CANADA

COMMISSION OF INQUIRY INTO THE USE OF DRUGS AND BANNED PRACTICES INTENDED TO INCREASE ATHLETIC PERFORMANCE

The Honourable
Charles L. Dubin
Commissioner

Commission of Inquiry into the Use of Drugs and Banned Practices Intended to Increase Athletic Performance

The Honourable
Charles L. Dubin
Commissioner

Canadian Cataloguing in Publication Data

Canada. Commission of inquiry into the use of drugs and banned practices intended to increase athletic performance

Commission of inquiry into the use of drugs and banned practices intended to increase athletic performance

Issued also in French under title: Commission d'enquête sur le recours aux drogues et aux pratiques interdites pour améliorer la performance athlétique.
ISBN 0-660-13610-4
DSS cat. no. CP32-56/1990E

1. Doping in sports — Canada. 2. Athletes — Canada — Drug use. 3. Anabolic steroids.
I. Dubin, Charles L. II. Title: Commission of inquiry into the use of drugs and banned practices intended to increase athletic performance

RC1230.C32 1990E 613.8'0971 C90-098654-9

Available in Canada through Associated Bookstores and other booksellers or by mail from

Canadian Government Publishing Centre
Supply and Services Canada
Ottawa, Canada K1A 0S9

Catalogue No. CP32-56/1990E
ISBN 0-660-13610-4
Also available in French
Printed in Canada

Commission of Inquiry
into the Use of
Drugs and Banned Practices
Intended to Increase Athletic Performance

CANADA

Commission d'enquête
sur le recours aux
drogues et aux pratiques interdites
pour améliorer la performance athlétique

Commissioner
The Honourable Charles L. Dubin

Counsel
Robert P. Armstrong, Q.C.
Michel Proulx, Q.C.

Commissaire
L'honorable Charles L. Dubin

Conseillers juridiques
Robert P. Armstrong, C.R.
Michel Proulx, C.R.

TO HIS EXCELLENCY
THE GOVERNOR GENERAL IN COUNCIL

MAY IT PLEASE YOUR EXCELLENCY

By Order in Council PC 1988-2361 dated October 5th, 1988, I was appointed Commissioner to inquire into and report on the facts and circumstances surrounding the use by Canadian athletes of drugs and banned practices intended to increase athletic performance. I now beg to submit the attached Report.

Respectfully submitted,

Commissioner

P.O. Box/C.P. 807, Station/succursale "F"
Toronto, Canada M4Y 2N7

COMMISSIONER AND COMMISSION STAFF

Commissioner
The Honourable Charles L. Dubin

Commission Counsel
Robert P. Armstrong, QC
Michel Proulx, QC

Associate Commission Counsel
Kirby Chown

Director of Research
Robin Nunn

Assistant to Commissioner
Elizabeth Cummins Seto

Administrator
Kathleen Cornwall

Hearings Coordinator
Robert McBey

Investigators
Walter Greczko
Gary McQueen
(Metropolitan Toronto Police)

Pierre Droz
Jacques Guay
Jacques Lafrance
Ken St Germain
Don Willett
(Royal Canadian Mounted Police)

Scientific Experts Panel
Dr Robert C. Goode
Dr Arnis Kuksis
Dr John C. Laidlaw
Dr Samuel Solomon

Sports Experts Panel
Dr Thomas Bedecki
Hugh Fraser
Dr Wendy Jerome
Dr Bryce Taylor

Records Manager
Clifford Collier

Security Guards
Clifford Barker
Kenny Ennis
W. Ken Martin
John Rathbone
Florence Roberts

Support Staff
Umberto Almeida
Violet Chan
Julien Charette
Matthew Dionne
Krista Grevstad
Mitchell Klein
Lorraine Lemay
Amy Leung
Elizabeth Nagata
Louise Madore-Payer
Christopher Perkins
Glenda Plante
Anna Vettese
Anna Wong

Editors (English)
Dan Liebman
Mary McDougall Maude
Rosemary Shipton

Editor (French)
Margot Côté

Analyst (French)
Paul Ollivier, QC

CONTENTS

ABBREVIATIONS

AAP	Athlete Assistance Program
AIB	Athlete Information Bureau
AIS	Australian Institute of Sport
ANOC	Association of National Olympic Committees
AOF	Australian Olympic Federation
ARF	Athlete Reserve Fund
CABLA	Canadian Amateur Bobsleigh and Luge Association
CAC	Coaching Association of Canada
CASA	Canadian Amateur Swimming Association
CASM	Canadian Association of Sports Medicine
CASS	Canadian Association of Sports Scientists
CATA	Canadian Athletic Therapists Association
CCAA	Canadian College Athletic Association
CFA	Canadian Fencing Association
CFSOD	Canadian Federation of Sport Organizations for the Disabled
CGAC	Commonwealth Games Association of Canada
CGF	Commonwealth Games Federation
CIAU	Canadian Interuniversity Athletic Union
CIJF	Comité international des jeux de la francophonie
CMA	Canadian Medical Association
COA	Canadian Olympic Association
CODA	Calgary Olympic Development Association
CPA-SPD	*See* SPD-CPA
CTFA	Canadian Track and Field Association
CWF	Canadian Weightlifting Federation
CWHFC	Canadian Weightlifing Federation / Fédération haltérophile canadienne

FAS	Fitness and Amateur Sport
FDA	Food and Drug Administration (U.S.)
FISU	Fédération internationale du sport universitaire
GAISF	General Assembly of International Sport Federations
IAAF	International Amateur Athletic Federation
IAF	International Athletic Foundation
IF	international federation
IOC	International Olympic Committee
IWF	International Weightlifting Federation
NCAA	National Collegiate Athletic Association
NFL	National Football League
NOC	National Olympic Committee
NSO	national sport organization
OTFA	Ontario Track and Field Association
PASO	Pan American Sports Organization
SIRC	Sport Information Resource Centre
SMC	Sport Marketing Council
SMCC	Sport Medicine Council of Canada
SPD-CPA	Sports Physiotherapist Division of the Canadian Physiotherapists Association
TAC	The Athletic Congress
USOC	United States Olympic Committee

PREFACE

Because of the significance of sport in our culture, the Government of Canada, and the provinces and municipalities to a lesser degree, have over the years expended a great deal of public money in increasing amounts to encourage and promote athletic programs.

In addition to making capital expenditures for sport facilities, the Government of Canada is the principal financial resource for those national sport organizations that govern the so-called Olympic sports. They are the sports in which events are scheduled in the winter and summer Olympics every four years. Competition in those sports is not confined to the Olympic Games but continues throughout the quadrennial in national, international, and regional athletic competitions. Through Sport Canada, the national sport organizations receive annual grants to aid them in carrying out their year-round activities and for coaching and other technical assistance. In addition, financial support by way of a modest monthly allowance is given directly to many athletes who compete in Olympic sports, and additional money is available to permit them to pursue academic or other studies to aid them in their careers after their athletic days are over.

At the inception of government funding, athletic competition in those sports was limited to amateurs, but such is no longer the case. The former concept of the amateur athlete who competed only for the thrill of competition and the chance of victory has been superseded by the concept of the "eligible athlete" who is permitted to engage in sport on a full-time basis and for monetary reward.

Since the Government of Canada is the principal financial resource for the national sport organizations, the Commission made a study of the role of government funding and involvement in sport.

