

AUSTRALIAN SPORTS DRUG AGENCY



NOT
FOR
LOAN

ANNUAL
REPORT

ASDA

1991 - 92

NATIONAL SPORT INFORMATION CENTRE
AUSTRALIAN SPORTS COMMISSION
LEVERIDGE STREET
BRUCE ACT 2617
AUSTRALIA

- 8 JAN 1993

AUSTRALIAN SPORTS DRUG AGENCY

ANNUAL REPORT

1991-92



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The establishment of the independent Australian Sports Drug Agency has been a major step to reduce the harm associated with the use of drugs in sport’.

TARGET 2000
*A White Paper for Australian Sport
Confederation of Australian Sport*



14 August 1992

Mr S Haynes
Chief Executive
Australian Sports Drug Agency
PO Box 345
CLIFTON ACT 2605

'Dear Steve

I am writing to you to express my sincere gratitude for the positive affect you and your staff are having in respect to the reduction of the use of drugs in sport.

'There are a number of positive factors which have become apparent to me since the establishment of your Agency.

In particular, the 1992 'Barcelona Olympics are an example of the value of the work of your staff and I can highlight some specific benefits.

On the occasion of the 'Barcelona Olympics we had no cheats and no suspicions with the consequence that the team morale was significantly higher. They were proud that there was not one amongst them who could be under any suspicion. They were clean and they welcomed at any time the visits of the Australian Sports Drug Agency. The more the better as far as they were concerned as we could then use this as evidence of our commitment.

Shane Kelly's success in the one kilometre time trial was a highlight to me in a number of ways.

I have no doubt that without your testing program Shane Kelly would not have been our representative at Barcelona in the one kilometre. This would have been a great travesty of justice.

'The success of Kelly has and will produce some very positive Australian and international anti-drug campaign side benefits.

'We now have a young athlete who has won a silver medal at the Olympic Games without the use of drugs.

Not only is he very proud of his achievement but he is an example to the aspiring athletes in Australia and overseas in that success can come without resorting to the use of drugs.

'This can do nothing but benefit our sport.

I have for some years been expressing my concern to the coaches from overseas countries about the use of drugs and in recent times about the benefits of the Australian Sports Drug Agency to sport.

'They are all acutely aware of my attitude to the use of drugs and that the Australian Cycling Track Team members, that is, those under my direct supervision, are clean.

'The response to Kelly's performance was outstanding. Coaches from around the world literally came out of the woodwork expressing their support of the work of the Australian Sports Drug Agency, of its policy of random testing throughout the year, setting an example for the rest of the world to follow, and applauded Kelly's result and the fact that they knew he was clean.

'Kelly was to be an example to the world.

'The Australian Drug Testing Program has provided me with the opportunity to openly and constantly express my condemnation world-wide of the practice of drug use in sport.

I have seen a gradual opening up from most of the coaches around the world in their condemnation of the use of drugs.

I can proudly say I believe we are seen to be world-leaders in the fight against the use of drugs and I hope we can continue our testing and education campaign for the elimination of the use of drugs in sport.

'Thank you for your support.

Yours sincerely

D.B. (Chas.) Walsh, OAM Dip.T.(Tech),
Olympic Track Cycling Coach
ACF Track Cycling Coach
Head Coach — Australian Institute of Sport

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SUMMARY OF COMPLIANCE *WITH* REPORTING GUIDELINES

This summary is based on the 'Guidelines for the Content, Preparation and Presentation of Annual Reports by Statutory Authorities' (*Senate Hansard* 11 November 1982 - see Appendix 1) and 'Terms of Reference - Senate Resolution of 14 December 1989' cited in Appendix 1 of 'Report on the Examination of Annual Reports' No 1 of 1992.

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'The Australian Sports Drug Agency testing programs conducted on our elite athletes at events and out-of-competition have produced a significant deterrent effect. Whilst these testing programs are essential, the long term solution to the drugs in sport problem will also rely on education programs and an international network of commitment and cooperation.'

Hon Ros Kelly,
Minister for
Arts, Sport,
Environment and
Territories



CHAPTER 1



INTRODUCTION

The Australian Sports Drug Agency was established by the *Australian Sports Drug Agency Act 1990*. Minor amendments were made to the Principal Act during the financial year 1991–92 through provision contained in the *Arts, Sport, the Environment, Tourism and Territories Legislation Amendment Act (no 2) 1991* and the *Arts, Sport, the Environment and Territories Legislation Amendment Act 1992*.

A series of further amendments to the Principal Act were prepared in the latter half of 1991–92 which were expected to come into effect in July 1992. These amendments will allow the Agency to recognise and act on the results of drug tests conducted by foreign anti-doping agencies, provided the sample collection and testing procedures of those agencies comply with the minimum standards set by the International Olympic Committee. They will also allow the Agency to work more closely with the Australian States and Territories to ensure a comprehensive and consistent approach to reducing the harm associated with drug use in sport.

The mission of the Agency is to reduce the harm associated with drug use in sport in order to enhance the well-being of individuals and the value of sport to society. The Agency aims to achieve this mission by addressing four corporate priorities:

- to achieve an environment conducive to fulfilling the Agency's mission;
- to increase the skills and knowledge of individuals in order to facilitate informed decision making about the use of drugs;
- to deter individuals from using drugs or prohibited practices; and
- to advocate and enhance the development of a just and equitable national and international response to the drugs in sport issue.


The Agency consults with numerous clients in the government and non-government sectors (associated with sport, health and education) both in the development of policy and the delivery of programs and services. In particular, the Agency maintains a close liaison with the Sport and Recreation Branch of the Department of the Arts, Sport, the Environment and Territories, the Australian Sports Commission, the Health Advancement Division of the Department of Health, Housing and Community Services, the Confederation of Australian Sport and the Australian Olympic Committee. The Agency also provides policy advice to the Minister.

This report covers the activities of the Agency for the financial year 1991–92.

OBJECTS, FUNCTIONS AND POWERS

The objects, functions and powers of the Agency are set out in the *Australian Sports Drug Agency Act 1990*. The objectives of the Agency are to:

- encourage the practice of sport free from the use of drugs in a manner consistent with protecting the health of competitors, the values of fair play and competition, and the rights of those who take part in sport;

- 
- encourage the development of programs to educate the sporting community and the community at large about the danger of using drugs in sport;
 - provide leadership in the development of a national strategy concerning drugs in sport;
 - encourage the establishment of a centralised drug sampling and testing program that exposes all competitors to drug sampling and testing at short notice in and out-of-competition;
 - encourage State and Territory governments, and national, State and Territory sporting organisations to adopt uniform drug sampling and testing procedures;
 - encourage the development and maintenance of sports drug testing laboratories accredited by the International Olympic Committee; and
 - promote and encourage the adoption of uniform drug sampling and testing procedures and educational programs relating to the use of the drugs in sport internationally.

The functions of the Agency include the provision to:

- maintain a schedule of substances and practices referred to in the International Olympic Committee List of Doping Classes and Methods;
- establish and maintain a Register of Defaulting Competitors;
- notify persons and bodies of entries to the Register;
- disseminate information about the penalties likely to be imposed if competitors record positive test results or fail to comply with requirements to provide samples for testing;
- select competitors who are to be requested to provide samples for testing;
- collect samples from competitors and arrange for the testing of samples by accredited laboratories and the secure transit of samples to an accredited laboratory;
- develop and implement educational programs to discourage the use of drugs in sport;
- consult with and provide information to government and non-government organisations and other persons within Australia and overseas;
- take steps aimed at ensuring Australia's compliance with international agreements and arrangements concerning the use of scheduled drugs and doping practices in sport to which Australia is a party;
- undertake research, and arrange for research to be undertaken into the use of drugs in sport; and
- encourage the pursuit of optimal sports performance in an environment free from the use of drugs.

The powers of the Agency include the provision to:

- enter into contracts;
- acquire, hold and dispose of real and personal property;
- occupy, use and control any land or building owned or held under lease by the Commonwealth and made available for the purposes of the Agency;

- appoint agents and attorneys;
- engage persons to perform services for the Agency;
- accept gifts, grants, bequests and devises made to the Agency and act as trustee of money or other property vested in the Agency on trust; and
- develop, maintain, distribute and publish information on procedure for, and developments concerning, the collection and testing of samples.

RESPONSIBLE MINISTER

The responsible minister is the Minister for the Arts, Sport, the Environment and Territories, the Hon Ros Kelly, MP. The Minister has powers under the following sections of the Principal Act to:

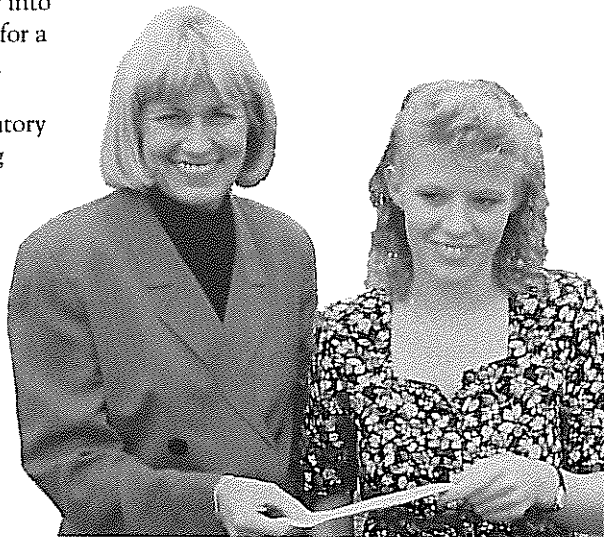


Hon. Ros Kelly, MP

- 20(1) appoint members to the Agency Board;
- 31 determine members' terms and conditions of appointment not otherwise provided for by the Act;
- 33(1) grant leave of absence to the Chairperson;
- 35(1) approve the Chief Executive engaging in paid employment outside the duties of the Chief Executive office;
- 37(1) (2) (3) (4) appoint an acting Chairperson, Deputy Chairperson, Chief Executive and member;
- 36(1) (2) terminate a member's appointment under certain circumstances;
- 48(1) (2) approve the Agency's Strategic Plan;
- 49(2) approve variations to the Agency's Strategic Plan;
- 52(1) (2) approve the Agency's annual operational plan; and
- 62(1) approve the Agency entering into contracts involving payment or the receipt of in excess of \$100,000, or into lease arrangements of land for a period of ten years or more.

The Minister also has statutory powers under the following sections of the Principal Act to direct the Chairperson or Agency to:

- 18(1) (2) (2A) provide the Minister with details of positive and negative test results;
- 21(2) convene a meeting of the Agency Board;





51(1) revise the Agency's annual operational plan if of the opinion that the plan is inconsistent with the Agency's Strategic Plan;

59(1) (2) prepare estimates in a form, and for any period of time, determined by the Minister;

68(1) perform its functions or exercise its powers in accordance with a written direction; and

69 report to the Minister on the conduct of its activities.

The Minister did not exercise any statutory powers of direction during the financial year 1991-92.



Prof. P. Baume,
Chairperson

MEMBERSHIP

Section 19(1) of the *Australian Sports Drug Agency Act 1990* provides for the Agency to consist of a Chairperson, a Deputy Chairperson, and up to three other members who are appointed on a part-time basis, and a Chief Executive who is appointed on a full-time basis. All appointments to the Agency Board are made by the Minister. Terms of office are for periods of up to three years, and members are eligible for re-appointment.

In February 1992, Dr Ken Fitch, who had been appointed Deputy Chairperson to the Agency for a one year term was replaced on the Agency Board by Dr Brian Corrigan.

As at 30 June 1992, the membership of the Agency Board and the period of appointment for each member was as follows:

Chairperson:	Prof Peter Baume, AO	18.2.91 to 17.2.94
Deputy Chairperson:	Dr Brian Corrigan, AM	6.3.92 to 5.3.94
Chief Executive:	Mr Steve Haynes	18.2.91 to 17.2.94
Members:	Miss Tricia Kavanagh	18.2.91 to 17.2.93
	Br Bob Wallace, AM	18.2.91 to 17.2.93
	Ms Jenny Cheesman, AM	1.6.92 to 17.2.93

BOARD MEETINGS

Under Section 21(1) of the *Australian Sports Drug Agency Act 1990*, the Agency Board is required to hold such meetings as are necessary for the efficient performance of the Agency's functions. During the period 1991-92 the Agency Board met on three occasions:

- Canberra, 30 August 1991
- Canberra, 22 November 1991
- Sydney, 20 March 1992

The key decisions and outcomes from the meetings were:

- that an increased emphasis should be placed on out-of-competition testing for cycling;
- the endorsement of the terms and conditions of employment for Agency staff;



- the establishment of an education sub-committee;
- the need to lobby for the support of professional health care umbrella organisations;
- that key sporting organisations should be made aware that categorising junior sport by weight could produce an environment that may promote the use of weight reducing drugs;
- that a policy on drugs in sport for children and juniors should be prepared;
- that the Agency's activities should result in a comprehensive approach to drugs in sport and not only focus on testing;
- that a sub-committee be established to advise on possible mechanisms that could be implemented to authorise the use of prohibited drugs for medical reasons;
- that the litigation brought by Martin Vinnicombe should be defended as the Agency had acted in accordance with its Act and Regulations;
- that international testing should be conducted on a full cost-recovery fee-for-service basis;
- that a review of the Agency legislation was required;
- that specific delegations be given to the Chief Executive Officer;
- that an invitation to the Head of the Canadian Centre for Drug Free Sport to visit Australia be accepted; and
- that Agency staff should be provided with up-to-date information concerning child care options including flexible work practices.

Board members inspected the Australian Government Analytical Laboratory (the IOC Accredited Laboratory in Pymble NSW) and attended an extensive briefing concerning drugs-in-sport educational resources.





STAFF

The Agency employed 24 staff during 1991-92. The Chief Executive of the Agency was the sole senior executive officer.

The contact officer for the Agency is Ms Kay Gordon, Executive Assistant.

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The Agency's organisational structure and establishment as at 30 June 1992 is shown in Appendix 2.

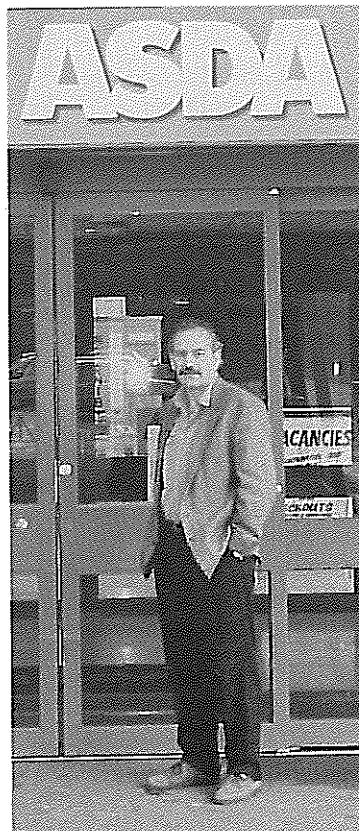
PUBLICATIONS AND PRESENTATIONS

The members and staff of the Agency presented or published a number of papers related to the issue of drugs in sport in 1991-92. These are shown in Table 1.

SOCIAL JUSTICE

The Agency's social justice objective is concerned with the equitable distribution of opportunity, rights, power and resources, expressed in terms of participation, equality, access and equity. The Agency achieved this objective as a result of:

- active participation by stakeholders in policy formulation and program delivery with participation by athletes, including those with physical and intellectual disabilities, members of predominantly women's sports, and individuals involved in master sports;
- active participation in social research projects by stakeholders including elite athletics coaches and administrators, which has resulted in modified policies and programs;
- conducting needs assessment of clients as the initial stage of the development and implementation of education programs;
- conducting teacher in-service programs throughout Australia;
- producing drug testing information materials to meet the needs of people with non-English speaking backgrounds;
- consulting with the Aboriginal and Torres Strait Islander Commission (ATSIC) concerning the need for drug testing information;



Steve Haynes,
Chief Executive
Officer



- conducting workshops and presentations for athletes with physical and intellectual disabilities;
- conducting drug testing primarily on elite athletes without discrimination of Access and Equity (A & E) target groups;
- conducting the drug testing procedures with regard to privacy and natural justice;
- implementing the management practices of the Agency with high regard for industrial democracy;
- recruiting staff without discrimination particularly for EEO target groups; and
- extending access to the Agency's information database to all States, Territories and regional centres.

Gender equity was achieved throughout the Agency at all levels of management and operations.

Equal Employment Opportunity

The Equal Employment Opportunity (Commonwealth Authorities) Act 1987 (EEO Act) requires Commonwealth authorities which employ 40 or more staff to develop and implement Equal Employment Opportunity (EEO) policies and programs.

There is no legislative requirement for the Agency to implement an EEO policy as fewer than 40 staff are employed. However, in accordance with the Agency's commitment to the principles of social justice, the Agency has adopted the EEO principles and practices set down in the EEO Act.

The Agency developed an EEO Plan in consultation with Agency employees which sets out the Agency's EEO objectives and strategies, and identifies the performance criteria against which the effectiveness of the Plan will be evaluated.

The objectives are to:

- develop and maintain management commitment to EEO principles;
- inform all employees of the Agency's commitment to the principles of EEO, and to the implementation and progress of initiatives outlined in the EEO Plan;
- publicise the fact that the Agency is an EEO employer;
- ensure that all employees are aware of the EEO program and have access to all relevant information on EEO and personnel policies and practices;
- ensure that the Agency's communications are free of stereotyping, sexism or culturally biased language;
- ensure that EEO principles are incorporated into the development and application of personnel management, policies and practices;
- determine whether there are any perceived acts of discrimination which contribute to the loss of employees, and take appropriate action to counteract those perceptions;
- ensure that employees are aware that any form of sexual or cultural harassment is unacceptable;
- introduce measures to encourage the participation of EEO target groups in occupations/work areas where they are currently under-represented in the Agency;



- introduce measures to ensure that all employees have equitable access to personnel development and training programs;
- arrange for employees to attend a range of training and development courses that increase job skills; and
- ensure that new employees are adequately and effectively made familiar with the functions and programs of the Agency.

Industrial Democracy

An industrial democracy plan was developed and incorporated within the strategic and operational plans of the Agency. The following strategies were implemented to promote industrial democracy:

- active participation and 'ownership' by all staff in the development of the strategic and operational plans;
- regular staff meetings and program meetings;
- regular executive and program manager meetings;
- establishment of a self-funding social club and committee;
- development of terms and conditions of employment which were endorsed by all staff, the Department of Industrial Relations, DASET and the Agency Board members;
- ensuring staff access to all records related to activities identified and implemented in the annual operational plan;
- implementation of individual staff development and performance appraisal programs;
- provision of information update sessions to meet staff needs;
- provision of relevant information for staff members that emanate from Agency Board meetings; and
- establishment of a child care policy committee.

The assessment of industrial democracy objectives is an integral part of Agency evaluation plans.

Occupational Health and Safety

In accordance with the requirements of the *Occupational Health and Safety (Commonwealth Employment) Act 1991*, the Agency developed and implemented an Occupational Health and Safety (OH&S) policy and employer/employee agreement following a process of consultation with Agency employees, involved unions and Comcare.

The OH&S policy and agreement established consultative mechanisms through which Agency employees can raise occupational health and workplace safety matters for discussion. These mechanisms, while recognising the role of involved unions, focused primarily on staff consultations. All Agency employees endorsed the policy and agreement.



The objectives of the policy are:

- to secure the health, safety and welfare at work of employees of the Australian Sports Drug Agency;
- to protect people at or near the workplaces of the Australian Sports Drug Agency from risk to their health and safety arising out of the activities of Agency employees at work;
- to ensure that expert advice is available on occupational health and safety matters affecting the Agency Board, Executive, employees and contractors;
- to promote a work environment for the Agency Board, Executive and employees that is adapted to their health and safety needs; and
- to foster a cooperative consultative approach between the Agency Board, Executive and employees on the health, safety and welfare of employees at work.

Freedom of Information

No requests were made to the Australian Sports Drug Agency for information made specifically under the *Freedom of Information Act 1982* during the year. (See also Special Operational Issues – Pate and Hall.)

SPECIAL OPERATIONAL ISSUES

Defence of litigation – Mr Martin Vinnicombe

Summary

The Agency was involved in litigation commenced by cyclist Martin Vinnicombe over the Agency's decision to enter Mr Vinnicombe's name on the Agency's Register of Defaulting Competitors. The Agency is defending the action. As at 30 June 1992, the matter was still to be heard by the Federal Court of Australia.

Background

The Governments of Australia and Canada are party to an anti-doping Memorandum of Understanding (MOU) which provides, among other things, that the sports drug testing agencies in either country can request its counterpart to conduct drug tests.

On 20 May 1991, ASDA asked the Canadian Anti-Doping Organisation (CADO) to test cyclist Martin Vinnicombe who was training in the USA.

On 25 May 1991, CADO collected a sample from Mr Vinnicombe in accordance with its sample collection Standard Operating Procedures. CADO's Standard Operation Procedures are in accordance with ASDA's procedures and are in accordance with IOC sample collection guidelines. Mr Vinnicombe's sample was analysed at the IOC accredited laboratory in Montreal, Canada. The sample returned a positive test result.

CADO advised ASDA of the positive test result on 13 June 1991. ASDA entered Mr Vinnicombe's name onto its Register of Defaulting Competitors and advised Mr Vinnicombe, the Australian Sports Commission (ASC) and the Australian Cycling Federation (ACF) of this action in accordance with the provisions of Section 17 of the ASDA Act.



On 14 June 1991, the ASC and the ACF announced they had imposed two-year bans on Mr Vinnicombe. On 17 June 1991, Mr Vinnicombe publicly admitted that he had used anabolic steroids in an interview broadcast on the television program 'A Current Affair'.

On 15 January 1992, solicitors acting on behalf of Mr Vinnicombe advised ASDA that it would institute legal proceedings against ASDA unless Mr Vinnicombe's name was removed from the Register of Defaulting Competitors. Mr Vinnicombe's solicitors also proposed to institute actions against the ASC, the ACF and the Australian Professional Cycling Council (APCC) in respect of sanctions imposed on him.

Mr Vinnicombe's solicitors served proceedings in the Federal Court against ASDA, the ASC, the APCC and the ACF on 20 February 1992. At a directions hearing on 24 February, the Federal Court directed that the matter should be resolved by mediation if possible. The ASC, the ACF and the APCC agreed that Mr R J Ellicott QC conduct the mediation. ASDA did initially agree to the mediation; however, agreement could not be reached about the questions that were to be put to the mediator and ASDA therefore withdrew from the mediation.

The outcome of the mediation process was that Mr Ellicott found that although

- Mr Vinnicombe had taken anabolic steroids prior to the sample collection of 25 May 1991 (and admitted this usage to Mr Ellicott),
- CADO sample collection procedures were used to collect the sample and the sample was analysed at an IOC accredited laboratory, and
- Mr Vinnicombe was in breach of an agreement he had with the ACF, under the terms of the ACF doping policy, that he would not take or use drugs prohibited by the ACF, (the ACF prohibits the use of anabolic steroids)

The actions of the ACF and the APCC in imposing a sanction on Mr Vinnicombe were invalid because these bodies had relied on the advice of ASDA that Mr Vinnicombe had recorded a positive test result as the basis for imposing the two-year sanctions, and ASDA should not have taken Mr Vinnicombe to have recorded a positive test result because the sample collection procedures used were the CADO procedures.

On 24 April 1992, the Federal Court ordered that Mr Vinnicombe's action against the ACF, the APCC and the ASC be dismissed because the parties had agreed to abide by Mr Ellicott's decision.

In accordance with the mediation agreement, Mr Vinnicombe was issued with a professional licence. On 30 April, Mr Vinnicombe qualified for selection as a professional in the Australian team which will compete in the 1992 World Cycling Championships.

Other features of the mediation agreement were that the ASC would continue to impose its two-year ban on Mr Vinnicombe, and that Mr Vinnicombe would not seek an amateur licence for another 12 months (effectively meaning the ACF sanction will still apply) and therefore not compete in the 1992 Olympics.

As ASDA was not a party to the mediation agreement, Mr Vinnicombe's action against the Agency continues. Following the mediation outcome, Mr Vinnicombe added Mr Haynes, in his capacity as ASDA Chief Executive, to the list of respondents and expanded his claim for damages to include aggravated and exemplary damages.



ASDA's defence is based on the fact that it acted in good faith, and in accordance with the regulations and its functions in relation to complying with international agreements.

At a Federal Court directions hearing on 30 June 1992, Mr Justice Sheppard instructed the matter be listed for further discussion on 28 August. At that time it was likely that a trial date would be set. In the interim, the Agency, Mr Haynes and Mr Vinnicombe are to file affidavits setting out the evidence upon which they will rely.

ASDA's total legal costs associated with the case are likely to exceed \$300,000.

The *Australian Sports Drug Agency Amendment Act 1992* amended the ASDA legislation to enable ASDA to recognise unequivocally the procedures of international anti-doping agencies provided those procedures satisfy the minimum requirements of the IOC. These amendments came into effect on 9 July 1992.

Appeals from individuals who failed to comply with a request to undertake a test

Section 13(1) of the *Australian Sports Drug Agency Act (1990)* states that:

Where a competitor has failed to comply with a request to provide a sample, the Agency must:

- (a) give to the competitor a written notice stating:
 - (i) that the competitor has failed so to comply; and
 - (ii) that the competitor may, within the submission period, make submissions to the Agency to the effect that the competitor had reasonable cause for failing so to comply; and
 - (iii) the Agency's obligations under sections 14, 17 and 18; and
- (b) subject to subsection (2), decide whether the competitor had reasonable cause for failing so to comply.




Tricia Kavanagh,
Board Member and
Barrister-at-Law

In 1991-92, twelve competitors failed to comply with a request to undertake a drug test. Nine competitors lodged an appeal under Section 13 of the Act stating their reasons for failing to comply. The Chief Executive of the Agency upheld five appeals on the grounds that each of the individuals had retired from the sport prior to the request to undertake a test and no longer met the definition of competitor as set out in the Act. In regard to Section 13(4) of the *Australian Sports Drug Agency Act (1990)*, none of the unsuccessful appellants requested that the Administrative Appeals Tribunal review the decision.

Senate Standing Committee – Report on the examination of annual reports (1992)

The Senate Standing Committee commended the Agency on its concise and well presented Report for 1990-91, which satisfied the requirements contained in the Guidelines. The committee noted that the Letter of Transmittal to the Minister, however, was undated. The Agency advised that this was due to a publication error.

The Committee noted that a 'Summary of Compliance with Reporting Guidelines' would have been a useful addition, although the Report did contain a comprehensive index. The Committee suggested that the Agency's *Annual Report 1991-92* should include such a summary. The Agency took up this suggestion. The secretary of the Senate Committee informed the Agency that the *ASDA Annual Report 1990-91* was used as a model for other authorities.



Audit report 1992 – Australian National Audit Office

An audit was conducted by the Australian National Audit Office for the period 18 February 1991 to 30 June 1991. The results of the audit were satisfactory and an unqualified audit report was issued.

A minor and technical breach of the Act was noted within the meaning of Section 70(f) of the *Audit Act* 1901.

The breach occurred as a direct result of the complicated accounting arrangements that arose when the Agency commenced independent operations on 18 February 1991.

Various items of expenditure incurred by the Interim Agency prior to 18 February 1991 had to be apportioned to the new Agency. This was not completed until the end of the financial year; thus, when the Agency's accounts were reconciled as to that portion relating to the period 1 July 1990 to 17 February 1991 and from 18 February onwards, the expenditure in excess of the estimates became apparent.

The Chief Executive Officer advised the Minister of the situation immediately he became aware of it.

Senate Standing Committee – Inquiry into and report on circumstances surrounding the positive drug test of Mr Alex Watson

The Chief Executive of the Agency gave evidence to this inquiry on 4 November 1991. The Senate report was tabled in May 1992. The Agency's response will be incorporated, as appropriate, into the Government response.

Submission of Annual Report 1990/91

The 1990–91 Annual Report of the Australian Sports Drug Agency was tabled on 26 February 1992. The Minister granted a request for an extension of the deadline for the presentation of the Annual Report.

The Agency arranged for the Australian Government Publishing Service (AGPS) to print its 1990–91 Annual Report. The Agency submitted its draft Annual Report to AGPS in August 1991. It submitted a final edited version for printing in October 1991. The Agency responded promptly to all requests for tables, appendices and artwork associated with the report.

AGPS staff repeatedly gave assurances that the report would be printed before the end of 1991. The Agency was finally advised that the AGPS was experiencing unavoidable delays in printing the Annual Report which was finally printed in February 1992.

Request for information involving a possible litigation – Pate and Hall

Solicitors acting for professional cyclists Stephen Pate and Cary Hall requested the Agency to provide certain information from the Registry of Defaulting Competitors. The Agency treated the request as a freedom-of-information request.

The Agency refused access to the documents. The documents were exempt documents under Section 41 of the *Freedom of Information Act* 1982. The reasons for the decision were that:

- A social stigma can be attached to drug taking by a competitor. In relation to any competitor whose name appears in the documents, disclosure of that information

could be expected to have an unreasonable impact on that competitor. The unreasonableness of the impact of any disclosure from the point of view of the competitor arises separately from any value judgements about the impropriety of drug taking to enhance athletic performance.

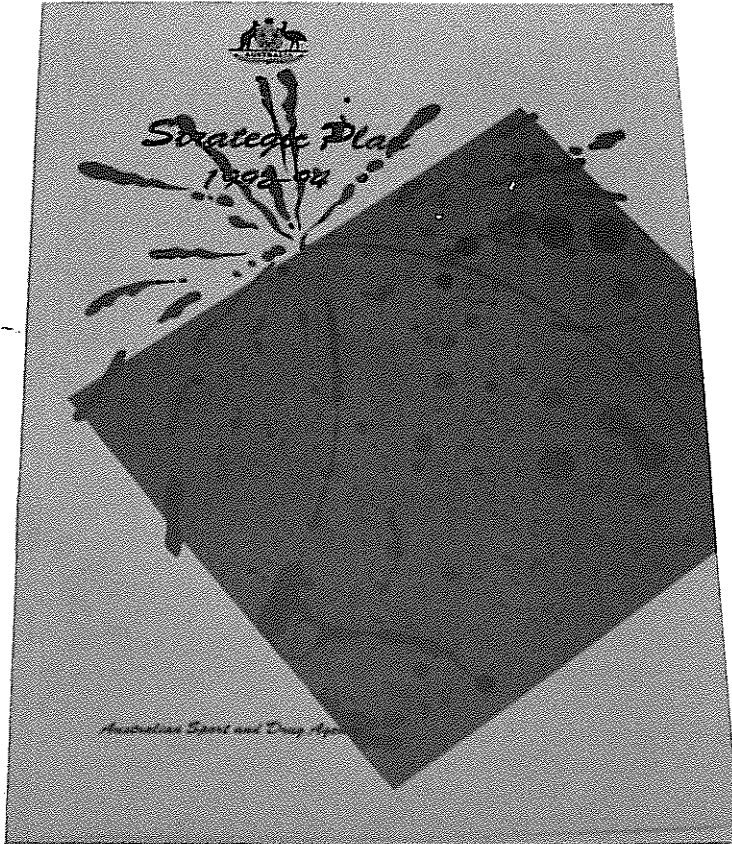
- The privacy of a competitor would be unreasonably infringed by the disclosure of the result of a scientific analysis of a urine sample taken from the body of that competitor.
- A competitor has a legitimate expectation under the ASDA Act that Sections 17 and 67 will limit the publication of an entry on the Register. A contravention of that expectation by way of disclosure would be unreasonable to the competitor.
- Regulation 38 of the Regulations made under the ASDA Act requires a consent to be obtained from a competitor in order to release negative test results to other parties. That Regulation clearly implies that without consent Parliament has not considered it to be appropriate to permit positive test results to be disclosed.

