

**SECTION III**

**SPORTS AND THE DRUG PROBLEM**



## CHAPTER FIVE

### 'PROFESSIONAL' SPORT

#### INTRODUCTION

##### Background

5.1 At Recommendation One the Interim Report recommended that a meeting of Commonwealth and State Ministers responsible for sports and health matters be held to consider matters raised in the Report. And at Recommendation Five, the Interim Report recommended that this meeting:

- (i) develop in consultation with relevant sporting organisations appropriate funding and charging policies for the Australian Sports Drug Commission, particularly in regard to professional sports and international competitions in Australia;
- (iii) investigate mechanisms through which professional sporting organisations can be encouraged to adopt drug testing programs designed by the Australian Sports Drug Commission and be subject to the decision of the appeals tribunal;
- (iv) agree that it be a precondition of any sporting organisation receiving government funding that it adopt standard penalties of a two year suspension from competition for a first offence and a life ban for any subsequent offence. (Interim Report, p. xxxvii)

Further, at Recommendation One the Interim Report recommended that 'professional' sporting bodies be encouraged to adopt the same definition of doping as used by the International Olympic Committee's List of Doping Classes and Methods. That Recommendation prescribed that 'professional' sports subject

themselves to the drug testing arrangements described in the Report. (Interim Report, p. xxxii)

5.2 The Interim Report also recommended at Recommendation Four that the Sports Drug Commission adopt a mix of testing policies including Competition Testing, Random Testing and Targeted Testing. A summary of the advantages and disadvantages of the three regimes was provided in Table 3.1 of the Interim Report and is reproduced below.

**TABLE 3.1**  
**ADVANTAGES AND DISADVANTAGES OF DIFFERENT**  
**DRUG TESTING REGIMES**

**A. Competition Testing**

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

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- . Does not deter steroid abuse

**B. Random Testing**

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

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- . May waste testing funds in low risk areas

**C. Targeted Testing**

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

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- . Opens testers to allegations of bias and favouritism

5.3 Following the tabling of the Interim Report the Government began to prepare legislation to establish the Australian Sports Drug Commission and formed the Australian Sports Drug Agency as an interim measure. The ASDA immediately began testing programs along the lines recommended in the Interim Report to minimise drug use by Australian athletes leading up to the Auckland Commonwealth Games. It also commenced negotiations with 'professional' sports bodies to determine if testing programs could be initiated by the ASDA on a user-pays basis.

5.4 The Committee resolved to conduct hearings with a number of the key 'professional' sporting bodies to determine what progress was being made with these negotiations. The Committee had a wide range of 'professional' sports to choose from when considering its priorities for hearings. Mr Don Talbot, former Chief Executive of the Australian Institute of Sport, told the Committee that:

It would be a fatal error to exclude any sport if the inquiry is to look at the whole drug scene. (Evidence, p, 1604)

5.5 Sydney doctor Tony Millar told the Committee that with regard to anabolic steroids, he had 'seen it in league and union; I have seen it in Australian Rules, American football and in soccer. I have seen it in cricket, tennis, in track and field and in swimming'. (Evidence, p. 230) And, according to an article 'Steroids, the way it is' written by a 'prominent Australian athlete' who has 'competed successfully at an international level' and published in The Pump magazine:

Amongst bodybuilders and powerlifters it would be fair to say that 98 per cent of men use them, at ALL levels of competition, and up to 80 per cent of women at national and international levels. If this sounds a little incredible, go into any gym and ask the local drug pusher who he is selling gear to. The people he'll point out will astound you. Not just competing lifters and bodybuilders, but ordinary people who just want 'to get big', and believe me, they come in all shapes and sizes ... Some of (the sports) involved

include footballers, rugby players, cyclists, track and field athletes, swimmers, martial arts exponents, basketballers, hockey players, gymnasts, in fact almost any sport where speed, power, strength and endurance are needed. (The Pump, December/January, 1987/88, p. 68)

5.6 Given the limited time available for public hearings, the Committee resolved to select four 'professional' sports for close scrutiny: Australian Rules Football, Rugby League, Soccer and Basketball. The criteria used for the selection of these sports were as follows:

1. Their vulnerability to the use of sporting drugs.
2. Allegations raised in the Interim Report about the use of sports drugs.
3. An assessment of likely increases in the popularity of the relevant sports and an associated increase in financial pressures to use performance enhancing drugs.
4. The expenditure of public money on these sports (e.g. Soccer and Basketball).
5. The use of public resources (such as ovals, venues) by these sports.
6. Overseas trends in these sports relating to drug use and the risk of importing these trends through players and coaches.
7. The possibility of players from these sports being selected to represent Australia at Olympic level competition (Soccer and Basketball).
8. The extent to which 'stars' in these sports are used as role models by young athletes (e.g. Wally Lewis).

5.7 Before proceeding with an analysis and discussion of the four sports, two additional factors need to be canvassed: the concept of 'professional' and 'amateur' sports and the related concept of uniform penalties.

5.8 Previously the term 'professional' was used to discriminate between 'amateur' (Olympic) sports which involved intermittent competitions and 'professional' sports which involved regular, season-long (team) events attracting a system of payment involving fixed payments and bonuses. The word 'amateur' has been normally defined to mean a sportsperson who participates without payment as a pastime; whereas a 'professional' sportsperson is defined as someone who participates in a sport full-time as a regular occupation.

5.9 The dictionary definitions have been overtaken by television rights and private sponsorship. However, it was beyond the Committee's terms of reference to delve into this definitional problem in detail. In any event, the truth would be difficult to uncover behind promotional exaggeration of prizemoney and taxation-related understatement; quite apart from additional complications involving appearance money, travel, accommodation, end-of-season 'tours' and employment which primarily involves the company use of a prominent sportsperson's name to promote the employer.

5.10 It is, however, directly relevant for the Committee to consider payments when making decisions concerning the financial incentive to use performance-enhancing drugs and the concept of differential penalties for drug-taking in 'amateur' as opposed to 'professional' sport.

5.11 For example, what penalty has the amateur Ben Johnson suffered for his positive drug test at the Seoul Olympics? Estimates vary, but Johnson is reported to have lost \$20 million in potential earnings. Even before the 1988 Olympics he was commanding a \$30,000 appearance fee to run and had a \$2.5 million five-year contract with an Italian clothing company. He is

currently reported to be planning a \$4.08 million match race with US sprinter Carl Lewis to be run in Barcelona on September 25, 1990, two days after the end of his two-year ban for taking anabolic steroids. (The Sun, 29 January, 1990)

5.12 Another amateur, the Australian marathon runner Lisa Martin is reported to have foregone up to \$200,000 (for competing in the Osaka marathon) to represent Australia at the Auckland Commonwealth Games. (The Courier Mail, 1 February, 1990)

5.13 The sprints and the marathon, of course, are regarded as the glamour amateur events and attract considerable sponsorships. Other amateur events usually attract lesser payment in proportion to their popularity with television audiences and the marketing skills of individual athletes.