The rules of athletic competition are established by the national and international sport federations which govern their respective sports, and by the International Olympic Committee with respect to competitions held under its auspices. Many of the rules enacted by these bodies were designed to prevent cheating. Although cheating in international athletic competition is not new and dates back to the early history of the Olympics, the methods of cheating have become more and more innovative. Of fairly recent date, the method of cheating most commonly resorted to by athletes has been the use of drugs intended to enhance performance and the use of other banned practices and procedures intended to give them an edge over their competitors. In athletic parlance, the use of drugs is called "doping." The International Olympic Committee and the international federations banned doping in international competitions and prescribed penalties for those who violated the rules.

One of the most popular banned drugs used by athletes to enhance performance has been anabolic steroids, which can be taken by injection or in pill form. The use of anabolic steroids by athletes participating in international competition appears to have been discovered in 1954. The only practical means of detecting the use of anabolic steroids in sport is by an analysis of a sample of the athlete's urine, but it was not until the mid-1970s that the laboratories accredited for testing were able to analyse effectively a urine sample to detect the use of these drugs. Even so, testing of the athletes was for the most part limited to tests on the day of competition, a practice that, as detailed in this report, is an ineffective methodology for detecting the use of anabolic steroids.

The widespread use of anabolic steroids was demonstrated in 1983 in the Pan American Games in Caracas, Venezuela. During those games nineteen competitors, including

two Canadians, were disqualified when the use of such drugs was detected. Dozens more athletes reportedly withdrew voluntarily from the games, apparently in fear of being detected.

In response to those revelations, in December 1983 the Government of Canada, through Sport Canada, set forth its first doping control policy, one of the most stringent in the world. The purpose for proclaiming it was twofold: first, to eliminate cheating in those sports that were being funded by the Government of Canada, and, second, of equal if not greater significance, as a response to a concern about the health of those who were using banned drugs or were engaged in other banned practices and procedures. The policy required, in part, that every national sport organization in receipt of public funds establish doping control procedures for random testing as well as in-competition testing; and it required all coaches, trainers, physicians, and others responsible for the administration of the organizations to comply with the doping control policy, and prescribed penalties for all who violated the rules. Athletes who received direct financial support were required to enter into a contract with the sport organization in which they would agree, as a condition of funding, to comply with the policy. That policy imposed the penalty of withdrawal of any direct or indirect financial assistance to those who breached the rules. (The text of Sport Canada's policy is reproduced in the report.)

In 1985 the policy was revised to increase the penalty for those athletes who violated their contractual obligations and the doping rules by being in possession of or using anabolic steroids. The revision imposed a lifetime ban from funding subject to an appeal to the minister. As appears from what I subsequently report, the policy was for the most part ineffective. Although the number of athletes tested increased, the testing, other than that conducted

by the Canadian Weightlifting Federation, was confined to in-competition testing.

The cost of testing is paid out of public funds through the Sport Medicine Council of Canada. In addition to funds otherwise provided by way of grants to organizations and athletes, the expenditure in 1988 for testing alone was in excess of $500,000.

In the interval between 1983 and 1988, notwithstanding the stringent policy of Sport Canada, several Canadian athletes were disqualified for using anabolic steroids — a matter of increasing concern to the officials of Sport Canada. In 1988 four of the seven weightlifters selected to represent Canada at the Seoul Olympics were disqualified after testing positive for anabolic steroids prior to their departure for Seoul. Ben Johnson was disqualified following the completion of the 100 metre event when he also tested positive for anabolic steroids. On his return to Canada, he requested a thorough public inquiry as to all the circumstances surrounding his disqualification.

On the recommendation of the Prime Minister by Order in Council dated October 5, 1988, this Commission was established under Part I of the *Inquiries Act*, and I was appointed as Commissioner. The entire text of the Order in Council appears as appendix A to this report.

The Order in Council recognized that there is a clear public concern with respect to the use of various drugs and banned practices intended to increase athletic performance, and I was directed to inquire into and report on the facts and circumstances surrounding the use of such drugs and banned practices by Canadian athletes and to make recommendations regarding the issues related to their use in sport. I was also directed to inquire into and report on the events relating to the members of our Canadian weightlifting

team and track and field team who were to compete or did compete in the Olympic Games held in Seoul, South Korea, in September 1988.

Although the terms of reference were very broad, I thought it appropriate to inquire principally into those sports that receive direct financial assistance from the Government of Canada, by reason of which the government has a direct interest. For that reason, I did not inquire into the use of performance-enhancing drugs by athletes whose activities were governed by professional bodies such as the Canadian Football League and the National Hockey League.

The Commission conducted a thorough investigation into the use of drugs and banned practices by Canadian athletes who were governed by provincial, national, and international sport federations. Since the use of such drugs and banned practices appeared to be most prevalent in weightlifting and track and field, the Commission concentrated on these two sports. In addition, and as a result of Mr Johnson's request, a thorough investigation was made into all the facts and circumstances surrounding his disqualification. The evidence also disclosed that banned drugs and practices are used widely by bodybuilders and powerlifters and, to a lesser degree, in other sports.

Since anabolic steroids appeared to be the banned drug most in use, the Commission concentrated its study on the use of anabolic steroids, their performance-enhancing qualities, and the potential harm to health that may result to both male and female athletes who use them. Although the Commission concentrated on anabolic steroids, it also inquired into the use of other prohibited drugs, such as growth hormone and beta blockers, and into the banned practice of blood doping.

Elite athletes are role models for our young people, who have become well aware of the use of anabolic steroids by some of these athletes. It should come as no surprise,

therefore, that the use of anabolic steroids has spread from elite sport to gymnasiums and high school locker rooms. Anabolic steroids are readily available and are used by our young people, particularly young males, to increase not only athletic performance but also to improve physical appearance.

Anabolic steroids are prescription drugs, the sale, distribution, and supply of which are governed by the *Food and Drugs Act*. It is illegal to sell or distribute them without prescription, subject to certain well-defined exceptions. The Commission inquired into the source and supply of these drugs, the manner of distribution, and the adequacy of present regulation. Although this was not an inquiry into criminal activity, and I am not recommending that any criminal prosecutions result from what was revealed, it does appear that many individuals were involved in illegal activity contrary to the *Food and Drugs Act*, with respect to those substances.

I inquired into whether there were pressures being placed on our young men and women athletes to tempt them, even at risk to their own health, to cheat, and whether Canadian athletes were being exploited by others for financial or other gain at the risk of their reputation and health.

The Commission spent considerable time in considering who should be held responsible for the use of drugs in sport. The athletes who cheat must, of course, bear their full share of responsibility, but the responsibility cannot be solely theirs. I therefore inquired into the circumstances that gave rise to the use of drugs, particularly anabolic steroids, by athletes, and the responsibilities of the self-governing sport federations, national and international, and of coaches, physicians, and others who were involved in the administration of athletic programs.

The use of drugs in sport is not a Canadian phenomenon but is prevalent in international competition. Although the use of anabolic steroids in international competition has been widespread for many years, very few athletes were caught. The Commission inquired into the adequacy of testing procedures, national and international, and into the reasons for the failure to detect the widespread use.

The Commission inquired into the doping control procedures of the national and international sport federations that were in place prior to the commencement of the public hearings. The work of this Commission attracted international attention, and because of the widespread use of drugs in international athletic competition, the Commission closely monitored the steps being taken nationally and internationally to eliminate the use of drugs in international competition following the revelations made in the evidence at the hearings. This was done with a view to ascertaining whether there would be a level playing field in the future for athletes to compete internationally and, if not, what Canada's participation should be in international competition.