Senate Standing Committee Inquiry into Physical and Sport Education

The Agency prepared a submission to the Senate inquiry into physical and sport education. The Agency recommended that:

- a research study be undertaken to clarify the values that are and/or should be promoted by sport and the consequences for Physical and Sport Education, (this study should be based on the Government of Canada study reported in 'Values and Ethics in Amateur Sport – Morality, Leadership and Education');
- a research study be undertaken to assess the effect of the prevailing 'winning at all costs attitude' on the junior participants in sport and physical education;
- a national policy on drugs in sport as it affects juniors be developed by the Australian Sports Drug Agency in consultation with all stakeholders including the Australian Council for Health, Physical Education & Research, Australian School Sports Council, Confederation of Australian Sport, national sporting organisations and government departments;
- drugs-in-sport education should be an integral part of a young person's physical and sport education;
- drugs-in-sport education should focus on a preventative approach;
- drugs-in-sport education should focus on the environment in which drugs are used and not only on the drugs and their effect;
- teachers delivering drugs-in-sport education receive training in curriculum development and appropriate strategies; and
- resources for the above research, policy and education initiatives should be considered within the overall allocation for sport and physical education.





*'Congratulations to all of you for a fine product (Strategic Plan).
It is often said that the process is at least as important as the documents...
you have strongly demonstrated the truth of that statement.'*

*Stein Helgeby,
Resource Mgmt Improvement Branch,
Dept. of Finance*

CHAPTER 2



POLICY, PLANNING AND RESEARCH PROGRAM

PROGRAM OBJECTIVES

The Agency's policy, planning and research objectives were to achieve a systematic approach to the drugs-in-sport issue based on a sound theoretical framework and to develop a consistent approach to the drugs-in-sport issue.

POLICY

International Initiatives and Activities

International Anti-Doping Agreements

The Agency was the statutory authority responsible for fulfilling Australia's obligations under the terms of an international anti-doping agreement between Australia, Canada and the United Kingdom, (see Appendix 3).

In July 1991, Agency officials met with representatives of the Canadian and United Kingdom anti-doping agencies and developed an action plan for 1991-92 which involved each agency agreeing to undertake testing of athletes on one another's behalf, exchanging information on all aspects of agency activities, and completing a self-assessment (see Appendix 4) of the extent to which each agency had developed and implemented the components of the model national anti-doping program set down in the International Olympic Charter Against Doping in Sport, (see Appendix 5). The Agency prepared its self-assessment report in consultation with the Department of the Arts, Sport, the Environment and Territories (DASET) and the Australian Sports Commission (ASC). It was circulated to the Canadian and British agencies in December 1991. The Canadian self-assessment document was received in June 1992.

On 15 May 1992, Norway became a party to the multilateral agreement. A meeting of parties to the multi-lateral agreement was held in June 1992, at which Norway indicated it would complete a self-assessment of its doping program. Agencies will meet in September 1992 to determine an action plan for the next twelve months.

The Agency also provided policy advice to DASET concerning the development of a similar bilateral agreement between Australia and New Zealand. The respective Federal Sports Ministers, the Hon Ros Kelly MP and the Hon John Banks MP, signed the Agreement on 17 March 1992 (see Appendix 6).

The Agency provided advice to its counterpart in New Zealand concerning the development of operational annexes to the Agreement. The annexes will provide for mutual cooperation in drug testing of athletes for each country, and the exchange of information and expertise relating to sample collection procedures, sample analysis, and education programs and resources. This advice was provided both in consultation with DASET and through direct negotiations with officers of the New Zealand Hillary Commission for Sport, Fitness and Leisure.



Cultural Exchange Agreements

The Agency provided advice to DASET concerning possible government-to-government involvement in relation to drugs in sport policy. Advice was provided concerning cultural exchange agreements with China, Korea, Germany and Japan.

International Forums

The Agency continued to lobby for a consistent approach to the drugs in sport issue internationally through the Chief Executive's membership of the International Working Group on Drugs in Sport (IWG) and the International Olympic Special Committee on Out-of-Competition Testing (SCOCT).

The IWG is responsible for monitoring the development and implementation of annexes to the International Olympic Charter Against Doping in Sport. It met in December 1991 to further develop drug education annexes to the Charter. The SCOCT met twice in 1992. The major outcome was a recommendation for the establishment of an accreditation system for anti-doping agencies which would conduct out-of-competition testing. It was proposed to make the accreditation process consistent with the accreditation system of analytical laboratories. The development of an international out-of-competition testing program will be dependent on the allocation of resources by international sporting organisations and anti-doping agencies. Other aims of the SCOCT were:

- to encourage and stimulate the international sports federations (IF) and national Olympic committees (NOC) to implement testing programs in accordance with the principles of the International Olympic Charter Against Doping in Sport;
- to be regularly informed about all actions undertaken at national and international level by governments, NOCs, sports confederations, IFs, etc., and to evaluate the quality and the effectiveness in achieving equal participation conditions for all athletes;
- to follow up positive results;
- to harmonise rules, procedures and sanctions;
- to promote training and advanced training of the officials responsible for taking samples by means of accredited centres and programs; and
- to draw up a progress report each year for all the parties concerned.

The Deputy Chairman of the Agency, Dr Ken Fitch, continued his membership of the Medical Commission of the International Olympic Committee. In this capacity, Dr Fitch was instrumental in establishing a committee to investigate mechanisms to authorise the use of prohibited substances for legitimate medical reasons.

The Third Permanent World Conference on Anti-Doping in Sport

The Chief Executive and Deputy Chief Executive represented the Agency at the Third Permanent World Conference on Anti-Doping in Sport (Bergen, September 1991) and presented keynote papers on drug education, (see Table 1). The Chief Executive was a member of the organising committee for the conference, which attracted nearly 300 participants from 48 countries. The theme of the conference was education.



TABLE 1

Agency Papers and Presentations, 1991-92

Paper	Author/s	Conference/Publication	Venue	Date
NSW Academy Level One Residential Coaching Course	N. Nicholson	Drugs in Sport	Sydney	Jun 1991
Drug Education and Drugs in Sport	N. Nicholson T. Wynd	Queensland Education Department-Drug Education Consultants Workshop	Brisbane	Jul 1991
Drug Use in Sport - a survey of elite athletes	N. Nicholson	Winter School in the Sun	Brisbane	Jul 1991
Drug Testing	N. Vance	Sports Medicine Association of the Philippines, Scientific Meeting	Manila	Aug 1991
Drug Use in Australian Sport - a survey of elite athletes and coaches	N. Nicholson	3rd International Conference on Anti-Doping in Sport	Bergen, Norway	Sep 1991
Drug Education in Australian Sport	N. Nicholson	3rd International Conference on Anti-Doping in Sport	Bergen, Norway	Sep 1991
Drug Education	S. Haynes	3rd International Conference on Anti-Doping in Sport	Bergen	Sep 1991
Australian Anti-Doping Initiative	S. Haynes	25th Congress and General Assembly of International Sport Federations	Sydney	Sep 1991
Drug Education and Drugs in Sport	N. Nicholson	NSW Education Department Drug Education Workshop for teachers	Sydney	Oct 1991
Fools Gold - launch	M. Agnew	National Drug Education Conference	Brisbane	Oct 1991
Drugs in Sport Isn't Just About Steroids	L. Parolin J. Kempnich	National Drug Education Conference	Brisbane	Oct 1991
Drugs in Sport - an overview	M. Agnew	ASMF Level II Sports Trainers Camp	Canberra	Nov 1991
Drugs in Sport - concerns	S. Haynes N. Nicholson	National Executive Directors Workshop	Canberra	Nov 1991
Drug Use in Australian Sport	N. Nicholson	Window of Opportunity - an intersectoral approach to drug use in society	Adelaide	Dec 1991
The Doping Policy - implications for sports administrators	M. Agnew	ASSA Presentation Awards	Launceston Hobart	Dec 1991 Dec 1991
The Doping Policy - implications for sports administrators	M. Agnew	Victorian Country Football League: Annual General Meeting	Melbourne	Mar 1992
Sport Drug Education Unit - a direction	N. Nicholson	NSW Sport Drug Education Strategic Workshop	Sydney	Mar 1992
Drugs in Sport: The Coaches Role	L. Parolin J. Kempnich	ASDA Workshop	Canberra	Mar 1992
Implementing Drug Education Resources	M. Agnew J. Kempnich	Australian Rugby League National Development Officers Conference	Sydney	Mar 1992
Drugs in Sport	L. Nicholson	MLC Junior Sports Foundation Camp	Gold Coast	Mar 1992



TABLE 1 *continued*

Paper	Author/s	Conference/Publication	Venue	Date
The Doping Policy	M. Agnew	Athletics Association Meeting	Canberra	Mar 1992
The Doping Policy - implications for sports administrators	M. Agnew	Polocrosse National Coaching Directors Workshop	Canberra	Mar 1992
Expo Contribution	M. Agnew K. Roche S. Strang S. Richards	National Sport Symposium	Canberra	Mar 1992
Drugs in Sport	M. Agnew	MLC Junior Sports Foundation Camp	Canberra	Apr 1992
	D. Packwood	" " "	Geelong	Nov 1991
Drug Testing & Disabled Athletes	N. Nicholson G. Turnbull	Training Camp for Paralympics Squad	Sydney	May 1992
Drugs in Sport	N. Nicholson T. Wynd	CAS Seminar	Sydney	May 1992
Integrating Drugs in Sport into the Secondary School Curriculum - Teacher Apr 1992	M. Agnew J. Kempnich	ACHPER Conference	Perth Darwin	May 1992 Jun 1992 Melbourne
Inservice Program		NSW Drug Education Consultants Conference	Sydney	Mar 1992
		Teacher Inservice	Launceston	Apr 1992
		Teacher Inservice	ACT	Jun 1992
Expo Contribution	J. Kempnich D. Readshaw L. Johnson	National Coaching Directors Workshop	Canberra	Jun 1992
Drugs in Sport - the role of ASDA and the ASC	M. Agnew S. Richards N. Vance	ASC Liaison Officers Workshop		
Drug Testing in Sport	M. Agnew	National Sports Program Camp	Canberra	
Drugs in Sport	M. Agnew	Workbook to compliment coaching text 'Towards Better Coaching'		
Drugs in Sport - a resource sinorgasbord	J. Kempnich	Educare News		
The Australian Sports Drug Agency	M. Agnew	Substance Magazine		



A diverse range of stimulating papers stressed the need to continue the effective anti-doping work that was being undertaken in some parts of the world. The executive of the Agency was responsible for reviewing the papers presented (see Appendix 7). The positive impact of the International Olympic Charter Against Doping in Sport as a basis for a thorough and harmonised national and international response to doping was recognised. It was reiterated at the conference that the athlete's environment significantly contributed to the problem of doping. The influence of coaches, administrators and the media were identified as factors affecting an athlete's decision whether or not to use drugs. One of the tasks for the next conference will be to examine the social context and the values of leaders and athletes which influence such decisions. It was clearly identified that athletes play a vital role in developing anti-doping initiatives. Most important was the recognition of the increasing relevance of the ethical issue associated with doping.

Delegates at the conference identified a number of components required for the successful development and implementation of education initiatives. These components included: -

- the need for more social research studies, particularly to determine those factors that influence an athlete to use drugs;
- the need to collaborate with athletes when developing anti-doping strategies;
- the need to work with experts in education;
- the need to provide professional training for potential educators, particularly coaches;
- the need to start educating athletes at a young age; and
- the need to incorporate the ethical issue into anti-doping programs.

The conference delegates also recognised the need for an intense effort to be made by all those involved in doping, to resolve some continuing 'grey areas', including:

- distinguishing between therapeutic and doping ambiguities;
- reacting rapidly to possible new 'misuses'; and
- addressing questions related to the use and misuse of endogenous substances.

A need to prepare and exchange information was specifically stressed. This need would be addressed at the next World Conference.

Conference delegates resolved that the International Working Group should address these issues by:

- collaborating with sports bodies and governments working in anti-doping;
- developing guidelines for drug education which should be published and distributed to sporting organisations and anti-doping agencies throughout the world in 1992;
- developing an appropriate program for the Fourth Permanent World Doping Conference on Anti-Doping in Sport to be held in the United Kingdom in 1993; and
- encouraging further collaboration among countries and sports federations towards a harmonised global campaign.



The 25th Congress and General Assembly of International Sports Federations
The 25th Congress was held in Sydney in October 1991 and was attended by key decision-makers from the International Olympic Committee and international sports federations. The Chief Executive of the Agency presented the opening keynote address on drugs in sport. The paper outlined the success of the Australian anti-doping initiatives and called for increased cooperation between the international federations, the International Olympic Committee and government agencies.

Officers of the Agency held talks at the congress with key officials from the International Boxing Association (AIBA), the International Rowing Federation (FISA), the International Amateur Cycling Federation (FIAC), the International Swimming Federation (FINA), International Weightlifting Federation (IWF) and the New Zealand Hillary Commission.

International Policy Development

The Agency commenced the development of an international drugs in sport policy. This policy will identify the most effective outcomes that the Agency should pursue internationally. Some options were identified including the provision of a sports drug testing service for the Oceania/South-East Asian region, the provision of education resources and programs to other countries, and the development and implementation of a more comprehensive range of international anti-doping agreements. The Agency will continue to develop its international policy in consultation with national and international government and non-government agencies during 1992-93.

World Health Organisation (WHO) Substances Program on Substance Abuse in Sport Project

WHO requested that ASDA participate in its drugs and sport program. The primary goal of the proposed WHO project is to collect data which will be used to develop drug use prevention programs targeting a wide range of sports participants.

ASDA consulted with a WHO representative and outlined the objectives and functions of the Agency. It is envisaged that liaison with WHO will continue.

New Zealand Foundation for Alcohol and Drug Education

Negotiations were held between ASDA and the Foundation with a view to the Foundation marketing specific ASDA resources including: 'Drugs in Sport Isn't Just About Steroids', 'Fools Gold', 'Teacher Consultants Manual - Drugs in Sport' and 'Super Athletes'.

The resources will be distributed as part of the Foundation's teacher inservice program. An appropriate fee-for-service was negotiated and acknowledgment to ASDA will be made where appropriate.

Policy Development within Australia

Doping Policies

The Agency provided advice to a range of government and non-government sporting bodies on aspects of their doping policies. Advice focused on a desire to reduce the harm of drug use to the individual and to the value of sport to society.



International advocacy – Natalie Nicholson, Deputy Chief Executive

*I was most impressed with the Australian Sports Drug Agency Strategic and Operational Plans...
I sent my copy to Geneva (World Health Organisation) for interest. I also propose to use the plans
as a model.'*

Ann Kern, Queensland Dept. of Health



Pivotal to the harm minimisation approach was the recognition that an effective response to drugs in sport requires action to be taken in a variety of areas. The Agency therefore advocated that sporting organisations incorporate a comprehensive approach to drugs in sport involving not only drug testing programs, but giving consideration to the implementation of education programs and addressing issues such as natural justice, legal implications and privacy.

The Agency provided advice to the Australian Sports Commission concerning the development of its Doping Policy to ensure that the policy, where applicable, recognises and reflects the requirements of the Agency's testing program.

The Agency also provided advice to a variety of national sporting organisations on aspects of their doping policies. The organisations included the Australian Olympic Committee, Triathlon Australia, the Australian Confederation of Sports for the Disabled, the National Australian Football Council, the Australian Gymnastics Federation, Athletics Australia, the Orienteering Federation of Australia, and Surf Life Saving Australia.

National Executive Directors Workshop

The Agency sought the views about drugs-in-sport policy issues of administrators from all national sporting organisations attending the National Executive Directors Workshop held in November 1991 in Canberra. A group focus technique was used. The key outcomes were that:

- many sporting organisations lack knowledge about testing programs and drugs-in-sport issues generally;
- smaller sporting organisations, and particularly those organisations which had not had athletes record positive test results at that time, were unsure what they would be required to do in the event of being advised of a positive test result;
- a number of those sporting organisations which had not been advised of a positive test result to date believed that 'it wouldn't happen' to their sports;
- many sporting organisations were unaware of the 'grey' areas of drugs in sport including inadvertent usage and use of banned drugs for legitimate therapeutic use;
- larger sporting organisations or those which had dealt with positive test results in the past were well informed as to the processes they were required to follow;
- there was some confusion over which of the various doping policies of international umbrella bodies (including the IOC, international federations, national sporting organisations and the ASC) took precedence;
- there was some confusion over the roles of different organisations on drugs in sport matters; the respective roles of ASDA and the ASC;
- some sporting organisations indicated they did not believe the use of drugs by athletes for legitimate medical reasons should be restricted just because the individuals were athletes, particularly given that some medications contained banned drugs, options were needed to assess the question of legitimate therapeutic use of drugs in a proactive way, and a policy should be in place which sporting organisations could follow, rather than having sporting organisations react to instances of such drug use after a test result is notified;



- health questions and legal obligations were not always resolved by a common solution, for example, a policy of banning a drug because of its health risk and of banning an athlete from competition for using that drug could be challenged in the courts on the grounds of restraint of trade;
- potential legal problems could be resolved if constitutions were revised to recognise the sporting organisation's powers and functions in respect of drug testing;
- the use of social drugs including tobacco, alcohol and marijuana, were regarded as a matter for the athlete and not the athlete's sporting organisation;
- there was a dichotomy of views on whether the health or ethical aspects of drugs in sport should be given greater emphasis;
- ASDA was regarded as an 'expert' in the drugs-in-sport area;
- policies should be developed which recognised and addressed the different circumstances facing elite athletes, non-elite athletes, juniors, and veterans, this was believed to be particularly important in respect of the use of medications containing banned drugs, it was believed a blanket policy should not apply to all sports participants;
- the privacy of individuals should be respected and handled responsibly – test results should be treated as confidential;
- sporting organisations believed education programs on social drugs should be targeted at junior athletes because this was the best time at which attitudes could be influenced and behaviour shaped;
- education programs should be the focus when dealing with non-elite athletes;
- there had been a willingness among sporting organisations to adopt the ASC Doping Policy without questioning whether it had to be modified to suit the sporting organisation's particular needs;
- sporting organisations needed a sound base of knowledge, including models they could follow, if they were to develop good doping policies;
- sporting organisations and athletes needed information about how overseas testing procedures may differ from those used by ASDA;
- sporting organisations and elite athletes needed regularly updated information about which drugs were banned;
- national sporting organisations wanted a greater level of involvement in the development of the ASC Doping Policy;
- more rapid feedback from the ASC on sporting organisations' doping policies was requested;
- there needed to be greater consultation between sporting organisations and ASDA and the ASC on drugs-in-sport issues, so that the various sports could 'own' their policy and play a more active role in the development of the ASC policy;
- sporting organisations sought ideas and assistance in implementing doping policies at the club level;
- sporting organisations wanted the opportunity to discuss problems they may be encountering in developing and implementing their doping policies, and that this take place with a degree of confidentiality;



- sporting organisations wanted to use the resources of ASDA, the ASC and State sports institutes to support their doping policies;
- assistance was sought in clarifying the role of the hearing process;
- the production of a companion 'explanatory users guide' to the ASC Doping Policy could be valuable, – perhaps answering questions on how to convene a hearing, notification of hearing findings, and other factors to such as handling the media;
- while recognising that Australia was just one player internationally and may have to be flexible in its advocacy of uniform sanctions, it was believed that the Government and ASDA could play a role in lobbying internationally.

Seminar Series – Confederation of Australian Sport

The Agency initiated contact with representatives of national, State and local level sporting organisations on drugs-in-sport issues through participation in the Confederation of Australian Sport's seminar series. A workshop session with NSW sports administrators in Sydney examined relevant 'grey' areas and provided valuable feedback for the Agency. The key outcomes were that many sporting organisations and administrators indicated that they remained confused about or unaware of many aspects of the drugs-in-sport issue. There was a need for ASDA to ensure accurate information dissemination to sporting organisations, particularly at State level. There was also a need for ASDA to be more active in attempting to answer questions from the sporting community as well as seeking information from it.

Athletes Advisory Group

The Agency initiated the establishment of an Athletes Advisory Group (AAG). This recognises the fact that elite athletes are a key target group of the Agency's activities. They are also a group whose views on drugs in sport issues may not be effectively voiced through existing consultative mechanisms. The AAG is intended to provide a forum for elite athletes to voice their opinions on the programs and activities of the Agency. Preliminary work commenced on identifying athletes who will be invited to participate as members of the AAG. The consultative process will involve:

- a number of focused advisory groups centred at Federal and State institutes and academies and national training camps; and
- a large pool of athletes, perhaps of about 200, throughout Australia who would be consulted from time to time.

The Agency examined the merits of establishing similar consultative mechanisms for other key target groups such as coaches and sports medicine practitioners.

Joint Policy Committee

The establishment of the Joint Policy Committee on Drugs in Sport (JPC) was initiated by ASDA in 1990-91. The terms of reference were to:

- produce an environment that would be more conducive to achieving the objectives of the Australian Sports Commission and the Agency;
- coordinate the development of policy options related to drugs in sport within the confines of the respective legislations of the Commission and the Agency;



- consider matters related to drugs in sport and provide advice to the Minister and the boards of the Australian Sports Commission and the Australian Sports Drug Agency;
- examine and register the doping policies of national sporting organisations;
- coordinate the provision of assistance to national sporting organisations in the development, review and revision of their doping policies;
- exchange information on developments in drugs in sport and doping controls at State, national and international levels;
- assist in the development and implementation of complementary State legislation and State sporting organisations' doping policies; and
- coordinate the activities of ASDA and ASC which relates to the implementation of policies on drugs in sport by sporting organisations.

The committee comprises representatives from the Agency, ASC and DASET. One of the key issues discussed by the JPC was the need to develop a national drugs-in-sport policy which identified strategies that can be adopted by government agencies, sporting organisations at all levels, community groups, and individuals to address the issue of drugs in sport comprehensively. ASDA will coordinate the development of this policy.

Out-of-Competition Testing

In November 1991, the Agency's policy on out-of-competition testing was modified in response to comments provided by athletes and sporting organisations through the consultative forums established by the Agency.

Athletes and sporting bodies were concerned that a number of freely available over-the-counter medications contain drugs banned by the IOC. In particular, many cold and flu medications contain analgesics such as codeine and/or stimulants such as pseudoephedrine. There was a general feeling among elite athletes, sports administrators and doctors that the recovery of athletes from colds and flu symptoms was retarded because medications containing these drugs could not be used.

The Agency's out-of-competition policy now provides that samples collected out-of-competition will not be analysed for the presence of analgesics and stimulants – samples will only be analysed for the presence of anabolic steroids, diuretics, masking agents, and, in the case of sporting organisations paying for testing on a fee-for-service basis, banned drugs specifically requested by the sporting organisation. The only exception to this rule is for sports such as shooting and archery. The Agency will continue to test for the presence of beta blockers both in and out-of-competition for these sports.

The out-of-competition testing policy is consistent with the provisions of the International Olympic Charter Against Doping in Sport.

New South Wales Sports Drug Education Unit

The Sports Drug Education Unit is a short-term pilot project which commenced in 1991. It aims to reduce the harm associated with the use of drugs in sport in order to promote the well-being of individual athletes and protect the value of sport to society.

The initiatives of the unit intend to complement and enhance the activities of ASDA. The priorities identified are:

- to achieve an environment conducive to fulfilling the aims of the unit;



- to increase the skills, knowledge and resources available to individuals (including athletes, coaches and sporting organisations) to make decisions in order to prevent the use of drugs associated with sport;
- to deter individuals from using drugs or practices for which ASDA can test under the provisions of the *Australian Sports Drug Agency Act 1990*; and
- to advocate and enhance the development of a just and equitable State and national response to the drugs-in-sport issue.

The unit will address these priorities through education, policy and drug sampling strategies.

The specific objectives of the Sports Drug Education Unit were identified as:

- the development and implementation of drug education and intervention programs for State sporting associations and their members and subsequently the NSW health and fitness industry;
- the establishment with State sporting associations of the implementation of their 'Doping Policy' in line with their international sports federation's current doping policy;
- the development and implementation of drug education programs and resources for the athletes, coaches and officials involved in the State Elite Athlete Squad Program;
- the development and implementation of education programs and resources for the athletes, coaches and teachers involved in the Talented Athlete Programs conducted by the Academy of Sport and regional academies of sport;
- the confirmation and endorsement of alignment and support for the doping policies of the Australian Sports Commission, Australian Sports Drug Agency and the Department of Sport and Recreation;
- the supporting of the information and education initiatives of the Australian Sports Drug Agency and the 'Drug Offensive';
- the supporting of the initiatives of the International Olympic Committee, the Commonwealth Government and State governments and the Australian Sports Drug Agency in the development of international initiatives to eliminate doping in sport; and
- the provision of advice to the Department of Sport, Recreation and Racing and to the Department of Health on drugs-in-sport issues to assist in policy development.

Special Interest Groups

The Agency recognised that certain sections of the sporting and general community have special needs with respect to drugs in sport. Of specific concern were the needs of children and juniors, athletes with disabilities and participants in master sports.

The Agency consulted with representatives from sports including athletics, swimming, gymnastics, Australian Football, weightlifting and soccer over the needs of junior athletes competing in their sports and in sport generally. Information provided by these organisations has been used in the development of a discussion paper which will be circulated to relevant target groups for comment in 1992-93. Following further consultation, a children's drugs-in-sport policy will be developed.



The Agency initiated discussions with the Australian Confederation of Sports for the Disabled to discuss the needs of athletes with disabilities. As a consequence the Agency commenced a review of its drug sample collection procedures to determine what modifications could be made to meet the physical needs of athletes with disabilities. Information resources relevant to the special needs of athletes with disabilities were also identified.

Medical Advisory Committee

A sub-committee of the Agency commenced a feasibility study concerning the establishment of a Medical Advisory Committee which could authorise athletes to use banned drugs for legitimate medical reasons.

It was identified that the right of Australian athletes to compete should not be compromised by the need to use a prohibited drug to treat a legitimate medical condition.

The Agency sought advice on this issue from overseas anti-doping agencies. The Agency commenced an examination of the extent to which its existing powers and functions would need to be amended if it were to maintain a schedule of athletes granted approval to use banned drugs.

A similar mechanism was considered by the Medical Commission of the IOC without resolution.

Sydney Olympics 2000 Bid

The Australian Sports Drug Agency was represented on the Health Care Committee of the Sydney Olympics 2000 Bid. One of the major responsibilities of this committee is the planning for drug testing at the 2000 Olympics.

The Agency was involved with identifying the needs of an Olympic drug testing program and more specifically providing advice about the requirements for appropriate drug testing facilities in each of the planned sporting venues.

Legal Workshop – Expert Evidence

The Agency prepared a draft chapter that comprehensively set out key drugs in sport issues including drugs in sport policies, sample collection and testing methods in Australia. The chapter will be included in a manual designed to provide information to assist the legal profession. The manual entitled *Expert Evidence: Practice and Advocacy*, is expected to be published during 1992–93.

PLANNING

Strategic Plan

The Agency's first strategic plan was developed in 1991–92 to enable the Agency to focus its activities over the period 1992–94. The plan detailed the objectives, the major strategies and the major programs of the Agency as well as general approaches to financial and human resource management. The plan also addressed the evaluation requirements and in particular identified the performance information that will be used to assess the effectiveness of the strategies employed by the Agency.

Each stage of the process involved comprehensive consultation with the Agency's client groups in the government and non-government sectors, particularly in the areas of sport, health and education.



The first completed draft of the plan was made available to more than 200 organisations for comment. Most importantly, all Agency personnel were intimately involved with the development of this plan, and to that extent the plan is 'owned' by those individuals.

The outcome of this consultative approach to the planning process resulted in management practices which were firmly focused on achieving results, while ensuring that planning, resourcing, implementation and evaluation processes remained intimately linked. Furthermore, the simultaneous development of the Agency's first annual operational plan (which set out the 'day-to-day' activities) ensured that strategic issues were clearly linked to operational issues and processes.

The development of the strategic plan was initiated in November 1990 and the final draft was approved by the Board of the Agency in August 1991. It was tabled in Parliament on 26 November 1991.

Operational Plan

The operational plan for 1991–92 was tabled in Parliament on 26 November 1991.

The plan set out the activities that would be undertaken by each program together with a timeline for each operation. The financial and personnel resource implications were shown for each program.

A review of the operational plan was undertaken in May 1991. The key recommendations identified the need to:

- deploy staff from the Corporate Services Program to the Education Program;
- undertake the publication of corporate plans and reports by using external consultants;
- ensure that programs adhere more closely to the activities identified in the operational plan;
- explore sponsorship strategies;
- develop a public affairs strategy;
- achieve efficiencies in human and financial resources by combining the Executive and Corporate Operations Programs;
- clarify the policy functions of the Executive and Policy Program;
- prioritise the development of the Agency's international policy and national policy for 1992–93;
- identify clearly the research needs of the Agency;
- plan more precisely the corporate operation activities for 1992–93;
- incorporate activities of the Executive into the 1992–93 operational plan;
- narrow the focus of the activities of the Drug Testing Program to maximise its efficiency and effectiveness;
- transfer policy and corporate service activities from the Drug Testing Program to the appropriate programs;
- devolve more responsibility to State drug control officers and chaperones;



- clarify the scope of international testing services conducted by the Agency;
- detail more clearly the activity of the Drug Testing Program in the 1992–93 operational plan; and
- plan more clearly and precisely for the conduct of drug tests.

The recommendations were taken up in the operational planning process for 1992–93.