5.14 In the 'professional' sports, a top-grade 'professional' Rugby League player in the Sydney competition, if suspended for two years, would lose some \$200,000 in income, perhaps more if he also intended playing in the northern hemisphere season. The relevant club would also lose a considerable investment. But these amounts are minimal compared with the amounts lost by amateurs suspended from the popular amateur sports.

#### Penalties: Amateur v. 'Professional'

5.15 Logically, therefore, if financial loss is considered to be the major determinant of the length of suspension, a one week suspension for a world class amateur marathon runner or sprinter such as Ben Johnson could equate roughly to a two-year suspension for a 'professional' Rugby League player.

5.16 Clearly, then, financial considerations are hopelessly inconsistent and impractical when considering periods of suspension. The Committee therefore concludes that penalties imposed for drug-taking in 'professional' sports should approximate those imposed for amateur sports: two years for a first offence and life for a second offence.



5.17 In addition, the Committee concludes that penalties imposed in any one sport - amateur or 'professional' - should be respected by all sports. This would prevent the problem of suspended amateurs flouting their suspension by securing employment as 'professionals'. Canadian Ben Johnson for example was allegedly offered lucrative contracts to play 'professional' Gridiron football in the United States during his suspension. It would also prevent suspended amateurs taking up a non-Olympic amateur sport or suspended 'professionals' moving from one 'professional' code to other comparable 'professional' sports.

5.18 The Committee considers that anabolic steroids and stimulants are the major drug threats for 'professional' sport. This Chapter, therefore, concentrates on those drugs.

## **SOCCER**

### **Background**

5.19 The Australian Soccer Federation (ASF) is the parent body of the State soccer federations, and also operates the National Soccer League of Australia (NSL). The NSL includes Clubs from NSW, Victoria, South Australia and Queensland, which compete on a semi-'professional' basis. The ASF received a grant of \$100,000 in 1987/88 from the Commonwealth Government's Sports Development Program.

### **Relevance of Performance Drugs**

5.20 Among the popular football codes in Australia, soccer would involve the least body contact. Accordingly, some have argued that there is little point in taking drugs to develop body weight for that purpose. Dr Corrigan from the Australian Soccer Federation suggested:

I do not think there is any purpose in soccer players taking anabolic steroids. (Evidence, p. 2796)

Nevertheless, Dr Corrigan later qualified this judgement when he advised:

I do not believe that soccer players, except maybe a couple of the people up the back, are relying on bulk. (Evidence, p. 2798)

5.21 Dr Corrigan's qualification is supported by the case of Alistair Edwards. In September 1987 Mr Edwards' A sample was tested positive for nandrolone while he was a soccer scholarship holder at the AIS. Nandrolone (Durabolin and Deca-Durabolin) is an oil-based anabolic steroid that can be taken only by injection; it continues in the system for many months. (In this case the B sample tested negative for unknown reasons.) (Evidence, p. 2792)

5.22 Of course, weight gain is not the only purported benefit of anabolic steroids. The Deputy Chairman raised the question of 'power' with Mr Brusasco, then Chairman of the Australian Soccer Federation. However, Mr Brusasco did not accept that there was an advantage to soccer players from anabolic steroids for that purpose. (Evidence p. 2796) This kind of view was presented to the Committee throughout the inquiry. However, the Committee also received extensive evidence relating to lower steroid doses providing reductions in recovery periods for athletes undertaking heavy training loads. And the Committee repeats the suggestion by Mr Don Talbot, former Chief Executive of the AIS, which appeared in the Interim Report:

It would be a fatal error to exclude any sport if the inquiry is to look at the whole drug scene. (Evidence, p. 1604)

5.23 Another purported application for anabolic steroids is for injury recovery. Dr Corrigan considered:

I do not believe that there is any role for steroids to play in the treatment of injuries. I do not believe there is any evidence that shows that they have any value. There are a few people who say they use them, which is a

separate argument but they are not using them because they know they work ... I think if you are using steroids to treat an injury, it is an excuse. (Evidence, p. 2797)

5.24 While the Australian Soccer Federation representatives denied the applicability of anabolic steroids to their sport, they admitted that amphetamines could be useful; Dr Corrigan suggested:

I do not see the advantages to a soccer player of anabolic steroids, whereas I could see the benefits of the amphetamines or something. (Evidence, p. 2796)

Dr Corrigan agreed with the Chairman that any testing program in soccer could effectively concentrate on amphetamines. He confirmed, however, that:

in the off-season at training programs, it would be worth while doing some test[s] for anabolics. They are not that silly. I do not think that during a season to try to do a lot of tests on anabolics would be worth it. (Evidence, p. 2798)

5.25 The Committee considers that drug testing in soccer would be prudent both in season and during the preseason. This is because anabolic steroids could be taken preseason to build up greater strength and power for the coming season; and anabolic steroids could be taken during the season to assist injury recovery and improve endurance. Testing for amphetamines, however, would be necessary only during the season, on the day of a match or the following day.

### Drug Testing Regime

#### Policy

5.26 The Australian Soccer Federation and its affiliated members have adopted the Australian Soccer Federation (ASF) Doping Policy. Mr Brusasco advised the Committee that this Doping Policy would be incorporated in the ASF articles of association

at its annual general meeting. When asked whether the policy was implemented, Mr Brusasco advised that:

All the members, all the State federations, the National Soccer League and all our members have been advised that this policy has been approved by the commissioners and is now policy. (Evidence, p. 2791)

5.27 With regard to player consent to testing, Mr Brusasco advised:

The players sign that they will abide by the rules and regulations of the Australian Soccer Federation ... once it is in our memorandum and articles players are governed by the rules of FIFA. We have to follow its rules and they have to abide by our rules. (Evidence p. 2791)

Apparently, then, soccer players do not need to sign consent forms or have contracts rewritten to be subject to the ASF Doping Policy. (Players using government facilities or eligible for Olympic teams would have to sign AIS or AOF consent forms respectively.)

#### **Doping Provisions and Penalties**

5.28 The ASF has adopted the doping practices and doping agencies that are prohibited by the International Olympic Committee (IOC). (Evidence, p. 2787) Essentially, under the ASF Doping Policy players found to have contravened the doping provisions will be suspended from all competitions for a period of:

- . two years for a first offence;
- . life for any subsequent offence. (Evidence, p. 2788)

#### **Frequency of Tests**

5.29 Importantly, while having a Doping Policy with adequate provisions and penalties, the ASF representatives were vague

about the number of tests that were envisaged. Mr Brusasco advised:

I think any testing would be terrifying to players. If you started testing and you did a half a dozen tests, I think it would terrify players because for a lot of them it is not a big income but they are depending on that income. (Evidence, p. 2800)

However, Dr Corrigan and Mr Brusasco did not appear to have formulated a view on the number of tests to be carried out. Dr Corrigan suggested that:

in a year you would need a minimum of 100,

on which Mr Brusasco commented:

That is a lot of tests. (Evidence, p. 2800)

At the time that the ASF representatives appeared before the Committee (1 November 1989), no tests had been undertaken. (Evidence p. 2791)