As appears from the report, Canada has taken a leading role in seeking the support of those organizations which govern sport internationally to eliminate the use of drugs. I have set forth the steps being taken internationally to that end. Those initiatives have had only limited success to date.

The Commission also considered athletes' rights and the appropriateness of the penalties in place for those who violate the rules.

The Inquiry was a very far-ranging one. The public hearings commenced on January 11, 1989, and were completed on October 3, 1989, during which time 119 witnesses were called, whose testimony extended to 14,817 pages. Two hundred and ninety-five exhibits were also received.

Public briefs were invited and the time for submitting them was extended to October 30, 1989. Twenty-six briefs were submitted.

The public hearings formed only a small part of the work of the Commission. They followed a very thorough investigation by Commission staff. After the public hearings, the evidence and written submissions all had to be reviewed, and considerable research had to be undertaken into scientific, legal, and other subject matters that did not lend themselves to forming part of the public hearings. As well, extensive discussions and exchange of information took place with concerned bodies in several countries.

In this report, I have set forth in chapter form a review of the matters I thought were most relevant, but each chapter has some relation to the others, and the conclusions and recommendations have to be read in conjunction with the body of the report, where the basis for them can be found.

A commission of inquiry should not dwell solely on the past. Little would be gained by such a narrow focus. It is necessary to ascertain what has happened in the past to find out what has gone wrong and to define the issues. But we must now look to the future and seek to correct the errors of the past.

The use of banned performance-enhancing drugs is cheating, which is the antithesis of sport. The widespread use of such drugs has threatened the essential integrity of sport and is destructive of its very objectives. It also erodes the ethical and moral values of athletes who use them, endangering their mental and physical welfare while demoralizing the entire sport community.

I have endeavoured to define the true values of sport and restore its integrity so that it can continue to be an important part of our culture, unifying and giving pleasure to Canadians while promoting their health and vitality.

I have also sought to protect and advance the interests of Canadian athletes and have endeavoured to obtain for them a healthy athletic climate in which they can compete honourably in the future, both nationally and internationally, in accordance with the true objectives of sport.

ACKNOWLEDGEMENTS

Upon my appointment as Commissioner, it was left to me to assemble a staff to assist me in carrying out my mandate, and I was very fortunate in that all those who agreed to assist me did so with unstinting dedication to the tasks assigned to them.

There were many who joined our staff at one time or another during the Commission's progress, and I am indebted to all of them. Some call for special mention.

Mrs Kay Cornwall joined the Commission at its inception as our administrator, and efficiently and courteously took charge of the entire administration and assembled a very able staff. By the nature of her assignment, she has stayed with the Commission to the end.

The Commission was assisted by many office staff, but I am sure all of them would want special mention made of Ms Elizabeth Nagata, one of our secretaries, and of our records manager, Clifford Collier.

Because of the nature of the Inquiry, it was necessary to obtain skilled investigators. With the cooperation of the RCMP, Ken St Germain and Don Willett were assigned to our Toronto office, and Jacques Guay and Jacques Lafrance for a shorter period of time to Montreal. From the Metropolitan Toronto Police we had Walter Greczko and Gary McQueen seconded to the Inquiry. They are all very experienced drug-enforcement investigators but, while seconded to the Commission, they acted solely as investigators for the Commission. They were thorough, innovative, courteous, and fair. It was in large measure because of their efforts that the Commission was able to obtain evidence which would not otherwise have been forthcoming.

On my medical and scientific panel, I was fortunate to have the benefit of advice from Doctors John C. Laidlaw, Robert C. Goode, Samuel Solomon, and Arnis Kuksis, each of whom had special expertise.

For advice from those who were knowledgeable about sport in Canada and who had no direct interest in the issues before the Commission, I consulted with Doctors Thomas Bedecki and Wendy Jerome and Mr Hugh Fraser, all of whom served on my sport advisory panel.

I was particularly fortunate at the very outset in obtaining the assistance of Mr Robin Nunn who, while working with the Commission, was on leave from the Ministry of the Attorney General. Mr Nunn had worked with me on my Royal Commission into Aviation Safety and, since that time, has been admitted to the Bar of Ontario. As was the case in that inquiry, he was absolutely invaluable to me in this inquiry as my director of research.

The role of Commission counsel in an inquiry such as this is an extremely delicate task, particularly having regard to the role that I assigned to them.

Mr Michel Proulx joined our staff as co-counsel and conducted our hearings in Montreal. It was intended that he would continue to be actively associated with our hearings in Toronto, but in the interval he was appointed to the Court of Appeal for Quebec. While serving as co-counsel to this Commission, he distinguished himself as he had previously in his practice in Quebec.

Ms Kirby Chown acted as associate counsel throughout the hearings, and I had the benefit of her litigation experience, her thorough preparation, the careful manner with which she examined the witnesses assigned to her, and the assistance she gave throughout to Mr Robert Armstrong, Commission counsel.

I am sure that all those who participated in the work of the Commission would want me to give special recognition to Mr Armstrong. I am satisfied that it was largely because of his industry, courtesy, integrity, and fairness that the Commission was able to amass the extensive evidence and information relating to the matters referred to me, and I also attribute to him the noncontroversial manner in which this Commission was conducted. Over the many years that I have had occasion to be associated with royal commissions, I have never observed any Commission counsel who has acted with such a high degree of professionalism.

Because of the independent role that Commission counsel assumed in the conduct of the Inquiry, I felt free to have them direct to my attention those portions of the evidence which they thought were most relevant and to obtain the benefit of their advice.

As the public hearings were reaching a conclusion, and Mr Armstrong and Ms Chown were preparing to return to their busy law offices, I was fortunate in being able to obtain the services of Ms Elizabeth Cummins Seto, a former law clerk of mine and a recent graduate in law who, along with Robin Nunn, was indefatigable in assisting me in research and in the preparation and completion of the report.

To my own secretary, Mary Harding, I owe a special debt of gratitude. It was her role, not only to assist me in the arduous task of the completion of the report, but also to assist me in my many judicial administrative duties which continued throughout the entire Inquiry.

THE PROCESS

The function of a commission of inquiry is not always understood. A commission of inquiry is not a trial. No one is charged with any criminal offence, nor is anyone being sued. There is, to use legal jargon, no *lis inter partes*. There is no dispute between parties as such, and no legal rights are determined. It is intended to be an independent, objective inquiry into the subject matters referred to it by the Order in Council pursuant to which it is established, with a view to ascertaining what has transpired, to identify the problem areas, to define the issues, and to seek a way of correcting the errors of the past so that they will not recur.

There are no set rules governing the conduct of a commission of inquiry, and the procedure to be followed is determined by the Commissioner.

Although no legal rights are determined, the reputation and the future of individuals may be adversely affected. Because of my concern that no individual should have his or her reputation and future unfairly affected, I have strong views as to the manner in which commissions of inquiry should be conducted. In this Inquiry, Commission counsel were not prosecutors, and they took no sides. Their function was not to prove one thing or the other. They were the legal arm of the Commission, and the Commissioner was their only client. Their function was, with the benefit of their skill and experience, to present to the Commissioner in an orderly way all the relevant evidence available to them which related to any issue before the Commission, to do so in an even-handed manner, and to screen out allegations that lacked any credibility. In the event of a conflict of testimony, the resolution was left with me.

Commission counsel advised each witness and interested organization and their counsel, when represented, well in advance, of all the evidence that Commission counsel understood would be led which could affect their interests. Thus, to the best of their ability, Commission counsel made full disclosure at every stage of the Inquiry and alerted the witnesses and their counsel as to the time when evidence which could adversely affect their interest would be called.

