances where there are considerable adverse side effects of anabolic steroid use, some of which are irreversible, all necessary steps should be taken to ensure that adolescents cannot obtain and use these sports drugs.

¹⁸ AOC 1998 Submission Exhibit 4 page 5

¹⁹ AOC 1998 Submission Exhibit 4 page 7

²⁰ See the reference to this profile in the 'Other Drugs' Chapter, "Australian Illicit Drug Report 1998-1999", The Australian Bureau of Criminal Intelligence

²¹ P Dillon, 1998 National Drug Strategy Household Survey, First Results p6

²² P Dillon, 1998 National Drug Strategy Household Survey, First Results p7

Peptide and Glycoprotein Hormones

The incidence of use of these types of sports drugs is less well documented than that of anabolic steroids. This is because these drugs are a relatively new phenomena, costly, difficult to obtain and cannot always be detected in the human body.

However, the National Drug and Alcohol Research Centre survey indicated that hCG and growth hormone were often used in conjunction with anabolic steroids. In a study in the United States it was revealed that 78% of adolescents had heard of growth hormones and that 5% of adolescents were presently using growth hormones.

The AOC is aware of anecdotal evidence about the use of erythropoietin (“EPO”) by Australian athletes, particularly amongst cyclists. The fact that the use of this drug for performance enhancing purposes is not presently detectable means that there is little evidence as to the extent of its use. However, as the controversies in the 1998 Tour de France showed, the use of erythropoietin amongst elite cyclists appears widespread and the publicity afforded to erythropoietin could reasonably be expected to increase awareness, and possibly, use of erythropoietin in the Australian community.

Clenbuterol

There is evidence that this beta 2 agonist is used as a substitute for anabolic steroids, because of its anabolic properties.

4. The Effects of the Use of Sports Drugs.

Anabolic Steroids

The perceived benefits of anabolic androgenic steroid use include increased size, increased weight, improved muscle definition, decreased body fat, increased strength and improved sporting performance. The perceived psychological benefits include improved self-esteem and an increased pain threshold.

There has long been sufficient scientific evidence in relation to the physical and psychological side effects of anabolic steroid use to support the Black Committee conclusion that “*steroid use can produce significant adverse physical and psychological symptoms.*”

The physical side effects of anabolic steroid use include:

Short term effects

- Hypertension (high blood pressure)
- Testicular atrophy
- Infertility and sub-fertility
- Liver abnormalities
- Menstrual cycle alterations
- Hair loss
- Acne
- Increased oil production
- Insomnia
- Gynecomastia (breast enlargement) in men
- Reduction of breast tissues in women

Long term effects

- Heart disease associated with high blood pressure
- Heart failure linked with increased atherosclerosis (fat deposits in arteries)

- Cerebrovascular accident (strokes)
- Liver toxicity
- Liver tumors
- Deepening of the voice
- Clitoral enlargement
- Diabetes
- Kidney failure²³

Much of the long term physical damage is irreparable. The psychological side effects of anabolic steroid use have also been well documented. These side effects include:

- Emotional instability, ranging from euphoria to suicidal despondency
- Psychoses
- Dependency on the use of anabolic steroids
- Low arousal to violence threshold

It should be noted that dependency on anabolic steroid use can be associated with withdrawal symptoms when anabolic steroid use is reduced or concluded. The drug withdrawal symptoms include violent behaviour and rages, depression and fatigue.

A serious psychological effect of anabolic steroid use is the incidence of sudden manifestations of aggression causing violent, hostile, anti-social behaviour. These episodes are known as “roid rages” and have been shown to lead to property damage, self injury (including reckless driving or crashing cars), assaults, marriage breakups and domestic violence, child abuse, suicide and attempted murder or murder.²⁴

The Coroner in the death of Gregory Arthur Wane and his wife, Patricia Mary Anne Wane was highly critical of the general practitioner involved in prescribing Mr Wane with anabolic steroids. The Coroner concluded that:

“ . . . illegally obtained steroids ingested by Mr Wane had a direct bearing on his behaviour. I am alarmed at the availability of these drugs in the community. I fear that violence of this kind and undesirable manifestations will only increase in the community unless efficient steps are quickly taken to curb their availability . . . Evidence as to the dangers of steroids is, frankly, overwhelming.”²⁵

Forty two per cent of the anabolic steroid using population surveyed in the 1995 National Drug and Alcohol Research Centre survey confirmed that they believed their behaviour was more aggressive while using steroids.