#### Co-operation with ASDA

5.30 The ASF did confirm, however, that the Australian Sports Drug Agency (ASDA) would conduct all tests. The Agency would control the selection of athletes and scheduling of tests. (Evidence p. 2800-1) Mr Brusasco advised:

The Australian teams have never been worried because you have to remember that we have participated in the FIFA-controlled competitions in which you get random testing. Our Australian teams are quite used to that. (Evidence, p. 2802)

5.31 The ASF representatives advised that the cost of testing would be covered by the National Soccer League:

It is run by a sub-committee of the Australian Soccer Federation. It finances itself and it

would be asked to pay for the testing. That means the clubs. (Evidence, p. 2800)

Nevertheless, Mr Brusasco indicated that the ASF would be seeking financial support from the Australian Government for its drug testing program. (Evidence, p. 2805)

## **BASKETBALL**

### **The National Basketball League**

5.32 In its submission (No. 73), the NBL advised:

The National Basketball League began operation in 1979 as a group of ten local clubs representing domestic basketball associations. In 1982 the League began to operate under the corporate umbrella of the Australian Basketball Federation, albeit as an autonomous body. In 1989, the League was incorporated in its own right as NBL Management Ltd with fourteen equal shareholders, being the thirteen existing clubs and the Australian Basketball Federation. The clubs, themselves, are now all separately incorporated entities whose ownership structures vary from private ownership to ownership by a state basketball association. The League operates under a Participants Agreement which establishes the administrative structure for the League and NBL Rules and Regulations which deal with the physical operation of the competition.

At the moment the League has 156 registered players - twelve per team. Of these roughly at any one time 20-25 are Australian national team squad members for various training camps while twelve eventually make any Australian team. These players are responsible to the Australian Basketball Federation, a member of the AOF, as far as the drug restriction rules are concerned and must sign a document with the ABF agreeing to be random drug tested. Basketball is, of course, an Olympic sport.

### **Relevance of Performance Drugs**

5.33 Mr Bill Palmer, General Manager of the National Basketball League advised the Committee that at the international level there was not a recognised drug problem in basketball:

there has never been a problem in the sport to my knowledge, certainly not at the international level ... FIBA has been testing randomly for some time and there has never been a positive return. (Evidence p. 2771)

5.34 Further, Mr Palmer claimed that, because weight gain was not 'terribly important' to a basketballer, anabolic steroids are probably not an aid in the sport:

I am not too sure whether it has been shown that anabolic steroids are any aid to a basketball player at all, given the nature of the game. I do not know that. We are delving into scientific reasons but I suspect steroids are not an aid. Weight gain is not terribly important for a basketball player. (Evidence p. 2778)

5.35 The Committee has received this kind of view from the representatives of several sports. It has already been noted that Dr Corrigan made a similar claim for soccer although he subsequently admitted that some players could employ bulk in particular positions. The Committee has two comments on Mr Palmer's claim that anabolic steroids are unlikely to be an aid in basketball given the nature of the game, and that weight gain is not terribly important in basketball. First, even in sports where weight gain is not a significant factor, athletes are being found positive for anabolic steroids. For example, France's number two squash player Julien Bonetat has failed two tests on a sample taken after the French championships in May 1989. An independent test was carried out after the first proved positive. (AFP Report, 29 December 1989) Second, and more directly relevant to Mr Palmer's evidence, the Committee is unconvinced that weight is not an important relevant factor in basketball. A recent statement by the Chairman of the Board of the Canberra Cannons confirms this view. In commenting on the loss of a player to another club, Mr Peter Higginson was reported in a press article to have said:

His departure leaves us a little lacking in height but we have more than made up for that

in bulk. (The Canberra Times, 22 December 1989, p. 16)

5.36 Further, the inquiry has received evidence of the use of anabolic steroids to assist athletes in injury recovery. Basketball is not insulated from this practice. The Committee was advised during in camera evidence of the administration of anabolic steroids allegedly for therapeutic purposes on two occasions at the Australian Institute of Sport. Both athletes were basketballers. (In Camera Evidence p. 680) The Interim Report noted:

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

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

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

### 'Recreational' Drugs

5.37 The clubs associated with the NBL continue to draw on the United States for talented and experienced players. Numerous American basketballers are currently under contract to NBL clubs. The Committee is concerned about reports of basketballers in the



United States who use recreational drugs such as cocaine and heroin. The Celtics contracted player, Len Bias, died in the United States from a drug overdose. The Committee is aware that basketballers contracted from overseas may bring with them a lifestyle that includes recreational drug use. The Australian Sports Medicine Federation Survey of Drug Use in Australian Sport published the comment of a 26 year old basketballer on sports drugs:

Doesn't appear prevalent in Tasmanian basketball - drugs taken by some American basketballers in this state are of a different nature, eg, dope.

5.38 It is not only the acceptance of an imported drug culture in basketball that is of concern. As the salaries of basketballers continue to rise in Australia, so Australian basketballers will begin to have the disposable incomes that make the American basketballer lifestyle possible. And this can include recreational drugs. Mr Palmer stated:

There is no question that that is a potential problem as the disposable income of our players gets greater and greater. It is not very great for most of the players at the moment but, nevertheless, it could and I suppose it is not impossible that that problem could translate across the Pacific. (Evidence, pp. 2779-80)

#### Drug Testing in Basketball

5.39 In its submission to this inquiry the National Basketball League (NBL) advised that the honorary medical officer of the Australian Basketball Federation (ABF):

is drawing up Basketball's policy in regards to drugs ... It is anticipated that both the NBL and the ABF will share a common policy. (Evidence, p. 2761)

Mr Palmer tabled Draft No. 2 of the ABF Doping Policy on 1 November 1989. (Evidence, p. 2765-7) Mr Palmer anticipated that

the drug testing regime would be established for the start of the 1990 season:

at the end of March everything should be pretty well set up. (Evidence, p. 2775)

Prior to 1990, of course, basketballers playing for and against the Canberra Cannons at the Australian Institute of Sport in Canberra have been liable for drug testing under the AIS policy of random testing for all users of the facility.

5.40 The draft NBL Doping Policy allows for:

doping controls which shall be conducted by the ABF Medical Commission, the FIBA Medical Commission, the Australian Sports Drug Agency or body as delegated by the ABF in conformity with the rules from time to time of the IOC Medical Commission. (Evidence, p. 2765)

'Doping' as stipulated in the Policy:

shall have the same meaning as determined from time to time by the International Olympic Committee. (Evidence, p. 2765)

5.41 In evidence Mr Palmer confirmed that the NBL would have no objection to drug testing being carried out by an independent agency. (Evidence p. 2769)

5.42 The NBL submission advised that the standard player contract provided at 2.9.2:

That if required, at the sole discretion of the AOF, ASC, ABF, NBL, the club or the Australian Government Drug Testing Authority at any time undergo a test or tests to provide a sample which may be analysed to determine whether or not he has taken or used drugs or stimulants or participated in other practices prohibited by the above bodies. (Evidence, p. 2762)

Nevertheless, the Committee has noted that the NBL submission does not refer to targeted testing. Rather, it specifically states:

This standard contract anticipates the possibility of random drug testing. (Evidence, p. 2761)

5.43 The Committee considers that the NBL should include specific reference in its drug testing policy and player contracts to targeted testing. The Interim Report (p. 95) noted that targeted testing has the advantage of enabling testers to follow up complaints and to test specific athletes. The NBL policy should include both random and targeted testing.