In order to avoid the appearance of an adversarial contest, all witnesses were examined initially by Commission counsel. After Commission counsel had completed the examination-in-chief of each witness, counsel for those witnesses or other interested parties who had independent legal advice were permitted to continue the examination-in-chief to bring out any matters which they thought were relevant but had not been covered by Commission counsel. They were also entitled to cross-examine any witness who had previously given evidence on matters that directly affected their clients.

During ninety-one days of hearings, with approximately fifty lawyers appearing at one time or the other, there were no objections taken at any time to the procedures being followed, and, indeed, there were few objections taken as to the admissibility of any of the evidence called. This, I think, was in large measure due not only to the responsible and professional manner in which all counsel for the witnesses and other interested parties conducted themselves, but also to the integrity, fairness, and courtesy of Commission counsel and the full disclosure provided. Indeed, all counsel, both publicly and privately, attested to the courtesy and fairness of Commission counsel and staff.

Although full disclosure would have been provided in any event, I was also mindful of the following provisions of the *Inquiries Act*, pursuant to which this Commission was established:

> 12. The commissioners may allow any person whose conduct is being investigated under this Act, and shall allow any person against whom any charge is made in the course of such investigation, to be represented by counsel.
>
> 13. No report shall be made against any person until reasonable notice has been given to him of the charge of misconduct alleged against him and he has been allowed full opportunity to be heard in person or by counsel.

The rules governing the admissibility of evidence in criminal and civil trials are not normally applicable to a commission of inquiry. Hearsay evidence is admissible but, in my opinion, for a limited purpose only. Hearsay evidence is admissible to provide general information to the Commissioner, as indeed is the opinion of those knowledgeable on the subject matter, the weight of which is to be determined by the Commissioner. However, I did not rely on any evidence that would not be admissible in a civil or criminal proceeding in determining whether an adverse finding on credibility or misconduct should be made. There is no definition of misconduct in the *Inquiries Act*, but it can be conduct that falls short of exposing an individual to civil or criminal liability.

In this case, using performance-enhancing drugs or engaging in other banned practices, or supplying athletes with such drugs or encouraging them to do so, in my opinion constitutes misconduct pursuant to the provisions of sections 12 and 13 of the *Inquiries Act*, set forth above. However, no such finding was made by me on the basis of evidence that would not have been admissible in civil or criminal proceedings.

PART ONE

Overview of Government and Sport in Canada

1

Government and Sport in Canada

Each year, some seven or eight million Canadians are engaged at one time or another in activities relating to organized sport, and many more millions follow sport daily through the media. More than three million Canadians belong to amateur sport organizations and engage in some level of competition. A further one-and-a-half million Canadians are involved as volunteers, coaches, and staff.

Sport is a significant part of the social, cultural, and recreational fabric of Canada. Of fairly recent date, there has been increased involvement by the Government of Canada, and to a lesser extent the provinces, in sport and in its funding. The legitimacy of such involvement has been expressed consistently by ministers of the Crown, by sport academics, and in task force reports. As expressed by Macintosh, Bedecki, and Franks in their comprehensive work on sport and politics:

> Government has a legitimate and essential role to play in sport. Promoting sport and physical activity for all Canadians is one such role. Providing equality of opportunity to high-performance sport is another. Sport also has an important role to play in any government efforts to promote unity and a unique Canadian identity. Government support of sport for these purposes is justified to the same extent as these functions are widely accepted in other areas of cultural policy. [1]

In August 1988 the Honourable Jean J. Charest, then minister of state for fitness and amateur sport, consistent with what had been articulated by his predecessors, expressed his support for government involvement in sport:

- Sport genuinely reflects the nature of this country — diverse, democratic, proud, and competitive. The physical activities we choose to undertake — and the meaning we draw from them — say a lot about Canadians and who we are.
- Sport has always played a prominent role in Canadian life. It is a component of our culture, an element of our economy and a way of presenting ourselves proudly to the world.
- The federal government "invests" in the sport system for several important reasons. First, we support sport simply for what it is — a part of human nature; a social movement made accessible and equitable through the national sport system. We also invest in the system because sport forms a part of our national identity and is an expression of our culture and who we are. As well, sport supports individual Canadians as they pursue excellence to the highest levels and provides opportunities for Canadians in general to observe and share in their pursuit and their celebration and to draw important meanings from their performances.
- I believe the financing of sport is a worthy and important social responsibility of government.[2]

As the country has changed and matured, so has the focus of government involvement in sport. From an early concern with the general health and fitness of Canadians,

involvement has gradually been channelled into the more specialized field of competitive sport. Within that field, an even narrower focus has been placed on high-performance sport. With that increased emphasis came, in turn, a corresponding increase in the level of government funding.

But government funding comes at a price. From simply being a means for improving the general health of Canadians, government funding of sport has become a means for promoting the national, international, and social policies of the country. Sport is relied on to unite the country and to express Canadian culture and identity; it is used as an instrument of social policy in redressing gender inequality and discrimination against people with disabilities and members of minority and lower socioeconomic groups; it is used to ensure compliance with federal government policies on bilingualism and regionalism; and it is used to express governmental disapproval of political decisions by other governments. Perhaps most of all, sport is relied on to give Canada a high, international profile as a modern, thriving, healthy, and prosperous nation that values the ideals of fairness and honesty.

Sport then is clearly an aspect of Canadian life that touches a broad cross-section of the population. It transcends regional, ethnic, and cultural barriers, encouraging Canadians to feel a part of that greater entity called Canada.

BACKGROUND

Pre-1961

Early government interest in promoting fitness, at least among the male population, was clearly related to military needs. Military drill first appeared in Ontario schools during the 1860s. By the turn of the century, as increasing urbanization and the decline of a more physically active

rural and agricultural way of life contributed to a general decline in physical fitness, federal programs were established to promote fitness and military training in schools.

In 1941, in the midst of the Second World War, another serious decline in fitness was observed. The minister for national defence, Charles Power, told the House of Commons that 33 percent of men recruited for the military were rejected as unfit. They could not walk five miles. In 1943 the *National Physical Fitness Act* was passed, which established a fitness program to be administered in conjunction with the provincial governments. A fund of $232,000 was set up, with further funding received from bequests, other donations, and grants. The Act established the National Council on Physical Fitness, whose mandate was to promote the physical fitness of Canadians, with fitness defined as:

> the best state of health, to which has been added such qualities as strength, agility and endurance, as are necessary for a life of maximum service to men's family and country. Further, that although the purpose of the Act is to develop the physical fitness of the people of Canada, *this Council stresses the fourfold nature of fitness, which is spiritual, moral, mental and physical, and that total fitness must originate in the home, the church, the school and the community.*[3] [Emphasis added]

Although the initial mandate of the council was to promote the physical fitness of Canadians, it quickly became involved in amateur sport, health, recreation, leisure programs, cultural activities, and the Olympic Games.

In 1945 responsibility for the administration of fitness programs shifted to the newly created federal Department of National Health and Welfare, although the provinces continued to play a role. But there was much dissatisfaction — and confusion — in attempting to operate as a joint federal-provincial endeavour. The council had no

definite guidelines and was not able to exercise the implied executive powers that were assigned to it under the Act. In 1955 the *National Physical Fitness Act* was repealed, and the joint programs established under it were discontinued.