Evaluation

An evaluation plan was developed that set out the Agency's philosophical and practical approach to evaluation. The plan met both the management needs of the Agency and the parliamentary process of accountability. Three tiers of 'evaluation activity' were identified: the mission level, the program objective level, and the program activity level. An evaluation framework for each level was developed. The process of identifying performance targets was initiated and will be finalised in 1992–93.

A major evaluation activity was undertaken in 1991–92. The 2,800 elite athletes on the Agency's out-of-competition testing database were surveyed by questionnaire. The questionnaire was designed to obtain the views of athletes on the deterrent effect of the Agency's testing program and the extent to which some of the existing information services produced by the Agency were being used by, and were addressing the needs of, elite athletes. Over 50 per cent of athletes responded. Analysis of the data will be completed early in 1992–93. Preliminary analysis suggests that a significant deterrent effect was achieved and that the levels of knowledge of the athletes had increased.

Planning and Change in a Small Organisation

A joint report was prepared by the Agency and the Resource Management Improvement Branch of the Department of Finance entitled 'Planning and Change in a Small Organisation'. The paper was the result of a project to test the hypothesis that strategic management approaches may be inapplicable or particularly difficult to implement in a small agency.

The major outcomes of the project were the development of a sound focus on results throughout the Agency, commitment to the process and its outcomes, and a consciousness of the resource implications of programs and activities.

Harms Associated with Drugs in Sport

The Agency identified the harms that should be monitored in order to assess the extent to which the Agency is successful in reducing the harm associated with drug use in sport. The harms to be monitored include the direct harm to an athlete's health that may occur as a result of drug use; the harm to the image of an individual sport if an athlete is found to have used banned drugs; and harm accruing to the values of fair play and sportsmanship associated with sport generally due to the use of drugs by elite athletes. Methodologies for monitoring these harms were developed, and the Agency will begin to collect data on harms during 1992–93. An overview of harms caused by drug use is presented in Appendix 9.



RESEARCH

Survey of Knowledge and Attitudes about Drug Use

The Agency, in conjunction with the Faculty of Medicine, University of Queensland, conducted a research project examining the levels of knowledge of, and attitudes to, drugs in sport issues by a variety of target groups including potential users (elite and sub-elite athletes), potential educators (coaches, parents, doctors and the media), and decision makers (politicians and administrators). This project was conducted as a result of a recommendation from the Senate Committee Inquiry concerning Drugs in Sport.

Four specific areas were identified for investigation:

- knowledge of and attitude towards drug testing in sport;
- who uses drugs in sport, and why;
- attitudes towards education and the use of drugs in sport; and
- knowledge of drugs in sport.

Drugs were classified into four groups: prohibited drugs i.e. those banned by the International Olympic Committee (IOC); prescribed/medicinal drugs (e.g. antibiotics); possible performance enhancing substances (e.g. vitamins, amino acids); and 'social' drugs (e.g. tobacco, alcohol, marijuana).

Analysis of the responses of elite and sub-elite athlete groups to the survey produced the following findings:

- the majority of athletes were opposed to drug use for ethical rather than for health reasons;
- in Australia, the use of prohibited drugs was believed to be limited to a small percentage of athletes in a few sports;
- for many athletes, particularly elite athletes, performance was paramount;
- athletes appeared willing to use any drug that was not banned as long as it was believed to offer a performance advantage;
- the more 'serious' athletes were about their performance, regardless of the individual athlete's competitive level, the more likely they were to use drugs in relation to performance;
- restrictions on an athlete's ability to use certain medications because they contained prohibited drugs was considered unfair and an impairment to performance in both training and competition;
- the vast majority of athletes supported drug testing but believed such testing should be limited to prohibited drugs – the testing for social drugs which did not enhance performance was considered an invasion of privacy;
- it appears drug testing in sport has contributed to a change in the behaviour of athletes towards the use of prohibited drugs, but it has not influenced their attitudes to performance enhancement;
- many athletes favoured a system of graded sanctions, with offences associated with anabolic steroid use being considered the most serious;



- elite athletes, in particular, were concerned about the lack of uniformity of sanctions for positive drug tests between sports and between countries;
- the overall level of knowledge among athletes about the performance enhancing and detrimental effects of individual drugs appeared to be low;
- the main thing athletes wanted to know about a particular drug was whether or not it was banned – information on the effects of the drug was considered less important;
- there is strong support for education on all types of drugs, particularly in education programs targeted at young athletes;
- athletes' major sources of information about prohibited and other drugs were doctors, their peers and the media; and
- athletes were aware of the many internal and external pressures to take all types of drugs, with many of the external factors being viewed as beyond the control of the individual athlete.

The Agency will continue its analysis of the knowledge and attitudes of non-athlete target groups towards drug use during 1992–93.

Caffeine Study

In June 1990, the Agency and the Australian Sports Commission, through its Applied Sports Research Program, co-funded a project to examine the pharmaco-kinetics of caffeine ingestion and elimination in athletes. The research project was undertaken by the Faculty of Health Sciences, University of New England.

Preliminary results in November 1991 suggested that the timing of the sample collection following caffeine ingestion and the volume of urine passed in providing the sample are critical to the actual concentration of caffeine in the urine sample. A final report from the study is expected in late July 1992, and the Agency will assess the need for additional research in this area following examination of the research findings.

The caffeine study findings are also expected to address some of the recommendations contained in the Senate Standing Committee on Environment, Recreation and the Arts Report on the Circumstances Surrounding the Positive Drug Test on Mr Alex Watson, which was tabled in May 1992.

A review by ASDA of the existing scientific and medical literature showed that caffeine can have an ergogenic effect at levels less than those proscribed by the International Olympic Committee.

Research Priorities

The Agency commenced a process of identifying research priorities. Over forty research projects were identified.

A set of guidelines was developed against which individual research proposals were evaluated and a prioritised list of feasible projects was produced. These projects are:

- the determination of the optimum conditions for a maximum deterrent effect of the ASDA testing program, including analysis of such factors as numbers, timing, and visibility of tests, and the impact of the severity of sanctions;
- the value of sport to society and the factors which influence the way the value of sport is perceived, (for example, the role of the 'sport system')



Inaugural Drug Control Officers Technical and Planning Workshop

'The documentation (Strategic Plan)... indicates that a most comprehensive process has been undertaken... it is particularly pleasing to note the emphasis on consultation.'

*J Fulman, Ministry of Sport and Recreation,
Western Australia*



- the establishment of the normal range for the testosterone/epitestosterone ratio;
- the association between anabolic steroid use and prostate cancer;
- assessment of the information requirements of sporting organisations;
- a summary of legal issues related to drugs in sport and the impact on the function of ASDA;
- the determination of a more effective system for the placement of drug tests, taking into account such issues as the perceived need for testing, the nature of individual sports, training methods, likely substances to be used and so on;
- the prevalence of drug use in non-elite athletes, particularly adolescents;
- the differences between therapeutic and doping levels for commonly used drugs such as cold and flu preparations;
- the attitudes and behaviours of sports science and sports medicine personnel with regard to drugs in sport and the impact on education strategies;
- drug use behaviours by bodybuilders;
- a comprehensive literature review of the known side-effects from anabolic steroids;
- a statistical analysis of sporting performance in relation to possible drug influence;
- development of a strategy to assess the cost and benefits of anti-drugs in sport initiatives; and
- the feasibility of enhancing the detection of hormonal doping agents through the use of 'marker substances'.

Response to the Watson Report

In May 1992, the Senate Standing Committee on Environment, Recreation and the Arts Report on the Circumstances Surrounding the Positive Drug Test on Mr Alex Watson was tabled. The Committee Report and Minority Report both made a number of recommendations relating directly to the Agency's research activities. The Report specifically recommended the Agency commission research into the ingestion of caffeine, the likelihood of athletes exceeding the IOC caffeine limit, and the performance effects of caffeine.

The Agency's response will be incorporated, as appropriate, into the Government's response.

Review of Anabolic Steroid Regulations

The Agency reviewed the State and Territory regulations relating to anabolic steroids. The review updated information gathered at a Ministerial Council on Drug Strategy Workshop on Anabolic Steroids, held in Perth in October 1990.

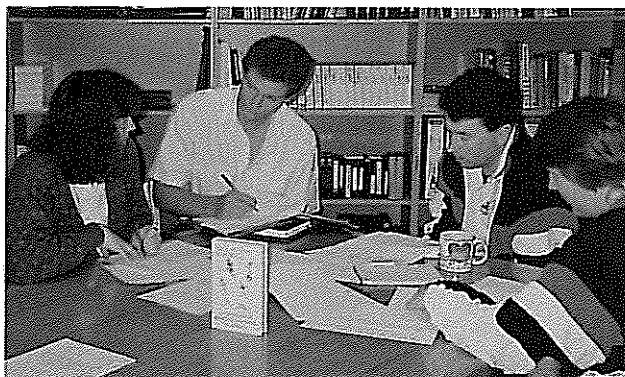
The review revealed substantial variance in the regulations which exist between States and Territories, and a similar diversity in the fines and other penalties associated with the various breaches of supply and use of anabolic steroids (see Appendix 8). The Agency will undertake a further review of State and Territory regulations in August 1992.



ASDA-funded Research Undertaken by the Australian Government Analytical Laboratory – 1991–92

Under the terms of the Memorandum of Understanding between ASDA and the Australian Government Analytical Laboratory (AGAL), ASDA provides funding to assist AGAL in the conduct of research projects. The following research projects were undertaken by AGAL during 1991–92:

- **Analysis of diuretics by extractive alkylation**
The procedure for analysis of diuretics by IOC laboratories is difficult and not particularly robust. AGAL investigated several alternative methods of analysis; the method of extraction of diuretics from a urine sample followed by extractive alkylation gave the best results. The method was refined and further research is proceeding to determine whether it can be applied to the analysis of other substances including cocaine.
- **Corticosteroids and exercise**
Corticosteroids are a restricted substance under IOC regulations (see Appendix 10). The levels of corticosteroids in blood and urine are highly variable over a 24-hour period. This research project involved the development of a new methodology using methoxime-TMS derivatives of corticosteroids and GC-MS technology. The results were published and showed that the methodology produced reliable results. Further research is continuing on this method to facilitate the analysis of exogenous corticosteroids in the presence of the endogenous hormone.
- **Investigations of excretion of drugs**
This project consisted of preliminary work on determining suitable analytical procedures for the 'new' drugs which are added to the IOC list of banned substances. This involved determining the manner in which substances are eliminated from the body. Recently banned substances such as amineptine and mesocarb have been investigated. So far, only preliminary data is available.
- **Analysis of peptide hormones**
Work commenced on analysing human chorionic gonadotrophin, luteinising hormone and follicle-stimulating hormone. It is not possible to measure human growth hormone and erythropoietin at this time.
- **Collaboration with Prince Alfred Hospital**
This project involved the analysis of urine samples from patients who have been given testosterone for clinical reasons. Early results indicated that testosterone can be detected for considerable periods after administration.
- **C-LADA collaboration**
During 1991, the Senior Analyst at AGAL, Dr R Kazlauskas, was invited to join the C-LADA (Laboratories Against Doping) as an associate member. AGAL took part in a joint project that examined the measurement of testosterone-epitestosterone (T/E) ratios. Results from experiments undertaken in February 1992 indicated that AGAL's work is consistent with other IOC laboratories and established AGAL as a highly reputable laboratory. The work by C-LADA will facilitate accurate and precise measurements of the T/E ratios.
- **Reaccreditation and proficiency studies**
AGAL successfully completed the IOC reaccreditation process in January 1992. The laboratory correctly identified the substances in eight urine samples provided by the IOC. AGAL also participated in two proficiency studies during 1991–92.



Consultation is a key factor in developing effective policy. The more complex the issue, the more important the consultation process. Meeting regularly with the people who are most affected by the policies is, therefore, high on the list of the Agency's activities.



*I can proudly
say I believe we
are seen to be
world leaders in
the fight against
the use of drugs
and I hope we can
continue our
testing and
education
campaign for the
elimination of
the use of drugs
in sport'*

Charlie Wlash,
Australian
Olympic Track
Cycling Coach



CHAPTER 3



DRUG TESTING PROGRAM

PROGRAM OBJECTIVE

The Agency objective for the drug testing program was to deter the use of prohibited drugs and practices by competitors by designing, implementing and maintaining a prescribed testing and sample collection program.

The nature and scope of the distribution of drug tests remained the major contributing factor to the effectiveness of the program. The system procedures and operations determined the efficiency of the program. During 1991-92 the drug testing program consolidated the previous year's program by undertaking 2,480 tests within Australia, (see Tables 2 and 3). The Agency only tested for those drugs listed by the International Olympic Committee (IOC). (See Appendices 10, 11 and 12.) Only IOC accredited laboratories were used to analyse the samples (Appendix 13).

TABLE 2

Drug testing statistics 1991-92

Sport	Event 1991-92	Out-of-Competition 1991-92	Total 1991-92
Archery	8	8	16
Athletics	108	147	255
Australian Football	97	74	171
Badminton	4	5	9
Baseball		11	11
Basketball	15	67	82
Biathlon		2	2
BMX Racing		6	6
Bobsleigh		9	9
Body Building	21		21
Boxing	47	11	58
Canoeing	12	30	42
Cricket		10	10
Cycling	229	116	345
Diving		14	14
Fencing	6		6
Golf			
Gymnastics		11	11
Hang Gliding			
Hockey	11	36	47
Ice Sports	14	13	27
Judo	5	21	26
Karate	7	9	16
Korfball	4	1	5
Lacrosse		9	9
Modern Pentathlon	38	8	46
Netball	16	7	23



TABLE 2 *continued*

Sport	Event 91-92	Out-of-Competition 91-92	Total 91-92
Orienteering		1	1
Polocrosse		1	1
Powerlifting	80	89	169
Roller Skating	26	10	36
Rowing	19	57	76
Rugby League	193	126	319
Rugby Union	6	28	34
Shooting	10	18	28
Skiing		12	12
Soccer	4	13	17
Softball		3	3
Squash	4	5	9
Surf Life Saving	16	18	34
Surfboardriding		2	2
Swimming	41	49	90
Synchro Swimming	1	1	2
Table Tennis		1	1
Tae Kwon Do	12		12
Tennis		6	6
Trampoline		1	1
Triathlon	41	19	60
Underwater Hockey	2	2	4
Volleyball	4	13	17
Water Polo	10	31	41
Waterskiing	24	6	30
Weightlifting	65	87	152
Wrestling	6	2	8
Yachting		12	12

TABLE 3

Drug testing statistics by State and gender 1991-92

State	Total Tests	Tests on males	Tests on females	% Tests on males	% Tests on females	% of all tests by State
VIC	628	525	103	83.6	16.4	25.7
N.S.W	735	578	157	78.6	21.4	30.1
QLD	285	223	62	78.2	21.8	11.7
W.A	237	174	63	73.4	26.6	9.7
S.A	218	160	58	73.4	26.6	8.9
A.C.T	207	144	63	70.0	30.0	8.5
TAS	84	62	22	73.8	26.2	3.4
N.T	45	24	21	53.3	46.7	1.8
TOTAL	2,439	1,890	549	77.5	22.5	100



DRUG TESTING MANAGEMENT SYSTEM AND DATABASE

The Agency developed and maintained a drug testing management system with an extensive database to provide the necessary information for the implementation of the testing and sampling program. The database had six key registers: athlete register, drug test register, default register, planning register, client register and sample kit register.

Athlete Register

The Athlete Register contained contact details of athletes who were included in the out-of-competition testing program and the names of athletes who were tested during competition. The register contained 3,519 entries.

Drug Test Register

The Drug Test Register contained all information regarding an athlete's drug test – including date of collection, sample number, State, method of selection and result. The register contained 6,694 entries.

Default Register

This register maintained the record of defaulting competitors who have failed, without reasonable cause, to comply with a request by the Agency to provide a sample for testing, or returned a positive test result (see Tables 4 and 5).

Planning Register

This register listed a record of events and training camps from which the drug testing program was planned.

Client Register

The Client Register listed sporting organisations and their contact details. The register contained 77 entries.

Sample Kit Register

This register contained a record of all sample collection kits and their security seal numbers. This permitted the continued tracking of drug testing sample kits.

The drug testing management system included a software program and an operations manual. The system improved the efficient management of the drug testing program. It produced a variety of documents and reports including result notification letters and statistical reports of drug tests. The system was exported to New Zealand and is now being used by the New Zealand Drug Testing Program. This resulted in the recovery of a proportion of the development costs.



TABLE 4

Summary of Defaults

Sport	Date	Default	Substance	Class	Sanction
Nerball	2.7.91	Positive	Pseudoephedrine	Stimulant	Inadvertent—No sanction
Tae Kwon Do	7.7.91	Positive	Furosemide	Diuretic	Suspended 6 mths—Medals withdrawn
Rugby League	14.7.91	Positive	Pseudoephedrine	Stimulant	Inadvertent—No sanction
Rugby League	14.7.91	Positive	Pseudoephedrine	Stimulant	Inadvertent—No sanction
Roller Skating	15.7.91	Positive	Methoxyphenamine	Stimulant	Suspended 3 mths
Athletics	17.7.91	Refusal	—	—	Suspended until response received
Powerlifting	4.8.91	Positive	Testosterone/ Epitestosterone Ratio >6	Anabolic Steroid	Suspended 3 years
Powerlifting	4.8.91	Positive	Testosterone/ Epitestosterone Ratio >6	Anabolic Steroid	Suspended 3 years
Weightlifting	1.9.91	Positive	Codeine	Narcotic Analgesic	No sanction—athlete reprimanded
Rugby League	2.9.91	Positive	THC	Marijuana	Suspended 8 matches
Body Building	14.9.91	Positive	Nandrolone Stanozolol	Anabolic Steroids	Suspended 1 year
Cycling	15.9.91	Positive	Phenylpropanolamine	Stimulant	Suspended 3 mths
Powerlifting	13.10.91	Positive	Furosemide	Diuretic	Suspended 12 mths
Cycling—Mountain Bike	13.10.91	Positive	Pseudoephedrine Codeine	Stimulant Narcotic Analgesic	Suspended 3 mths
Powerlifting	14.10.91	Refusal	—	—	Membership will not be accepted by APF
Body Building	18.10.91	Positive	Oxandrolone	Anabolic Steroid	Suspended 12 mths
Body Building	19.10.91	Positive	Testosterone/ Epitestosterone Ratio >6	Anabolic Steroid	Suspended 1 year
Body Building	10.11.91	Positive	Testosterone/ Epitestosterone Ratio >6	Anabolic Steroid	Suspended 1 year
Body Building	10.11.91	Positive	Nandrolone	Anabolic Steroid	Suspended 1 year

Sport	Date	Default	Substance	Class	Sanction
Body Building	10.11.91	Positive	Nandrolone	Anabolic Steroid	Suspended 1 year
Cycling	12.11.91	Positive	Testosterone/ Epitestosterone Ratio >6	Anabolic Steroid	Athlete being monitored
Body Building	16.11.91	Positive	Stanozolol Furosemide Hydrochlorothiazide Caurenone	Anabolic Steroid Diuretic Diuretic	Suspended 1 year
Powerlifting	18.12.91	Refusal	—	—	Suspended 3 years
Cycling	26.12.91	Positive	Nandrolone	Anabolic Steroid	Suspended 2 years
Triathlon	19.1.92	Positive	Pseudoephedrine	Stimulant	Suspended 3 mths
Triathlon	8.3.92	Positive	Pseudoephedrine	Stimulant	Suspended 3 mths (inadvertent use)
Powerlifting	31.3.92	Refusal	—	—	Suspended 3 years
Powerlifting	2.4.92	Refusal	—	—	Suspended 3 years
Rugby League	4.4.92	Positive	Pseudoephedrine	Stimulant	No sanction—warning issued
Athletics	19.4.92	Positive	Pseudoephedrine	Stimulant	Currently under investigation
Powerlifting	19.4.92	Positive	Stanozolol	Anabolic Steroid	Suspended 3 years
Australian Football	25.4.92	Positive	Pseudoephedrine	Stimulant	Inadvertent—warning issued
Rugby League	16.5.92	Positive	THC	Marijuana	Reprimand issued—no sanction
Cycling	18.5.92	Refusal	—	—	Currently under investigation
Australian Football	23.5.92	Positive	Pseudoephedrine	Stimulant	Inadvertent—warning issued
Rugby League	31.5.92	Positive	Pseudoephedrine	Stimulant	Inadvertent—warning issued
Rugby League	7.6.92	Positive	Pseudoephedrine	Stimulant	Inadvertent—warning issued
Rugby League	7.6.92	Positive	THC	Marijuana	Reprimand issued—no sanction
Cycling	17.6.92	Refusal	—	—	Currently under investigation
Rugby League	20.6.92	Positive	Nandrolone	Anabolic Steroid	Currently under investigation





Drug Testing Procedures Audit

At the request of the Agency the Australian National Audit Office (ANAO) conducted an audit of the procedures of the drug testing program. A number of interim recommendations were made. These included the need to:

- develop a consolidated procedures manual;
- develop an athlete classification scheme for drug test selection;
- review the policy with regard to drug control officers and chaperones;
- undertake a detailed costing analysis of contract pricing; and
- initiate a Protective Security Risk Review.

The audit report will be tabled in Parliament by the ANAO in 1992-93.

Testing Programs

The major components of the testing program were the government-funded public interest program, the user-pay program for 'professional' sports and the international program.

The Agency employed two full-time drug control officials, three part-time drug control officials, 14 casual drug control officials, and approximately 150 chaperones to conduct the testing program.

TABLE 5

Summary of Defaults - By Sport

Sport	Refusals	Prohibited	Restricted	Inadvertent	Total
Athletics	1			1	2
Aust. Football				2	2
Bodybuilding		7			7
Cycling	2	1		2	5
Cycling - Mt. Bike				1	1
Netball				1	1
Powerlifting	4	4			8
Roller Skating				1	1
Rugby League		1	3	5	9
Tae Kwon Do		1			1
Triathlon				2	2
Weightlifting				1	1
TOTAL	7	15	3	15	40



Public Interest Testing Program

A total of 1,866 tests were conducted under the public interest testing program. A strong event testing program was supported by comprehensive out-of-competition testing conducted throughout the year at short notice. The number of tests conducted was less than the usual 2,000 target. A number of tests were carried over into 1992–93 to ensure adequate coverage of the Australian Olympic team in the lead-up to Barcelona. It was anticipated that by the time the Australian athletes arrived in Barcelona more than 80 per cent would have been tested by the Agency within the previous six months and more than 96 per cent would have been tested previously. No Australian Olympian tested positive.

Competitors from 56 sports were tested during 1991–92. The majority of the testing was focused on the higher risk sports including athletics, cycling, powerlifting and weightlifting.

The number of testing sessions conducted was increased from 280 in 1990–91 to 416 in 1991–92. The increased number of sessions was implemented in an attempt to increase the deterrent effect of the program.

The Agency registered 40 competitors who defaulted; seven of these refused to undertake a test and 33 competitors tested positive for the presence of an IOC listed drug. Of these positive tests, 15 were for prohibited drugs and three for restricted drugs. Fifteen tests were the result of inadvertent use of medicines. The results are summarised in Tables 5 and 6.

The incidence of positive test results and refusals was 1.7 per cent in 1991–92 compared with 2.7 per cent in 1990–91. The percentage of positive drug tests resulting from inadvertent drug use fell from 0.8 per cent to 0.5 per cent over the same period.

TABLE 6

Summary of Substances Found in Positive Drug Tests

STIMULANTS

Pseudoephedrine
Methoxyphenamine
Phenylpropanolamine

NARCOTIC ANALGESICS

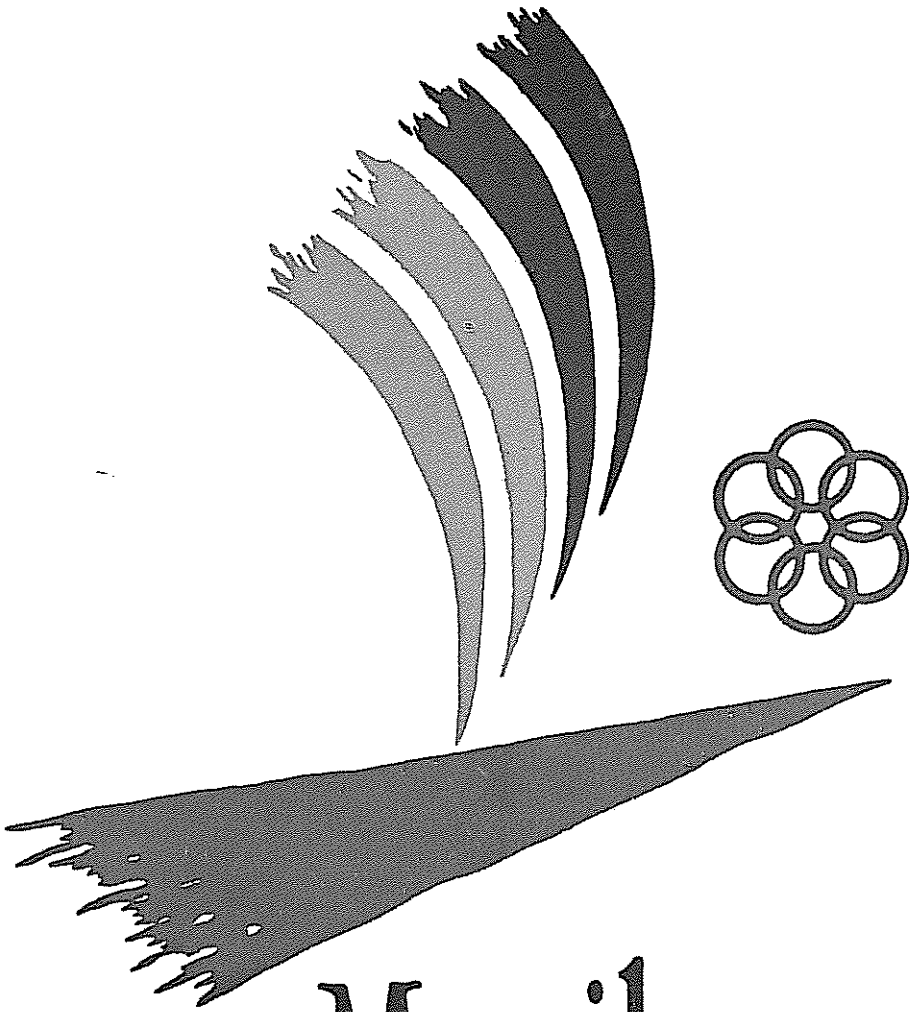
Codeine

ANABOLIC STEROIDS

Testosterone
Stanozolol
Oxandrolone
Nandrolone

DIURETICS

Furosemide
Hydrochlorothiazide
Canrenone



Manila[®]

XVI SEA GAMES

1991

'The Hon. Peter Garrucho (Chairman South East Asian Games Organising Committee) and other senior Philippine sporting officials were profuse in their expressions of gratitude for the ASDA performance (in conducting drug testing at the South East Asian Games).'

Unclassified Communique, Manila to Canberra



Professional Sports

The Agency continued to contract out its services to major professional sporting leagues during 1991–92, conducting testing programs for the New South Wales Rugby League, Australian Football League, Queensland Rugby League, South Australia National Football League and the National Basketball League. These programs included both out-of-competition testing conducted during pre-season training sessions and testing conducted throughout the season at selected games.

An agreement was also negotiated with the National Soccer League to commence a testing program for the 1992–93 season.

Some 614 tests were conducted in the 'professional sports' program.

International Testing Programs

The Agency maintained its leadership role in deterring drug use internationally by implementing a number of drug testing programs.

South-East Asia Games

The Agency conducted the drug testing program for the South-East Asia Games held in Manila from 24 November to 5 December 1991. Earlier in the year the Agency undertook a site analysis of the drug testing facilities and an initial training program for officials. Three Agency officials coordinated the testing which generated 203 samples. The Agency trained 37 sampling officers in Manila. Three positive tests were generated. The samples were analysed in the IOC laboratory located in Pymble, Sydney. The consultancy fee for service was \$40,000. Close liaison was maintained with the Department of Arts, Sport Environment and Territories, the Department of Foreign Affairs and Trade and the Australian Embassy in Manila throughout the project.

A communique from Manila to Canberra summarising the Australian involvement in the Games stated that "senior Philippine sporting officials were profuse in their expressions of gratitude for the ASDA performance".

South Pacific Games

The Agency conducted 35 drug tests at the South Pacific Games held in Papua New Guinea in September 1991. Two officers from the Agency conducted the tests on athletes from track and field and weightlifting in conjunction with the International Amateur Athletics Federation (IAAF) and the International Weightlifting Federation (IWF).

World Student Games

As part of the multilateral agreement with Canada and United Kingdom (see Chapter 2), the Agency inspected the drug testing program of the World Student Games held in Sheffield in July 1992. ASDA closely monitored the requirements for implementing drug testing programs at multi-games events.

Testing Programs with International Sports Federations

The Agency developed agreements to undertake drug testing within Australia and the Oceania Region on behalf of the International Amateur Athletic Federation and the International Weightlifting Federation. Approximately 40 tests were conducted on a fee-for-service basis.

The Agency facilitated the out-of-competition testing of Australian rowers by officials of the International Rowing Federation.



Testing Programs for Other Countries

The Agency conducted a total of 19 tests on athletes from Germany, Switzerland, the United Kingdom and Guam while they were training in Australia.

Informal agreements were developed to provide assistance in the future for the German Sports Federation and Swiss Sports Federation. This was complemented by the government agreements to provide reciprocal testing services for the United Kingdom, Canada and New Zealand.

International Events held in Australia

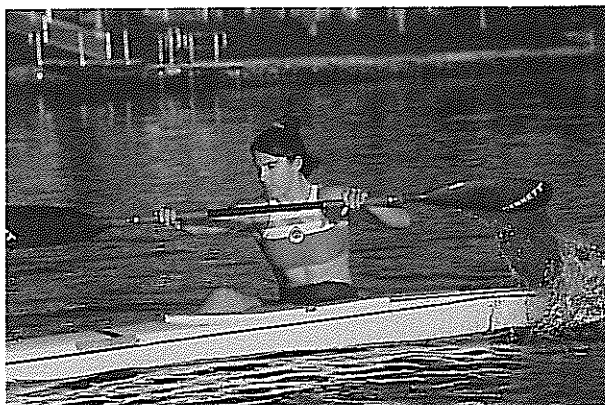
The Agency coordinated the testing at numerous international events held in Australia. These are summarised in Table 7.

Statistics for drug tests conducted by IOC accredited laboratories worldwide are shown in Appendices 14 and 15.