### Penalties

5.44 The draft ABF Doping Policy provides for the penalties specified in Recommendation Five (iv) of the Interim Report:

a two year suspension from competition for a first offence and a life ban for any subsequent offence. (Interim Report, p. xxxvii)

In addition, the NBL policy provides a three month suspension for inadvertent banned drug use. (Evidence p. 2766) This is consistent with Recommendation Five (v) of the Interim Report:

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

### Cost of Testing

5.45 The ABF draft Doping Policy does not make reference to the financial obligation for drug testing. In referring to testing by an independent agency, however, Mr Palmer commented:

I am not too sure about the user pays principle. That causes us some concern because we have not really costed something like that, but certainly we have no objection at all to random drug testing. (Evidence, p. 2769)

Mr Palmer pointed out that the NBL did not have the financial resources of the Rugby League or the VFL. (Evidence, p. 2771) However, in response to the Chairman's suggestion that the NBL testing regime would involve about 100 tests at a cost of about \$15,000 per year Mr Palmer responded:

That would be within our range. (Evidence, p. 2772)

### Enforcement

5.46 The ability of drug testing regimes to be enforced is one of the Committee's major concerns. Mr Palmer advised that the NBL had recognised that, with regard to random testing:

The problem that we have recognised is the legality of doing so as far as the players are concerned, because in the National Basketball League we had no set of legal structures that would require a player to submit to random drug testing. (Evidence, p. 2769)

Mr Palmer confirmed that:

we are working through contracts at the moment, and through the effluxion of time everybody will end up having to sign that contract - there are existing contracts. We are looking also at making that part of the annual registration that all players have to do, whereby they agree to abide by the rules of the League, and that is probably another method that we could facilitate to allow for random testing as early as next year. (Evidence, p. 2770)

Mr Palmer further advised:

that the clubs have agreed to the standard player contract which contains those clauses

indicates that they have no problem with random testing. (Evidence, p. 2774)

## **RUGBY LEAGUE**

### **Background**

5.47 NSW Rugby League Limited (NSWRL) is a private company which operates Australia's primary rugby league competition. Teams are drawn not only from Sydney and other NSW centres but also from Queensland and the ACT. The company's principal sponsor is the Rothmans tobacco company, maker of the Winfield brand; the competition is accordingly entitled the Winfield Cup. The Commonwealth Government does not provide financial assistance to such 'professional' codes; there is no financial leverage for the NSWRL to comply with Commonwealth policy on issues such as drugs.

5.48 Participants in the sport are paid, although most are employed only in a part-time capacity. The players are contracted to a Club and to the League, often on a season-by-season basis, although longer term contracts are offered to 'star' players. Registration provides for players to be subject to prescribed drug testing.

### **Relevance of Performance Drugs**

5.49 Rugby League has some experience with players who have used drugs to enhance performance. During a semi-final match in the 1984 Sydney competition between South Sydney and Manly, there was a report of amphetamine use by Souths players. Darren McCarthy was reportedly put on a drip and was quite seriously ill as a consequence of an amphetamine overdose. (Evidence, pp. 2750-1)

5.50 The extent of stimulant abuse in Rugby League was demonstrated in a poll conducted by the magazine Rugby League Week in August 1989. In a confidential poll of 100 first grade players, twenty-five per cent answered in the positive to the

question 'Are stimulants or steroids used by players to enhance performance?'. (Evidence, p. 2737)

5.51 With regard to anabolic steroids, the Committee received evidence from a medical practitioner who had prescribed steroids to an aspiring Rugby League player. Dr Kevin Hobbs who, somewhat ironically, had conducted drug testing at the Lang Park Rugby League facility, advised that he had provided one prescription for 'a weed' who was going to play in New South Wales. (Evidence, p. 2617) Dr Hobbs confirmed that the player would not take the steroids during the season when he was likely to be caught; he would take them in the off-season. (Evidence, p. 2618) Dr Hobbs also advised the Committee that he provided the steroid prescription on the advice, by telephone, of Dr Tony Millar. While Dr Hobbs was unable to recall the doses that he prescribed and was uncertain about the name of the anabolic steroid, he was confident to have provided the prescription on the 'say-so' of a doctor that he respected. (Evidence, p. 2623)

5.52 The Committee also heard evidence from a former Rugby League player who had taken an eight week course of anabolic steroids over the off-season between 1976 and 1977. Mr Graham Olling played for Australia and has coached the Brisbane club Redcliffe. He explained that, having moved from the second row to the front row, he wanted to increase his weight by half a stone. (Evidence, p. 2573) Mr Olling's course was very light by comparison with the dosages consumed by most contemporary athletes who take steroids; he took up to 10 milligrams per day of Dianabol tablets whereas some athletes are consuming more than 200 milligrams per day. (Evidence, p. 2575) Mr Olling explained that, in fact, he gained more weight after stopping the steroid course and assuming a different style of training. (Evidence, p. 2576)

5.53 Mr Olling confirmed, however, that while his weight increased by only half a stone following the course of steroids, another player known to him had put on three stone using anabolic

steroids. Mr Olling suggested of the former Parramatta player, Brad Williams:

if you saw Brad before he took the steroids, he was like a feather. (Evidence, p. 2578)

5.54 Mr Wally Lewis who has captained the Australian Rugby League team, advised that he had no personal knowledge of players using either anabolic steroids or amphetamines:

No, none whatsoever. The only one I have heard of is Graham Olling - this was a number of years ago - who admitted to using steroids in an effort to build himself up to play in the Sydney premiership. There have been a lot of other whispers which people have heard along the way and they seem to be rather suggestions of jealousy: 'Gee, that club must be using steroids - look at the size of those guys'. It is impossible for me to say whether or not they are using steroids, just due to their sheer size, because they might just be exceptional trainers and guys who have dedicated themselves to training to be very successful in the particular game that they play for a period of four or five months before the season. Also they might be naturally well-built guys before they started their body building program. As I said, there are obvious suggestions of use, but none that are known. (Evidence, pp. 2563-4)

5.55 Mr Lewis' advice that there was little evidence of drug taking in Rugby League was shared by the NSWRL general manager, Mr John Quayle. Mr Quayle advised that the NSWRL initiated a drug testing program in 1986:

In some 360 tests we have not had any sign whatsoever of positives for steroids or other drugs. We have only had two positive tests that relate to medicines given to individuals. (Evidence, p. 2734)

And in response to the question whether Rugby League is a sport likely to be conducive to the temptation to use anabolic steroids, Mr Quayle responded in the negative:

I think that there are too many athletes playing the game of rugby league at the top level that pride themselves in their personal fitness and participating in a team sport, rather than using a substance. I would be very confident that, certainly at top level, that is not the case. I do not think we, as a sport, are naive enough not to know that there are problems in the younger area of the player aspiring to be a rugby league player, which is not within our control. But I think our policy from the 1990s will rectify any problems that may be there, if they are. (Evidence, p. 2732)

5.56 The Committee notes that the confidence expressed by Mr Quayle that senior players are unlikely to be tempted to use anabolic steroids is not shared by the leading coach, Mr Jack Gibson. Mr Gibson published an article in Rugby League Week which suggested:

People, and we can't dismiss league footballers here, take steroids because they think steroids make you a better athlete. (Evidence p. 2745)

Further, the accomplished front-rower Mr Peter Tunks wrote in Rugby League Week of 8 March 1989:

sadly I suspect some players are going outside the normal bounds of physical application to get that extreme size and strength. I know its a dirty word at the moment but I'm talking about steroids. (Evidence p. 2744)

The Committee considers that a combination of factors render quite significant the temptation to use anabolic steroids at the elite level in Rugby League. These factors are:

- . the need for strength, speed, size and aggression;
- . the financial and other rewards at the top level of Rugby League.



## Rugby League's Drug Control Regime

### NSWRL Policy

5.57 Following the amphetamine incident in the 1984 semi-final match between Manly and Souths, the NSWRL to its credit acted to confront the issue of drug taking in Rugby League. A meeting was called for December 1984 involving all Sydney Club secretaries, coaches and assistant coaches. Among other issues the meeting was to consider drug use by players; the NSWRL general manager prepared a report on the allegations of stimulant use. (Evidence, p. 2748) Subsequently, the NSWRL set up a program of random drug testing for the Winfield Cup Competition:

NSW Rugby League was the first professional sport in this country to decide on its own initiative, after a meeting with club officials, coaches and players, to implement a random drug testing policy document. That was implemented in 1986. (Evidence, p. 2710)

5.58 Mr Quayle advised the Committee that, following discussions with the Australian Sports Drug Agency, the NSWRL has implemented a new drug testing policy document for 1990. Mr Quayle advised that the new (1989) document, which was provided to the Committee, allows for:

- . the testing of younger players such as the 17 year old players in the Jersey Flegg competition;
- . testing in the off-season; and
- . testing at training sessions during the week as well as on match day. (Evidence, p. 2711)

Drugs tested for in the NSWRL policy are those on the International Olympic Committee list of banned drugs. (Evidence, p. 2714)

5.59 The Committee commends those aspects of the 1989 NSWRL drug testing policy that enable the testing of younger players and provide for testing in the off-season. The potential for younger athletes to be tempted to use performance drugs has been of concern to the Committee. And, the Committee has been advised that testing for anabolic steroids in Rugby League players would be most relevant to the off-season. (Evidence, pp. 2582-85)

5.60 Mr Quayle further advised that the NSWRL had accepted that about 200 random tests would be performed annually for the A-grade competition and the Winfield Cup. (Evidence, p. 2719) Mr Quayle also confirmed that the NSWRL was happy to leave player selection in the hands of the Sports Drug Agency. (Evidence, p. 2720) Importantly, as with selection for drug tests in the NBL, the NSWRL policy needs to specify that targeted testing will also be part of the anti-drug program.

5.61 It was suggested to Mr Quayle by the Committee Chairman that, where players were disciplined during the course of a game, a drug test could be conducted during the following week. Players liable to such testing would have displayed persistently over-aggressive behaviour resulting in being sent from the field; the ASDA could determine a system. Mr Quayle confirmed:

I would think that in discussion with it if it felt that that was necessary or wished to do it that would be approved by us. (Evidence, p. 2721)

In this regard, the Committee notes that the NSWRL Random Drug Testing Programme Policy Statement 1989 provides:

Players may be asked to present themselves for testing on the Monday night following their game. (Evidence, p. 2716)

The Committee understands that this means that testing could be performed on the day after a competition game for both anabolic steroids and amphetamines. There is no need to have drug testing officials present at every game.

5.62 In summary, then, for 1990 NSWRL drug testing will cover all grades from Jersey Flegg onwards, will entail about 200 tests, proscribes the IOC banned list of drugs, will include off-season testing, and tests will be supervised by the ASDA. Those targeted for testing, subject to discussions with ASDA, may include players sent from the field for persistent over-aggressive behaviour. The Committee approves of all these elements.

#### Penalties for Prohibited Drug Use

5.63 The 1989 NSWRL policy document in referring to the consequences of a positive drug test states only:

The Drug Control Committee will have sole responsibility for action against a player for a first offence through the Club's doctor. A second offence would require a report to the Board of Directors of the NSWRL. (Evidence, p. 2718)

During public hearings, Mr Quayle was questioned about penalties. Mr Quayle responded:

Again I would have to say that we would have to consult after your recommendations in conjunction with the drug committee. In relation to penalty I would see in the first instance that that would be a little lenient. A player can be suspended for three months through an incident on the field of play. If it was considered and he was found positive for using a particular drug, especially to improve his performance, I would consider that the penalty should be much bigger. When you say that you are giving a person suspension for a year, that is a season of rugby league and that is a considerable cost, not only to the player but certainly to the club. I would see those penalties within guidelines that would be acceptable to our organisation. (Evidence, p. 2728)

The Chairman enquired whether there should be a comparable set of penalties between the 'so-called amateur sports and the so-called professional sports'. Mr Quayle agreed. (Evidence, p. 2728)

5.64 The Committee considers that the NSWRL has acted expeditiously to establish a drug testing policy. Further, the NSWRL has demonstrated the extent of its concern about this matter by committing considerable funding to it since 1986. Nevertheless, the Committee is concerned that the drug policy document does not specify the penalties to be imposed in the event of positive drug tests. Without the establishment of adequate penalties, the policy document may not amount to a sufficient deterrent against proscribed drugs. Mr Wally Lewis supported the imposition of heavy penalties for this reason:

Obviously, the penalty has to be as big a deterrent as possible to try to get them out of the problem. I would support any system that went along; the heavier the better.  
(Evidence, p. 2568)

In commenting on the NSWRL policy of counselling for a first drug offence, Mr Lewis suggested:

I do not know whether I believe that is a big enough deterrent first-up. I believe it is an open-ended deterrent. You are saying: 'Do not do it, but if you do we are not going to do anything to you. We are going to hand you over to somebody who is going to say, "Do not do it again, and can we give you some sort of help?'. I believe if it is going to be illegal to use them - which it obviously is - there has to be some major deterrent first-up.  
(Evidence p. 2569)

Mr Quayle suggested that a twelve month penalty would be substantial, and the Committee notes Mr Lewis' support for a 'major' deterrent. Given Mr Quayle's agreement that penalties should be comparable between amateur and 'professional' sports, the Committee considers that the NSWRL should follow Mr Lewis' advice and impose a two year suspension for a first offence and life ban for any subsequent offence.