In the 1950s the federal government began to respond to the growing belief that government should ensure that all citizens had an opportunity to develop to their fullest potential, regardless of differences and in the face of regional disparities. It was this view that "led the federal government to excursions into the domain of health and welfare, culture, and education, with the result that the matter of sport and physical fitness gradually came under the purview of federal government policy making."[4]

Nevertheless, it was not until the passage of the *Fitness and Amateur Sport Act* in 1961 that the shift towards sport, as opposed to fitness, was either possible or acknowledged as an element of government policy.

The 1960s

Fitness and Amateur Sport Act

In 1961 the *Fitness and Amateur Sport Act* was proclaimed "to encourage, promote and develop fitness and amateur sport in Canada" (s. 3). Amateur sport was defined under the regulations to the Act to mean "any athletic activity when engaged in solely for recreation, fitness or pleasure and not as a means of livelihood."

This Act is the cornerstone of the huge fitness and amateur sport edifice that has grown up in Canada. The fact that the provisions of the Act were expressed in broad, general terms has allowed it to accommodate the expansion and changing direction of federal government activities in the area of sport for more than thirty years. The passage of the Act was more significant than anything the federal

government had ever before attempted in this area. For the first time, government was committed to the promotion and development of amateur sport and not just to general physical fitness. The Act marked a turning point in government policy, although at the time of its passage its significance may not have been apparent.

The Act established the National Advisory Council on Fitness and Amateur Sport, a heterogeneous body composed of knowledgeable people in the fields of physical fitness, recreation, and sport. This council was designed to provide a geographical balance for regional interests, and its role under the Act was to advise the minister of national health and welfare on all matters he thought fit to refer to it and on "such other matters relating to the operation of this Act as the Council sees fit" (s. 9(1), (2)). Although given the authority to make rules for regulating its proceedings and the performance of its own functions, the National Advisory Council was not given any executive power, any program funds, or an independent secretariat.

The Act also provided for the appointment of full-time civil servants to staff the Directorate of Fitness and Amateur Sport, which in mid-1962 saw the appointment of its first director. Eventually the directorate's staff grew in size and maturity while the advisory council's role became increasingly difficult to fulfil, given the scope and complexity of the tasks it had assumed. The fact that the broadly based council met infrequently while the more specialized directorate was staffed by full-time civil servants contributed to this shift in the balance of power.

Early Funding under the Fitness and Amateur Sport Act

The first significant government funding of athletes and fitness programs was put in place following the passage of the *Fitness and Amateur Sport Act*. To carry out the

objectives of the Act, an annual grant of $5 million was authorized, to be administered by the Department of National Health and Welfare. The budget for the first year of operation was $1 million, to be increased yearly by $1 million until the full $5 million grant became available in 1966–67. Expenditure under the Act between 1961 and 1968 was:[5]

1961–62	$ 29,641	1965–66	$2,508,493
1962–63	$ 981,270	1966–67	$4,665,769
1963–64	$1,549,824	1967–68	$3,655,413
1964–65	$1,996,603		

In these first years the funding was distributed in a manner that indicates the changing emphasis towards competitive sport:

- Grants to national associations concerned with fitness, recreation, and amateur sport to assist their participation in national and international competitions, to help them to play host to international games held in Canada, and to support their conduct of leadership-training programs for coaches, officials, and recreation leaders: 22 percent.
- Federal-provincial cost-sharing programs: 20 percent.
- Scholarship, fellowship, and bursary programs in physical education and recreation, and research: 11 percent.
- Information and publications: 5 percent.
- Canadian Games: 8 percent.
- Nonrecurring activities (such as support for the Pan American Games, construction of provincial facilities, support for world hockey championships): 34 percent.[6]

The intention of the Act, according to Prime Minister John Diefenbaker and Minister of National Health and Welfare Waldo Monteith, was to encourage mass participation in sport as well as to improve international sport

performances. Although the broad terms of the Act allowed for the accommodation of many diverse views, the media, supported by a substantial portion of the public, looked for increased success by Canadian amateur athletes. Canadians were becoming increasingly unhappy (according to House of Commons debates) over the lacklustre performances of their athletes — in particular the national hockey team — on the international scene. As well, the Directorate of Fitness and Amateur Sport itself had come to the view that the time was right for the federal government to re-evaluate its role in amateur sport.

As a result of these concerns and in keeping with a promise made during the election campaign, the newly elected prime minister, Pierre Trudeau, in 1968 created the Task Force on Sports for Canadians. Its report was to lay the foundation for much of the Canadian sport community as it is known today.

1969 Task Force Report on Sports for Canadians

The Task Force on Sports for Canadians was established to report on:

> (i) prevailing concepts and definitions of both amateur and professional sport in Canada and the effect of professional sport on amateur sport;
>
> (ii) the role of the Federal Government in relation to non-governmental national and international organizations and agencies in promoting and developing Canadian participation in sport; and
>
> (iii) ways in which the Government could improve further the extent and quality of Canadian participation in sport both at home and abroad.[7]

The task force members admitted in the preamble to the report that they had "consciously stayed clear of the fitness aspect of sport and recreation." The result was that their findings and recommendations focused exclusively on what was defined as sport, namely, activity in which the following could be found:

> (a) substantial participation in Canada; (b) some evidence of organization beyond a small locale; (c) *indications that commercial purposes and objectives were not over-riding all in the activity;* (d) activity which had developed a national framework of competition; and (e) activity which led or could lead on into international competition. [Emphasis added]

The task force went on to say that

> Sport is too important, both objectively as a bringer of national benefits, and subjectively, in the minds of the Canadian people, to be smuggled into government politics as merely another phase of physical fitness, valuable though fitness programmes are.

Further, the task force stated bluntly, sport should not "be condemned to walk in the shadow of fitness as its retarded brother."

Clearly the task force was of the view that the government's focus and funding should now be on the promotion of sport, not on the more generalized physical fitness movement. In keeping with that change in focus, it became necessary to restructure the roles of the National Advisory Council on Fitness and Amateur Sport and the Directorate of Fitness and Amateur Sport. The task force recommended that policy formulation and decision making be the function of the directorate:

> [I]mmediate responsibility for policy formulation should be lodged with the body charged with the task of carrying it out: that is, the Directorate of Fitness and Amateur Sport. This

> Directorate is staffed with fulltime civil servants, expert in the fields of physical education or public administration, and knowledgeable in the field of sport. Their combination of talents render them potentially as capable a sports group as can be found in the country.

These recommendations reflected the thinking of both the minister of national health and welfare, the Honourable John Munro, and the director of fitness and amateur sport, Lou Lefaive. They had already rejected the recommendation of the advisory council's 1968 report, *A Look at the Future in Fitness and Amateur Sport*, that the advisory council be the policy-making body. The council was composed in good measure of university-based physical education professionals, whose bent was towards mass sport and fitness programs. The task force recommendations, with their emphasis on competitive sport, were enthusiastically taken up and funded.

That the federal government should fund this expanded role for sport was seen by the task force as a particularly Canadian response. According to the authors of the task force report, Canadians see the role of the federal government as "not just to govern us, but first to create our country, and then constantly to recreate it in terms of the challenges thrown up to each generation." The report further stated that

> Canadians have recognized that the needs of a people cannot be contained within the bounds of any rigid ideology, and that if the private sector is not by itself capable of sustaining our national existence, it is the function of our government to step in and help it to do so, however remote the area might be from customary fields of government concern.

The 1970s

The impact of both the 1969 task force report and the subsequent 1970 government white paper, *A Proposed Sports Policy for Canadians* (the Munro white paper), began to appear in the 1972–73 funding year, as shown in table 1–1.