TABLE 7

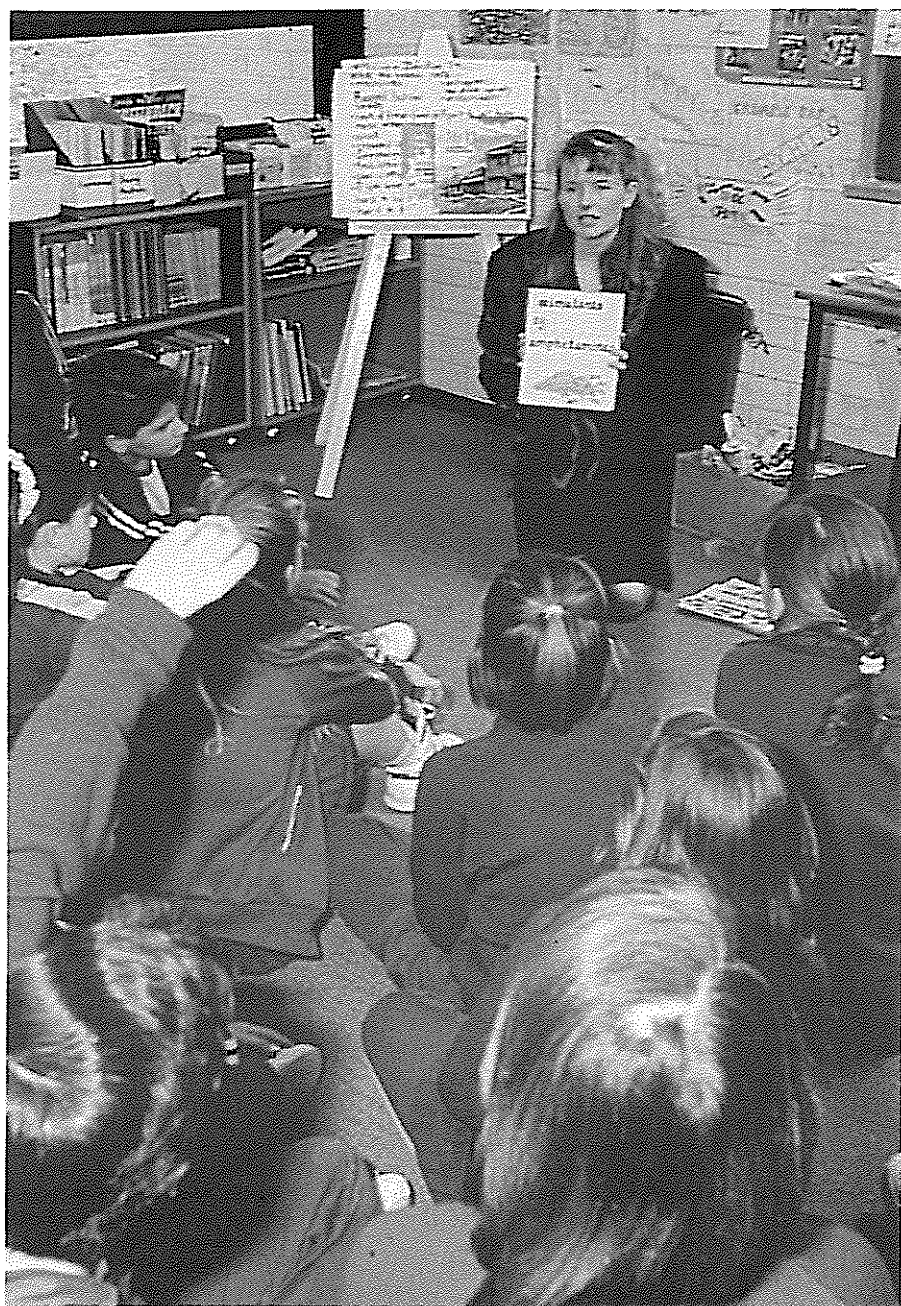
International Sporting Events held in Australia and Tested by ASDA

Asian Volleyball Championships
World Netball Championships
World Water Ski Championships
World Triathlon Championships
World Womens Modern Pentathlon Championships
World Shotgun Championships
World Boxing Championships
World Cup Slalom Canoe Championships
World Blind Powerlifting Championships
World Artistic Rollerskating Championships
World Drug-Free Powerlifting Championships



"It is important that those who are most affected by the issue of drugs in sport – the athletes and coaches – actively participate in policy development and program delivery. We must forge links between them and the administrators."

*Jenny Cheesman. Australian Olympian; Elite Coach;
and Board Member of ASDA*



Manager of Communications, Margaret Agnew

'At the last meeting of the monitoring group of the Council of Europe's anti-doping convention I have seen your whole education package against drug use in sport. I was very impressed.'

Dr Matthias Kamber, Research Institute of the SSSM

CHAPTER 4



EDUCATION PROGRAM

PROGRAM OBJECTIVES

The objectives of the education programs were to integrate drug education into sports programs and structures by developing training programs, support services and resources, and to increase the level of knowledge of relevant target groups on the issues associated with drug use in sport by providing appropriate information.

These objectives were pursued through two programs: the Consultancy Program and the Communications Program.

The educational philosophy and approach of the Agency emanated from the Ottawa Charter on Health Promotion (see Appendix 16). This charter was developed in 1987 by international experts in health promotion. Its approach focuses on the effects of the drug, the user and most importantly, the environment in which the drug is used. The education programs were community based and utilised action research (see Appendices 17 and 18).

SCHOOL-BASED EDUCATION PROGRAMS

A series of teacher inservice workshops were developed and implemented to facilitate the integration of drug education into schools. The workshops used four major resources produced by the Agency.

'Super Athletes'

This resource was designed for the science curriculum. It comprises a series of lessons that address the physiological and ethical issues associated with science, technology and drugs in sport.

'Drugs in Sport Isn't Just About Steroids'

This resource is a collection of activities designed to give ideas to teachers wishing to incorporate drugs in sport into their curriculum. The activities cover a wide variety of issues associated with drugs in sport. Teachers can choose whichever of these are most appropriate to their class.

'Drugs in Sport - An Inservice Manual'

This manual was designed to help teachers and consultants implement effective education programs.

'Fools Gold'

This resource is a complete package of lessons based on an episode of 'A Country Practice', which dealt with drug use in sport. The resource aims to reinforce the attributes of fair play and good sportsmanship whilst developing skills and increasing knowledge. The resource contains a teacher's booklet, support materials and a video.



The workshops were open to consultants and teachers in government and non-government schools. Workshops were conducted in Western Australia, Northern Territory, Victoria, Tasmania, New South Wales and the Australian Capital Territory. Circumstances beyond the control of the Agency were responsible for workshops not being conducted in South Australia and Queensland. The workshops will be conducted in all States and Territories in 1992/93.

Evaluation of the workshops indicated that there was a significant increase in the knowledge of the educators about drugs-in-sport issues. The majority of educators were more confident about implementing education programs and stated that they intended to conduct education programs within the following four months.

The number of requests for the school education resources increased significantly following the workshops, from an average of 15 per month to 50 per month.

SPORT-BASED EDUCATION

NSW Sports Drug Education Unit

This project was a joint venture between ASDA and the NSW Government (see Chapter 2).

A needs assessment was undertaken and identified many concerns, the major ones relating to inadvertent doping, uniform policies and sanctions. Strategies are being developed to address these issues in 1992/93.

Community Awareness Education Project

This pilot project was initiated by the Agency in conjunction with the ACT sporting community on behalf of the ACT Government (Office of Sport and Recreation). The project utilised a 'train the trainer' approach supplemented by the development of a resource kit.

The project was trialled with junior development officers from a variety of sports including cycling, netball, baseball, rugby union and gymnastics.

The objective of the program was to increase the understanding of coaches about the drugs-in-sport issue and to develop their skills in influencing the attitudes and behaviours of athletes. The program will continue in 1992/93.

Australian Rugby League Education Project

The Agency developed an education training program for rugby league coaching and development managers. This program aimed to complement the drug education manual previously developed by the rugby league.

MLC Junior Sports Foundation Education Program

The Agency developed and implemented an education training program for MLC camp leaders. The objective of the project was to train existing camp leaders about drug education and to ensure that MLC took on 'ownership' of the program. These objectives were achieved.



INFORMATION SERVICES

A review of existing information resources was undertaken. This review identified those resources that were redundant and those that needed to be updated. The need to develop additional resources was also identified.

The Agency presented and published a number of papers on a variety of drugs-in-sport issues. These are shown in Table 1.

Infopac

Infopac is being developed to provide information for project work for secondary school students. Infopac will meet the needs of the general community in increasing their knowledge about drugs in sport. It will provide information on a variety of issues including drugs and their effects on health and performance, factors that may influence an athlete's decision to use drugs, drug education and drug testing procedures. Infopac was developed as a series of loose-leaf information sheets.

Drug fact sheets

A series of drug fact sheets targeting young people were distributed to provide information on the harms associated with drug use in sport. The drugs addressed include marijuana, alcohol, analgesics, beta blockers, anabolic steroids, blood doping, growth hormone, diuretics, caffeine, vitamins, tobacco and stimulants. Approximately 500 sets were distributed.

Drug Testing resources

A video promoting the drug testing services provided by ASDA and AGAL was developed as a joint venture. The video will be distributed primarily in the South-East Asia and Oceania Region and to the international sporting federations. International testing will be provided on a full cost recovery user-pay basis.

Two other major drug testing resources were distributed. The first was a video that outlined the stages involved in the sample collection procedures. The second was a complimentary pictorial guide to the sample collection procedures published in pamphlet form (see centrefold). This pamphlet was prepared in ten languages: Arabic, Chinese, French, German, Indonesian, Italian, Japanese, Russian, Spanish and Vietnamese.

Media Monitoring Service

Information obtained from a variety of media sources on current drugs-in-sport issues was distributed within the Agency and to key contacts. This service ensured that the knowledge about current critical issues was maintained. Some 1800 items were collected in 1991-92.

Library

The library of the Agency was maintained. Information materials include journal articles, books, conference papers, newspaper articles, reports and audio visual material. The information resources are referenced on a database utilising the 'Info Select' software package; 420 books were catalogued and added to the database.





Sports Monthly Update

The bi-monthly Drug Documentation Bulletin was replaced by the Sports Monthly Update - 'Drugs in Sport'. The references in the document were gathered from the International Sport Database in Canada. The National Sport Information Centre and the Agency contributed materials from Australian sources. The new database contains 1,717 items and is now available in Federal and State government departments and some Australian tertiary institutions.



The Agency distributed the new update to more than 96 key contacts including sports physicians, IOC accredited laboratory personnel, members of international drugs-in-sport organisations, Agency staff and Board members. Key papers from the 1991-92 updates are shown in Appendix 19.

'Permitted Use of Medicines' and MIMS 'Drugs in Sport Annual 1992'

Two resources were prepared and distributed which focused on the prohibited or permitted status of medicines. The 'Permitted Use of Medicines' is an Agency publication. Approximately 2,700 copies were distributed in 1991-92. A review of this publication identified that whilst the publication was extensively used it could be produced in a more user-friendly form. The publication will be updated to meet this need in 1992/93.

The MIMS 'Drugs in Sport Annual 1992' was prepared by the IMS publishing company with Agency personnel also being involved. The Annual is for health care professionals - IMS distributed about 16,000 copies to physicians. As a result of this Australian enterprise, similar publications have been prepared in the United Kingdom and South Africa. The Agency identified the need to computerise the contents of the Annual with a view to making the resulting database available at State and Territory institutions of sport throughout Australia. This project will be considered in 1992/93.



Text for coaches

The Agency contributed to the preparation of a workbook for coaches which complemented existing coaching texts. The coaching resources were part of the National Coaching Accreditation Scheme.

Hotline Service

The Hotline service was established in 1989 to provide information to the sporting community about drugs in sport. This service was reviewed in 1991-92. A number of strategies were identified that would improve and extend the service. It was decided that because of limited resources the service should focus on the provision of information to the elite sporting community (including athletes, doctors, parents and coaches) regarding the prohibited or permitted status of drugs. The strategy was prioritised to reduce the number of inadvertent positive drug tests. The extended Hotline service remained an Agency priority, with 800 calls being processed in 1991-92.

Requests for Information

The Agency processed an additional 1,250 requests for drugs-in-sport information during 1991-92.



Promotion of Services

The information services were actively promoted through appropriate publicity, advertisements and direct mail outs. The income from the sale of resources significantly increased. Copies of all resources were placed in State and regional departmental libraries. This increased the accessibility of resource materials to teachers and consultants outside metropolitan areas.

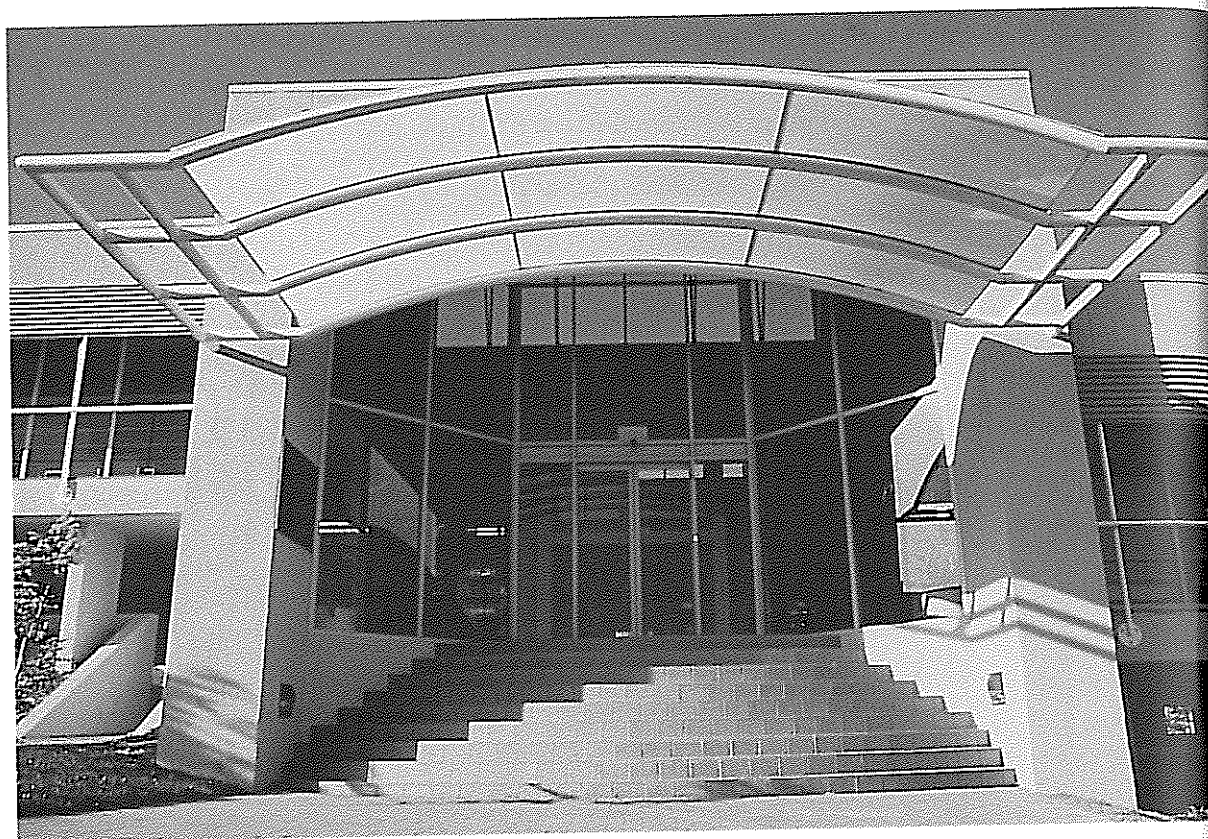
Media Liaison

The Agency, primarily through the Chairperson and Chief Executive, conducted approximately 100 media interviews for television, radio and the print media on a range of drugs-in-sport issues. Background information was also provided for feature articles and programs on drugs in sport.



'Sport contributes so very much to the health and character of those who participate, arming them with essential tools that will help them meet the challenges that life inevitably presents.'

Justice Charles Dubin – Commissioner, Canadian Inquiry into drug use in sport



ASDA Headquarters, Confederation of Australian Sport, Deakin

'ASDA is the best independent Agency in the world'

Vasily Gromyko, USSR Olympic Committee

CHAPTER 5



CORPORATE OPERATIONS

PROGRAM OBJECTIVE

The objective of the Corporate Operations Program was to facilitate the operations of the Agency programs by designing, implementing and maintaining efficient and appropriate systems and practices.

FINANCE

Internal Audit

An internal audit was conducted by the Agency's accountants, Bates and Pickering. A number of recommendations were made for minor changes to the existing system. The appropriate practices and procedures were implemented to effect these recommendations. This increased the effectiveness and efficiency of the accounting procedures.

External Audit

An audit was conducted by the Australian National Audit Office for the period 18 February 1991 to 30 June 1991. The results of the audit were satisfactory and an unqualified audit report was issued.

A minor and technical breach of the Act was noted within the meaning of Section 70(f) of the *Audit Act 1901*.

The breach occurred as a direct result of the complicated accounting arrangements that arose when the Agency commenced independent operations on 18 February 1991.

Various items of expenditure incurred by the Interim Agency prior to 18 February 1991 had to be apportioned to the new Agency. This was not completed until the end of the financial year; thus, when the Agency's accounts were reconciled as to that portion relating to the period 1 July 1990 to 17 February 1991 and from 18 February onwards, the expenditure in excess of the estimates became apparent.

The Chief Executive Officer advised the Minister of the situation immediately he became aware of it.

Operations

A Financial Adviser was appointed in 1991-92 on a part-time basis.

The financial administration procedures were reviewed and guidelines developed. Close monitoring of the progress against the estimates was maintained through the year. Ministerial approval of the estimates of receipts and expenditure was obtained and updated on four occasions during the year, consistent with Section 59 of the Agency Act.

Approximately 3,300 accounting transactions were processed during 1991-92. It was decided that a review of the financial management information system should be undertaken in 1992 with a view to introducing an upgraded system to enhance the management information available.



Delegations

The Agency Board approved the delegation of routine financial and personnel procedures at its fifth meeting. Program managers were given responsibility to approve expenditure within certain limits and to approve travel plans. Collectors of public monies were appointed. The Deputy Chief Executive was also given authority to approve most day-to-day activities.

Purchasing Operations

With the growth of the Agency during the year, purchasing procedures were enhanced to include access to the Department of Administrative Services period contract service. Exemption from sales tax obligations was also approved in May 1992.

Memorandum of Understanding with the Australian Government Analytical Laboratory

The Agency developed a Memorandum of Understanding with the Australian Government Analytical Laboratory to undertake 'public interest' and 'user-pay' drug testing in 1991-92 (see Appendix 20). This memorandum is consistent with recommendation 23 of the *Audit Report No.21* - the Australian Government Analytical Laboratory.

Income generating activities

The Agency maximised the impact of government funding by implementing cost recovery and income generating activities. These activities are summarised in Table 8.

TABLE 8

Income generation activities of ASDA

Domestic Drug Testing Services - "Professional" Sports

Drug Testing Services - International Events in Australia

Drug Testing Services - Major Events Overseas

Drug Testing Services - Consultancies with International Federations and Other Countries

Educational Resources

Information Systems - Consultancy

Sponsorship

User-pay Drug Testing Targets

The Agency developed targets for reducing the proportions of government-funded drug tests that are conducted relative to the total number of tests conducted. These targets are shown in Table 9.

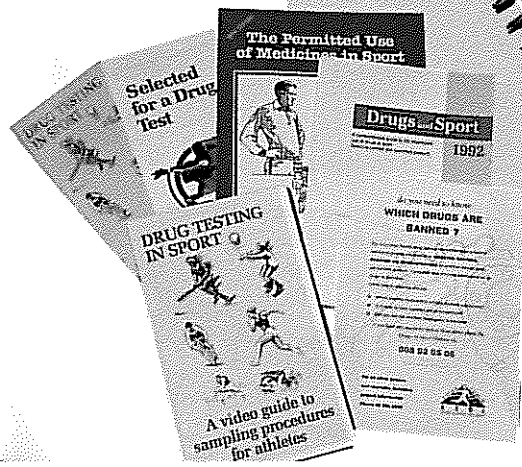
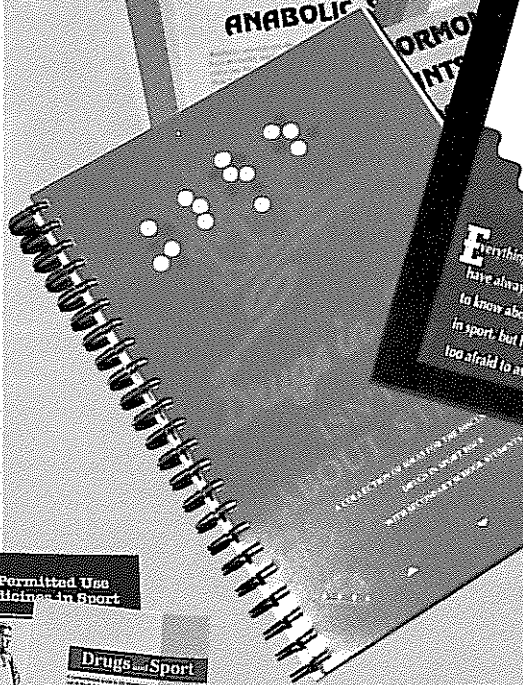
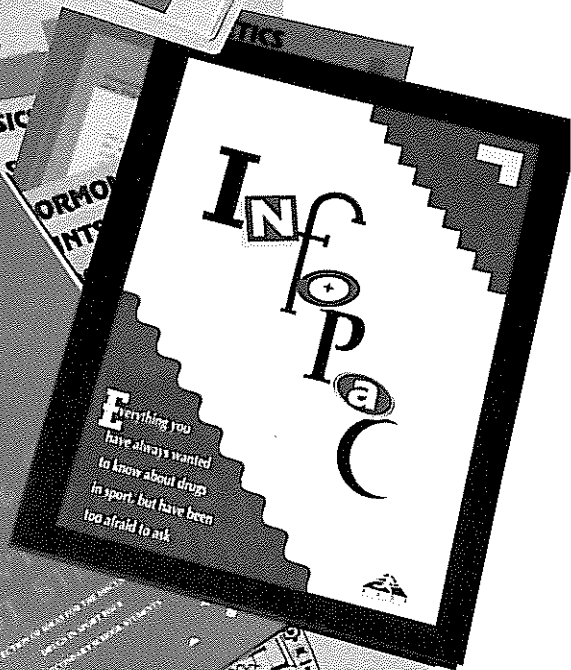
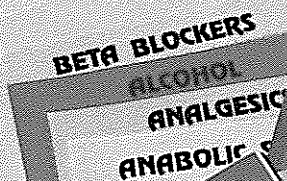
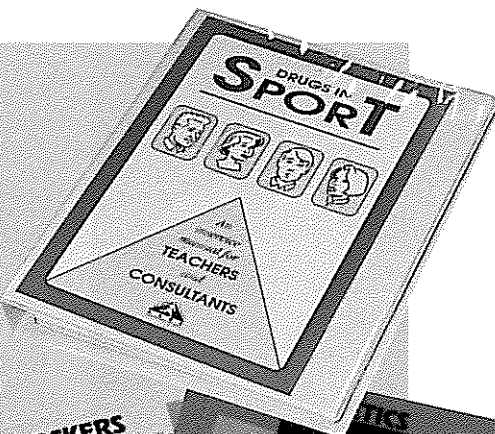
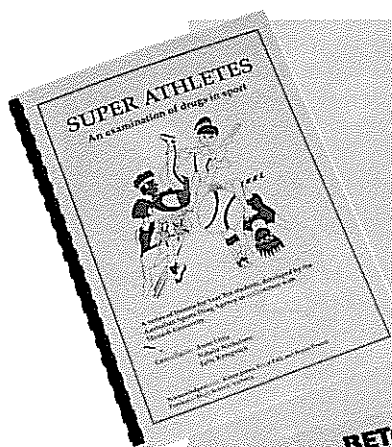
TABLE 9

Five Year Targets for User-Pay Drug Testing Services

Year	No of govt funded tests	User pay tests- ASDA	User-pay tests- AGAL	Total tests conducted	User-pay target as %
1991-92*	1,866	817	322	3,005	33
1992-93	2,120	748	500	3,500	35
1993-94	2,500	1,000	700	4,200	40
1994-95	2,500	1,200	1,000	4,500	45
1995-96	2,500	1,300	1,200	5,000	50

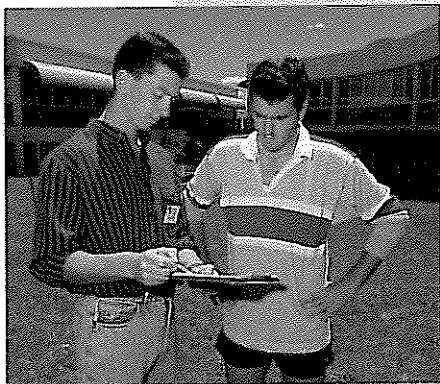
* 1991-92 figures are actuals.

ASDA RESOURCES

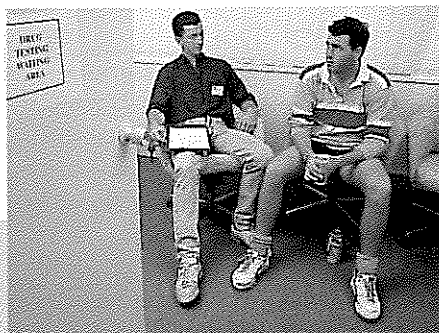




DRUG TEST PROCEDURES

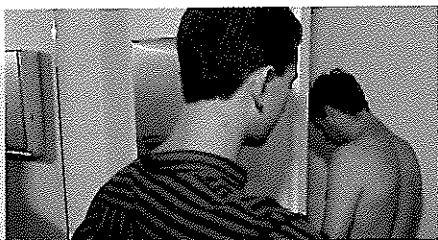


After an event or during training the competitor will be notified by an ASDA official that they have been selected for a drug test.

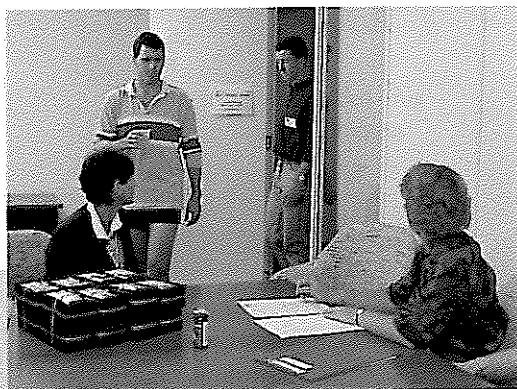


The chaperone will accompany the competitor to the Drug Control Waiting Room where they will be provided with sealed drinks. The competitor is entitled to have a representative present.

When the competitor is ready to provide a sample they will be asked to select a sample collection container.



The chaperone must directly observe the competitor providing a urine sample.

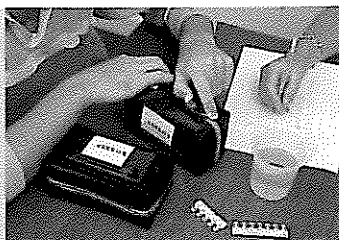


When the competitor has provided the required amount of urine - generally 80ml, they return to the Drug Control Room. Only the competitor should handle the sample.

The competitor will be asked to select a pair of security transit containers.



The competitor checks and opens the security seals.



The competitor pours the sample into the A & B bottles, putting at least 60ml into the A bottle.

The Drug Control Official checks the pH and Specific Gravity of the sample. These both indicate the suitability of the sample for testing.



The competitor reseals the kit with new security seals



The Drug Control Official records the sample and seal numbers on the Drug Testing Form. The competitor will be asked to provide contact information and declare any medications they have used in the previous week.

The Drug Control Official will ask the competitor and their representative to check all information on the Drug Testing Form and if satisfied, sign the form. The Drug Control Official will also check and sign the form.



The Drug Control Official will provide the competitor with a copy of the drug testing form. The laboratory will be sent only the section detailing the sample, seals and medications to protect the competitor's privacy.

The competitor is now free to go. The samples will be sent to the laboratory and the results will be sent to the competitor generally within two weeks.

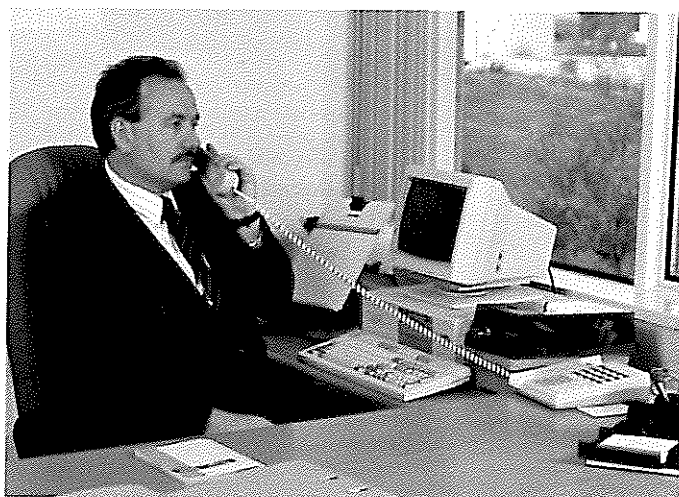


Do you need to know **WHICH DRUGS ARE BANNED?**

The Australian Sports Drug Agency has established a Hotline service to provide information to *Athletes, Doctors, Coaches* and *Administrators* on whether certain drugs are banned in sport. Up-to-date and accurate information on all drugs is available.

Some typical requests include:

- ◆ Which asthma medications contain banned substances?
- ◆ Is it okay to take Sudafed out-of-competition?
- ◆ Can you tell me whether Naprogesic is banned?



*If you have
any questions
such as those
mentioned,
phone the*

**Drugs in
Sport
Hotline on**

008 02 05 06

FREE CALL

All calls treated confidentially

For all other queries and
requests, including project
information
Phone 06 281 1822





HUMAN RESOURCES

Personnel Operations

The Determination of Terms and Conditions of Service and Employment was finalised and implemented in August 1991, clearly establishing the employment conditions for all Agency staff. Personnel from the Retirement Benefits Office visited the Agency offices and provided an update on superannuation entitlements.

The Agency liaised with various other government and non-government agencies including the Department of Industrial Relations, Comcare and DASET, to meet the needs of staff as set out in the Determination of Terms and Conditions of Service and Employment.

Performance Appraisal - Individual Development Program

The key elements of this program were to provide a mechanism for performance appraisal and a mechanism to guarantee staff that their individual skill development needs were met. This program was based on a mutual agreement between an individual staff member and the Executive. The agreement was considered to be met if staff members used their skills to perform their tasks and met their responsibilities and if the Executive assisted the staff member to acquire or develop their skills.