Detective Inspector Carol Bristow’s 1992 report on; “Anabolic Steroids and Their Connection with Violent – Sexual Crime” refers to a number of case studies indicating that the increase in violent sexual crimes is directly related to the growing prevalence of the use of anabolic steroids. A number of the expert reports attached by Detective Inspector Bristow also find that anabolic steroids can cause serious changes in mood and result in aggressive, violent or irrational behaviour.

The Black Committee concluded that “*while it is clear that steroid abuse has significant adverse effects both physical and psychological, the Committee’s concern projects far beyond the harm that can be suffered by the individual users. The damage extends to personal relationship, family breakdown, financial loss, criminal assault and violence at social venues such as nightclubs.*”

²³ AOC 1998 Submission Exhibit 4 page 74-5

²⁴ AOC 1998 Submission Exhibit 4 page 61

²⁵ J Abernathy, NSW Deputy State Coroner, “Coroners Report re Deaths of Patricia Mary Anne Wane and Gregory Arthur Wane” 22 November 1995

As noted in the National Drug and Alcohol Research Centre survey, the most commonly used anabolic steroids are applied by injection. Where needles are re-used or are shared by carriers of HIV and hepatitis, there is a high risk of disease transmission, with reported cases of transmission of HIV via needles shared to administer anabolic steroids. Further, the fact that a significant portion of anabolic steroid users are homosexual, and the incidence of HIV in the homosexual community, increases the chances of transmission of disease where the unsafe practices of needle reuse and sharing occurs.

The use of anabolic steroids is also associated with the dangers associated with all black market products²⁶. In circumstances where the substance has been illegally obtained, there is always the risk that by the time the user administers it, the substance has been diluted or manipulated with other substances, some of which may be toxic.

Peptide and glycopeptide hormones

Human growth hormone is the major hormone responsible for post-natal growth. It is used illicitly because it is perceived to increase body growth and strength. The use of human growth hormones causes irreversible musculoskeletal changes and, if improperly used at an early age, can stunt development.

Erythropoietin operates by increasing the oxygen level in the blood. This has the effect of thickening the blood which means the heart must pump a great deal harder. This puts the EPO user at risk of cardiac arrest and stroke. The use of EPO has been blamed for the deaths of numerous European cyclists by heart failures in recent years.

5. The Sources of Sports Drugs.

The AOC understands that sports drugs in Australia are sourced mainly from overseas, although there is a significant quantity manufactured in Australia. The May 1990 report of the Black Committee acknowledged that importation into Australia was a major source of sports drugs. This importation occurred by direct importation, international mail and accompanied baggage.

In 1993 a report was forwarded to the National Drug Strategy Committee by the Australian Customs Service in relation to the illicit supply of anabolic steroids in Australia. The report was prepared as a result of a recommendation of the Black Committee. The report concluded:

- ❑ More than half of the illicit anabolic steroids used in Australia are imported;
- ❑ Anabolic steroid use is widespread in the community;
- ❑ The supply and use of anabolic steroids is associated with further criminal activities;
- ❑ A small number of medical practitioners, veterinarians and pharmacists are illegally prescribing and/or selling anabolic steroids.

Whilst the extent of the importation of sports drugs into Australia may be disputed, the detection rates of “prohibited performance enhancing drugs” (which includes all the sports drugs except EPO) has exponentially increased in recent years. In 1994/95 the Australian Customs Service recorded 18 detections of prohibited performance enhancing drugs. By 1997/98 the Australian Customs Service recorded 558 detections at the border involving sports drugs, and in 1998/99 this figure was 968²⁷. For the first time, in 1998/99 it was also

²⁶ J Abernathy, NSW Deputy State Coroner, “Coroners Report re Deaths of Patricia Mary Anne Wane and Gregory Arthur Wane” 22 November 1995 stated that he was “*satisfied that there exists in this State [NSW] a large ‘black market’ for the retailing of steroids.*”

²⁷ ‘Other Drugs’ Chapter, “Australian Illicit Drug Report 1998-1999”, The Australian Bureau of Criminal Intelligence. Note that ‘detections’ include items imported for legitimate purposes.

recorded that the combined Police services intercepted an additional 109 cases. The vast majority of these detections were for anabolic steroids.

