

CHAPTER 2

DRUGS IN SPORT AND THE OLYMPIC GAMES

2.1 Mr J. Coates, President of the Australian Olympic Committee (AOC) has confirmed that:

The Olympic Games is all about the high performance athlete, and we are all about providing as much assistance to achieve high performance as possible. ...
(*Drugs in Sport Evidence*, p. 356)

The Emergence of a Drug Problem Among Australian Athletes

2.2 As Australian athletes prepared for the Seoul Olympics in 1988, the issue of drugs in sport received increased international attention. It had become necessary for Governments and sporting bodies to devise policies and implement programs aimed at curbing the misuse of performance enhancing drugs, a practice that had been growing since the 1960s.

2.3 The emergence of a drug problem among Australian athletes was documented and discussed in this Committee's recent Reports on *Drugs in Sport* (1989 and 1990 respectively). As the Preface to the 1989 Interim Report stated:

At the time the Committee received [its] reference [to inquire into the issue of drugs in sport] a number of allegations that Australian athletes were using performance enhancing drugs were on the public record, and had received wide publicity.

Perhaps most notable was a *Four Corners* program of 30 November 1987 which had suggested the widespread use of drugs by athletes and made specific allegations concerning the Australian Institute of Sport. The press coverage following this program noted a widespread

belief, at least among athletes and coaches, that it was impossible to compete on equal terms with the world's best sportsmen and sportswomen without the use of performance enhancing drugs. (*Interim Report of the Senate Standing Committee on Environment, Recreation and the Arts on Drugs in Sport*, 1989, p. xvii)

The Interim Report confirmed that:

... there has been a problem with drug use in Australian sport and that this has extended to all levels, and included sportspeople of all ages. (p. xix)

2.4 The situation in Australia was similar to that prevailing elsewhere: for two or three decades, athletes around the world came to depend increasingly on various drugs - from stimulants to steroids - to boost their performance and secure victories at the most elite levels.

Efforts to Combat Drug Misuse

The IOC Medical Commission

2.5 International measures to eradicate drug use in sport were introduced as early as 1960, though the fight against doping gained momentum in 1967 following the death from proven drug misuse of Tour de France competitor Tommy Simpson. The Medical Commission of the International Olympic Committee (IOC) was then reestablished to deal with all aspects of sport and medicine. Drug tests were introduced at the 1968 Olympic Games, and since then the drug testing and evaluation program has been refined constantly.

2.6 The IOC Medical Commission operates through several subcommissions. For the purposes of this inquiry the most relevant is that relating to 'doping and biochemistry of sport' which is responsible for defining the rules pertaining to:

- . the classes of prohibited drugs;
- . the collection of samples;
- . the selection of accredited laboratories;
- . the procedures for testing;
- . the preparation of education programs on the implications of drug misuse among athletes; and
- . co-ordination with national sporting bodies.

2.7 Three months before the 1988 Seoul Olympics, the first World Anti-Doping Conference, 'calling for world-wide action to combat the problem of doping in sport' was held in Ottawa. This led to an International Anti-Doping Charter aimed at promoting co-ordination between international sporting organisations and governments. Thus, on the eve of the Seoul Olympics a concerted effort was made to combat a practice which had become well-entrenched and accepted *ipso facto* by the sporting community.

Australian Authorities and Sports Drugs

2.8 Concern about drug abuse among athletes in Australia had gathered momentum in the late 1970s when the Australian Sports Medicine Federation (ASMF) formed a committee to examine the extent of the practice. Between 1979 and 1981 the Federation undertook a survey which '... highlighted the extent of substance abuse by sportspeople ...' (*Drugs in Sport Evidence*, p. 242) The survey was the foundation stone of a National Program on Drugs in Sport created in 1985 under the aegis of the (then recently formed) Australian Sports Commission (ASC).

2.9 In 1982 the AOF issued its first official statement on the subject of drugs in sport, condemning the practice. Five years later, in November 1987, both the AOF and the ASC released anti-doping policy statements; they were almost identical. The statements contained provisions for the drug-testing of prospective Olympic competitors and measures to exclude from selection anyone breaking IOC

doping rules. Sanctions could include suspension for life from participation in AOF or Olympic competitions.

2.10 In June 1988 the AOF Secretary-General, Mr P. Coles, issued a memorandum advising all national sporting bodies that testing prior to selection would commence in January 1989. In November 1988 Mr J. Coates, then AOF Vice-President, stated that:

... the purpose of a strong doping policy such as ours is the deterrent element. It is not to catch athletes. (*Drugs in Sport Evidence*, p. 347)

2.11 Efforts to deter Australian athletes from drug use were strengthened with the establishment of the Australian Sports Drug Agency (ASDA) which was created:

To educate the sporting and general communities on health and fair play issues related to drug use in sport and to carry out an independent drug sampling and testing program on sports people at sporting events, during training sessions and out of competition. (*Australian Sports Commission Annual Report 1989-90*, p. 70)

The *Australian Sports Drug Agency Act 1990* specifies that the Australian Sports Drug Agency (originally recommended by the Senate Standing Committee in its 1989 *Interim Report on Drugs in Sport*) is:

... to encourage the practice of sport free from the use of drugs, in a manner consistent with the objectives of protecting:

- (i) the health of competitors; and
 - (ii) the values of fair play and competition; and
 - (iii) the rights of those who take part in sport...
- (*Australian Sports Drug Agency Act 1990*, s. 8(a))

with responsibility:

... to maintain an up-to-date schedule of drugs and doping methods, and permitted levels (if any) in relation to each drug or method, listed by the International Olympic Committee as drugs and doping methods in respect of which competitors may be tested, and to disseminate the contents of the schedule. (*Australian Sports Drug Agency Act 1990*, s. 9(1)(a));

Proscribed Drugs

Caffeine as a Doping Substance

2.12 The fact that Caffeine is a potential performance enhancer was responsible for its inclusion in the IOC list of doping substances in 1962. It was removed from the list in 1972, however, and reintroduced only after a study of 775 Belgian racing cyclists in 1982 found that:

... some professional cyclists were probably using excessive amounts of caffeine to help them in their races. (R. Gilbert, *Caffeine*, 1988, p. 80)

In 1982 the allowable level of Caffeine was set at 15 micrograms per millilitre (mcgs/ml). The IOC Medical Commission and national sporting organisations agreed that this level was 'quite reasonable'. It was adopted by the Medical Commission for the 1984 Los Angeles Olympic Games. Following tests at Los Angeles on cyclists known to have taken Caffeine in concentrated form but who nevertheless remained within the allowable limit, the IOC Medical Commission decided to lower the level to 12 mcgs/ml. This decision was approved by the Executive Board of the IOC and became effective from 1 January 1986. It remained the level for the Seoul Olympics.

Agreements and Briefings

2.13 In December 1987 the IOC Executive Board approved modifications to its *List of Doping Classes and Methods* which had been recommended by the Medical Commission's Doping and Biochemistry Sub-Commission when it met in Moscow in September 1987: diuretics and substances that alter the integrity of urine samples were banned. The revised list was forwarded immediately to national sporting federations throughout the world. The AOF had released its anti-doping policy one month earlier, advising all national federations on 10 November that their athletes would be obliged to sign an agreement to submit to a random test prior to selection for the Seoul Olympics. In line with this requirement, on 20 November 1987 and 2 May 1988 Mr Alex Watson signed agreements acknowledging the implications for his sporting career of breaching any of the rules contained in the IOC *List of Doping Classes and Methods*. The AOF agreement that Mr Watson signed on 20 November 1987 provided the penalty of lifetime ineligibility for selection in any Australian Olympic Team.

2.14 In August 1988 Mr Watson was among athletes intending to participate in the Seoul Olympics who were briefed about drug misuse by Dr B. Sando, the Australian Olympic Team doctor. Dr Sando advised that drug testing would occur in Seoul; according to the AOC, Dr Sando also stated that Caffeine ingested through 'normal' social intake of coffee, tea, cola drinks or chocolate would not result in a higher than permissible level of Caffeine. (*Evidence*, p. 89)

2.15 There remains some dispute about Dr Sando's exact words during the briefing. The Olympic pentathlon manager, Mr R. Barrie, set out his recollection of Dr Sando's briefing in a written statement to the AOF Executive Board:

During the course of the briefing Dr Brian Sandow [sic] ... stated that for any athlete to go over the Olympic limit set for caffeine would require him drinking a lot of coffee in a short time. I cannot remember his exact words but I believe he may have said 20 cups of coffee in an hour. When this statement was made Alex Watson was

approximately 3 to 5 seats away from me. (*Mr R. Barrie, Statement to the AOF Executive Board, Schedule 4.2 to AOC Submission No 48B, p. 3*)

And in his statement to the AOF Executive Board Mr Watson wrote:

I have been recently told that Dr Brian Sando in that speech stated that a competitor to exceed the Olympic limit would have to drink something like 20 cups of coffee in approximately one hour. I have no independent recollection of this. However, this statement is consistent with a later statement of Dr Sando made to me after my drug testing in Seoul. (*Mr A. Watson, Statement to the AOF Executive Board, Schedule 4.2 to AOC Submission No 48B, p. 6*)

While there is some disagreement about what Dr Sando may have said, *the most significant issue for Mr Watson is what he understood Dr Sando to have said about Caffeine* at the briefing. Crucially, Mr Watson left the briefing without a proper understanding about the amount of coffee that could be consumed:

At no stage prior to that was I aware of the effects of caffeine nor was I aware of the methods in which the Olympic limit could be reached, nor was I aware of the effects until after 19 September as I cannot recall Dr Sando's remarks... I was certainly aware after hearing Dr Sando that caffeine was a banned substance but thought that at this Olympic level [it] could only be reached by deliberate use of caffeine in the form of tablets or suppositories which I have never used. (*Mr A. Watson, Statement to the AOF Executive Board, Schedule 4.2 to AOC Submission No 48B, pp. 6-7*)

Accordingly, it is notable that the AOF briefing attempted to cover all proscribed substances including Caffeine, and Mr Watson knew that Caffeine was (quantitatively) a banned substance.