## The NSWRL Player Contract

5.65 The NSWRL Random Drug Testing Programme Policy Statement 1989 stipulated (p. 3):

The official NSWRL Registration Form that all players must sign indicates that if selected they will agree to undergo the prescribed drug tests as laid down by the League. (Evidence, p. 2716)

This repeated the provision in the 1986 document. (Evidence, p. 2706) And Mr Quayle advised:

I would also like to add that any player who registers to play the game at grade level must, as part of his registration, personally sign an agreement; and part of that agreement also says that he agrees to undergo the prescribed tests as laid down by the NSW Rugby League Drug Control Committee if requested to do so. Any player registered with our competition signs that registration form. (Evidence, p. 2719)

Mr Quayle went on to explain:

That is the actual Winfield Cup competition: any player from the Presidents Cup - which is the 21-year-olds - to first grade. (Evidence, p. 2719)

Mr Quayle did not indicate, however, the way in which the younger players involved in the Jersey Flegg and S.G. Ball Cup Competitions would be obliged to consent to drug tests. Paragraph 5.58 of this Chapter has noted that the 1989 NSWRL drug code provides for the drug testing of the younger players.

## Cost of Testing

5.66 Mr Quayle confirmed that testing had been carried out in an Australian laboratory, but that:

when the Queensland hospital lost that accreditation, it was left individually to the

sports to have their tests done in Los Angeles. Our sport continued to carry that out, but at a cost of about \$480 per test. (Evidence, p. 2711)

5.67 The Committee was advised by Mr Quayle that, from 1986 to 1989, the NSWRL had spent approximately \$22,000 on drug testing; \$30,000 was budgeted for 1990. (Evidence, p. 2725)

#### Run-on, Run-off Replacements

5.68 The Committee understands that the NSWRL experimented during the 1990 pre-season competition with the practice of run-on, run-off reserves. The objective was to prevent a risk to the health of players, particularly the big forwards, of playing in the heat prevailing at the time of pre-season matches (February). The idea is that players may be replaced by a limited number of run-on reserves. In effect, many players would not play for the full duration of the match:

The rule will allow a coach repeatedly to substitute his 13 players and four reserves effectively turning the game into a 17-a-side affair. (The Courier Mail, 8 January 1990)

5.69 While the Committee understands the reasons for this development in Rugby League, it does not welcome it. If extended into the normal playing season, it is a development that could lead to forwards concentrating exclusively on bulk at the expense of fitness and being tempted to use anabolic steroids in the off-season for that purpose. The Committee is concerned about developments in any sport that would increase the temptation to use performance drugs. It would be preferable for the NSWRL to trial other methods of dealing with this problem. That could include holding all pre-season games in the evening, and shortening the length of the quarters for these games. Further, a longer break at half-time could be utilised.

## Summary

5.70 In general the Committee has been impressed with the past practice of the NSWRL in responding to the performance drug threat to Rugby League. The Committee also considers that, with one reservation, the NSWRL drug code provides a model for other professional sports. The reservation is that the code should specify the penalty regime that is to apply.

## AUSTRALIAN FOOTBALL LEAGUE

### Relevance of Performance Drugs

5.71 The Committee was presented with a picture from AFL representatives similar to that provided by other professional sports - that there is little or no application for performance enhancing drugs in the code. In the case of the AFL these assurances came from a Club doctor, a current player who is also President of the AFL Players Association, and from the Chairman of the AFL Commission. For example, Mr Simon Madden, the AFL player, claimed that skill is the major measure of a player. (Evidence, p. 3576) His view was strikingly similar to that put by Mr Quayle with regard to Rugby League:

If a player cannot catch a ball or he cannot make a tackle and he drops the ball every time he gets it, he will not be very successful in our sport. (Evidence, p. 2733)

In fact Mr Quayle proceeded to compare the two codes:

An Australian rules footballer, who needs speed, height and aggression as well, is no different from a rugby league player or a soccer player. If he is fast he still needs skill to participate in the game. (Evidence, p. 2733)

Mr Madden made a similar point:

If Dermott Brereton could not kick a football or mark a football, it does not matter how

many people he could run through, they would not play him. The main measure of a footballer is his skills. (Evidence, p. 3577)

Mr Madden concluded that the use of anabolic steroids in AFL would be 'minimal'. (Evidence, p. 3577)

5.72 Dr Peter Brukner is a doctor specialising in sports medicine, and is the club doctor for the Melbourne AFL club. Dr Brukner argued that endurance is particularly important in AFL and that it has not been established medically that anabolic steroids assist recovery rates and endurance. (Evidence, p. 3558) Dr Brukner pointed out that some players run twenty-five kilometres during a game, which is like running a half marathon every Saturday. (Evidence, p. 3560)

5.73 The Chairman of the AFL Commission, Mr Ross Oakley, gave a view supporting the claims of the other AFL witnesses concerning game skill and the requirement of endurance:

As Simon pointed out, it is a high skill game and the important thing is that all the players today need to be quite mobile. So bulkiness alone is not a necessary criterion for the game. One of the most important things in our game is durability; being able to last a full game and being able to run around a large football field for 120 minutes of football. On that basis, I do not believe there is a risk group as such, as there is in rugby. (Evidence, pp. 3612-12)

5.74 As with the other professional sports that it has examined, the Committee is most unconvinced by views of this kind. While skills and endurance are of course essential for AFL players, it would be absurd to imply that other characteristics such as strength, size and speed are not particularly useful. And those attributes can be enhanced by anabolic steroids.

5.75 Importantly, this view has been supported recently by the leading player Mr Dermott Brereton. The Sunday Age of 19 November 1989 reported:



Star Hawthorn centre half-forward Dermott Brereton believes there is nothing wrong with footballers using steroids out of season to build muscle and bulk.

In an article in the same newspaper, Brereton wrote:

I can see that an exceptionally thin and frail player can benefit from taking anabolic steroids.

Presumably Mr Brereton also believes that anabolic steroids can benefit most players, not only those that are 'frail', because he subsequently wrote:

But someday, if it became legal to use steroids and my opponents were employing them, I would also. (The Sunday Age, 19 November 1989)

5.76 Not only have such views been expressed by a leading current player. Former VFL players have pointed out that drugs have been employed for some time. In an article in The Sunday Age of 19 November 1989, Dr Brukner noted:

Two former Richmond players, Bruce Monteath and Stephen Mount claimed earlier this year that the use of drugs during their time in the VFL was significant and suggested that anyone who claimed that the problem was non-existent was naive.

The Committee has not been presented with evidence that would discredit the view of the former Richmond players. And their view reinforces the Committee's belief that, like other athletes, AFL players are vulnerable to the temptation to take performance enhancing drugs and that some current players use them.

5.77 The Committee's belief about the relevance of performance drugs to AFL players extends beyond anabolic steroids. The Australian Sports Medicine Federation's 1982 Survey of Drug Use in Australian Sport presented two profiles of Australian Rules footballers. One took both of the stimulants Caffeine and Catovit and claimed that they were supplied by his

coach. The other Australian Rules player took Caffeine 'often' in addition to Catovit; he advised that the Catovit was prescribed by a doctor. These stimulants are now proscribed drugs according to the AFL drug code. The fact that players have used them often in the past, and that coaches may have been involved in their supply, indicates that the AFL will need to be conscientious in the application of its testing procedures.