In April 1998 Inspector Craig Fleming of the Australian Customs Service published his Churchill Fellowship Report on "Abuse and Trafficking in Anabolic Steroids – United States and Canada."²⁸ Mr Fleming is now the Manager, Anti-Doping Programmes with the AOC. In his report Inspector Fleming stated that; "*Australian produced anabolic steroids are being detected across the United States in large numbers.*" Inspector Fleming also stated that organised crime; "*has targeted counterfeiting of anabolic steroids as [an] area where substantial profits can be generated ...*". This view is supported by the conclusions reached in the 1999 National Expert Advisory Committee Report on Illicit Drugs.²⁹

Anabolic steroids for veterinary use are manufactured in Australia. The evidence is that these veterinary anabolic steroids are being 'diverted' for human use, a fact supported by a discussion paper of New South Wales Agriculture on the Control of Veterinary Anabolic Steroids which found that; "*a problem presently exists regarding the "leakage" of veterinary anabolics from the animal industries into areas of human use*" and by the prosecution of Dr P R Knight for supplying veterinary anabolic steroids. Further, Nature Vet, a veterinary medicinal manufacturer, has ceased production following armed thefts of anabolic steroids from its warehouse.³⁰

As for the distribution of sports drugs within the Australian community, it has long been accepted that gymnasiums are a major source for users³¹. Evidence also exists that individual 'dealers' both within and outside sport are also trafficking in these drugs. In this regard, reference is made to the 27 July 1998 Four Corners program entitled "*The Muscle Racket*" which featured statements by a Brian MacNeill who stated he was a steroid dealer selling between 200 to 300 bottles of anabolic steroids per week. The Australian Illicit Drug Report for 1998-1999 states that the current market prices for anabolic steroids range from \$40.00-\$60.00 for pharmaceutical tablets, to \$300.00 for black market veterinary pizzle rot treatment.³²

It is logical to expect that the distribution of sports drugs reflects the distribution of illicit social drugs, especially as organised crime is involved in both.

²⁸ AOC 1998 Submission Exhibit 19

²⁹ S Henry-Edwards et al "Options for the Control of Performance and Image Enhancing Drugs", prepared on behalf of the National Expert Advisory Committee on Illicit Drugs, October 1999

³⁰ See article by G Linnell, "The Drug Games: Why 2000 Will Be A Spaced-Out Odyssey", The Bulletin, 14 September 1999 p30

³¹ Supported by 'Other Drugs' Chapter, "Australian Illicit Drug Report 1998-1999", The Australian Bureau of Criminal Intelligence

³² 'Other Drugs' Chapter, "Australian Illicit Drug Report 1998-1999", The Australian Bureau of Criminal Intelligence

A further factor which must now be considered is the increase in the growth of the internet and the availability of direct internet ordering of sports drugs. It is interesting to compare the results on an internet search done just prior to the AOC's submission in 1998, with a recent search as follows:

Date	19 August 1998 web sites		6 June 2000 web sites	
	Australia	World-wide	Australia ³³	World-wide ³⁴
“steroids”	1898	5,300	0	35,498 ³⁵
“anabolic steroid”	346	856	0 ³⁶	7,220 ³⁷
“beta 2 agonist”	164	420	0	7,008 ³⁸
“clenbuterol”	44	138	0	2,418 ³⁹
“erythropoietin”	181	552	0	10,300 ⁴⁰
“hCG”	286	718	0	17,890 ⁴¹
“hGH”	122	368	0	15,400 ⁴²

It is trite to say that every site is not a source for sports drugs and the AOC acknowledges that many sites advocate against the use of sports drugs. However, many of these sites do promote the use of sports drugs and contain advice as to how to use sports drugs.

The large number of these sites must be a reflection of interest and demand, and is therefore an indicator of the extent of the use and supply of sports drugs.

6. The Legitimate Uses of Sports Drugs.

The AOC acknowledges that sports drugs have legitimate therapeutic uses by humans. The AOC's view is that there is a need to ensure that the right to this legitimate use when prescribed by qualified medical practitioners is preserved. Any preservation must ensure that appropriate safeguards exist against abuse.

Uniform safeguards must exist across Australia, for if there is any avenue for misuse in any one State or Territory, there exists a significant risk that this will be exploited throughout Australia.

Anabolic steroids have very limited legitimate therapeutic uses. Therapeutic use in humans relates to the treatment of male reproductive dysfunction, osteoporotic bone pain, aplasmic anaemia, erythropoiesis and anaemia of renal failure.