With this increased level of funding, sport became an important element in federal government policies — socially, nationally, and internationally. Fitness and recreation funding, although still only a fraction of moneys expended on sport, kept relative pace with the increased spending in sport.

The purpose of this new policy and increased spending was addressed in the federal government's 1970 white paper.

Table 1–1
Schedule of Federal Funding: Sports, 1967–68 to 1980–81

	Amateur Sport	Major Sports Events	Fitness and Recreation	Sport Centre and Misc.	Total
			($ Millions)		
1967–68	$ 1.250	$ 0.462	$ 0.224	$ 1.658	$ 3.594
1968–69	1.151	0.539	0.264	1.856	3.810
1969–70	1.550	0.758	0.403	1.578	4.289
1970–71	2.132	0.642	0.472	1.003	4.249
1971–72	4.240	0.474	0.997	1.108	6.819
1972–73	6.055	1.008	2.300	1.837	11.200
1973–74	5.450	1.801	2.377	3.181	12.809
1974–75	6.332	1.552	2.634	2.121	12.639
1975–76	8.168	3.696[a]	3.038	2.423	17.325
1976–77	9.004	10.687[a]	3.785	2.046	25.522
1977–78	9.519	4.470	4.235	2.714	20.938
1978–79	17.982	0.135[b]	5.336	2.451	25.904
1979–80	15.674	0.178[b]	3.868	2.277	21.997
1980–81[c]	13.980	2.200	3.935	2.635	22.750

Source: *A Challenge to the Nation: Fitness and Amateur Sport in the '80s* (1981 white paper)

a. Includes capital payments for the 1978 Commonwealth Games.
b. Major part of funding provided from Loto Canada revenues.
c. Main estimates.

Note: In addition to the above, Fitness and Amateur Sport received as its share of the net proceeds of Loto Canada: 1977–78, $3.226 million; 1978–79, $2.401 million; 1979–80, $3.6 million; and 1980–81, $13.2 million (anticipated).

1970 White Paper

In presenting his 1970 white paper, Mr Munro began:

> OUR PURPOSE IS PEOPLE. We view sports and recreation as one means — and potentially, a crucial means — of helping Canadians get more out of life.[8]

Four specific reasons were cited for the support and encouragement of sport. The first was to counterbalance the "economic dehumanization" of society, with its tendency to focus on material gain. Sport has a tremendously important role to play in offsetting this economic orientation, the white paper explained, because "ideally, the values and characteristics it develops are non-economic — its prime focus is on health and personal satisfaction for their own sake."

The second reason cited the enhancement of good health — mental and physical — and the third, encouraging interaction with others, thereby improving the quality of life. Sport can be a rallying point for families and communities, offsetting "social stagnation."

The improvement of industrial life through involvement in recreation in the workplace was the fourth reason cited. "In short," the white paper stated, sport "helps restore a human soul and sense of human fraternity to what otherwise might remain just another agent of depersonalization."

The minister pointed to the three elements that were robbing sport of its potential for "re-creation":

> the "Work Ethic" hangover, the total devotion to a sophisticated, high-level competitive structure, and the close identification of sports with economic and commercial ends.

As the white paper stated:

> *[C]ompetition is healthy and victory is pleasant, but so is plain participation in a recreational manner or in a loose, pick-up competitive fashion. If sports is to be an alternative to destructive social forces and not a mirror, it should cease to ape excess of technology in the elaboration and regimentation of its competitive system — especially when the labyrinthian structure is exclusively devoted to the small handful of top national and international class athletes.*
>
> *It should also not enshrine victory as a sole worthy objective of sports participation.* [Emphasis added]

There was to be a new focus of the administrative effort in Canadian sports. The pursuit of excellence and success in the international arena was to be viewed

> *as a consequence and not as a goal of mass participation — with its main value being not in the glitter of gold but in the inspiration it gives for even greater popular involvement in sport from all ages and classes.*
>
> This is the fundamental reason why we feel that the time has come for the pendulum to take a healthy swing in the opposite direction from the way it has been going on in Canada's sports scene. We firmly feel — and we strongly hope — that it will also work to the advantage of excellence. But even if its success in meeting that objective is not better than the current status quo, we — all of us — will at least have assisted in achieving something very tangible and meaningful — the most important component in the strength of our nation — a greater opportunity for all of our people to enjoy themselves and rehabilitate their environment, in their leisure time. [Emphasis added]

The white paper contained the first commitment of the federal government to direct funding of "promising athletes," by way of grants-in-aid of up to $2000 "to somewhat offset the enormous costs of competition." The minister stressed that the grants would not be tied to performance, nor would they even closely be related to competition. They could be obtained by a student at any recognized post-secondary institution, not necessarily a university, and

were available even to "worthy athletes who do not attend any educational institution."

The 1970 white paper was never debated or ratified in the House of Commons. Notwithstanding the paper's fine sentiments, it is a fact that the specific program proposals it contained were geared to establishing the agencies and programs recommended by the 1969 task force report. These agencies and programs focused upon — and continue to have as their focus — high-level competitive sport. Indeed, when Mr Munro tabled his white paper in 1970, he was able to tell the House of Commons that more than 80 percent of the recommendations of the 1969 task force had been put in place. The bulk of funding would now go to sport, as opposed to fitness and recreation.

Competitive Sport Versus Recreation

In 1971 Canada learned that it had won the competition to host the 1976 Olympic Games in Montreal, and later that year the health and welfare minister hosted a national conference on Olympic '76 development. Although the minister emphasized the government's official position that a broad-based sport and fitness program and the development of elite athletes were inextricably linked, it appears that the focus of the conference was on devising ways to improve Canada's performance in international sport events, particularly in the 1976 Olympics. Part of that focus was the initiation of the "Intensive Care" program, which allowed athletes with potential to win medals at the 1976 Olympic Games to apply for supplementary funding for training and competition. This program was replaced by "Gameplan" in 1973–74, which also related funding to performance.

In 1976 Iona Campagnolo became the first minister of state responsible for fitness and amateur sport. The expanded status of this branch of the Department of National Health and Welfare reflected the increased importance of competitive sport in government policies.