The purpose of assessing individual performance was not to assess the performance of particular projects or programs, but to assess the contributions which individuals made to those projects, programs and to staff managements generally.

The purpose of assessing program and project performance is not to assess the performance of individuals but the achievement of the Agency's objectives by particular strategies.

Initially interviews for this program were conducted in May 1992. As a result a staff development program was initiated. This process also greatly assisted in the organisational structure review.

Staff Development Training Guarantee Scheme

The commitment to the Training Guarantee Scheme is summarised in Table 10. The Agency met their obligations under this Scheme. Training courses included development of middle management, professional and technical training, financial resource management and program evaluation.

Recruitment

The Agency recruited eight additional staff during 1991-92. The breakdown by program of staff members is shown in Table 11. The establishment chart is shown in Appendix 2. The Agency employed a systematic process of recruitment that clearly assessed the need for the position in relation to the strategic and operational plans. A skills audit of the position was also undertaken prior to the interview process.

Compensation Claim

A compensation claim was made as the result of an accident involving an Agency officer on 8 June 1991. The accident was reported to Comcare. No work days were lost. The outcome of the claim has not yet been determined.



TABLE 10

Summary of the Training Guarantee Scheme

Agency's total annual payroll	\$788,600
Minimum training requirement	7,886
Net eligible training expenditure (ETP)	23,850
Number of personnel 30 June 1992	24
Days spent on ETPs	85
Categories of ETPs	Days
Development of middle management	4
Professional and technical training	26
People management	2
Self management	9
Financial resource management	2
Program evaluation	16
Other:	FOI
	ASDA Induction Program
	& Introductory Seminar
	Communication Skills
	Occupational Health & Safety
	Training Guarantee Scheme
	Computer Skills

TABLE 11

Agency Staffing Levels

Staffing Overview

Total number of employees: 24

Level	Number Full Time	Part Time	Gender	Location
ASO 1	1		F	Canberra
ASO 2	2		F	Canberra
	1		M	Canberra
	1		M	Sydney
	1		M	Melbourne
ASO 3	NIL			
ASO 4	1		F	Canberra
		2	F	
ASO 5	2		F	Canberra
	2		M	Canberra
ASO 6	5		F	Canberra
	1		M	Canberra
SO C	NIL			
SO B	1		F	Sydney
		1	F	Canberra
	1		F	Canberra
	1		M	Canberra
SO A	NIL			
SES Band II	1		M	Canberra

Officers of the Agency are engaged under the *Australian Sports Drug Agency Act 1990*, and not under the *Public Service Act 1992*.



Social Justice

As forecast in the 1990-91 Annual Report, plans were produced that formalise the Agency's position on Equal Employment Opportunity and Occupational Health and Safety. The commitment to industrial democracy was also enhanced through the implementation of regular consultation mechanisms (see Chapter 1).

Child Care

A staff-based child care policy committee was established. A policy paper was presented to the Agency Board. The Board resolved to endorse the principle of flexible work practices by the Agency which will assist in meeting the child care needs of Agency staff.

Organisational Review

As a result of the Operational Plan review and the performance appraisal and individual development program process, the Agency undertook an organisational review. This review maximised the personnel resources for areas of program delivery. The key changes included increased personnel for the Education Program, transfer of planning responsibilities to the Executive and a combination of the Executive and Corporate Operations Programs to minimise administrative expenditure.

ADMINISTRATIVE SERVICES

Office Services

Staff of the Corporate Operations Program supplied clerical and administrative support to the Agency including typing, photocopying, accounting, superannuation returns, invoicing, receipt and dispatch of mail, registry and personnel. Policy changes relevant to the provision of these support services were monitored.

Records Management

A database was established in November 1991 to assist in the records management task. During the year 703 files were created and entered into the computerised registry system.

Computer Services

The Agency's information technology needs are serviced by Technik Consultants. During 1991-92 the drug testing database and records management database were developed. The preparation of resource materials expanded significantly during the year leading to the acquisition of a further computer that was used primarily for inhouse publishing.

A full review of the Agency's information technology requirements is to be undertaken in 1992-93.

Accommodation

During December 1991 the Agency relocated to premises in the Confederation of Australian Sport building in Deakin. The relocation enhanced occupational health and safety elements and improved the productivity of the Agency.

Additional office space will be taken in 1992-93 to accommodate the executive and the drug control requirements as set out in the *Australian Sports Drug Agency Act 1990*.



Ministerial/Department Liaison

Close liaison was maintained with the Minister's Office. In 1991-92 financial year, 21 submissions and letters were prepared for the Minister.

Liaison occurred on a wide variety of issues with the Department of the Arts, Sport, the Environment and Territories. In addition, contacts were developed with other Commonwealth departments including Finance, Attorney General's, Administrative Services and Foreign Affairs and Trade.

Legal Services

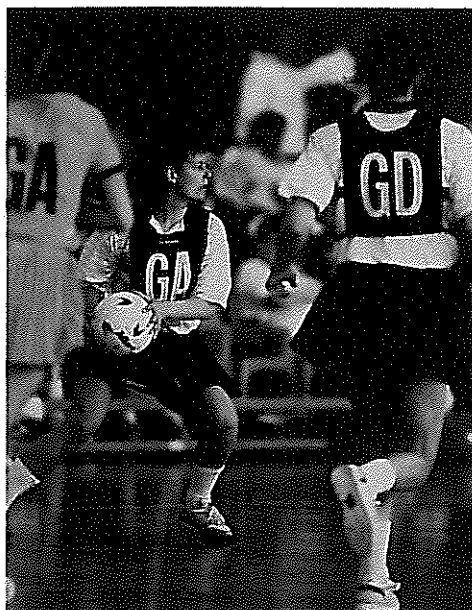
The Agency's legal services were provided by the solicitors Freehill, Hollingdale and Page. During the year advice was provided in respect of the Agency Act, the entering into of a lease agreement with the Confederation of Australian Sport, the possibility of a conflict of interest arising in the responsibilities of Board Members and litigation associated with athletes.

Board Secretariat

The Agency provided secretariat services to the Board including the preparation of Agenda papers, recording of minutes, and travel and accommodation arrangements.



*Members of the Inaugural Board from left to right:
Steve Haynes, Br Bob Wallace, Prof Peter Baume, Jenny Cheesman, Dr Ken Fitch.
Absent Tricia Kavanagh (see page 11).*



*'The Agency's goal is to 'attack' and
so reduce the harms associated with
drugs in sport in order to promote the
well being of the individual and protect
the value of sport to society.'*



I was particularly impressed with what the Australian Sports Drug Agency (ASDA) had been able to achieve in such a short time through its testing and education programs.'

Hon Ros Kelly
Minister for Sport
18 August 1992



SUMMARY



OUTCOMES FOR 1991-92

Policy, Planning and Research

- The Agency established itself as a leader in the area of drugs in sport. This leadership role increased the consistency in approach to the drugs in sport issue both nationally and internationally.
- The Agency consulted with New Zealand and Canadian authorities who subsequently developed Agencies similar to that of ASDA.
- The Agency provided key addresses on a variety of drugs in sport issues in world forums and established an international reputation as a source of information on various drugs in sport issues.
- The Agency provided expert advice and services for drug testing on behalf of various countries, international federations and multi-regional events including the South-East Asian Games.
- Members of the Agency maintained their appointments with, or were appointed to, key international committees including the Medical Commission of the International Olympic Committee, the International Working Group on Drugs in Sport, and the International Olympic Committee Specialist Commission on Out of Competition Testing.
- The Agency provided advice to the Department of the Arts, Sport, the Environment and Territories concerning the development and operational aspects of international anti-doping agreements including a multilateral agreement between Australia, the United Kingdom, Canada and Norway and a bilateral agreement between Australia and New Zealand.
- The Agency provided assistance to State governments and national sporting organisations in the development of consistent drugs in sport policies. The State Government of NSW, in concert with the Australian Sports Drug Agency, established the New South Wales Academy of Sport Drug Education Unit.
- The Agency increased the systematic nature of the response to drugs in sport. This was achieved through an exhaustive approach to management planning including the development and implementation of strategic, operational and evaluation plans. Together with the Department of Finance, the Agency prepared a report 'Management Change in a Small Agency' which was widely distributed within the public sector.
- The Agency completed a major research study on 'Knowledge and Attitudes of Sectors of the Australian Sporting Community about Drugs in Sport'. This study resulted in key policy changes to the Agency's testing program as well as providing further basis for the Agency's educational approach.
- The Agency commissioned a caffeine study with a view to establishing a more systematic rationale for the proscription of caffeine.



- The Agency identified key policy and research areas that need to be addressed further in order to provide a more consistent and systematic approach to the worldwide response to drugs in sport.
- The harms that may be reduced through the interventions of the Agency were identified.

Drug Testing

- The overall incidence of positive drug tests and refusals was 1.7 per cent. This compares with 2.7 per cent for 1990–91 and suggests that a significant deterrent effect had been achieved.
- The percentage of positive drug tests resulting from inadvertent drug use fell from 0.8 per cent to 0.5 per cent.
- The response from a survey conducted by the Agency on those athletes whose names are on the drug testing register showed that a deterrent effect had been realised.
- Anecdotal evidence collected by the Agency from key Australian athletes and coaches would also seem to confirm that a deterrent effect had been achieved.
- The effectiveness and efficiency of the drug testing program was improved by implementing the provisional recommendations from the Australian National Audit Office review of drug testing procedures.

Education

- The level of knowledge of elite athletes about a variety of drugs in sport issues was increased. This included an increase in the level of knowledge about drug testing procedures, the health risks of drug use and those drugs that are prohibited.
- A significant number of information services designed to increase the level of knowledge of target groups about drugs in sport were implemented. The Agency's target groups included elite athletes, coaches, media, students, health care professionals, politicians and administrators. Information services included the production of pamphlets, booklets and video materials and the provision of a 'Hotline' telephone service. Some materials were produced in ten languages.
- Baseline data were collected on levels of knowledge of target groups. These baseline data will be used in future to assess any further increase in knowledge levels of stakeholders.
- Drug education programs were integrated into school-based and sport-based programs. A variety of educational resource packages were produced to help facilitate the integration of the drug education programs.

Corporate Operations

- The internal operations of the Agency were more efficiently and effectively facilitated. The recommendations from the Agency's internal audit and from the Australian National Audit Office annual audit were implemented. Financial management practices were improved and financial delegations clarified and tightened. Program activities were achieved within budget. A Memorandum of Understanding for the provision of laboratory analytical services was developed, implemented and monitored.



- A system of performance appraisal and staff development was initiated and an internal organisational structure review was undertaken. General support and administrative services met the needs of the staff of the Agency and Board members.

Social Justice

- The Agency implemented policies on social justice including access and equity, occupational health and safety, equal employment opportunity and industrial democracy.
- Services provided by the Agency were made available to all Australians. Participation in decision-making processes by the Agency's stakeholders was achieved through a variety of consultative processes.
- Resources were distributed equitably although prioritisation of activities was necessary. Prioritisation was conducted in a non-discriminatory manner.
- The Agency undertook specific activities particularly within the drug testing program giving high regard to an individual's right for natural justice.
- The internal operations of the Agency were implemented with regard to industrial democracy.

OUTLOOK OF ACTIVITIES FOR 1992-93

The outlook of activities are summarised under the programs that emanated from the organisational structure review undertaken in 1991-92.

Executive Program

The Executive Program will initiate the development of coordinated international and national policies. Existing international activities will be maintained particularly with respect to the government agreements with Canada, United Kingdom, Norway and New Zealand. Guidelines for drug education prepared by the Executive will be distributed on a worldwide basis. An increased emphasis will be placed on the active participation by stakeholders in policy development and program implementation. The coordinating role of the Agency in establishing the New South Wales Academy of Sport Drug Education Unit will be finalised. Other units will be developed throughout Australia. Direction for the Agency programs will be provided through ongoing planning and evaluation activities. Output and outcome targets will be identified for each program.

A clearer picture of the harms that the Agency will address over the next three years will be developed. The increased emphasis on cost recovery of services will be maintained. Financial, human and physical resources sufficient to implement all Agency activities will be obtained and managed. Services for the established infrastructure will be provided.

Policy and Research Program

The Policy and Research Program will collect information and develop options for the Agency's national and international drugs in sport policies. This will include the review of existing international anti-doping initiatives. The Program will involve consultations with government and non-government organisations inside and outside Australia on various matters related to drugs in sport. Policy advice will be provided to Australian sporting organisations on the development and implementation of their doping policies. The Program will ensure the active participation of key stakeholders including athletes, coaches and sports administrators in policy formulation and implementation. Research into medical, technical and social aspects of drugs in sport will be encouraged.



Drug Testing Program

The Drug Testing Program will give priority to four main areas of activity during the 1992-93 financial year. Underpinning the achievement of the program's objective will be the planning of the distribution of drug tests to maximise the deterrent effect. A concerted effort will be made to facilitate the provision of accurate information by the National Sporting Organisations to assist in the planning and implementation of drug testing. Emphasis will be placed on the training of drug testing personnel to improve program delivery and ensure procedures meet legislative requirements. A review and upgrading of internal office systems will contribute to increased efficiency.

Education-Consultancy Program

The Consultancy Training Program will work at a State and national level to implement intervention/education strategies to address drugs in sport issues. A major focus of the program will be to assist the NSW Academy of Sport, through the New South Wales Academy of Sport Drug Education Unit, to integrate drug education into its programs and structures. Similar projects will be initiated in other States and Territories. The program will facilitate the achievement of the unit's objectives and empower the NSW Academy with the skills and knowledge necessary to continue to respond effectively to the issue of drugs in sport. The program will also work closely with the Australian Coaching Council to assist in the development of drug education programs for their coaches, and with medical organisations to develop drug education for sports physicians.

Education - Communications Program

The Communications Program will coordinate the development of a range of information strategies to address the issue of inadvertent doping within the elite sporting community. Strategies will also be developed to address the wider sporting and general community's information requirements regarding the issue of drug use in sport. The provision of existing information services including the Drug Documentation Bulletin and the telephone 'Hotline' service will be maintained. Distribution of the resources prepared for students including 'Fools Gold', 'Drugs in Sport Isn't Just About Steroids' and 'Super Athletes' will continue. Inservice workshops for teachers will be maintained.

FINANCIAL STATEMENTS



FOR THE YEAR ENDED 30 JUNE

Independent Audit Report

Australian Sports Drug Agency

To the Minister for the Arts, Sport, the Environment and Territories

Scope

I have audited the financial statements of the Australian Sports Drug Agency for the year ended 30 June 1992. The statements comprise:

- Statement by the Chairperson and the Chief Executive
- Operating Statement
- Statement of Financial Position
- Statement of Cash Flows, and
- Notes to and forming part of the financial statements.

The Agency's members are responsible for the preparation and presentation of the financial statements and the information they contain. I have conducted an independent audit of the financial statements in order to express an opinion on them to the Minister for the Arts, Sport, the Environment and Territories.

The audit has been conducted in accordance with Australian National Audit Office Auditing Standards, which incorporate the Australian Auditing Standards, to provide reasonable assurance as to whether the financial statements are free of material misstatement. Audit procedures included examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial statements, and the evaluation of accounting policies and significant accounting estimates. These procedures have been undertaken to form an opinion whether, in all material respects, the financial statements are presented fairly in accordance with Australian accounting concepts and standards and statutory requirements so as to present a view of the Agency which is consistent with my understanding of its financial position and the results of its operations.

As disclosed in Note 8 to the financial statements, the Agency has not applied the recoverable amount test for valuation of non-current assets. This is in accordance with an exemption provided under the Guidelines for Financial Statements of Public Authorities and Commercial Activities. I agree with this departure from Australian Accounting Standard, AAS10, 'Accounting for the Revaluation of Non-current Assets'. Application of the recoverable amount test would be misleading because a reduction in the valuation based on the ability of the non-current assets to generate net cash inflows from their continued use and subsequent disposal does not represent a decline in the service value of these assets.

The audit opinion expressed in this report has been formed on the above basis.

Audit Opinion

In accordance with section 63 of the Australian Sports Drug Agency Act 1990, I now report that the statements are in agreement with the accounts and records of the Agency, and in my opinion:

- (i) the statements are based on proper accounts and records
- (ii) the statements show fairly the financial transactions for the year ended 30 June 1992 and the state of affairs of the Agency at that date.
- (iii) the receipt, expenditure and investment of moneys, and the acquisition and disposal of assets, by the Agency during the year have been in accordance with the Australian Sports Drug Agency Act 1990, and
- (iv) the statements are in accordance with the Guidelines for Financial Statements of Public Authorities and Commercial Activities, which require compliance with Statements of Accounting Concepts and applicable Accounting Standards.

R.W. Alfredson
Executive Director
Australian National Audit Office
CANBERRA
18 November 1992



In our opinion, the accompanying financial statements of the Australian Sports Drug Agency, consisting of:

- Operating Statement
- Statement of Financial Position
- Statement of Cashflows, and
- Notes to and forming part of the Financial Statements

which have been made out in accordance with the Guidelines for Financial Statements of Public Authorities and Commercial Activities,

i) show fairly the operating result of the Agency for the year ended 30 June 1992

ii) show fairly the financial position of the Agency as at 30 June 1992, and

iii) show fairly the cashflows of the Agency during the financial year.

STEVE HAYNES
Chief Executive
17 November 1992

PROFESSOR PETER BAUME
Chairperson
17 November 1992

1992 OPERATING STATEMENT

For the Year Ended 30 June 1992

Cost of Services	Notes	1992 \$	1991 \$
Operating expenses			
Salaries & Wages		853,017	235,560
Administrative Expenses	2	505,745	222,387
Laboratory Accreditation		845,248	314,255
Special Projects		18,053	31,617
Professional Fees		154,039	20,249
Fitout Expenses		77,231	—
Provisions and Unfunded Charges	3	123,086	55,753
Bad Debts Written Off	5	700	546
Abnormal Item		—	35,330
Total operating expenses		2,577,119	915,697
Operating revenues from independent sources			
Sales & Analysis		240,676	77,136
Other Revenue		31,149	39,044
Total operating revenues from independent sources		271,825	116,180
Net cost of services		(2,305,294)	(799,517)
REVENUE FROM GOVERNMENT			
Parliamentary appropriations received		2,396,000	650,000
Total revenue from Government		2,396,000	650,000
Change in net assets resulting from operations		90,706	(149,517)
Accumulated results of operations at beginning of financial year		(149,517)	—
Accumulated results of operations at end of financial year		(58,811)	(149,517)



STATEMENT OF FINANCIAL POSITION

As at 30 June 1992

		1992	1991
Current Assets	Notes	\$	\$
Cash	4	(954)	63,933
Receivables	5	19,459	30,541
Investments	6	96,207	90,519
Inventories		22,645	—
Other	7	3,071	—
Total current assets		140,428	184,993
NON-CURRENT ASSETS			
Property Plant & Equipment	8	211,477	79,869
Total non-current assets		211,477	79,869
Total assets		351,905	264,862
CURRENT LIABILITIES			
Creditors	9	87,804	174,243
Leases	10	5,494	3,626
Provisions	3	96,077	40,680
Total current liabilities		189,375	218,549
NON-CURRENT LIABILITIES			
Leases	10	11,719	18,144
Provisions	3	35,613	3,677
Total non-current liabilities		47,332	21,821
Total liabilities		236,707	240,370
Net assets		115,198	24,492
EQUITY			
Capital	11	174,009	174,009
Accumulated Results of Operations		(58,811)	(149,517)
Total equity		115,198	24,492



STATEMENT OF CASH FLOWS

For the year ended 30 June 1992

Cash Flows from Operating Activities	Notes	1992 \$
Inflows:		
Sales & Analysis		250,723
Interest Received		20,517
Other Revenue		15,100
		<hr/> 286,340
Outflows:		
Salaries & Wages		849,139
Administrative Expenses		537,034
Laboratory Accreditation		950,000
Special Projects		37,235
Professional Fees		116,732
Fitout Expenses		77,231
		<hr/> 2,567,371
Net cash used by operating activities	15	<hr/> (2,281,031)
CASH FLOWS FROM INVESTING ACTIVITIES		
Outflows:		
Payments for purchase of plant & equipment		34,139
Office furniture, fixtures & equipment		136,693
		<hr/> 170,832
Net cash used in investing activities		<hr/> (170,832)
CASH FLOWS FROM GOVERNMENT		
Inflows:		
Parliamentary appropriations		2,396,000
NET CASH		<hr/> 2,396,000
Net cash provided by Government		<hr/> 2,396,000
Net increase/(decrease) in cash held		<hr/> (55,863)
Cash at beginning of the reporting period	14	<hr/> 151,116
CASH AT THE END OF REPORTING PERIOD	14	<hr/> <hr/> 95,253



NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

For the Year Ended 30 June 1992

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

The principal accounting policies adopted by the Australian Sports Drug Agency are stated to assist in a general understanding of these financial statements. These policies have been consistently applied by the Agency except as otherwise indicated.

(a) Basis of Accounting

The financial statements have been prepared on the basis of historical cost and do not reflect current valuation of non-current assets, except as otherwise stated.

(b) Capitalisation of Assets

The Agency capitalises all individual asset purchases of one thousand dollars (\$1,000) or more.

(c) Depreciation

Assets are depreciated over their anticipated useful lives using the reducing balance method, with depreciation commencing from the date of acquisition. Gains and losses on disposal of property, plant and equipment, other than land are taken into account in determining the surplus or deficit for the year.

(d) Investments

The Agency banks with the Australian and New Zealand Banking Group Limited. Funds not immediately required are invested by way of short term call account.

(e) Annual Leave & Long Service Leave

For long service leave, the provision is based on a period of ten years eligible service with Commonwealth or State Governments or Statutory Authorities, and the accrual begins from commencement of the sixth year of service. The provision comprises current and non-current portions, the current provision being the amount expected to be paid within the next twelve months.

The provision for annual leave is based on the value of actual entitlement at balance date and includes a leave loading component. This provision is included under current liabilities.

(f) Income Tax

The Agency is exempt from taxation, consequently no provision for income tax is required.

(g) Sponsorship

Sponsorships are brought to account as and when received except where a contractual agreement exists with the sponsor.

(h) Comparative Figures

In February 1992 the Department of Finance issued revised Guidelines for Financial Statements of Public Authorities and Commercial Activities, which have been adopted for 1991/92. Certain terminology and comparative amounts have been reclassified to conform with the revised 1992 presentation required by those Guidelines for the Statement of Financial Position and Operating Statement, while comparatives for the Statement of Cashflows have been omitted.

The comparative figures have differing operating periods due to the commencement of the Australian Sports Drug Agency in February 1991.

(i) Leases

The Agency's leases are classified as finance leases whereby all the risks and benefits incidental to the ownership of the asset are transferred to the Agency. These leases are capitalised recording an asset and a liability equal to the present value of the minimum lease payments, including any guaranteed residual value. The leased assets are amortised over their useful lives. The lease payments are allocated between the reduction of the lease liability and the lease interest expense for the period.



NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

For the Year Ended 30 June 1992

NOTE 2: ADMINISTRATIVE EXPENSES

The following items were charged as Administrative expenses for the period:

	1992	1991
	\$	\$
Travelling Allowances and Board Expenses	104,299	65,763
Printing & Copying	47,837	21,698
Motor Vehicle Expenses	45,653	11,065
Building Rental, Maintenance & Services	117,141	21,867
Library & Production Expenses, Memberships & Subscriptions	21,113	9,888
Lease Interest Expenses	3,723	2,474
Staff Development and Uniforms	13,698	17,360
Telephone	33,560	11,916
Insurance	10,527	2,754
Postage, Freight & Packing	47,085	35,673
Computer Expenses	14,562	—
Fringe Benefits Tax	1,959	—
General & Sundry Expenses	44,588	21,929
	<u>505,745</u>	<u>222,387</u>



NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

For the Year Ended 30 June 1992

NOTE 3: PROVISIONS AND UNFUNDED CHARGES

	Opening Balance \$	Debits to Provision \$	Credits to Provision \$	Closing Balance \$
NON-CURRENT ASSETS				
Depreciation:				
Computer Equipment	7,078	0	22,521	29,599
Office Equipment	545	373	7,014	7,186
Motor Vehicles	175	227	52	0
	<u>7,798</u>	<u>600</u>	<u>29,587</u>	<u>36,785</u>
Amortisation:				
Office Equipment under Lease	3,598	0	6,167	9,765
	<u>3,598</u>	<u>0</u>	<u>6,167</u>	<u>9,765</u>
CURRENT LIABILITIES				
Annual Leave	40,680	26,427	81,824	96,077
	<u>40,680</u>	<u>26,427</u>	<u>81,824</u>	<u>96,077</u>
NON-CURRENT LIABILITIES				
Long Service Leave	3,677	0	31,936	35,613
	<u>3,677</u>	<u>0</u>	<u>31,936</u>	<u>35,613</u>
TOTAL PROVISIONS & UNFUNDED CHARGES	<u>55,753</u>	<u>27,027</u>	<u>149,514</u>	<u>178,240</u>



NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

For the Year Ended 30 June 1992

NOTE 4: CASH

	1992	1991
	\$	\$
Cash at Bank	6,915	24,352
Less: Unpresented cheques	(8,009)	—
ASDA Sponsorship Account	—	39,581
Cash on Hand	140	—
	<u>(954)</u>	<u>63,933</u>

NOTE 5: RECEIVABLES

Trade Debtors	19,459	30,541
	<u>19,459</u>	<u>30,541</u>

NOTE 6: INVESTMENTS

Deposit - Investment Account	96,207	90,519
	<u>96,207</u>	<u>90,519</u>

NOTE 7: OTHER ASSETS

Prepayments	3,071	—
	<u>3,071</u>	<u>—</u>

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

For the Year Ended 30 June 1992



NOTE 8: PROPERTY, PLANT & EQUIPMENT

	1992	1991
	\$	\$
Computer Equipment - at Cost	88,099	53,960
Less: Accumulated Depreciation	29,599	7,078
	<hr/>	<hr/>
	58,500	46,882
	<hr/>	<hr/>
Motor Vehicles - at Cost	—	2,134
Less: Accumulated Depreciation	—	175
	<hr/>	<hr/>
	—	1,959
	<hr/>	<hr/>
Office Equipment - at Cost	145,258	10,501
Less: Accumulated Depreciation	7,186	545
	<hr/>	<hr/>
	138,072	9,956
	<hr/>	<hr/>
Office Equipment - Under Lease	24,670	24,670
Less: Accumulated Amortisation	9,765	3,598
	<hr/>	<hr/>
	14,905	21,072
	<hr/>	<hr/>
	211,477	79,869
	<hr/>	<hr/>

An exemption has been provided under the Guidelines for Financial Statements of Public Authorities and Commercial Activities such that 'not-for-profit' entities are not required to apply the recoverable amount test specified in Australian Accounting Standard AAS10 'Accounting for the Revaluation of Non-Current Assets'. For those entities including the Agency the test must still be applied to assets which are meant to generate net cash inflows. For other assets, their carrying value should reflect their remaining service potential to the entity.

Application of the recoverable amount test would cause the value of the Agency's non-current assets to equate to their disposal value as the entity does not generate cash inflows from the asset's continued use. Applying the recoverable amount test would cause the financial statements not to show a fair view as the service potential of the assets equate to their written down historical cost rather than their disposal value.



NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

For the Year Ended 30 June 1992

NOTE 9: CREDITORS

	1992	1991
	\$	\$
Trade Creditors & Accruals	87,804	174,243

NOTE 10: LEASE COMMITMENTS

The commitments in respect of the Agency's office equipment as at 30 June 1992 are:

	1992	1991
	\$	\$
Not later than 1 year	8,280	8,280
1 to 2 years	8,280	8,280
2 to 5 years	5,344	13,623
Later than 5 years	0	0
Minimum Lease Payment	21,904	30,183
Less: Future Finance Charges	4,691	8,413
LEASE LIABILITY	17,213	21,770

NOTE 11: CAPITAL

Upon the enactment of the Australian Sports Drug Agency Act 1990 on the 18 February 1991, the Australian Sports Drug Agency became a separate entity to the Australian Sports Commission. Consequently, the Commission transferred net assets amounting to \$174,009 to the Agency free of charge.

NOTE 12: CONTINGENT LIABILITIES & COMMITMENTS

The Agency is subject to legal action. The action brought against the agency is by an athlete, who tested positive to a drug test, and is seeking to be removed from the Register. The legal action also alleges a breach of the regulations and contravention of the Trade Practices Act. The case will go back to the Federal Court during 1992 and will be vigorously defended.

There were no other commitments outstanding as at 30 June 1992.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

For the Year Ended 30 June 1992



NOTE 13: AUDITORS REMUNERATION

The Agency was notified of an estimated fee of \$20,000 for the audit of the Agency for the year ended 30 June 1992 by the Australian National Audit Office (ANAO). The notional audit fee as advised by the ANAO and provided free of charge for the period ended 30 June 1991 was \$20,200.

The Agency has paid \$3,376 of the estimated fee for the year ended 30 June 1992.

NOTE 14: RECONCILIATION OF CASH

For the purpose of statement of cash flows, the Agency considers cash to include cash on hand and in banks. Cash at the end of the reporting period as shown in the statements of cashflows is reconciled to the related items in the statement of financial position as follows:

	1992	1991
	\$	\$
Cash at bank	(954)	63,933
Deposit - Investment Account	96,207	87,183
	<u>95,253</u>	<u>151,116</u>

NOTE 15: RECONCILIATION OF NET CASH USED IN OPERATING ACTIVITIES TO OPERATING RESULT

	1992
	\$
Operating Result	90,706
Long Service Leave	31,936
Provision for Annual Leave	55,397
Depreciation	28,987
Amortisation	6,167
Decrease in Debtors	11,082
Loss on Disposal of Fixed Assets	2,149
Decrease in Creditors	(86,439)
Government Appropriation	(2,396,000)
Increase in Inventories	(22,645)
Increase in Prepayments	(3,071)
Bad Debt Written Off	700
Net cash used in operating activities	<u>(2,281,031)</u>

APPENDIX 1



Guidelines for the Content, Preparation and Presentation of Annual Reports by Statutory Authorities (Senate Hansard, 11 November 1982)

Introduction

These guidelines are intended to cover generally the annual reporting requirements for statutory authorities (incorporated or unincorporated authorities established by or pursuant to a law of the Commonwealth or of the ACT) and are subject to refinement in the light of experience.

Reports of small unincorporated authorities and office holders within the public account may continue to be included in the related departmental reports where it is practical to do so.

The guidelines do not, of course, override statutory requirements imposed by the legislation on individual authorities, but to the extent that they require a higher standard than does the legislation, they should be followed by all such authorities.