³³ Used search engine Yahoo! for Australian sites only. The fact that these searches in Australia were unsuccessful may, in part, be explained by the exposure given to these pages in Gary Linnell's article "The Drug Games: Why 2000 Will Be A Spaced-Out Odyssey", The Bulletin, 14 September 1999 p30

³⁴ Used search engine "Google" world-wide in all languages.

³⁵ Also used search engine Yahoo! – whole of Yahoo! found 2 categories and 42 sites for "steroids".

³⁶ Also searched for "anabolic steroids" – no matches.

³⁷ Also searched for "anabolic steroids" - 12,199 matches. Also used search engine Yahoo! – whole of Yahoo! found 18 sites for "anabolic steroids".

³⁸ Also used search engine Yahoo! – whole of Yahoo! found 3712 web pages for "beta 2 agonist".

³⁹ Also used search engine Yahoo! – whole of Yahoo! found 1263 web pages for "clenbuterol".

⁴⁰ Also used search engine Yahoo! – whole of Yahoo! found 4682 web pages for "erythropoietin".

⁴¹ Also used search engine Yahoo! – whole of Yahoo! found 24 sites for "hCG".

⁴² Also used search engine Yahoo! – whole of Yahoo! found 12 sites for "hGH".

Veterinary anabolic steroids are intended for the treatment of animals only. These steroids are not certified by the Therapeutic Goods Administration as they do not undergo the same quality control assessment required for products intended for humans. However, the National Drug and Alcohol Research Centre survey in 1995 revealed that the most commonly used anabolic steroids were Stanazol (stanazolol) and DCA 50 (nandrolone decanoate), both injectable veterinary products, and that 90% of anabolic steroid users had used veterinary anabolic steroids. Further, 67% of anabolic steroid users were using a combination of human and veterinary anabolic steroids, and 20% of anabolic steroid users were exclusively using veterinary anabolic steroids.

Human growth hormones have a legitimate therapeutic use in the treatment of growth hormone deficiency in children. Chorionic gonadotrophin is available in six products in Australia which are associated with the treatment of male infertility caused by delayed puberty and dwarfism, and for the induction of ovulation of females under IVF programs. Erythropoietin is available in four products in Australia and is used for the treatment of anemia associated with chronic renal failure.

The beta 2 agonist clenbuterol is not currently registered by the Therapeutic Goods Administration, and is therefore not included in any legal therapeutic goods available in Australia.

7. The Current Penalties for Sports Drugs

State and Territory laws

All States and Territories have recognised, by virtue of the adoption of the Standard for the Uniform Scheduling of Drugs and Poisons or other means, that sports drugs are substances which should only be obtained on prescription and for which restrictions should apply to availability and use. Each jurisdiction has a different regime of offences in relation to the manufacturing, distribution, sale and supply of sports drugs and there are substantial inconsistencies between the penalties in each jurisdiction for these offences. No two jurisdictions are identical and breach of the offences in some jurisdiction creates liability for a fine only, despite the retail value of the sports drugs. The inconsistencies raise the possibility of illegal manufacturers and traffickers “shopping” to ascertain the jurisdiction with the lowest penalties.

The Northern Territory and Australian Capital Territory are the only jurisdictions in which anabolic steroids (but not all anabolic steroids and not peptide and glycoprotein substances) are explicitly treated in a different manner to other prescription drugs. These jurisdictions have offences in relation to the unlawful manufacture, sale, distribution, possession, use and obtaining by deception of anabolic steroids which can attract penalties including imprisonment. The penalties for these offences are greater than the penalties for offences relating to other prescription drugs. The Northern Territory legislation makes a distinction between the quantity of anabolic steroids being manufactured and supplied.

The States of New South Wales, Western Australia and Queensland have recognised the need for laws to protect against the unlawful use of diverted veterinary supply products. In New South Wales, a 1998 order of the Director-General of the Department of Agriculture under the Stock Medicines Act prohibits the administration of injectable veterinary anabolic steroids except by or in the presence of a veterinary surgeon.