5.78 Finally, with regard to anabolic steroids, the Committee's conviction that they can be directly relevant to AFL players was confirmed during in camera evidence. The Committee accepts, as credible, advice that VFL players in at least one Melbourne club have been administered anabolic steroids over a period of years by the Club doctor. (In Camera Evidence, pp. 1415-1417)

5.79 This picture of performance drug abuse among Australian Rules players was highlighted in the Survey of Drug Use. Appendix II of that document records the profiles of 31 persons who obtained a survey score of more than 60. Such a score indicates the use (within the past year) of two or more drugs from the Diuretic, Anabolic Steroid or Stimulant classes. Of those 31 persons, 9 were powerlifters, 8 were from Australian Rules football, and 4 were weightlifters.

5.80 In summary, the AFL does in fact have a problem with player abuse of anabolic steroids and stimulants. The Committee is satisfied, however, that the AFL Administration has become aware of the extent of the problem during this inquiry and is acting expeditiously to counter it with an effective testing program.

#### AFL Training Culture

5.81 The Committee is aware that the various sports are characterised by their own cultures. One aspect of the AFL code appears to be that teams are strongly insular. Dr Brukner explained to the Committee that a lot of gym work is done,

including during the off-season, and particularly by the younger players. Nevertheless, in the case of Dr Brukner's Club at least, all gym work is done at the Club. In response to a question about the risk of players coming into contact with drug pushers in gyms, Dr Brukner responded:

That is probably one of the reasons why it has not developed. VFL football is a very insular thing and it is not part of their subculture, the way it may be in American college football or something like that. (Evidence, p. 3561)

5.82 Simon Madden confirmed this view:

As I said before, I am not naive enough to say that nobody has ever tried it. You would not be able to say that. But you would definitely know from the grapevine, by talking to other players, by mixing with other clubs, if anybody was doing it. The sport does not lend itself to it. As the doctor said, we are insular, we are not involved in gyms outside the sport; we are not involved in weight-lifting or being involved with people who have access to them. (Evidence, pp. 3578-9)

And Mr Oakley, in responding to the Chairman's suggestion that there could be a drug problem in the AFL that has not been detected by management, responded:

There is a chance that that is the case, except that VFL is a fairly tight community and the players are very well-regulated by the clubs. They do not get much of an opportunity to get outside the VFL scene, as such. They do most of their training and weight work within it and the gym work is done in the club ... They all have gymnasiums in their club rooms now ... (Evidence, p. 3607)

5.83 Of course, the AFL is not unique in this respect. It is to be expected that teams from other sporting codes are also insular, spending much of their non-working time together. In commenting on the inconvenience of drug testing on Sunday evenings, for example, Mr Wally Lewis advised:

But you have also got to understand that the players do give many hours a week in training. They virtually give up any social life on Friday and Saturday nights prior to a game because they are looking after their bodies and their systems so as to be able to perform to the maximum of their ability on the Sunday. And to ask them again on Sunday night to give up probably their only free night of the week is getting a little bit strenuous and tedious on marital relationships, I can assure you. When you are training Monday, Tuesday, Thursday and Friday nights, you have Wednesday night at home and hopefully Sunday night, you would like to spend that Sunday night with your family and/or friends. (Evidence, p. 2559)

And Mr Brian Canavan, conditioning coach for the Brisbane Broncos Rugby League Club, advised:

In the coaching field, if you have hands on with the players on a daily basis, which we virtually do, even if they just come into your office and you have general chit chat, you can pick up mood changes or friction within a player. (Evidence, p. 2394)

5.84 Rugby League representatives, however, allowed that there were opportunities for players to come into contact with steroids. Mr John Quayle indicated that younger players involved in gymnasiums could add performance drugs to their training program (Evidence p. 2732) and Mr Canavan pointed out that:

we do not live in the players' pockets 24 hours a day, of course. (Evidence, p. 2390)

5.85 While the Committee accepts the strong insularity of the AFL culture, then, it is clear that other codes also are characterised by insularity. Further, although there may be more exposure to gyms by Rugby League players, AFL players also have the opportunity of access to performance drugs outside of their Club life. Accordingly, while the Committee notes with approval that AFL training occurs in Club gyms, it considers that AFL players nevertheless remain at risk of exposure to performance drugs.

## AFL Drug Testing

5.86 In essence, Dr Brukner agreed with the suggestion that AFL players are becoming vulnerable to performance drugs and that a drug testing regime was now appropriate. (Evidence, p. 3567) The AFL provided to the Committee a draft Drug Code dated 10 November 1989. Mr Oakley confirmed:

The code to be implemented is provided in broad detail in the report and will be refined prior to its introduction in 1990. (Evidence, p. 3600)

The list of banned doping classes and methods provided in the AFL draft Code is essentially the IOC list (Evidence, p. 3245); this was confirmed by Dr Brukner. (Evidence, p. 3564)

5.87 With regard to the number of tests, Mr Oakley suggested:

I would think something of the order of 200 or 300 tests a year, when there are only 700 senior players on the lists, would be, to coin a phrase, going over the top a little bit. (Evidence, p. 3603)

I think if we are testing around about 100 in 700 that is a sufficient deterrent to the players. I think we have a sufficient chance of detection on that basis. (Evidence, p. 3604)

Mr Oakley explained that, in fact, 48 players would be tested in the off-season and 48 during the season. The draft code is incorporated in the transcript of evidence on pages 3235 to 3270; Mr Oakley confirmed that there was a typographical error on page 23 (Evidence, p. 3260) of the code:

At the bottom of the page in the third last line we referred to six players. That number should be 12. (Evidence, p. 3599)

5.88 While 96 tests are to be performed each year, however, the testing would occur on four occasions only, including the off-season:

During out of season and pre-season training we will randomly select two clubs at each session ... (Evidence, p. 3260)

When asked why a large number of players from such a limited number of clubs would be tested Mr Oakley explained:

I suppose the logic there was that if we are going to test a club we might as well make it a decent test so that the players know that when the club is selected they have a very high chance of being one of those tested. We could have easily said four clubs and six players but I suppose it is a little more convenient too, to test fewer clubs and more players, a little less costly. (Evidence, p. 3610)

However, when asked whether the factors of cost and inconvenience could be overcome in order to test the 48 players from a range of Clubs, Mr Oakley confirmed that such an arrangement would not be a problem. (Evidence, p. 3610)

5.89 Significantly, the AFL drug testing program would be conducted by the Australian Sports Drug Agency (ASDA). (Evidence, pp. 3247, 3260, 3610) Mr Haynes, executive director of the ASDA has been reported as describing the AFL draft policy to be one of the best that he had seen. The Age of 21 November 1989 reported:

However, he expressed some reservations, generally relating to the randomness of the testing. 'It appears they're going to be doing it in blocks. I would like to see it a bit more random.'

Haynes said that any lessening of the degree of randomness of any testing program reduced its effectiveness and 'four blocks of 12 does reduce it a bit.