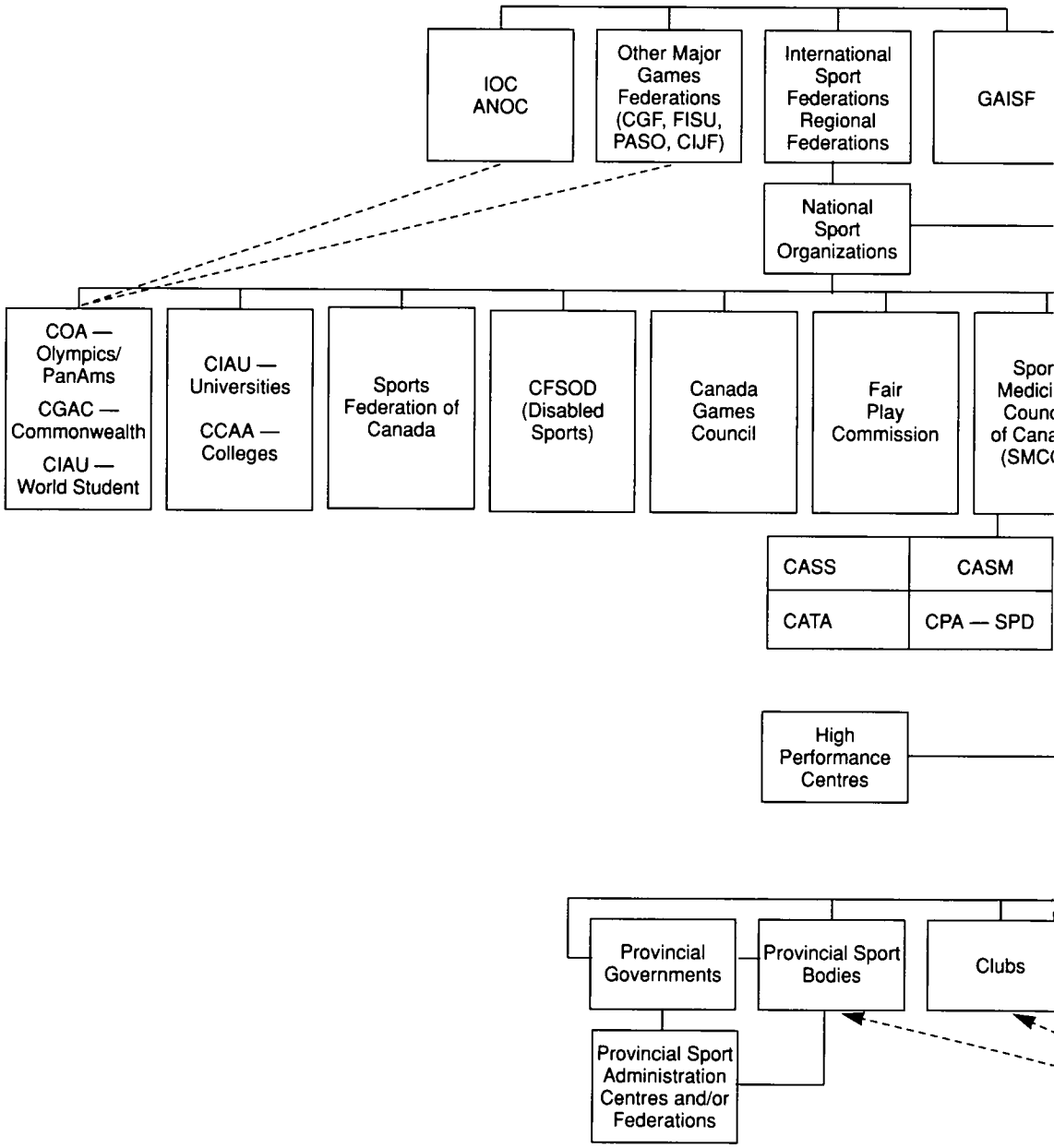
Around the same time, the federal government was relinquishing the recreation field to the provinces. Recreation Canada, which had been established in the early 1970s as a division of Fitness and Amateur Sport, in 1977 changed its title to Fitness and Recreation Canada. At the 1978 national conference of provincial cabinet ministers responsible for recreation, the minister of state for fitness and amateur sport recognized the primacy of the provinces in the field of recreation and proposed that the federal government would gradually withdraw from it, although Ottawa would continue to supply support at the national level. In 1980 "Recreation" disappeared from the title of Fitness and Recreation Canada, and the division became known as Fitness Canada.

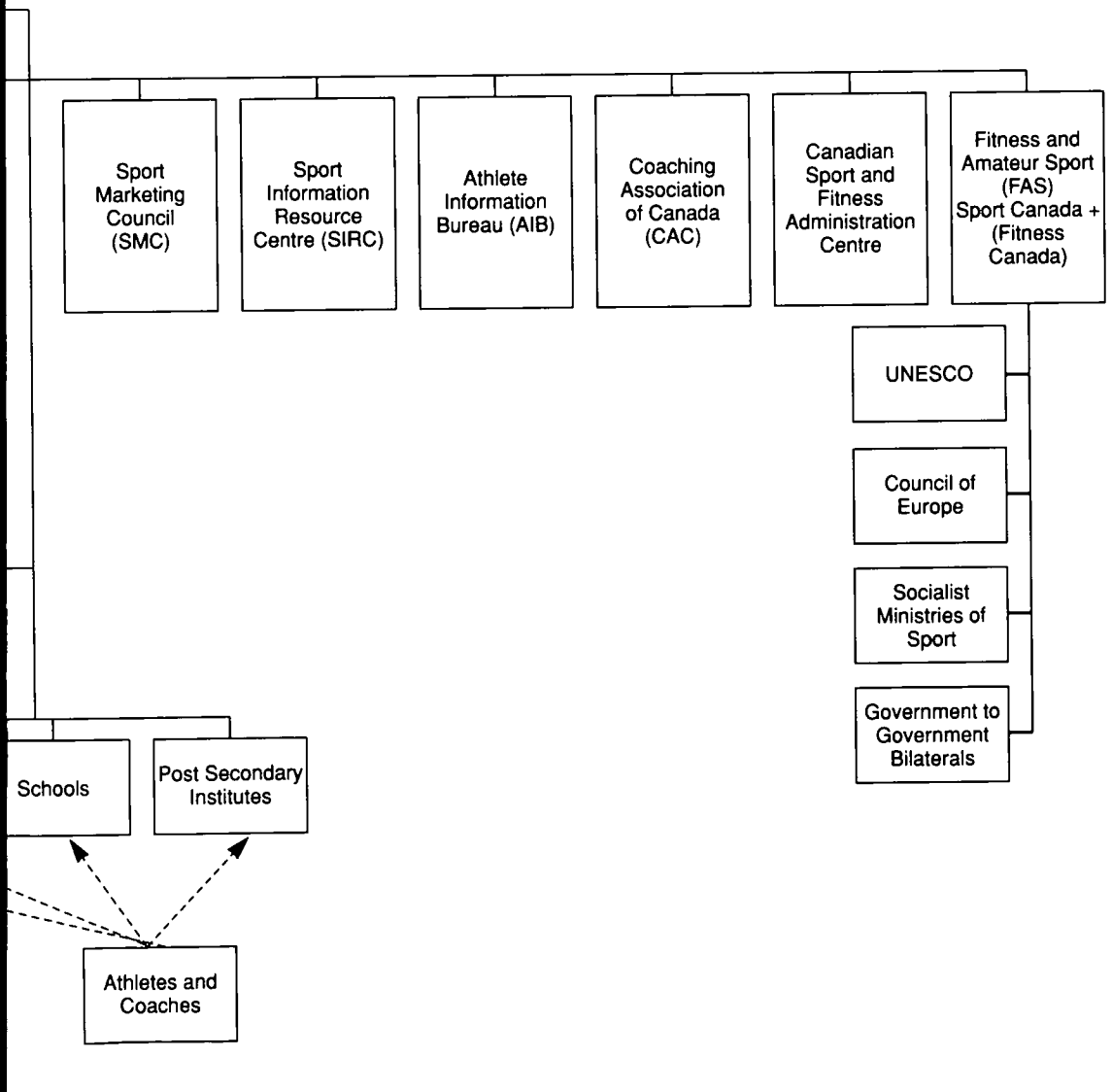
Canadian Sport Community: Structure and Funding

Legacy of the 1969 Task Force Report

A number of organizations and arm's-length agencies were established as a result of the recommendations of the 1969 task force. These bodies are still functioning today, albeit under slightly different titles. As well, Canadian amateur sport was to develop an intricate network connecting local, national, and international organizations. Figure 1–1 illustrates the components and relationships within the Canadian sport community.