All authorities are to provide annual reports as soon as possible after the end of their financial year, if possible in time for the estimates debate in the Budget Sittings. At the very latest reports should be submitted within six months (unless a shorter period is provided in the legislation of an individual authority). An explanation will be submitted to Parliament if the deadline has to be extended in exceptional cases (the new deadline is to be mentioned in the explanation). Ministers will ensure that reports are tabled within fifteen sitting days of receipt.

Where there is a requirement for a form of financial statements to be approved by the Minister for Finance, authorities should commence negotiations with the Department of Finance early enough to allow issues to be resolved without delaying the annual report. Authorities also need to bear in mind the need for reasonable time to be allowed for completion of auditing of the financial statement within the six month deadline.

Report Contents

Reports should be the means of providing a wide dissemination of information on authorities, with special attention being given to making available material that might not otherwise be made public as a matter of course.

Application of these guidelines to those authorities engaged in commercial competition with the private sector is subject to the need to protect commercially sensitive material.

The following information is to be provided in future annual reports:

- (i) *Enabling Legislation*: A clear statement of the legislation (if any) under which the organisation operates.
- (ii) *Responsible Minister*: To be shown. A description of any statutory powers of direction which the Minister has over the authority and details of the exercise of any such powers, subject to the need to protect confidential information, to be included.
- (iii) *Powers, Functions and Objects*: To be detailed.
- (iv) *Membership and Staff*: A list of the members of the body and their terms of appointment, together with a listing of senior executive staff and a statement of the total number of staff employed by the organisation. In addition, the basis for staffing of the organisations should be identified. The address and phone number of the information officer should also be included.
- (v) *Financial Statements*: All Government bodies should provide statements which adequately disclose financial aspects of their activities. For example, where the form of a body's financial statements is approved by the Minister for Finance, the approved form must, of course, be followed; where an unincorporated body has no specific financial responsibilities and no financial reporting requirement exists, it might be appropriate to disclose departmental receipts and expenditures relevant to its operations, while avoiding unnecessary duplication of the information contained in the annual Financial Statements prepared by the Minister for Finance. The requirement for adequate disclosure will extend to bodies incorporated under companies legislation if the Commonwealth is sole owner or shareholder; this will not affect the need to satisfy the reporting requirements under company law. The Department of Finance and the Auditor-General's Office



are preparing guidelines which will assist Commonwealth undertakings in preparing financial statements; an exposure draft entitled 'Proposed Guidelines for the Form and Standard of Financial Statements of Commonwealth Undertakings' was issued in August 1980. The Exposure Draft has been considered by the relevant Parliamentary Committees.

(vi) *Activities and Reports*: A description of the principal programs and activities of the body noting objectives and reviewing achievements. Information on interaction with other authorities, departments and State and international bodies should be provided as should a list of publications during the reporting period.

(viii) *Operational Problems*: A description of the major problems which have arisen in the body's activities, including details of requisite Government action to overcome such problems e.g. the amendment of the enabling Act.

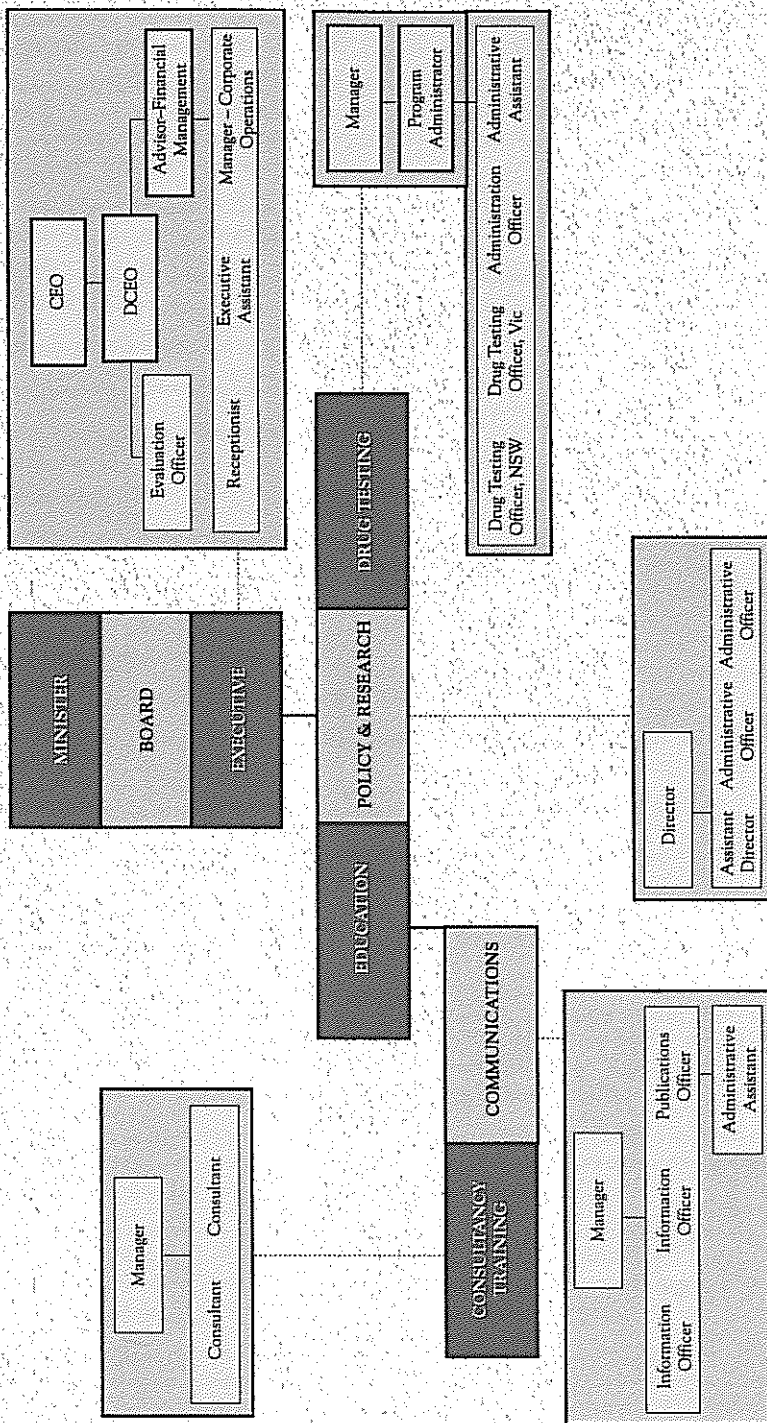
(viii) *Subsidiaries*: Details of subsidiary companies formed, or interest acquired in existing companies, are to be provided. It is a desirable practice to include the annual report of such subsidiaries as are controlled by the parent authority with the report of that authority where this is feasible.

(Senate Hansard, Vol. S.96, 11 November 1982, pp. 2261-2)

APPENDIX 2



Organisational Structure



APPENDIX 3



Memorandum of Understanding between the Governments of Australia, Canada and the United Kingdom concerning the Reciprocal Development and Enforcement of Measures against Doping in Sport (1990)

This Memorandum of Understanding (MOU) is based upon a conviction among the Governments of Australia, Canada and the United Kingdom (hereinafter referred to as the 'Participating Parties') that international co-operation aimed at combating unethical doping in sport should derive from a spirit of mutual trust and shared values between nations.

The Memorandum is based fundamentally on the principles enunciated in the International Olympic Charter Against Doping in Sport and its operational annexes.

The Memorandum commits the Participating Parties to draw up, and thereafter implement, a realistic programme of action in respect of:

- (i) mutual exchange of information and experience;
- (ii) mutual assessment of programme achievement; and
- (iii) creating and maintaining an effective coordination.

1. Mutual Exchange

1.1 The Parties will, subject to their respective applicable laws and policies, participate in a programme of free and continuous exchange of information on a range of relevant anti-doping subjects including:

- * development of education programmes;
- * the content of, and outputs from, research projects;
- * issues affecting the protection of individual rights and freedom of information; and
- * the structure and approach adopted by Participating Parties to administer anti-doping policies, including appropriate investigative arrangements.

1.2 The Parties will engage in exchanges of expertise, as appropriate, to facilitate mutual learning.

1.3 The Parties will review annually the content, scope and quality of the exchange programme, and modify and develop the programme to the extent allowable by available resources.

2. Mutual Assessment

2.1 The Participating Parties will, subject to their respective applicable laws and policies, implement a programme of mutual assessment in conformity with the principles set out in the International Olympic Charter Against Doping in Sport and its operational annexes. Each Party's programme will be periodically evaluated against a common normative standard covering the elements specified in the Monitoring and Evaluation Instrument to be adopted as an annex to the International Olympic Charter.

2.2 The evaluation's purpose will be to reinforce positively the spirit of mutual co-operation and encourage, as central to the promotion of this Memorandum, and to facilitate a coordinated advance in the anti-doping programmes administered by Participating Parties.

2.3 The means for mutual assessment and evaluation will rely upon self-completion by each Party of a standard document indicating the extent of development of its domestic anti-doping programmes. The programme elements to be evaluated are those identified in the Model for a National Anti-Doping Programme of the International Olympic Charter Against Doping in Sport.

2.4 Each Participating Party will, in particular, assess the extent to which the testing system implemented by such Party satisfies or exceeds the minimum procedural standards set by the International Olympic Charter Against Doping in Sport, and such operational testing objectives as are set by Participating Parties from



2.5 Participating Parties will draw up a joint action plan, as per the proposed Operational Plan annexed to this Memorandum, to be reviewed annually, aimed at facilitating the testing of athletes from any country party to this Memorandum by any Participating Party in conformity with the provisions of the drug-testing programme applicable in that latter country.

3. Coordinating Mechanism and Operational Plan

3.1 Participating Parties will establish a procedure for recording the results of all elements of this self-assessment exercise annually and for free access by Participating Parties to this information.

3.2 Each Participating Party will nominate an implementing authority which is responsible for the coordination and implementation of this Memorandum. A Participating Party may at any time, following notice in writing to the other Participating Parties, nominate a new implementing authority.

3.3 Each Party will by 30 June annually provide to the other Parties its proposed action plan for the following twelve months as per the proposed Operational Plan annexed to this Memorandum.

4. Amendment and Duration of Memorandum

4.1 This Memorandum may be amended at any time by mutual consent of the Participating Parties.

4.2 This Memorandum will become effective upon signature by representatives of the Participating Parties and will continue for a period of five years. A Participating Party may terminate this Memorandum at any time by giving six months advance notice in writing to the other Participating Parties.

For the Government
of Australia

For the Government
of Canada

For the Government
of the United Kingdom

Proposed Operational Plan for the Implementation of the Trilateral Memorandum of Understanding Against Doping in Sport between Australia, Canada, and the United Kingdom

The following document presents a proposed Operational Plan for the accompanying Memorandum of Understanding between the Governments of Australia, Canada and the United Kingdom concerning the Reciprocal Development and Enforcement of Measures against Doping in Sport.

1. Mutual Exchange

1.1 The Mutual Exchange Initiative is the fundamental element of this Memorandum. The following principles will guide this initiative:

- that the exchange of information and dialogue on anti-doping information among Participating Parties be on a continuous and ongoing basis;
- that an annual formal review of the Exchange Initiative be conducted to both review the previous year's progress and to position the upcoming year; and
- that the Assessment element of the Memorandum be used to identify specific programmes or issues for the Exchange Initiative.

1.2 The following four Anti-Doping Programme areas, subject to the applicable laws and policies of the respective Participating Party, will form the basis for the Exchange Initiative:

(i) Operations and Structure:

- infrastructures for the delivery of national anti-doping programmes.



(ii) Education/Promotion:

- anti-doping campaign.

(iii) Appeals and Legal Issues:

- appeals, arbitration;
- human rights; and
- legal issues.

(iv) Research:

- detection methodology;
- identification of new doping substances; and
- effects of long-term doping practices.

1.3 These programme areas are to be expanded upon and subsequently prioritised for an action plan in the Exchange Initiative.

2. Mutual Assessment

2.1 The Mutual Assessment Initiative will be based upon the framework provided in the International Olympic Charter Against Doping in Sport Annex — A Model for a National Anti-Doping Programme.

2.2 Specifically, the four steps in the Assessment Initiative will be:

(i) Refinement of the Model National Anti-Doping Programme — Monitoring and Evaluation Instrument.

(ii) Completion by each Party of its own national anti-doping programmes using the Monitoring and Evaluation Instrument.

(iii) Mutual Exchange and Assessment of the Self-Completed Monitoring and Evaluation Documents among all Parties. The mutual exchange of the self-completed assessment will generate projects and programmes for the Exchange Initiative. This activity is to include both the exchange of documentation and direct visitation, subject to available resources.

(iv) Testing or doping control represents one of the more sensitive and complex areas of the Mutual Assessment Initiative. The following principles and first steps will guide the specific terms of any testing component of the Assessment Initiative:

- that athletes will be tested within the system utilised by each Party, meeting at a minimum the procedural standards and the laboratory accreditation as established in the International Olympic Charter Against Doping in Sport;
- that each Party will conduct doping controls (testing) on athletes from other countries upon request and at the expense of the official implementing authority of the requesting nation; and
- that an athlete from a country which is a party to this Memorandum, who is training for an extensive period in another country, will become subject to testing under the provisions of the drug testing programme of the country in which he or she is training and at the expense of the host nation.

3. Coordination

3.1 It is proposed that, subject to signature by representatives of the Participating Parties bringing the Memorandum into effect, the particulars of the doping controls (testing) between Parties will be agreed to by January 31, 1991. The operations of both the National Anti-Doping Programme self-evaluations and the doping controls (testing) should commence shortly thereafter following the exchange of proposed action plans for the twelve month period.

3.2 Any Party to this Memorandum may approach the others for a meeting of sports officials to be held to develop and agree to amendments to the content of future Operational Plans, share knowledge and plan for strategic directions in future years.

3.3 A meeting of representatives of the Participating Parties will be convened, if necessary, as appropriate to assess progress of the Operational Plan, suggest refinements and prepare a joint report to the signatories of the Memorandum.

APPENDIX 4



Memorandum of Understanding between the Governments of Australia, Canada and the United Kingdom concerning the Reciprocal Development and Enforcement of Measures Against Anti-Doping (1990)

Operational Plan for Self Assessment

National Anti-Doping Policy

1. Is there a published national anti-doping policy in Australia?
2. Through what process was this policy developed, ratified and distributed?
3. What agency is responsible for issuing this policy?
4. Which agencies and/or associations are subject to the regulation of this policy?
5. Through which agency/authority and process is compliance with this policy assured?

National Coordination

1. What agency/agencies are responsible for the coordination and delivery of anti-doping in Australia?
2. Through what process was the agency established and authorised to manage the national anti-doping programs?
3. Indicate the fundamental anti-doping roles of government agencies, the national sports confederation, individual national sporting organisations and major games associations.
4. What are the responsibilities of the national coordinating agency, and those associations listed in Q3, in the design, delivery and monitoring/evaluation of the following anti-doping elements?

Experts Advisory Group

1. Is there a standing committee and/or an ad hoc committee of experts in anti-doping in Australia?
2. Who is responsible for establishing and providing direction, funding and a secretariat for the committee?
3. Who does this committee report to and on what frequency?

Anti-doping Programs of National Sporting Organisations

1. Are national sporting organisations required to complete anti-doping plans?
2. Who receives and reviews these national sporting organisation anti-doping plans and programs?
3. How and when are these plans reviewed, approved and funded?
4. How is non-compliance with either submission of an anti-doping plan or ineffective implementation dealt with? And by whom?

Accredited Laboratories

1. Does Australia have an IOC accredited laboratory?
2. What was the date of the original accreditation?
3. Where is your doping laboratory situated?
4. Who maintains the contractual agreement with the laboratory?
5. What is the mandate for the laboratory in terms of services provided?

Doping Controls

1. Is there an annual plan or strategy for doping controls in Australia?
2. Who prepared the plan, and how is it prepared?
3. What was the profile for drug testing in Australia during 1990/91?
4. Please attach a copy of your standard operating procedures for drug testing.
5. Please attach documentation outlining the training, deployment and funding of Australia's doping control officers.
6. How many positive tests did Australia's drug testing program identify during 1990/91, and on which substances?
7. Is the full IOC list of drugs used on all occasions?



Due Process Mechanisms

1. Outline the due process mechanisms within your anti-doping program which provide for protest, appeal or arbitration opportunities to challenge a doping infraction.
2. Does Australia have a formal investigative mechanism for doping related sanctions?

Education Programs

1. Is there a national anti-doping education campaign or program in Australia?
2. Who designs, implements and funds this campaign?
3. What relationship does the anti-doping education campaign have with Boards of education, civil authorities, other government agencies, and other substance abuse prevention/rehabilitation programs?
4. What are the basic target groups, themes/messages, products and resources of the anti-doping education campaign?

Research Capacity

1. Does Australia have a published plan or strategy for research in anti-doping?
2. What types of research work has been conducted or is projected to be conducted in Australia (medical, scientific, sociological, etc.) in the anti-doping area?
3. How is anti-doping research conducted in Australia (contract research, in conjunction with accredited laboratory, call for proposals, etc.)?
4. Is ASDA engaged in any international joint research initiatives in anti-doping?
5. What topics specific to anti-doping research (ASDA) are considered to be the highest priority?
6. Has ASDA conducted any recent surveys on the extent of doping practices in elite and recreational sport in Australia?

Cooperation with Customs and Civil authorities

1. Does ASDA have a formal program of liaison and cooperation between sport and civil authorities in Australia on anti-doping?
2. Has Australia generated any documentation or materials to address the challenge of coordination between the national anti-doping agency, the sporting community and the civil authorities?

International Activities

1. Does Australia/ASDA have a formal/published policy on cooperation in anti-doping with foreign nations?
2. Does Australia/ASDA have any formal agreements with other nations on anti-doping?
3. Which agencies in Australia are responsible for negotiating international anti-doping agreements?

APPENDIX 5



International Olympic Charter Against Doping in Sport — Model for a National Anti-Doping Program (1989)

National anti-doping programmes vary from nation to nation depending on the particular governmental and sport structure of the country concerned. The following is a list of programme elements that are considered to be fundamental to any national anti-doping programme.

1. Published National Anti-Doping Policy

The appropriate authority must publish a policy stating an unequivocal opposition to the use of banned and restricted substances and practices by athletes. Such a document should include the medical and ethical principles on which the policy is based, and guidelines for national sanctions and penalties, taking into account the objectives of harmonisation.

2. National Coordination

National coordination mechanisms should be established within each country to ensure that the rules, roles and practices of various agencies and sport organisations involved in anti-doping activities are harmonised and standardised both nationally and internationally. Leadership to such a coordination activity may come from the NOC, a sports confederation, government agency or specially constituted advisory body. The system of financial responsibilities, harmonisation and supervision of all anti-doping activities, education programmes and the framework of sanctions and penalties, should be guided by a national coordination mechanism. The national coordination agency should ensure that no sample analysis other than that organised for doping control purposes by national and international sport bodies and in keeping with the IOC code of ethics, occurs within the country or is arranged for by athletes, individuals or organisations at laboratories outside the country.

3. Anti-Doping Experts Advisory Group

An advisory group of anti-doping experts should be formed to provide guidance and advice as required. Such a group may have representation from the following areas: athletes, legal, medical and scientific experts, coaches, sporting organisations and government.

4. Anti-Doping Programmes on Individual National Sport Federations

National Sport Federations should be required to design and submit annual anti-doping plans and programmes which fit within the framework of the national anti-doping programme conceived by the national co-ordinating agency. Such programmes should be tailored to the specific needs of each federation, addressing, at a minimum, the following areas: education, information dissemination, testing, international anti-doping advocacy; and sanctions and penalties applying to athletes and any other individuals under the jurisdiction of the federation involved in doping infractions, which are aligned with those of the appropriate international sport organisation (IFs, IOC).

5. Accredited Laboratories

Where practicable, IOC accredited laboratories should be established to provide national test analysis and to conduct related research and development. If it is financially or logistically impractical to maintain an accredited laboratory within a particular nation, then contractual agreements with an IOC accredited laboratory in another country should be established.

6. Doping Controls (Testing)

All analysis of doping control samples must be undertaken in IOC accredited laboratories. National doping control programmes must be designed and implemented so that tests are conducted both at scheduled competitions and training camps, and, without prior notice. Comprehensive Standard Operating Procedure Guidelines must be employed by impartial and properly trained officers during all stages of the testing and analysis process, to ensure the security and integrity of the samples. The IOC requirements for reporting of doping control results must be fulfilled.



7. Due Process Mechanisms

Any individual involved in an alleged doping infraction should have available to them review and appeal mechanisms. Doping infractions should be investigated to determine the possible involvement of others beyond the athlete him/herself (eg. coaches, sport body staff, medical staff, etc), and any individual subject to investigation must have reasonable due process protection.

8. Education Programmes

Education programmes with clearly articulated objectives and directed specific target groups (athletes, coaches, medical personnel, officials, youth and parents) should be designed and implemented. Education should include technical and factual anti-doping information, as well as content emphasising the ethical dimensions of the anti-doping campaign.

9. Research Capacity

New doping modalities are, regrettably, being developed by those who wish to advance athletic performance by violating anti-doping rules and the spirit of 'fair play' in sport. Research concerning doping agents and practices, detection methodologies, behavioural and social aspects, and health consequences, is required. Research may be conducted by IOC accredited laboratories, universities, or research institutes.

10. Cooperation with Customs and Civil Authorities

Cooperation should be established between those responsible for the national anti-doping programme of a nation, competent professional bodies, and civil authorities. Criminalisation of the importation of, and trafficking in, certain classes of banned substances (notably anabolic steroids) is an essential element in the fight against doping in sport.

11. International Activities

Countries need to ensure that their athletes training in other countries are tested on a regular basis, and agreements with the appropriate authorities in these other countries may be necessary to ensure that athletes and facilities are available for testing. In a similar vein, countries may wish to conduct sport relations with countries who have signalled their commitment to the anti-doping cause, by means of bilateral or multilateral agreements. In order to facilitate the implementation of anti-doping programmes in countries without an IOC accredited laboratory, external assistance in the form of access to accredited laboratories and/or financial assistance should be considered.

APPENDIX 6



Arrangement between the Government of Australia and the Government of New Zealand concerning the Reciprocal Development and Enforcement of Measures Against Doping in Sport (1992)

This Arrangement between the Governments of Australia and New Zealand (hereinafter referred to as the 'Participating Parties') reflects the desire of both Participating Parties to take active steps against doping in sport in order to secure equal conditions of competition and consolidate confidence among athletes.

The Participating Parties consider that doping in sport poses a threat to the future of sport, damages the health of individual athletes and is contrary to the ethics of sport. Both Participating Parties are totally opposed to doping in sport and fully endorse the principles and practices laid out in the International Olympic Charter Against Doping in Sport.

The Participating Parties share the view that the problem of doping in sport can successfully be resolved through coordinated efforts between nations and, in recognition of the value of using the cultural, historic and economic ties that have been established between Australia and New Zealand, have reached the following understandings:

1. The Participating Parties will:

(a) take practical action to eradicate the utilisation by persons participating in sports of any doping classes and methods which are forbidden by the Medical Commission of the International Olympic Committee; and

(b) support the development of bilateral measures to combat doping in sport by encouraging their national sporting organisations to enter into bilateral anti-doping arrangements which endorse and comply with the International Olympic Charter Against Doping in Sport.

2. Each Participating Party will nominate an implementing authority which is responsible for the implementation of this arrangement. A Participating Party may at any time, following notice in writing to the other Participating Party, nominate a new implementing authority.

3. The implementing authorities will, subject to applicable laws, regulations of international federations and any other relevant policies, aim to fulfil the following goals and objectives:

(a) mutual cross testing of athletes both in and out of competitions (such testing is to be either at the request and expense of the implementing authority of the athlete's country of permanent residence or, where the laws of a Participating Party permit, its implementing authority may test the other nation's athletes without advance notification to the athlete or the implementing authority of the athlete's country of permanent residence);

(b) regular exchange between implementing authorities of the results of doping tests and of sanctions imposed on athletes who record positive test results;

(c) development of a joint programme of exchange of expertise and information on a range of relevant subjects including:

(i) education and promotion;

(ii) research into doping in sport;

(iii) protection of individual rights and civil liberties; and

(iv) structure and approach adopted for the administration of anti-doping policies;

(d) endorsement of consistent sanctions among organisations responsible for conducting and organising sports; and

(e) each Participating Party may reserve the right to apply its standards of penalties to ban visiting athletes from participation in competitive sport irrespective of the standards that apply in the athlete's country of permanent residence); and

(f) ensuring the collection and testing of samples will be carried out by a sports drug testing laboratory recognised by the International Olympic Committee.



4. The Participating Parties will arrange working meetings at reasonable intervals and by mutual arrangement for the purpose of reviewing the effectiveness of the measures taken under this Arrangement.
5. This Arrangement may be amended at any time by mutual consent of the Participating Parties.
6. This Arrangement will become effective upon signature by representatives of the Participating Parties and will continue for a period of five years. Either Participating Party may terminate this Arrangement at any time by giving six month's advance notice in writing to the other Participating Party.

*For the Government
of Australia*

*For the Government
of New Zealand*

APPENDIX 7



Program of the Third Permanent World Conference on Anti-Doping in Sport

Bergen, Norway. September 1991.

Challenge Speech

Ms Grete Waitz, NOR
World Champion in Marathon
Nine times winner of the New York Marathon

Opening of the Conference

Mr William Engseth, MP
President of the Norwegian Confederation of Sports
Ms Ase Kleveland
Norwegian Minister of Cultural Affairs
H.E. Prince Alexandre de Merode
Chairman of the International Working Group
Chairman of the IOC Medical Commission

Drug Use and Abuse in Sport — Situation Analyses

Dr Andrew Pipe, CAN
Natalie Nicholson, Deputy Chief Executive, AUS
Mr Vasily Gromyko, URS
Mr Sergei Portugalov, URS

Critical Aspects of Drug Use in Sport

Prof. Dr. Manfred Donike, FRG
Prof. Dr. Med. Sverre Moehlum, NOR
Dr. Don H Catlin, USA

Changing Human Attitude and Behaviour

Prof. Gunhnr Breivik, NOR

Approaches to Drug Education and Information

Steve Haynes, Chief Executive, AUS

Comments and Views from Athletes and Coaches on the Issues Discussed During the Day

Drug Education Programmes for Elite Athletes

Prof. Peter Radford, GBR
Mr Richard Fox, GBR
Mr Edwin Moses, USA

Drug Education Programmes for Coaches of Elite Athletes

Dr Geoffrey R Gowan, CAN

Drug Education Programmes for Coaches and Leaders

Mr Svein Erik Flgved, NOR

Drug Education Programmes for Youth and Society

Ms Kristina Olinde, SWE
Mr Krister Hjerpe, SWE
Mr Hakan Nyberg, SWE



Guidelines for Educational Strategies

Natalie Nicholson, Deputy Chief Executive, AUS

The Austrian Anti-Doping-School-Model

Hans Holdhaus, Director, AUT

The Role of Mass Media in Anti Doping

Mr John Goodbody, GBR

Developing Countries — A Special Challenge

Presentations by representatives of invited developing countries.

Comments and Views from Athletes and Coaches on the Issues Discussed During the Day.

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APPENDIX 8

State and Territory Regulations for Anabolic Steroids

Question	TAS	NSW	SA	QLD	VIC	ACT	WA	NT
1. Is it an offence for unauthorised supply of anabolic steroids through pharmacies?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Fine/Penalty	\$2,000	\$2,000 and/or 2 yrs gaol	\$400	\$1,200	\$5,000 (see Note 2)	\$200	\$100,000 or 25 yrs gaol	\$2,000 and/or 2 yrs gaol (see Note 3)
2. A) Is it a requirement that a pharmacist is required to keep a record of all prescrip. dispensed?	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
Fine/penalty	\$1,000	\$800 or 6 mths gaol	\$400		\$5,000 &/or 12 mths gaol	\$40	\$100	\$200
B) Is it a requirement that a prescription be retained by the pharmacist once dispensed?	Yes	Yes	Yes	No S8 Prescriptions are sent to State Department of Health	No	No	No	Yes
Fine/Penalty	—	\$800 or 6 mths gaol	\$400					\$200
3. Are all wholesalers of veterinary and human scheduled products licensed?								
A) Human products?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Fine/Penalty	—	2 yrs gaol	—	—	—	—	\$100,000 or 25 yrs gaol	\$200,000 and/or 12 mths gaol
B) Veterinary products?	Yes	Licensed or authorised	Yes	Yes	Yes	Yes	Yes	Yes
Fine/penalty	\$2,000		\$400	\$1,200	\$2,000	\$200	\$100,000 or 25 yrs gaol	\$2,000 and/or 12 mths gaol



Question	TAS	NSW	SA	QLD	VIC	ACT	WA	NT
4. Is it a requirement of the wholesale licence (if one is required) that supply of scheduled products can only be to a licence or permit holder?								
A) Intrastate?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Fine/penalty	—	\$2,000 and/or 2 yrs gaol	\$400	\$1,200	\$2,000	\$200	\$100,000 and/or 25 yrs gaol	\$2,000 and/or 2 yrs gaol
B) Interstate?	Yes	Yes—auth. wholesalers	Yes	Yes	Yes	Yes	No	—
Fine/Penalty	—	No—licensed wholesalers	\$400	\$1,200	\$2,000	\$200		
5. Are veterinarians required to keep records of S4 substances? If so, in what form?	Yes	Yes	Yes	No	Yes	No	No	Yes
Fine/Penalty	\$1,000	\$800 or 6 mths gaol	—		\$5,000			\$200
6. Are there any legislative distinctions between possession and supply of anabolic steroids?	Yes	Yes	No	No	No	Yes	Yes	Yes
What are the substances involved?							See Attachment A	
What is the quantity above which supply is deemed?	—	—	—	Illicit possession is an offence for all S4 and S8 drugs.	—	Supply is deemed for S4's and above.	—	Penalties graduated on amount possessed and place of apprehension
(Please attach list if appropriate)								See Note 4.
Fine penalty	\$2,000	\$2,000 and/or 2 yrs gaol		—		\$200	—	

Question	TAS	NSW	SA	QLD	VIC	ACT	WA	NT
7. Is possession of S4 substances such as anabolic steroids an offence. Fine/Penalty	Yes \$5,000 or 2 yrs gaol	Yes \$2,000 and/or 2 yrs gaol	Yes —	Yes \$1,200	Yes \$2,000	No	Yes \$100,000 or 25 yrs gaol	Yes
8. A) Is self administration of anabolic steroids without medical authority an offence. Fine/penalty	No except vet. products —	Yes \$800 or 6 mths gaol	No —	No except vet. products —	Yes —	No	No except vet. products —	(see Note 4) Yes \$2,000 and/or 2 yrs gaol (see also Note 5) Yes
B) Is administering anabolic steroids to another person, without medical authority, an offence? Fine/Penalty	Yes —	Yes —	No —	Yes —	No —	—	No —	For fines see Note 3 Yes – for supply and use. (The penalties are the same for supply and use as for any Anabolic Steroid)
9. Is it an offence to prescribe supply or use a veterinary product for human use? Fine/Penalty	Yes \$1,000	No —	Yes \$400	Yes \$1,200	No —	No	Yes \$100	
10. Do the police have the power to stop, search and detain a vehicle if suspected of containing: a) anabolic steroids/ b) other drugs? eg (DOD).	Yes Yes	Yes Yes DOD	No Yes DOD	No Yes DOD	No Yes DOD	No Yes DOD	No Yes S8 Spec. Drug	Yes Yes Any suspected 'dangerous drug'.