In contrast to the relatively light penalties throughout Australia for offences in relation to sports drugs, there is near consensus in relation to the penalties for offences involving illicit social drugs. The legislation in each jurisdiction relates the penalty for manufacturing, selling and supplying offences to the amount of illicit social drugs involved. The laws prescribe an amount of which the manufacture, sale, supply and, in some instances, possession of an equal or greater amount is deemed to be extremely serious offence. The penalties for such offences are terms of imprisonment, up to and including imprisonment for life. Offences involving

lesser quantities involve lesser penalties, albeit terms of imprisonment and substantial fines. In some jurisdictions the distinction is drawn on the basis of whether or not the offence relates to “commercial quantities”, “trafficable quantities”, or both.

As a result of the AOC’s submission, Victoria has now amended its legislation to increase the penalty for trafficking anabolic steroids to a maximum jail sentence of 25 years, and fines of up to \$250,000⁴³. The Queensland Legislative Assembly introduced its “Drugs Misuse Amendment Bill 2000” on 17 May 2000⁴⁴. This Bill proposes to increase its sanctions for trafficking anabolic steroids to a maximum jail sentence of five years, and fines of up to \$4,500. These amendments provide further evidence of the discrepancy between the states.

Commonwealth laws

The Commonwealth has the power to make laws in relation to the importation and exportation of goods into Australia. Since the AOC’s 1998 submission, amendments have been made to the Customs legislation to increase the penalties for the trafficking of sports drugs.

On 3 November 1999, Minister Vanstone announced that amendments as follows;

*“For more serious offences involving the trafficking of goods such as performance enhancing drugs and narcotic precursor drugs, the Government will introduce a new penalty. In addition to the \$100,000 fine, courts will be able to imprison convicted persons for up to five years. However, only the fine will apply to importing sports drugs for personal use.”*⁴⁵

Under the Customs Act 1901, prohibited drugs are dealt with according to whether the drugs are narcotic or non-narcotic. The penalty for narcotic drugs has increased to up to a fine of \$100,000 and/or maximum 25 years imprisonment. At present there are no increases in the maximum penalty for non-narcotic drugs which remains at \$50,000 and is dealt with under sections 233 and 233AB. However the Customs Legislation Amendment (Criminal Sanction and Other Measures) Bill 2000 seeks to, among other things, introduce a new section 233BAA into the Customs Act 1901. This section allows for regulations to be introduced to prohibit the importation or exportation of specified performance enhancing drugs and specified non-narcotic drugs which carries a maximum penalty of \$100,000 fine or 5 years imprisonment or both.⁴⁶

The Customs Legislation Amendment (Criminal Sanctions and Other Measures) Bill 2000 also introduces a new section 90T into the Australian Postal Corporation Act 1989, which empowers an officer of Customs to remove an article from the normal course of carriage and open the article if the officer reasonably believes that the article contains drugs or chemical compounds that contravene a law of the Commonwealth.

In addition, sections 3 and 6 of the Therapeutic Goods Amendment Bill (No.2) 2000 increased the penalty from 60 penalty points to 240 penalty points (ie 240 x \$110 = \$26,400.00) for a person who intentionally imports, exports, manufactures or supplies therapeutic or counterfeit goods which are not exempted, registered or listed goods under the Therapeutic Goods Regulations.

⁴³ A Oke and A Rait “Regulatory Impact Statement for the Proposed Drugs Poisons and Controlled Substances (Drugs of Dependence) Regulations 1999”, Victoria Police, 17 January 2000

⁴⁴ “Drugs Misuse Amendment Bill 2000”, Queensland (introduced into the Legislative Assembly on 17 May 2000).

⁴⁵ Senator A Vanstone, Minister for Justice & Customs, “Tougher Penalties For Trading In Prohibited Imports/Exports [Sports Drugs, Child Pornography, Firearms]”, Media Release, 3 November 1999

⁴⁶ Senator A Vanstone, Minister for Justice & Customs, “Tough Restrictions on EPO as Olympics Approach”, Media Release, 13 September 1999. Sports drugs have been included in the Customs Regulations 1926 Schedule 1AA Part 1 Tier 1 list of Goods.

The penalties for the importation of sports drugs have now come more in line with the penalties for the importation of illicit social drugs, which are also prohibited imports, but remain inequitable. Importation offences involving illicit social drugs have penalties which relate to the quantity of the substance involved. The distinction is drawn between commercial quantities, trafficable quantities and lesser amounts. Offenders illegally importing commercial quantities of illicit social drugs can be liable for imprisonment for life, and offenders importing trafficable quantities can be liable for imprisonment for a period of up to 25 years.