'In general, we believe the more random (the program) the better.'

The Committee concurred with this reported judgement of Mr Haynes and welcomed the flexibility expressed by Mr Oakley to increase the randomness of AFL drug testing by increasing the number of

clubs selected. Indeed, Mr Oakley confirmed to the Committee that:

I have no problem with the Drug Agency selecting the clubs involved, providing it is a random selection. (Evidence, p. 3611)

5.90 There is, however, a second element to the AFL draft code which tends to hinder the randomness of testing. Not only were only four Clubs (out of fourteen) to be tested in a whole year, but the testing was to be conducted on only four separate occasions - two during the season and two in the off-season. It was put to Mr Oakley by the Chairman that the effectiveness of the program as a deterrent would be increased were the testing to involve a wider spread of tests across games; Mr Oakley responded:

If the feeling and the advice were that there should be more testing occasions, then I am sure we would fall into line with that arrangement. (Evidence, p. 3614)

Again the Committee welcomed this expression of flexibility and anticipated that the final version of the AFL drug code would provide for tests during the season and in the off-season that:

- . cover a wide range of the participating AFL Clubs; and
- . occur over a wide period of time with numerous testing occasions.

5.91 In fact, the final AFL Drug Code for 1990 which was provided to the Committee Chairman on 5 March 1990 satisfied that expectation. The code provides that:

Overall a minimum of 96 players will be tested (more if deemed necessary) during any one season split 50-50 pre-season to on-season testing.

During out of season and pre-season training the Australian Drugs Sports Agency in conjunction with the AFL Medical Commissioner will randomly select four clubs at each session and the testing team will attend

unannounced in order to test at least six players from each club, i.e. at least 48 players will be tested before the season commences.

These players will be selected randomly from an alphabetically ordered training list.

During the season the testing team will attend four games (two mid season and two pre-finals) and select six players from both teams from either the seniors or reserves sides.

Both the teams and the players will be selected on a random basis, the players on the basis of the numbers they carry on their back. The procedures to be adopted and the random selection process for testing will be undertaken by the Australian Sports Drug Agency. No prior notification will be given to the clubs or players involved, and all tests will be conducted at the conclusion of the match the testing team attends.

Notably, then, the AFL draft code was revised consistent with Mr Oakley's undertaking to increase the randomness of testing. The Committee notes that the code now potentially covers all clubs in any one year, and there could be a total of twelve separate occasions when tests are conducted.

5.92 The Committee notes further that the AFL has appointed Dr Tony Capes to implement its drug code. The Canberra Times of 8 February 1990 reported:

AFL commission chairman Ross Oakley said Dr Capes would implement testing for banned substances and would report to the AFL tribunal on any positive readings in urine tests as well as making recommendations for treatment and appropriate penalties.

The AFL introduced a testing program for this season. Oakley said Dr Capes would also oversee all testing to ensure it was carried out fairly.

5.93 Finally, the Committee observes that, as with Basketball and Rugby League, the AFL draft code did not adequately specify that targeted drug testing would ensue. Again, this matter was



rectified in the final code published. There it is confirmed that:

There may be occasions when evidence is available to the AFL Medical Commissioner pointing to drug abuse by a player, and in these cases the Commissioner will have the right to call for a test on demand.

### AFL Player Obligations

5.94 At 4.2.2 of the draft AFL drug code, the code confirms:

Currently all players wishing to play league football are required to sign a Standard Player Contract, which includes a declaration by the player that they will abide by all the Rules of the league.

We will include in the Rules of the League a notation regarding the adherence to our Drug Code an acknowledgement of the list of banned drugs and a requirement for all players to undergo drug testing on a random basis if, and when required. (Evidence, p. 3259)

### Penalties

5.95 The penalty for refusing a test under the AFL Drug Code is specified as:

10 weeks suspension for their first refusal and life for their second refusal. (Evidence, p. 3261)

5.96 For players found to have provided a positive sample, the following penalty guidelines would apply:

For the first offence the penalty is set out as a rehabilitation program to 10 games suspension; for the second offence, a rehabilitation program plus 10 games suspension to 22 games suspension; for the third, 22 games suspension to life. (Evidence, p. 3621)

## CONCLUSION

5.97 The Committee considers that, in general, the administrations of the professional sports examined for this Report have taken a responsible attitude to the threat posed by performance drugs. For 1990 each of these sports has a drug testing program.

## RECOMMENDATIONS

### Recommendation Eight

5.98 The Committee recommends that the NSWRL specify the penalties that would be incurred for drug use. Also, the AFL needs to increase the severity of its penalty regime so as to impose those penalties advocated in Recommendation Five (iv) of the Interim Report. That is, both the NSWRL and the AFL should impose a two year suspension from competition for a first offence and a life ban for any subsequent offence.

### Recommendation Nine

5.99 The Committee makes two recommendations concerning the involvement of the Australian Government with 'professional' sport:

- (i) That the Minister for the Arts, Sport, the Environment, Tourism and Territories provide formal advice to all 'professional' sporting codes in Australia on the role and functions of the Australian Sports Drug Agency (ASDA).

The Minister's advice should:

- confirm the testing services available to 'professional' sports by ASDA;
- describe the drug-testing regime required by ASDA;

- confirm that tests will be processed at an accredited IOC laboratory;
- encourage all 'professional' sports at the elite level to avail themselves of the advice of ASDA concerning drug-testing regimes, and suggest that such a regime be adopted if one is not in place already; and
- advise the basis on which charges for ASDA's testing will eventuate.

(ii) That no public funding or official recognition be provided to 'professional' sporting organisations unless an appropriate drug-testing regime is implemented in which:

- the selection and collection procedures are carried out by the independent Australian Sports Drug Agency;
- ideally the number of tests is such that every senior national professional is at risk of being tested at least once each season;
- that where tests are less than this number, appropriate targeting policies be devised by ASDA to ensure that players at greatest risk are covered;
- testing be conducted at ASDA's discretion on any player for excessively aggressive behaviour on the field including those disciplined by an umpire or referee for this reason;
- a significant proportion (depending on the sport) of testing take place out of competition, and that

targeted testing take place along with random testing;

- penalties be introduced that are generally consistent with those outlined in the Interim Report for 'amateur' sport;
- appeals procedures be introduced consistent with those described in the Interim Report; and
- the organisation agree to the detailed reporting of all tests and test results by the Australian Sports Drug Agency (including its Annual Report to Parliament).

#### Recommendation Ten

5.100 The Committee recommends that these recommendations about 'professional' sports be considered at the next meeting of State and Federal Sports Ministers to enable the formulation of a consistent national code for drug testing in those sports. Such a code should incorporate the IOC banned list. While State governments have primary responsibility for the conditions under which sport is played, the 'professional' codes (and many amateur sports) are nation-wide activities.

#### Recommendation Eleven

5.101 The Committee recommends that the next meeting of State and Federal Sports Ministers consider ways in which penalties imposed in any one sport - amateur or 'professional' - can be respected by all sports. This would prevent the problem of suspended amateurs flouting their suspension by securing employment as 'professionals'.