Note 1:

Fines/penalties listed are the maximum enforceable for each offence.

Note 2:

Victoria has a system whereby offences are assigned a certain number of 'penalty units'. One 'penalty unit' has a certain dollar value: at present this is equivalent to \$100. Therefore an offence worth 50 penalty units entails a fine of up to \$5000. This allows fines to be adjusted by merely changing the dollar value for a penalty unit without having to amend specific legislation.

Note 3:

Section 5 of the NT *Misuse of Drugs Act* contains an offence for unlawful supply of a dangerous drug which by definition includes anabolic steroids which are in Schedule 2 of the Act. *Penalties* — Less than commercial quantity supply: by adult to child — 14 years gaol; otherwise — \$10,000 fine and/or five years gaol. Commercial quantity or more: supply by adult to child — 25 years gaol; otherwise — 14 years gaol.

Note 4:

Unlawful possession of anabolic steroids is an offence under Section 9 of the NT *Misuse of Drugs Act*. Less than a traffickable quantity: not in a public place — \$2000 fine; in a public place — \$5000 fine and/or two years gaol. Traffickable quantity or more, but less than a commercial quantity: whether or not in a public place — \$10,000 fine and/or five years gaol. Commercial quantity or more, whether or not in a public place — 14 years gaol.

Note 5:

Under section 13 of the *Misuse of Drugs Act* it is an offence to self administer a dangerous drug. Also it is an offence under Section 14 to permit another to administer a dangerous drug to one's self.

Note 6:

It is not clear whether the act of prescribing a veterinary product for human use is an offence. If intent could be shown then it may be possible to show that the medical practitioner or veterinarian was doing an act preparatory to the act of supply. This would make the practitioner concerned liable to prosecution for the offence of supply under Section 5 of the *Misuse of Drugs Act*. There is no doubt such a prescription would be invalid and should not be accepted by a pharmacist or veterinarian.

APPENDIX 9



Types of Harm caused by Drug Use

INTRINSIC (Harm attributable to the drug)	
DIRECT HARM (Harm to user)	INDIRECT HARM (Harm to others)
<ul style="list-style-type: none"> • Psychological disorders • Heart disease • Dehydration • Loss of coordination • Infertility 	<ul style="list-style-type: none"> • The effects of passive smoking on sports performance • Masculinisation of female foetus caused by steroid use of the mother.
<ul style="list-style-type: none"> • Life ban from sport • HIV infection from 'steroid injection' • Death from drink driving 	<ul style="list-style-type: none"> • Withdrawal of sponsorship from sport due to participant's use of drugs. • Inconvenience of drug testing for athletes who don't use drugs
EXTRINSIC (Harm attributable to the use of the drug but not inherent in the drug itself)	

DIRECT – Harm caused directly to the user of the drug

INDIRECT – Harm caused to someone other than the user of the drug

INTRINSIC – Harm resulting from the effect of a drug

EXTRINSIC – Harm resulting from actions related to drug use

Harm to the user of the drug is *direct* harm. *Direct* harm to an individual who used anabolic steroids could include psychological disorders and infertility. These are *direct* harms and also *intrinsic* harms; effects of the drug itself. *Direct* harm to an anabolic steroid user could also include a life ban from sport or a loss of respect and friendship from his/her sporting peers. These are also *direct* harms, however, in this case they are *extrinsic* harms – related to drug use (but not an effect of the drug itself).

Indirect harm is harm caused to someone other than the user of the drug. If a steroid user continued using the drug during pregnancy, the resulting effect on the developing foetus would be an *indirect* harm. This *indirect* harm is also an *intrinsic* harm as it is a physical effect of the drug itself. An anabolic steroid user who is caught may result in his club or team losing sponsorship or being subject to drug testing on a regular basis. There are also *indirect* harms, however in this case they are *extrinsic* harms because they are the result of reactions toward the drug use – not effects of the drug itself.

APPENDIX 10



International Olympic Committee Medical Commission List of Doping Classes and Methods May 1992

I. Doping Classes

- A. Stimulants
- B. Narcotics
- C. Androgenic Anabolic Steroids
- D. Beta-blockers
- E. Diuretics
- F. Peptide hormones and analogues

II. Doping Methods

- A. Blood doping
- B. Pharmacological, chemical and physical manipulation

III. Classes of Drugs Subject to Certain Restrictions

- A. Alcohol
- B. Marijuana
- C. Local anaesthetics
- D. 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
amineptine
amiphenazole
amphetamine
benzphetamine
caffeine*
cathine
chlorphentermine
clobenzorex
clorprenaline
cocaine
cropropamide (component of 'micoren')
crotheramide (component of 'micoren')
dimetamfetamine
ephedrine



etfedrine
etamivan
etilamfetamine
fencamfamin
fenetyline
fenproporex
furfenorex
mefenorex
mesocarbe
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/her 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
orciiprenaline
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 analogues, 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, Fluctafenine, 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 and pholcodine are not banned and may be used as anti-tussives. Diphenoxylate is also permitted.

C. Androgenic anabolic steroids e.g.

bolasterone
boldenone
clostebol
dehydrochlormethyltestosterone
fluoxymesterone
mesterolone
metandienone
metenolone
methyltestosterone
nandrolone
norethandrolone
oxandrolone
oxymesterone
oxymetholone
stanozolol
testosterone*
and related substances



The anabolic androgenic steroid (AAS) class includes testosterone and substances that are related in structure and activity to it. They have been misused by the sports world both to increase muscle strength and bulk, and to promote aggressiveness. The use of AAS is associated with adverse effects on the liver, skin, cardiovascular and endocrine systems. They can promote the growth of tumors and induce psychiatric syndromes. In males AAS decrease the size of the testes and diminish sperm production. Females experience masculinisation, loss of breast tissue and diminished menstruation. The use of AAS by teenagers can stunt growth.

*The presence of a testosterone (T) to epitestosterone (E) ratio greater than six (6) to one (1) in the urine of a competitor constitutes an offence unless there is evidence that this ratio is due to a physiological or pathological condition.

The IOC Medical Commission, while pleased that the testing programme is decreasing the use of anabolic steroids, is nevertheless concerned that some athletes are attempting to cheat by administering testosterone, testosterone precursors and epitestosterone. Accordingly, the IOC Medical Commission recommends giving consideration to a medical examination together with endocrine tests and longitudinal studies to evaluate the possibility that testosterone or any other endogenous steroid has been administered.

In order to assist in this evaluation the IOC accredited laboratories shall report every case to the proper authorities in accordance with the following criteria:

- A. Negative, if the ratio is less than 6, or
- B. T/E greater than 6 and not greater than 10, or
- C. T/E greater than 10

In the case of B the IOC Medical Commission recommends that further tests be conducted before considering the result as positive or negative. Such investigations may include:

- review of previous tests,
- endocrinological investigations,
- unannounced testing over several months.

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 arrhythmias, 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 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.

NB. 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.

F. Peptide hormones and analogues

Chorionic Gonadotrophin (HCG — human chorionic gonadotrophin): 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 endogenous androgenic steroids and is considered equivalent to the exogenous administration of testosterone.

Corticotrophin (ACTH): Corticotrophin has been misused to increase the blood levels of endogenous corticosteroids notably to obtain the euphoric effect of corticosteroids. The application of Corticotrophin is considered to be equivalent to the oral, intra-muscular or intravenous application of corticosteroids. (See section III. D).

Growth hormone (HGH, somatotrophin): the misuse of Growth Hormone in sport is deemed to be unethical and dangerous because of various adverse effects, for example, allergic reactions, diabetogenic effects, and acromegaly when applied in high doses.

All the respective releasing factors of the above-mentioned substances are also banned.

Erythropoietin (EPO): is the glucoprotein hormone produced in human kidney which regulates, apparently by a feed-back mechanism, the rate of synthesis of erythrocytes.

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.

The IOC Medical Commission bans *Erythropoietin* as method of doping (see section I. Doping classes, F-Peptide hormones and analogues).





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, and epitestosterone application*

*If the epitestosterone concentration is greater than 150 ng/ml, the laboratories should notify the appropriate authorities. The IOC Medical Commission recommends that further investigations be conducted.

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. Marijuana

Marijuana is not prohibited. However, tests may be carried out at the request of an International Federation.

C. 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)

D. 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 competitions by requiring a declaration by doctors, because it was known that corticosteroids were being used non-therapeutically by the oral, rectal, 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, ophthalmological and dermatological), inhalational therapy (asthma, allergic rhinitis) and local or intra-articular injections.

Any team doctor wishing to administer corticosteroids by local or intra-articular injection to a competitor must give written notification to the IOC Medical Commission.

APPENDIX 11



Summary of IOC Doping Classes and Methods

The IOC prohibits six classes of doping agents:

- Stimulants
- Narcotic analgesics
- Anabolic steroids
- B-Blockers
- Diuretics
- Peptide hormones and analogues

It also prohibits certain doping methods including:

- Blood doping
- Pharmacological, chemical and physical manipulation of a urine sample

In addition the IOC lists classes of drugs subject to certain restrictions. They are as follows:

- Alcohol
- Marijuana
- Local anaesthetics
- Corticosteroids

Stimulants

This group of drugs comprises a broad range of sympathomimetic amines (including amphetamine and related compounds and the ephedrines) as well as caffeine and cocaine.

Amphetamines produce their effect mainly by the indirect release of adrenalin and noradrenalin from the adrenal medulla. They have been used in the treatment of obesity, chronic fatigue, depression, narcolepsy and hyperkinesis. Their use in sport is to mask fatigue, maintain or improve alertness and possibly to contribute to competitiveness and aggression.

Side-effects of these stimulants include anxiety, tachycardia, cardiac arrhythmias, insomnia, and hypertension. Because judgement is impaired, athletes may exercise despite the presence of significantly increased blood lactate levels. Psychological and physical dependence can develop with long-term use. Amphetamine abuse leading to death is well recognised and has been attributed to hyperthermia, heatstroke, hypertensive crisis or arrhythmia with myocardial infarction.

Ephedrine was formerly used for the treatment of asthma, respiratory tract and sinus congestion, allergic conditions and nocturnal enuresis. Its mode of action is the same as for the amphetamines, but with fewer central effects. The side-effects are similar. The use of ephedrine is now considered obsolete but pseudoephedrine, phenylpropanolamine and other derivatives are still widely used as decongestants.

Beta 2 agonists are now widely used and are effective in the treatment of asthma. The IOC has provided a list of those Beta 2 agonists which are permitted in aerosol form only. The list includes terbutaline and salbutamol. Fenoterol however is banned because it is metabolised to p-hydroxyamphetamine.

Caffeine is a methyl xanthine derivative and is a constituent of coffee, tea, cola drinks, chocolate and many analgesic and migraine preparations. It is known to assist in reducing fatigue, has diuretic properties, stimulates cardiac and skeletal muscle and relaxes smooth muscle. Work output in endurance events can be increased via a glycogen sparing effect, whereby free fatty acids are mobilised from triglycerides and used as substrates for energy.

Side-effects of caffeine include tremor, palpitations, anxiety, headache, irritability, diuresis and gastrointestinal symptoms. Caffeine is banned by the IOC because of its stimulant effects, but a level of caffeine of more than 12 milligrams per litre must be obtained in the urine to be deemed positive.



Narcotic Analgesics

This group of drugs includes derivatives of the Asian poppy, the opiates, and their related compounds, including codeine and morphine.

They reduce moderate to severe pain and they are known for their capacity to produce physical and psychological dependence. They have major side-effects including respiratory depression, which may be fatal. They are banned because of their ergogenic effect (masking pain and increasing euphoria) and because the World Health Organisation has recommended restriction of the use and movement of these drugs internationally.

Alternatives to narcotic analgesics include non-steroidal anti-inflammatory medications, which also have analgesic properties.

Codeine is contained in many over-the-counter preparations – often with aspirin and paracetamol – and caution must be taken by athletes to avoid such compounds. Pholcodine and dextromethorphan are not banned and may be used as anti-tussives. Diphenoxylate is permitted for the management of diarrhoea.

Anabolic Steroids

Anabolic steroids include those chemicals which are related in structure and activity to the male sex hormone testosterone.

Testosterone produces secondary sex characteristics in men and affects the development of the skin, hair, voice and sex organs as well as increased growth of bone and muscle during puberty. Synthetic analogues of testosterone attempt to maximise the anabolic properties of testosterone whilst minimising the androgenic side-effects.

Athletes using anabolic steroids are alleged to recover more quickly from hard training sessions and can therefore train at a higher intensity and more often than those individuals who are not using them. Athletes who rely on strength and power in their performances are the ones who appear to benefit most from them.

Recent research has revealed that chronic use of anabolic steroids can result in the suppression of endogenous production of testosterone. This in turn is accompanied by reduced levels of the urinary androgens androsterone and etiocholanolone. Estimation of these steroids is described as 'steroid profiling' and can be utilised to refute a denial by an athlete that he has never used anabolic steroids or possibly to target such athletes for future testing when out of competition.

Beta-Blockers

Beta-blockers block the effect mediated through adrenergic beta receptors. They are used to treat hypertension, angina, cardiac arrhythmias, migraine, anxiety, thyrotoxicosis and glaucoma.

Beta-blockers usually produce little or no effect in sprint events, weight-lifting or isometric exercise. During submaximal exercise in healthy subjects, however, beta-blockers can decrease heart rate, systolic blood pressure and cardiac output and increase the arteriovenous oxygen difference. Endurance events necessitate prolonged periods of high cardiac output and depend on the availability of metabolic substrates. Beta-blockers therefore interfere with performance in those events via the beta-blockade of glycogenolysis, lipolysis and gluconeogenesis.

Beta-blockers have been used in shooting sports to control tremor and to reduce the heart rate to permit shots to be fired between heart beats. As there is now a wide range of effective alternative preparations available to control hypertension, angina, migraine and arrhythmias, the IOC has banned all beta-blockers because of their misuse in some sports where physical activity is of little or no importance.

Diuretics

These drugs promote water and electrolyte (particularly sodium) loss from the body by action at various sites in the kidney. The medical indications for their use include hypertension, congestive cardiac failure and some renal conditions (including renal failure). Side-effects include electrolyte depletion (hyponatraemia, hypokalaemia) and dehydration. Diuretics are used by athletes to reduce weight quickly in sports where weight restrictions apply and to dilute the concentration of banned substances in urine in an attempt to evade detection.



Severe fluid and electrolyte loss is accompanied by a grave risk of cardiac arrhythmia. Moreover, the manipulation of bodyweight by dehydration is deemed unethical and in sports involving weight divisions or classes, athletes may be required to provide urine samples at the time of the weigh-in.

Peptide Hormones and Analogues

hGH, or somatotropin, is produced by the anterior lobe of the pituitary gland and its release is regulated by two other hormones, growth hormone releasing hormone (GHRH) and somatostatin (SS).

hGH is an anabolic agent in that it promotes amino acid transport and protein synthesis, increases lean bodyweight and cellular growth, accelerates linear bone growth and promotes lipolysis. It has a diabetogenic effect by inducing hyperglycaemia from hepatic glycogen stores and by blocking glucose uptake into peripheral tissues such as muscle. hGH administered to hGH-deficient children normalises their decreased number of muscle cells.

Secretion of hGH in normal people is triggered by hypoglycaemia, amino acid infusion (notably L-arginine, histidine and phenylalanine), slow wave sleep, stress and exercise.

Excess hGH production is responsible for gigantism and acromegaly (pre-dating and post-dating epiphyseal closure respectively). In these clinical situations the articular cartilage hypertrophies and then degenerates while muscle strengthens and then weakens.

hGH was originally isolated from pituitary glands of cadavers. However, discovery of the slow virus responsible for Kreutzfeldt-Jacob disease encouraged the development of hGH production by recombinant techniques, using bacterium *escherichia coli*.

Human chorionic gonadotrophin (hCG) is a hormone produced in pregnancy which promotes fetal growth. It is known that the administration of this substance and others with similar effects increases the rate of production of androgenic steroids in males and is considered equivalent to the exogenous administration of testosterone. The use of these substances is therefore banned.

Erythropoietin is a recent addition to the list of banned substances. It is a polypeptide hormone produced in the kidney, which stimulates red blood cell production in response to stimuli such as blood loss, altitude and hypoxia. Although at present there is no definitive test for its use as a doping agent, artificial elevation of red blood cell concentration constitutes doping, as there are theoretical benefits to endurance performance. It has been reported that misuse of erythropoietin may have been responsible for the deaths of some professional cyclists in the past.

Blood Doping

Blood doping is an ergogenic procedure wherein normovolaemic erythrocythaemia (an increased concentration of red blood cells) is induced by way of reinfusion of the athlete's own blood (autologous infusion) or by transfusing cross-matched blood from another donor (heterologous infusion). The result is an increased oxygen-carrying capacity of the blood so that during peak exercise, the delivery of oxygen to the skeletal muscle is enhanced and maximal oxygen uptake and endurance capacity are improved.

In medical practice the most common indications for red blood cell transfusion are acute blood loss and severe anaemia.

There are also the risks of blood transfusion side-effects (including allergic rashes and fevers and acute haemolysis with the inherent risk to the kidneys. Transmission of viruses such as hepatitis B and HIV are also possible. Blood doping may also induce a hyperviscosity syndrome, leading to intravascular clotting, heart failure and death.

Techniques to detect blood doping are being researched at the present time.

Pharmacological, Chemical and Physical Manipulation

The IOC bans the use of substances and methods which alter the integrity and validity of urine samples in doping control. Banned methods include the use of catheters to substitute urine and the use of agents such as probenecid to diminish the renal secretion of banned substances ingested or otherwise administered.

APPENDIX 12



Clenbuterol

The use of clenbuterol as a doping agent became apparent during 1991/92. Several athletes tested positive for clenbuterol causing some concern in the sporting world due to uncertainty as to its status as a banned or permitted substance.

The IOC clarified the status of clenbuterol. The IOC has confirmed that the use of clenbuterol is banned and the presence of clenbuterol in the urine constitutes an offence. The ban is based on two points:

1. Clenbuterol is an extremely potent beta 2 agonist that is used to treat asthma. However clenbuterol is not one of the five beta 2 agonists that are permitted for use by the aerosol route of administration. (Refer to doping class A of the IOC List of Doping Classes and Methods, May 1992).
2. Clenbuterol is also an anabolic agent. It may promote muscle growth and alters body composition in the direction of increased muscle mass and decreased fat. Accordingly is it considered to be related to doping class C: Androgenic Anabolic Steroid.

The term '...and related substances' describes drugs that are related to their respective class by their pharmacological actions and/or their chemical structure.

It appeared that athletes believed they could beat the drug testing system by using this substance which did not clearly appear in the IOC Doping List. However the IOC practice of including '...and related substances' meant that this possible loophole did not exist.

Source: IOC. July 1992

APPENDIX 13



Dope control laboratories accredited by the International Olympic Committee

March 1992

<i>Location</i>	<i>Head of the Laboratory</i>	<i>Address</i>
ATHENS Grèce Greece *PHASE 1		OAKA Doping Control lab. The Olympic Athletic Center of Athens 'Spiros Louis', 37, Kifissias Ave., 15123 Marousi, Fax: (30.11) 683 4071 Tel: (30.1) 6868549
BARCELONA Espagne Spain	Dr. Jordi Segura	Institut Municipal d'Investigació Mèdica, Departament de Farmacologia i Toxicologia, P. Maritim s/n, 08003 BARCELONA Tel: (34.3) 300 75 62 Fax: (34.3) 485 49 52
BEIJING République Populaire de Chine People's Republic of China	Prof. Dr. Zeyi Yang Vice-Director	Doping Control Laboratory, National Research Institute of Sports Medicine, 1st Anding Road Anwai, BEIJING 100029 Tel: (861) 4912131 Fax: (861) 4912136
COLOGNE Allemagne Germany	Prof. Dr. Manfred Donike	Institute of Biochemistry Deutsche Sporthochschule Carl-Diem-Weg 6, 5000 Köln 41 Tel: (49.221) 497 1313 Telex: (051) 933 521 'Ref: BOX: DM4: DONIKE' Fax: (49.221) 497 32 36
GAND/GHENT Belgique Belgium	Prof. M. Debackere	Laboratorium voor farmacologie en toxicologie van de huisdieren Universiteit Gent Casinoplein 24 B-9000 GENT Tel: (32.91) 233765 Fax: (32.91) 332234
HELSINKI Finlande Finland	Prof. Kimmo Kuoppasalmi	United Laboratories Ltd. P.O. Box 70 00511 HELSINKI 51 Tel: (358.0) 506051 Telex: 122834 YKLAB SF Fax: (358.0) 50605410



Location	Head of the Laboratory	Address
HUDDINGE Suède Sweden	Dr. Ingemar Björkhem	Department of Clinical Chemistry Karolinska Institutet Kliniskt farmakologiska laboratoriet Huddinge Sjukhus 141 86 HUDDINGE Tel: (46.8) 746 10 00 Telex: 11342 HSVXL Fax: (46.8) 746 88 21
INDIANAPOLIS Etats-Unis U.S.A.	Prof. Dr. Carlton Nordschow	Department of Pathology, School of Medicine Indiana University Medical Centre 926 West Michigan Street, INDIANAPOLIS/Indiana 46223 Tel: (1.317) 274 4806 Fax: (1.317) 274 3223
LAUSANNE Suisse Switzerland	Dr. Laurent Rivier	Unité d'analyse du dopage Institut universitaire de médecine légale Rue du Bugnon 21 1005 Lausanne Tel: (41.21) 3132190 Fax: (41.21) 3132191
LISBON Portugal	Prof. Lésseps Lourenço Reis	Laboratório de análises do doping e bioquímica, Direcção-geral dos desportos, Estádio Universitário Av. Professor Egas Moniz 1600 LISBOA Tel: (35.1) 760245 Telex: 43447 FISPOR P Fax: (35.1) 160 26 04
LONDON Angleterre England	Dr. David Cowan	Drug Control and Teaching Centre, London University, King's College, Manresa Road, London SW 3 6LX Tel: (44.71) 351 24 88 Telex: c/o IAAF London Fax: (44.71) 351 25 91
LOS ANGELES Etats-Unis U.S.A.	Prof. Don H. Catlin	UCLA Olympic Analytical Laboratory, UCLA School of Medicine, 2122 Granville Avenue, LOS ANGELES, California 90025 Tel: (1.310) 825 2635 Telex: 025 910 3427597 Fax: (1.310) 206 9077



Location	Head of the Laboratory	Address
MADRID Espagne Spain	Dr. Cecilia Rodriguez	Laboratorio Investigación Bio- química y control anti-doping, Consejo Superior de Deportes c/ Greco, s/n, Ciudad Universitaria 28040 MADRID Tel: (34.1) 589 6889, 589 6890 Fax: (34.1) 543 7290
MONTREAL Canada IG6	Prof. Robert Dugal <i>Director</i> Prof. Robert Masse <i>Associate Director</i>	INRS-Santé, Institut National de la Recherche Scientifique, Université du Québec, 245, Blvd. Hymus, POINTE-CLAIRE, Québec H9R Tel: (1.514) 630-8800 Telex: 051 31623 Fax: (1.514) 630 8850
MOSCOW République de Russie Republic of Russia	Dr. Vitaly Semenov	Moscow Dope Control Laboratory Anti-Doping Centre Elizavetinskij proezd, 10 103064 MOSCOW Tel: (7095) 261 80 12 Fax: (7095) 248 08 14
OSLO Norvège Norway	Prof. Dr. Nils Norman	Hormone Laboratory, Sections for Doping Analysis Aker Hospital N-0514 OSLO 5 Tel: (47.2) 89 47 08, 22 05 45 Fax: (47.2) 15 87 96
PARIS France	Dr. J.P. Lafarge	Laboratoire anti-dopage 143 Avenue Roger Salengro, 92290 CHATENY-MALABRY Tel: (33.1) 466 028 69 Fax: (33.1) 466 030 17
PRAGUE La République Fédérale Tchéque et Slovaque The Czech and Slovak Federal Republic	Dr. R. Slechtowa	Institute of Sports Medicine and Dope Control Laboratory, Spartakindnstadion 160 17 PRAGUE 6 Brevnoa Tel: (42.2) 352 325 Telex: 122650 CSTV Fax: (42.2) 377 430
ROME Italie Italy	Prof. Gustavo Tuccimei	Federazione Medico-Sportive Italiana Palazzo Delle Federazioni Via Tiziano 70 Tel: (39.6) 80 30 11 Telex: 621610 CONF5 I Fax: (39.6) 368 58 206



<i>Location</i>	<i>Head of the Laboratory</i>	<i>Address</i>
SEOUL Korea Corée	Dr. Jongseil Park, Director	Doping Control Center Korea Institute of Science and Technology P.O. Box 131, Cheongryang SEOUL Tel: (82.2) 9692871 Telex: KISTROK K 27380 Fax: (82.2) 9682109
SYDNEY Australie Australia	Dr. R. Kazlauskas	Australian Government Analytical Laboratories 1 Suakin Street, PYMBLE, NSW 2073 Tel: (61.2) 449 01 11 Fax: (61.2) 449 16 53 Telex: (071) AA61906 AUSCI
TOKYO Japon Japan	Dr. Jun-Ichi Fukuda	Mitsubishi-Yuka Bio-Clinical Laboratories, Inc. Dope control laboratory 3-30-1 Shimura, Itabashi-ku TOKYO, 174 Japan Tel: (81.3) 5994 22351 Fax: (81.3) 5994 2922

*Phase I: The laboratory is temporarily suspended from international testing. At the national level (samples originating from the country in which the laboratory is located), the laboratory may perform screening procedures but analytically positive A-samples must be confirmed by another IOC accredited laboratory. The corresponding B-sample will also be analysed in the IOC accredited laboratory which has provided confirmation of the A-sample.