In relation to exportation, there are presently no laws expressly prohibiting the export from Australia of sports drugs. This is in contradistinction with the export of illicit social drugs which are prohibited exports, the illegal exporters of which are liable for the same penalties as illegal imports.

8. The Regime for Enforcement.

In the AOC's opinion there will be little point in improving the control regime and increasing the criminal penalties in respect of sports drugs if there is not a corresponding increase in the resources committed to the fight against the use of these drugs.

The AOC acknowledges with appreciation the work and efforts to date of the Australian Customs Service and the various police forces, without whom there would almost certainly have been a greater incidence of sports drug availability and use within the Australian community.

The AOC believes that the problem of widespread sports drug availability and use is such that it warrants a greater commitment of resources to combat this scourge on our society. In particular, the AOC believes this problem is larger and more significant than appears to be publicly acknowledged.

The allocation of resources is a matter for government to determine, although the AOC offers its support and assistance to greater resources and commits to working closely with the bodies entrusted by governments to lead the fight against the criminal manufacturing, importation, export, trafficking and use of sports drugs.

9. Recommendations.

The National Expert Advisory Committee on Illicit Drugs in October 1999 noted that the primary form of prevention must be through education. That report noted the comprehensive Australian Sports Drug Agency education program.⁴⁷ The AOC has also had a role in educating young athletes throughout the various regional academies of sport in all states in Australia since 8 December 1999. The target is to reach 3,000 sub-elite athletes between the ages of fourteen to seventeen. To date the AOC has involved past Olympians including Nicole Stevenson, Kerri Tepper, Julie McDonald, Shane Gould, Marlene Matthews, Jon Sieben, and other people associated with the Olympics such as Norman May to educate approximately two thousand five hundred young aspiring athletes, coaches and parents.⁴⁸

The recommendation from the National Expert Advisory Committee on Illicit Drugs is that penalties not be increased for sports drugs as it is noted that as prices increase, organised crime and counterfeiters are attracted, which in turn increases the risk of harm to users. The recommendation is therefore to defer incorporating anabolic steroids into the list of controlled drugs at this time. The AOC shares these concerns, and submits that the recognised involvement of organised crime in sports drugs compounds the need for a multi-disciplinary taskforce to be urgently set up to protect the health of the wider community.

⁴⁷ S Henry-Edwards et al "Options for the Control of Performance and Image Enhancing Drugs", prepared on behalf of the National Expert Advisory Committee on Illicit Drugs, October 1999.

⁴⁸ See the AOC Media Releases for 8 December 1999 and 31 January 2000.

The AOC has suggested to Minister Vanstone that a multi-disciplinary taskforce be set up to ensure the effective co-ordination of the various stakeholders in enforcing the legislation prohibiting the illegal manufacture and trafficking of sports drugs. The AOC seeks support for the following recommendations:

9.1 Licensing of Importation.

The importation of all sports drugs be prohibited without the licence or authority of the Department of Health.

Any such licence must be specific to each named importer after the authorities have satisfied themselves as to the bona fides of both the importer and the therapeutic use of the drug sought to be imported.

9.2 Penalties for Illegal Importation.

The penalties and other sanctions for illegal importation of sports drugs be increased to those which apply to narcotics.

9.3 Exports.

That the export of sports drugs from Australia only be permitted with an appropriate licence and that the penalties and other sanctions for illegal export be the same as for narcotics.

9.4 Manufacture.

That consistent and coherent uniform laws be adopted in all States and Territories of Australia in respect of the manufacture of sports drugs, whether for human or veterinary use.

All manufacturers of sports drugs must be licensed by the relevant authorities in each jurisdiction.

9.5 Penalties for Illegal Manufacture.

The penalties for the illegal manufacture of sports drugs be increased to that which apply to the illegal manufacture of narcotics and amphetamines.

As a preference, these penalties should be uniform throughout all States and Territories.

9.6 Trafficking.

That suitable and uniform levels be determined nationally to distinguish between possession for personal consumption, traffickable quantities and commercial quantities. These levels must permit the legitimate possession and use of sports drugs for therapeutic purposes by licensed manufacturers, qualified medical practitioners and their patients, registered pharmacists and, in so far as anabolic steroids are used for the legitimate treatment of animals, by veterinarians.