APPENDIX 14



Summary of Samples Analysed by the IOC Accredited Laboratories in 1991

<i>Samples collected at</i>	<i>Number of samples analysed</i>	<i>Number of analytically positive A-samples</i>	<i>Percentage %</i>
National Competitions	29,287	346	1.18
International Competitions	10,305	44	0.43
Major International Championships	10,420	148	1.42
Not at competition	34,076	267	0.78
TOTAL	84,088	805	0.96

<i>Samples collected at</i>	<i>Number of samples analysed</i>	<i>Number of analytically positive A-samples</i>	<i>Percentage %</i>
Olympic Sports	53,165	380	0.72
Non-Olympic Sports	30,923	425	1.37
TOTAL	84,088	805	0.96

Statistics 1991 – IOC Accredited Laboratories (21)

Number of samples analysed in Olympic Sports

<i>Sport</i>	<i>Total number</i>	<i>Number pos</i>	<i>Percentage %</i>	<i>Not at competition</i>		
				<i>number</i>	<i>n. pos</i>	<i>%</i>
Cycling	10,468	113	1.08	440	3	0.68
Athletics	10,409	62	0.60	3,594	16	0.45
Football	7,608	18	0.24	402	2	0.50
Weightlifting	4,466	80	1.79	1,534	25	1.63
Swimming	2,606	12	0.46	385	2	0.52
Basketball	1,875	12	0.64	280	0	0.00
Shooting	1,552	10	0.64	111	0	0.00
Skiing	1,260	5	0.40	452	2	0.44
Rowing	1,204	4	0.33	276	0	0.00
Skating	1,171	5	0.43	297	0	0.00
Judo	1,016	5	0.49	108	1	0.93
Volleyball	955	4	0.42	173	1	0.58
Ice Hockey	934	8	0.86	330	2	0.61
Boxing	905	5	0.55	174	1	0.57
Wrestling	876	11	1.26	318	4	1.26
Canoe	865	0	0.00	140	0	0.00
Fencing	673	3	0.45	54	0	0.00
Baseball	605	1	0.17	110	0	0.00
Handball	551	3	0.54	117	1	0.85
M.pentathlon	549	0	0.00	42	0	0.00
Hockey	488	5	1.02	112	0	0.00
Tennis	408	3	0.74	58	0	0.00
Gymnastics	396	1	0.25	75	1	1.33
Bobsleigh	314	2	0.64	133	1	0.75



Number of samples analysed in Olympic Sports continued

Sport	Total number	Number pos	Percentage %	Not at competition		
				number	n. pos	%
Badminton	257	2	0.78	7	1	14.29
Yachting	191	0	0.00	14	0	0.00
Table Tennis	188	0	0.00	9	0	0.00
Archery	169	2	1.18	11	0	0.00
Biathlon	96	3	3.13	9	0	0.00
Diving	95	1	1.05	9	0	0.00
Tobogganing	15	0	0.00	15	0	0.00
TOTAL	53,165	380	0.72	9,789	63	0.64

Statistics- IOC Accredited Laboratories (21)

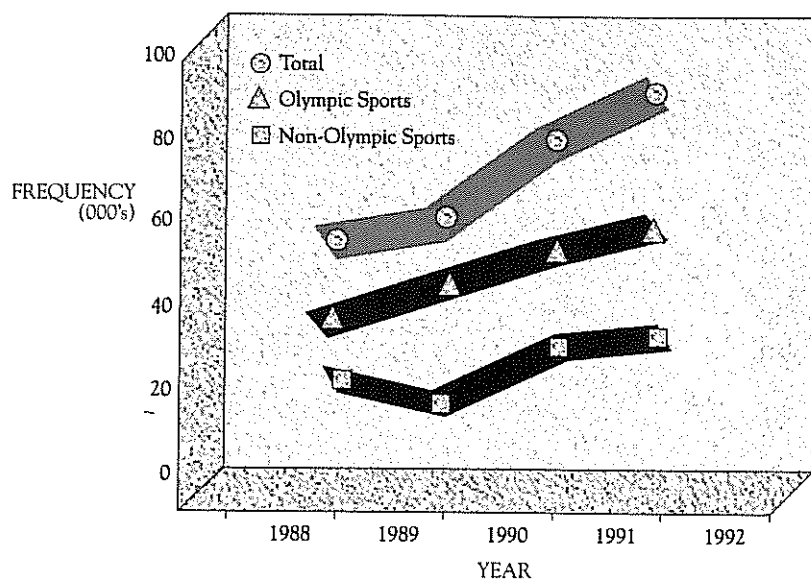
Number of samples analysed in non-Olympic Sports

Sport	Total number	Number pos	Percentage %	Not at competition		
				number	n. pos	%
American Football	19,484	115	0.59	19,091	110	0.58
Unknown	3,519	65	1.85	3,086	63	2.04
Miscellaneous	2,280	22	0.96	1,010	6	0.59
Powerlifting	1,261	63	5.00	526	10	1.90
Bodybuilding	802	121	15.09	83	15	18.07
Rugby	515	5	0.97	117		
Triathlon	490	2	0.41	57		
Rugby League Football	367	13	3.54	121		
Roller Skating	320	2	0.63	10		
Karate	170	1	0.59	26		
Australian Rules Football	152					
Taekwondo	151	4	2.65			
Orienteering	147			24		
Softball	112	2	1.79	17		
Squash	74			6		
Disabled	71					
and about 30 other sports						
TOTAL	30,923	425	1.37	24,287	204	0.84

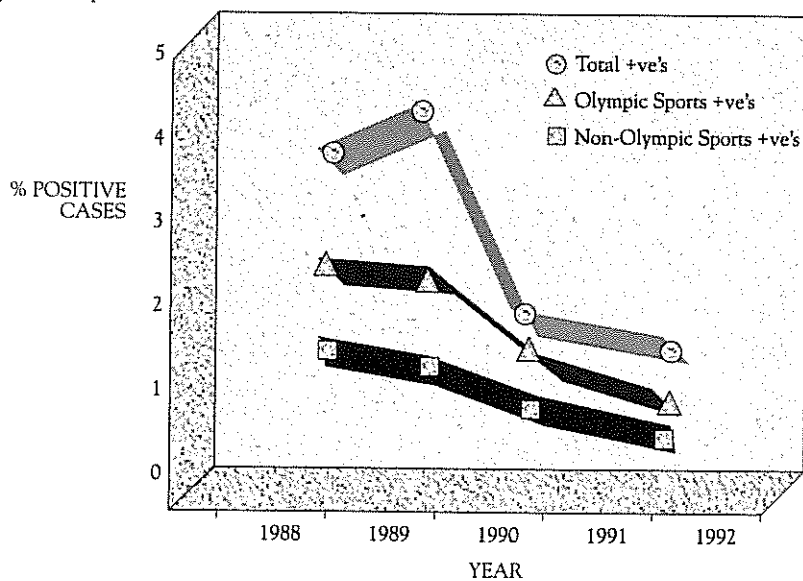
IOC STATISTICS



Number of Samples Analysed



Decrease of Positives per Year





Statistics 1991 of the IOC Accredited Laboratories

Substances identified in the classes of forbidden substances

<i>Class</i>	<i>N</i>
Stimulants	221
Narcotics	72
Anabolic Steroids	552
Beta-Blockers	10
Diuretics	47
Masking Agents	1
Peptide Hormones	1
Substances subject to certain restrictions	7
Not IOC-list	15
TOTAL	926

Number of substances identified in each forbidden class

<i>Stimulants</i>	<i>221</i>
amfepramone	2
amphetamine	27
caffeine	8
cocaine	22
cropropanide	1
ephedrine	22
etilefrine	1
fencamfamine	3
fenetylline	3
fenfluramine	1
heptaminol	12
mesocarb	2
methamphetamine	5
methoxyphenamine	2
methylephedrine	2
nikethamide	4
pemoline	2
phendimetrazine	1
phenmetrazine	2
phentermine	7
phenylpropanolamine	23
pipradrol	2
prolintane	7
propylhexedrine	1
pseudoephedrine	57
strychnine	2



<i>Narcotics</i>	72
codeine	36
dextropropoxyphene	17
dihydrocodeine	2
ethylmorphine	1
hydrocodone	1
hydromorphone	1
morphine	13
pentazocine	1
<i>Anabolic Steroids</i>	552
boldenone	13
clostebol	2
drostanolone	8
mesterolone	4
metandienone	44
metenolone	52
methyltestosterone	14
nandrolone	165
norethandrolone	1
oxandrolone	3
oxymetholone	6
stanozolol	52
testosterone	187
trenbolone	1
<i>Beta-Blockers</i>	10
atenolol	1
metoprolol	1
oxprenolol	1
propranolol	7
<i>Diuretics</i>	47
acetazolamide	1
amiloride	1
canrenone	2
furosemide	29
hydrochlorothiazide	9
spironolactone	1
triamterene	4
<i>Masking Agents</i>	1
probenecid	1
<i>Peptide Hormones</i>	1
HCG	1
<i>Substances subject to certain restrictions</i>	7
ethanol	7
<i>Not IOC-list</i>	15
cannabis	14
phenobarbital	1

APPENDIX 15



Summary of IOC Laboratory Statistics, 1986-1991

Competitions with national competitors only			Competitions with international competitors			Major international championships Tests			Total 'At Competition'		
No. of samples	% positive		No. of samples	% positive		No. Of samples	% positive		No. Of samples	% positive	
1986	15,533	1.68	5,227	1.51		4,449	2.49		25,209	1.79	
1987	13,381	2.48	8,159	2.12		9,759	2.35		31,299	2.35	
1988	16,925	2.53	13,706	2.39		4,930	2.84		35,561	2.52	
1989	21,514	2.15	10,076	2.16		6,134	2.35		37,724	2.18	
1990	27,152	1.58	7,037	0.99		8,934	1.40		43,123	1.44	
1991	29,287	1.18	10,305	0.43		10,420	1.42		50,012	1.08	
Sample collected out-of-competition			Checking of competitors prior to major championships (pre-event out-of-competition tests)			Total 'Not At Competition'					
No. of samples	% positive		No. of samples	% positive		No. of samples	% positive		No. of samples	% positive	
1986	6,505	2.11	1,268	2.76		7,773	2.21				
1987	5,870	1.19	713	7.01		6,583	1.82				
1988	10,140	2.18	1,368	2.70		11,508	2.24				
1989	14,684	2.60	Not recorded	Not recorded		14,684	2.60				
1990	28,218	1.10	Not recorded	Not recorded		28,218	1.10				
1991	34,076	0.78	Not recorded	Not recorded		34,076	0.78				

Source: IOC accredited laboratory consolidated statistics for all IOC accredited laboratories

APPENDIX 16



Ottawa Charter for Health Promotion (1985)

Changing patterns of life, work and leisure have a significant impact on health. Work and leisure should be a source of health for people. The way society organises work should help create a healthy society. Health promotion generates living and working conditions that are safe, stimulating, satisfying and enjoyable.

Systematic assessment of the health impact of a rapidly changing environment – particularly in areas of technology, work, energy production and urbanisation – is essential and must be followed by action to ensure positive benefit to the health of the public. The protection of the natural and built environments and the conservation of natural resources must be addressed in any health promotion strategy.

Strengthen Community Action

Health promotion works through concrete and effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health. At the heart of this process is the empowerment of communities, their ownership and control of their own endeavours and destinies.

Community development draws on existing human and material resources in the community to enhance self-help and social support, and to develop flexible systems for strengthening public participation and direction of health matters. This requires full and continuous access to information, learning opportunities for health, as well as funding support.

Develop Personal Skills

Health promotion supports personal and social development through providing information, education for health and enhancing life skills. By so doing, it increases the options available to people to exercise more control over their own health and over their environments, and to make choices conducive to health.

Enabling people to learn throughout life, to prepare themselves for all of its stages and to cope with chronic illness and injuries is essential. This has to be facilitated in school, home, work and community settings. Action is required through educational, professional, commercial and voluntary bodies, and within the institutions themselves.

Reorient Health Services

The responsibility for health promotion in health services is shared among individuals, community groups, health professionals, health service institutions and governments. They must work together towards a health care system which contributes to the pursuit of health.

The role of the health sector must move increasingly in a health promotion direction, beyond its responsibility for providing clinical and curative services. Health services need to embrace an expanded mandate which is sensitive and respects cultural needs. This mandate should support the needs of individuals and communities for a healthier life, and open channels between the health sector and broader social, political, economic and physical environmental components.

Reorienting health services also requires stronger attention to health research as well as changes in professional education and training. This must lead to a change of attitude and organisation of health services, which refocuses on the total needs of the individual as a whole person.

Moving into the future

Health is created and lived by people within the settings of their everyday life; where they can learn, work, play and love. Health is created by caring for oneself and others, by being able to take decisions and have control over one's life circumstances, and by ensuring that the society one lives in creates conditions that allow the attainment of health by all its members.

Caring, holism and ecology are essential issues in developing strategies for health promotion. Therefore, those involved should take as a guiding principle that, in each phase of planning, implementation and evaluation of health promotion activities, women and men should become equal partners.



Commitment to Health Promotion

The participants in this conference pledge:

- to move into the arena of healthy public policy, and to advocate a clear political commitment to health and equity in all sectors;
- to counteract the pressures towards harmful products, resource depletion, unhealthy living conditions and environments, and bad nutrition; and to focus attention on public health issues such as pollution, occupational hazards, housing and settlements;
- To respond to the health gap within and between societies, and to tackle the inequities in health produced by the rules and practices of these societies;
- To acknowledge people as the main resource, to support and enable them to keep themselves, their families and friends healthy through financial and other means, and to accept the community as the essential voice in matters of its health, living conditions and well-being;
- to reorient health services and their resources towards the promotion of health; and to share power with other sectors, other disciplines and most importantly with people themselves;
- to recognise health and its maintenance as a major social investment and challenge; and to address the overall ecological issue of our ways of living.

The conference urges all concerned to join them in their commitment to a strong public health alliance.

Call for International Action

The Conference calls on the World Health Organisation and other international organisations to advocate the promotion of health in all appropriate forums and to support countries in setting up strategies and programmes for health promotion.

The Conference is firmly convinced that if people in all walks of life, non-governmental and voluntary organisations, governments, the World Health Organisation and all other bodies concerned join forces in introducing strategies for health promotion, in line with the moral and social values that form the basis of this CHARTER, Health For All by the year 2000 will become a reality.



Community development of drugs in sport programs – the role of professionals

Debates focusing on the economic and social costs of health are by no means a new topic of contention; however, the concept of health promotion is a relatively new movement that has gradually gathered momentum during the 1980's.

Health promotion recognises the whole population in considering the diverse range of factors that influence the overall well-being of individuals and communities. (Such factors could include communication channels, social networks and supports, education, policy and legislation, and access and equity issues.) It adopts a collectivist ideology in that it aims to employ community participation in identifying problems, in decision-making processes and in finding solutions to the problems.

By acknowledging that people and their environment are interdependent, the concept of health promotion has paved the way to reorientate the traditional health model, which focuses on ill-health, disease and illness, to a multidimensional perspective that focuses on ways of enhancing well being. The World Health Organisation (WHO) says that 'health promotion is the process of enabling people to increase control over, and to improve, their health. It presents a mediating strategy between people and their environments, synthesising personal choice and social responsibility in health to create a healthier future.'

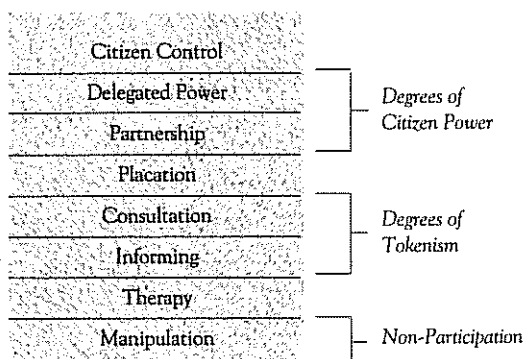
When viewed from this perspective, the health promotion movement has implications for a wide range of issues, including drugs in sport (DIS), that affect many systems at all levels of the community.


By adopting a health promotion philosophy and taking into account the lessons learned from years of experience in mainstream drug education, opportunities are created to develop new approaches and strategies to deal with issues surrounding DIS.

Community development describes principles that have evolved from the health promotion movement. These strategies form some of the fundamental elements of both the WHO Health For All Strategy and the Ottawa Charter for Health Promotion (*see Appendix 16*). Their wide acceptance has led to indiscriminate use of the word 'community' and as a new professionalism and a new paradigm of health have emerged, a number of interpretations have evolved.

Probably one of the most difficult dilemmas for many health promotion workers involves issues related to the ownership of programs and projects. An essential component for successful community development is for communities to retain ownership of the issues that they identify. In addition, the solutions to the problems need to be achieved through strategies that are not alien to them. Inherent in community participation is the need to develop new skills (organisation, research, planning, negotiation) and maybe even to take on a new role; sometimes lay people may not have the experience or the information to enable them to address their identified problems. This is relevant to sports communities addressing the drugs in sport issue.

As these new issues arise it is easy to lose track of whose needs are actually being addressed, particularly when the professional may have the experience to know 'what works'. It may be easier for the professional to 'take over' once the local people have identified their needs. There is a fine line between getting people together to encourage their involvement and input and in actually influencing the way they become involved. A popular slogan which aptly reflects this dilemma is 'professionals on *tap* not on *top*'.





Put in a different way, it is easy to fall into the trap of 'doing community development' by presenting interventions, which professionals identify as being advantageous to the well-being of communities, under the guise of the community approach. This approach can be very powerful in reinforcing the dichotomies that can partly be attributed to the upsurge of the human services industry over the last thirty years. Firstly, there are the professionals who have the knowledge, information and often the means at their fingertips. They frequently work to time lines, to agendas set by people in authority and from a bureaucratic perspective. The second group are the community members who know themselves and who definitely understand their own life circumstances better than anyone else. Unfortunately, it is often not recognised that these people frequently know more than they are given credit for.

An important component of community development considers the predisposing, reinforcing and enabling factors that influence the well being of individuals and communities. It involves working with community members to explore ways to reduce the constraints, placed upon communities, which inhibit change processes. It also relies upon constant evaluation, reflection and reassessment of the original aims and objectives.

What is the Role of the Professional?

Professionals have an important role to play in community development initiatives. Reorientation of attitudes about professionalism are required so that the focus is on being effective as opposed to maintaining professional status-(power) by controlling the information that is disseminated to the community. This new role necessitates the demystification of 'professionalism' and, the associated jargon, by raising critical awareness, giving away knowledge and by promoting opportunities for people in the community to develop new skills. It requires cooperation between professionals in facilitating community groups to implement their own programs and to establish the networks and infrastructures in the community that enables programs to become self-sustaining. It is not about establishing co-dependent relationships.

In a DIS context, no longer is it the sole responsibility of the professional to solve the problem of drug misuse in the sporting environment. Agencies such as the Australian Sports Drug Agency should facilitate sporting communities to effectively use knowledge, skills and resources to address the needs and problems that they have identifies.

As a result, the community becomes the expert, and professionals and agencies work in collaboration with the community to develop a harm reduction approach that involves all affected groups at all levels of programming and the decision making process. It is not until our framework is reorientated from focusing on a service delivery model to a community development model that the DIS issue will be owned by and responsive to the needs of the sporting community.

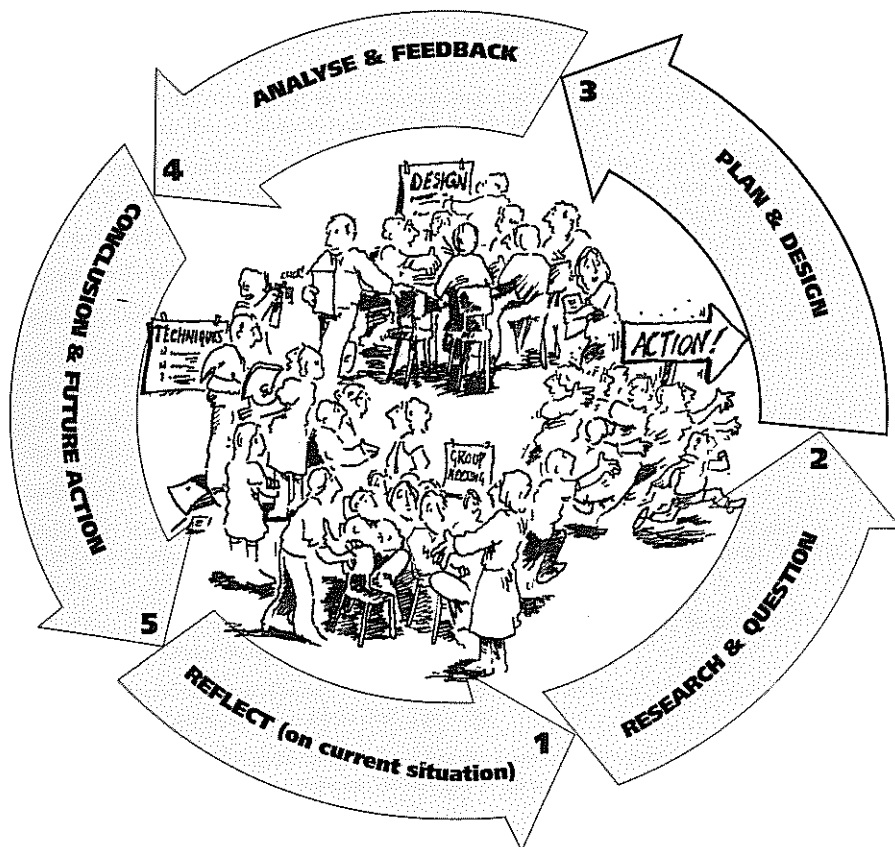
If reducing the harm associated with drug use in sport is to be achieved it is essential that professionals work 'with' and not 'for' the sporting community.

APPENDIX 18



Action research

A continuous process of reflection, action, questioning, drawing conclusions and evaluating options



1. REFLECT (on current situation)

- What is happening at present and why?
- Is there a 'problem'?
- Are there things that we would like to change?

2. RESEARCH AND QUESTION

- What do others think?
- How can we find out?
- Who wants to be involved?
- Who needs to know or understand? (eg stakeholders).

3. PLAN AND DESIGN

- What are we doing and why?
- How can we make sure this is right?
- Are all groups included and participating?
- How could we do this more effectively?
- What else do we need to find out?

4. ANALYSE AND FEEDBACK

- Is this what we set out to do?
- Do we now have a clearer understanding?
- What do target groups think?
- Did we get it right?

5. CONCLUSION AND FUTURE ACTION

- Are we doing what we said we would?
- What would we change next time?
- Where should we go from here?
- What do we need to do to put this into practice?

ASDA. October 1992.

APPENDIX 19



SELECTED KEY PAPERS ON DRUGS-IN-SPORT (from ASDA Sports Bulletin)

Birkett, D.J. and Miners, J.O. Caffeine renal clearance and urine caffeine concentrations during steady state dosing: Implications for monitoring caffeine intake during sports events. *British Journal of Clinical Pharmac.* 31 1991, p.405-408.

Brower, K.J., Blow, F.C., Young, J.P. et al. Symptoms and correlates of anabolic-androgenic steroid dependence. *British Journal of Addiction.* 86 1991, p.759-768.

Coombs, Robert H. and Coombs, Carol J. The impact of drug testing on the morale and well-being of mandatory participants. *International Journal of the Addictions.* 26(9) 1991, p.981-992.

Dowling, P. Erythropoietin: a review. Canberra; ASDA, 1990, 5p.

Dowling, Paul. Marijuana and sport: preliminary report. Canberra: ASDA, 1991, 20p.

Gerrans, C. Death muscles in on sport. *Bulletin.* 16 July 1991 p.20-21.

Graham, Stewart and Kennedy, Michael. Recent developments in the toxicology of anabolic steroids. *Drug Safety* 5(6) 1990, p.458-476.

Haynes, S. Addiction to what: will the real dopes please stand up? *Journal of the Forensic Science Society.* 31(2) 1991, p.221-227.

Janofsky, M. World records lag as drug tests gain. *New York Times*, 11 June 1991.

Martin, M.B. Anshel, M.H. Attitudes of elite adolescent Australian athletes towards drug taking: implications for effective drug prevention programs. *Drug Education Journal of Australia.* 5(3) 1991, p.223-238.

McGufficke, A., Rowling, L., Bailey, M. Adolescent athletes: why are they using drugs in relation to their sporting activity? *Drug Education Journal of Australia.* 5(2) 1991, p.103-112.

Nicholson, N. and Haynes, S. The role of drug education. Third Permanent World Conference on Anti-Doping in Sport. Bergen, Norway. 23-26 Sept. 1991. 19p.

Nicholson, N., Wynd, T. Drug use in sport: a study of the knowledge and attitudes of a section of the Australian sporting community. Canberra: ASDA and Department of Social and Preventative Medicine, University of Queensland, 1991, 20p.

Opie, Hayden. Legal regimes for the control of performance-enhancing drugs in sport. *Adelaide Law Review* 12(3) 1990, p.332-355.

Robson, John. Drug testing by private sporting organisations: a practical legal guide. Annual Conference of the Australian and New Zealand Sports Law Association. Sydney, 2-4 July 1992, 37p.

Yesalis, C.E. Winning and performance-enhancing drugs: our dual addiction. *Physician and Sports-Medicine.* 18(3) Mar 1990, p.161-163; 167.

APPENDIX 20



Memorandum of Understanding between the Australian Sports Drug Agency and the Australian Government Analytical Laboratory

This memorandum sets out the understanding which has been reached between the Australian Government Analytical Laboratories of the Department of Administrative Services (hereinafter referred to as 'AGAL') and the Australian Sports Drug Agency (hereinafter referred to as 'ASDA') as to the services and level of service to be provided by AGAL to ASDA and to the fee to be provided by ASDA to AGAL in return for the satisfactory delivery of such services.

2. ANNEXES

2.1 All annexes to the Understanding as specified below are to be read with and form part of the Understanding and the whole will constitute the agreement between the parties.

Annex A: Scope of Services

Annex B: Basis of Payment

Annex C: Schedule of Costs

3. Commencement

3.1 The Understanding will commence from 1 July 1991 and will supersede all documents or written agreements in respect of the subject matter thereof.

4. Duration

4.1 AGAL will perform the Services within a period of one year from the date of the commencement of the Understanding.

5. Financial Limitation

5.1 The financial limitation of the Understanding is \$950,000. AGAL will not expend or incur expenditure in excess of this amount for the provision of services in Annex A. The cost of transporting samples to AGAL for analysis is not included in this limitation, and will be an additional charge to ASDA on a cost recovery basis.

6. Service limitation

6.1 AGAL agrees that its role in sports drug testing is limited to the analysis of and reporting on of sports drug testing samples. AGAL recognises that ASDA has a role under the ASDA Act to liaise with competitors, sporting organisations, the Australian Sports Commission, media representative and so on in connection with sports drug testing and drugs in sport. Except with the approval of ASDA, AGAL agrees not to communicate details of its responsibilities in connection with sports drug testing except as provided for in the MOU.

6.2 Whenever workload commitments reach 80% of the levels specified in Annex A, AGAL will immediately notify ASDA of this fact. ASDA accepts no liability for any additional service performed by AGAL over and above that required to be done by the Understanding, unless a prior specific amendment to the Understanding is issued by ASDA authorising AGAL to do such work.

6.3 AGAL is the only laboratory in Australia accredited by the International Olympic Committee (IOC). AGAL will be recognised by ASDA as its sole agency in Australia for the provision of analytical services.

6.4 Should AGAL negotiate contracts for analysis of samples outside the terms of this MOU, ie with ASDA having no involvement in the collection of samples, then AGAL will be free to set its own charges and to determine its own performance parameters. Any such tests conducted would not be counted in the up to 3,000 tests to be conducted during the period of this MOU. Subject to negotiation as to the number of such tests and the consequential administrative workload on ASDA, ASDA agrees to supply sample collection kits for such purposes in order that the statistical records of sports drug testing in Australia could be maintained.

7. Standard of performance

7.1 AGAL will provide personnel or agents with the experience, skills and qualification necessary to perform the services. AGAL will diligently, efficiently, and in conformity with sound professional practices perform the services within the specified duration and financial limitation to the satisfaction of ASDA.



7.2 AGAL will maintain accreditation by the International Olympic Committee as a sports drug testing laboratory throughout the period of this MOU. Should AGAL lose accreditation ASDA will be free to cancel the MOU, including any payments proposed under the MOU, for the remainder of the period during which it would have been in force and to begin using another laboratory for analysis of samples collected for sports drug testing.

7.3 As agreed ASDA reserves the right to undertake an independent efficiency audit of AGAL procedures and practices relating to sports drug testing while this MOU remains in force.

8. Confidentiality

8.1 AGAL and its personnel and agents shall not without the prior written approval of ASDA disclose other than to ASDA any information acquired in connection with performing these services or release other than to ASDA any material created in connection with performing the services.

9. Conflict of Interest

9.1 If AGAL becomes aware that any of its personnel or agents have a direct or indirect interest in the result of any part of the services performed, AGAL shall immediately inform ASDA in writing. AGAL will not, unless directed by ASDA, authorise such a person or agent to continue to be engaged in the performance of those services.

10. Subcontracting

10.1 Any subcontractual arrangement or agreement entered into by AGAL in respect of the provision of services under this agreement may only be entered into with the prior knowledge and approval of ASDA.

11. Variation of Understanding

11.1 Alterations to the Understanding will be made in writing and signed for and on behalf of the parties to the Understanding. Any such variation to the Understanding will be formalised before the limitations specified in Clauses 4 and 5 above are exceeded and shall form part of the Understanding.

SIGNED, in duplicate, this first day of July 1991.

Signature

MR. S. HAYNES

Mr. S. Haynes
Name and Designation

Signature

DR C. J. DAHL

DR C.J. DAHL
Name and Designation

Chief Executive

Chief Executive
For Australian
Sports Drug Agency

AUST GOVT ANALYST

AUST GOVT ANALYST
For Australian Government
Analytical Laboratories

ANNEX 'A'

Scope of Service

The services and level of service required by ASDA as described below comprise three distinct components.

Component One relates to analyses and related work performed in connection with samples submitted by ASDA

Component Two relates to analytical method research, development and validation.

Component Three relates to advice and technical consultancy services.

Services shall be delivered in a manner consistent with AGAL's major performance objective, namely, to provide clients with the services and facilities required at an agreed standard and quality, within an agreed timeframe, and at a cost which is both competitive and sufficient to cover the cost of delivery of those services.

For the duration of the MOU, regular liaison will be maintained between AGAL and ASDA. Such liaison may consist of discussions, meetings, telephone and written communication.



Component 1— Analyses and Related Work

Scope:

The analysis of samples, or facilitation of analysis of samples by a third party in order to determine their chemical characteristics and the provision of reports on their composition or compliance with relevant legislation, prescribed standards or specifications.

Under this Understanding the management of the analytical program will be governed by the following parameters:

a) Sample submission

The submission rate and workload commitment is based on the analysis of up to 3,000 samples during the year.

b) Reporting of results

Results will be reported (in the first instance) by facsimile as soon as they become available and will contain such details as ASDA requires; the levels of reporting and, where applicable, action levels or reporting are those set by the IOC.

c) Turnaround time

Turnaround time, that is, elapsed time between receipt of sample in the laboratory and issue of an analytical report will be ten working days. Any request by ASDA for shorter turnaround time will be undertaken by negotiation.

d) Liaison

On matters relating to this Component liaison officers will be:

Dr R. Kazlauskas
Principal Chemist
AGAL NSW

Ms N. Vance
Drug Testing Manager
ASDA

Component 2 – Method Research, Development and Validation

Scope:

The development and validation of new or improved methods of analysis of contemporary scientific standard and the assessment of new instrumentation and techniques.

Under Component Two AGAL undertakes to provide a broadly based investigative service encompassing all areas of chemical testing of interest to ASDA. It is an IOC requirement that AGAL, as an officially accredited laboratory undertake research of a publishable nature. While focussed on method development it is intended to cover all aspects of laboratory based information.

The charges for services provided under this Component will be in accordance with the Schedule at Annex C.

In respect to Component Two, AGAL will allocate staff to provide requirements under this Component. Project priorities will be those established by IOC, ASDA and AGAL.

General management of research projects will be in accordance with current practice in AGAL.

Intellectual Property and Patent Rights arising from work conducted under Component Two of this Agreement shall be vested in the Commonwealth. Neither party shall disclose information acquired in connection with these services to bodies external to the Commonwealth except with the written approval of the other party.

Component 3 — Advice and Technical Consultancy Services.

Scope:

The provision of advice and consulting services on technical matters in the field of chemistry.

AGAL undertakes to provide a professional advisory and consulting service in relevant fields of interest to ASDA.

ANNEX 'B'

Basis of payment

In respect of services provided under this Understanding, AGAL will submit pro-rate 7-day monthly accounts to equal \$950,000 accompanied by a detailed statement of work completed in that month. Each statement will show the services provided under each category of service as agreed. All payment due to AGAL shall be made within seven days of receipt from AGAL of a complete invoice.



AGAL will keep proper and detailed accounts and records in relation to costs incurred pursuant to the understanding and in this regard will maintain all timebooks, payroll records, receipts, vouchers and other documents relevant to the preparation of the accounts. AGAL will provide adequate facilities for audit and inspection by ASDA of those documents and will keep those documents available for inspection for a period of two years from the date of expiration of the understanding.

Claim for Payment

Claims by AGAL for payment under this understanding are, unless otherwise notified in writing by ASDA to AGAL, to be sent to:

Australian Sports Drug Agency
Attn: Chief Executive
PO Box 345
CURTIN ACT 2605

Notices

Any notice or other communication under or in relation to the understanding shall be deemed to have been duly given if it is in writing and posted in a pre-paid letter and shall be deemed to have been received when it would have been delivered in the ordinary course of the post.

Notices or communications to AGAL from ASDA shall unless otherwise notified in writing to ASDA by AGAL be addressed to AGAL at:

Australian Government Analyst
Attn: Business Manager
Australian Government Analytical Laboratories
PO Box 65
BELCONNEN ACT 2616

Annex 'C'

Schedule of costs

Total costs for Components 1 and 2 for the 1991-92 year, based on an expected sample submission rate of up to 3,000 samples per annum are shown below:

Salaries	434,716
Equipment	99,605
General Expenses	130,165
Administration Costs:	
- Direct	11,889
- Indirect	93,324
Overseas Travel Costs	26,445
Research and Development costs	52,890
Total Operating Costs	949,034

Monthly Payment

AGAL will submit pro-rata 7-day accounts each month to the value of \$79,086 (to a total annual value of \$950,000).

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