Veterinarians should be required to personally administer all anabolic steroids to creatures under their care. In line with the suggestion made by the Equine Veterinary Association to draft a Code of Conduct for the prescription and dispensation of drugs in equine practice⁴⁹, a general Veterinary Code should be adopted.

The level for traffickable quantities should be sufficiently low as to preclude trafficking in small quantities of sports drugs. The penalties for trafficking and possession of traffickable

⁴⁹ J Abernathy, NSW Deputy State Coroner, "Coroners Report re Deaths of Patricia Mary Anne Wane and Gregory Arthur Wane" 22 November 1995 – evidence of Craig Suann, Australian Jockey Club

and commercial quantities of sports drugs should be increased to those which apply to narcotics and amphetamines.

9.7 Personal Use.

As sports drugs have the same deleterious health and social effects as narcotics, the penalties for personal possession and use be increased to those which apply to narcotics.

9.8 Policing and Prosecution.

That governments immediately allocate sufficient and capable resources to obtain information as to the manufacture, importation, export, trafficking and use of sports drugs to enable successful interdiction of imports and exports of sports drugs and the arrest and successful prosecution of all those involved in the illegal manufacture, importation, export, trafficking and use of sports drugs.

AOC SUBMISSION - SUBSTANCE ABUSE IN AUSTRALIAN COMMUNITIES**ATTACHMENTS**

1. J Abernathy, NSW Deputy State Coroner, "Coroners Report re Deaths of Patricia Mary Anne Wane and Gregory Arthur Wane" 22 November 1995
2. Australian Olympic Committee "Drugs in Sports: Submission as to the Legal Regime for the Control of the Manufacture, Importation and Use" 23 August 1998 together with the exhibits attached to that submission
3. Australian Olympic Committee Media Release, 8 December 1999 "Anti-Doping Program Launched"
4. Australian Olympic Committee Media Release, 31 January 2000 "AOC Takes Drug Education Program to Tasmania"
5. J Bosdriesz "Performance Enhancing Steroids: Effects of their use and is illegality" Intelligence Digest, February 2000, p10-11 [featured in the 'Other Drugs' Chapter of the Australian Illicit Drug Report 1989-99]
6. Detective Inspector C Bristow, "Anabolic Steroids and Their Connection with Violent – Sexual Crime", London Metropolitan Police Department, 9 June 1992
7. Customs Regulations 1926 Schedule 1AA Part 1 Tier 1 Goods.
8. P Dillon "1998 National Drug Strategy Household Survey: First Results", Drug Statistics Series, AIHW, National Drug and Alcohol Research Centre
9. "Drugs and Our Community", Report of the Premier's Drug Advisory Council, Melbourne March 1996
10. "Drugs Misuse Amendment Bill 2000", Queensland (introduced into the Queensland Legislative Assembly on 17 May 2000).
11. S Henry-Edwards et al "Options for the Control of Performance and Image Enhancing Drugs", prepared on behalf of the National Expert Advisory Committee on Illicit Drugs, October 1999
12. G Hinds "Steroids Olympians and the Law: the Sydney 2000 Games", Intelligence Digest, February 2000 p14
13. G Linnell "The Drug Games: Why 2000 Will Be A Spaced-Out Odyssey", The Bulletin, 14 September 1999 p30
14. M O'Connor "Performance Enhancing Drugs: Widely Used in the Community", Intelligence Digest, February 2000 p8-9
15. A Oke and A Rait "Regulatory Impact Statement for the Proposed Drugs Poisons and Controlled Substances (Drugs of Dependence) Regulations 1999", Victoria Police, 17 January 2000
16. 'Other Drugs' Chapter, "Australian Illicit Drug Report 1998-1999", The Australian Bureau of Criminal Intelligence
17. L Saunders "Dicey Performance Boosters: Regulatory Controls", Intelligence Digest, February 2000 p12-13

18. "Special Report - The Drug Summit", The Sydney Morning Herald, 15 May 1999 p40
19. "Steroid Abuse Warning", The Daily Telegraph, 1 June 2000 p 22
20. Senator A Vanstone, Minister for Justice & Customs, "Tough Restrictions on EPO as Olympics Approach", Media Release, 13 September 1999
21. Senator A Vanstone, Minister for Justice & Customs, "Tougher Penalties For Trading In Prohibited Imports/Exports [Sports Drugs, Child Pornography, Firearms]", Media Release, 3 November 1999
22. VicHealth Letter, Volume 13, Autumn 2000 p6