Figure 1–1
The Sport Community




Sport Marketing Council (SMC)
Sport Information Resource Centre (SIRC)
Athlete Information Bureau (AIB)
Coaching Association of Canada (CAC)
Canadian Sport and Fitness Administration Centre
Fitness and Amateur Sport (FAS) Sport Canada + (Fitness Canada)
UNESCO
Council of Europe
Socialist Ministries of Sport
Government to Government Bilaterals
Schools
Post Secondary Institutes
Athletes and Coaches

The 1969 task force recommended the creation of an independent body, to be known as Sport Canada, "to provide a focus for the administration, support and growth of sport in Canada." The Department of National Health and Welfare did not go so far as to make Sport Canada independent and arm's-length, as the task force had recommended. It did, however, create the National Sport and Recreation Centre to overcome the poor organizational and administrative capacities of most national sport organizations. That centre is now known as the Canadian Sport and Fitness Administration Centre. There are today approximately sixty national sport organizations housed at the centre along with a number of other umbrella agencies that serve the sport system. About nine hundred employees are involved in sport management. In the 1987–88 fiscal year, this body received $6.67 million from Sport Canada in core support and for projects. That figure includes funding for the Athlete Information Bureau and the Sport Marketing Council.

Hockey Canada was established in 1969 for the purpose of managing and financing the national hockey teams of Canada. It received $560,000 from Sport Canada in the 1987–88 fiscal year.

The Coaching Association of Canada, created in 1971 in response to the task force recommendations, is, according to testimony from Lyle Makosky, assistant deputy minister for fitness and amateur sport, a "forum, a professional grouping of national coaches who meet to talk about common concerns." The association was created to help develop coaches through better educational programs, and it administers the national coaching certification program. In 1987–88 this body received $2.5 million from Sport Canada.

The Athlete Information Bureau, created in 1975, provides a source of information to the media on the background of high-performance athletes. Funding in 1987–88 from Sport Canada was $1.1 million.

The Sport Information Resource Centre was created in 1973 and in 1975 became an independent and corporate nonprofit body. Funding from Sport Canada in 1987–88 was $546,315. According to Mr Makosky

> [The Sport Information Resource Centre] is now the largest database on the technical development and practice of sport in the world. It is recognized by UNESCO as the recognized world database on sport in the English language; [it] contains close to some 250,000 citations that are a product of several thousand journals from all over the world in all languages that are indexed every day and every month by the staff of the Sport Information Resource Centre.

The Sport Medicine Council of Canada (SMCC), also the result of a recommendation of the 1969 task force, was created in 1978 as an umbrella group to bring together four agencies: Canadian Association of Sports Sciences; Canadian Academy of Sport Medicine; Canadian Athlete Therapist Association; and Canadian Physiotherapy Association — Sport Physiotherapy Division. Team doctors, physiotherapists, massage therapists, and others are drawn from this body to accompany national teams. In 1983 a committee of the SMCC was created to deal with issues related to doping in amateur sport. Funding in 1987–88 from Sport Canada was $1.22 million.

Also resulting from the task force report was the national team concept, recommended as a means for enhancing high-performance sport. It is this concept that has resulted in the development of high-performance centres (discussed in detail later in this chapter). Finally, the Commission for Fair Play was created in 1986, initially to focus on the question of violence in sport but more recently expanding into other areas concerned with ethics in sport.

The 1980s

In 1976, when Iona Campagnolo was appointed the first minister of state for fitness and amateur sport, her mandate was to produce a coherent national policy on sport. The appointment reflected the increasing prominence of sport in the national psyche resulting from the 1976 Montreal Olympic Games and the success of the Canada Games during the 1970s. It was also a measure of the increased funding allotted to fitness and amateur sport and of the expanded awareness of the political implications of the sport movement.

In 1979 Ms Campagnolo produced a white paper, *Partners in Pursuit of Excellence*, which had been preceded by two green papers, one on sport and the other on fitness and recreation. The white paper's thrust was almost exclusively in the direction of sport and the goal of achieving the highest pinnacle of athletic performance in international competition. But the government fell shortly after the white paper was tabled, and little was done to implement its proposals. Two years later, however, a white paper tabled by the new minister of state for fitness and amateur sport, Gerald Regan, confirmed the government's intent to focus on high-performance sport and excellence in the international field.

1981 White Paper

The 1981 white paper, entitled *A Challenge to the Nation: Fitness and Amateur Sport in the '80s*, made it clear that the government intended to "ensure that the momentum generated by the 1976 Olympics and the 1978 Commonwealth Games is carried into the 1980s and taken to new heights."[9] The white paper indicated that block funding would be available to national sport associations that demonstrated

competence in administrative and financial matters, thus permitting long-term planning and greater flexibility for their programs. National training centres would be established; assistance to athletes, tied to performance, would be increased; there would be a new hosting policy for major sports events; and the government would "focus its energies and resources on the pursuit of excellence in amateur sport." The focus was not simply on the Olympics but also on the Commonwealth and Pan American games. It was known in 1981 that Calgary would be the host city for the 1988 Winter Olympic Games, and the timing of the Regan white paper was therefore fortuitous.

The white paper included "Initiatives for Fitness for the 1980s," noting that the decade would see

- a redirection of the efforts of "Participaction," the independent nonprofit organization established in 1971 to motivate the general public to become more physically fit;
- continued priority given to the training of leaders in the fitness and recreational fields;
- an emphasis on programs aimed at increasing the involvement of women in the management of national sport and recreation organizations;
- support for physical recreation and sport for people with disabilities (1981 was the International Year for Disabled Persons);
- pilot projects for fitness in the workplace;
- funding for research and the collection and distribution of data and information on fitness; and
- cooperation with national sport-governing bodies to develop programs for the learning of basic sport skills.

The Regan white paper linked success in sport to national pride and emphasized the pursuit of excellence in amateur sport. "*This commitment*," it explained, "*means that the government's support will be largely channelled in the direction of*

international competitions such as the Olympic, Commonwealth and Pan American Games — as well as bilateral competitions." [Emphasis added]

All these initiatives required a further infusion of federal government funds, and the rate of funding increased rapidly.

Role of Sport Canada

The federal government, through Fitness and Amateur Sport and, more particularly, Sport Canada, had now become a major financial player in the sport movement. The extent of the federal government's control of and involvement in sport policy is illustrated in figures 1–2 and 1–3. As figure 1–2 shows, Sport Canada is one of five directorates within Fitness and Amateur Sport. Figure 1–3 provides a breakdown of Sport Canada. Appendix F includes the mandate of Fitness and Amateur Sport along with an outline of Sport Canada's areas of responsibility.

The Sport Canada mandate is

- to provide leadership, policy direction and financial assistance for the development of the Canadian Sport System;
- to provide support for the attainment of the highest possible level of achievement by Canada in international sport;
- to provide support for initiatives aimed at increasing the number of Canadians participating in sport.

In order to achieve its mandate, Sport Canada's major goals are

- to assist in the development of an integrated sport system in Canada which would provide an increased range and quality of comparative opportunities for all levels of athlete and sport participant;
- *to coordinate, promote and develop high performance sport in Canada* in conjunction with recognized national sport organizations;

- to coordinate, promote and develop domestic sport programs in conjunction with national sport organizations and provincial governments;
- to provide administrative and technical leadership, policy direction, consultative services and financial resources to assist national sport organizations to function effectively as the primary agents for the development of their sport in Canada;
- *to develop federal government policies for sport;*
- to maintain a data base on Canadian sport and to undertake research, special studies, surveys and evaluations on various aspects of the Canadian Sport System. [Emphasis added]

Figure 1–2
Fitness and Amateur Sport

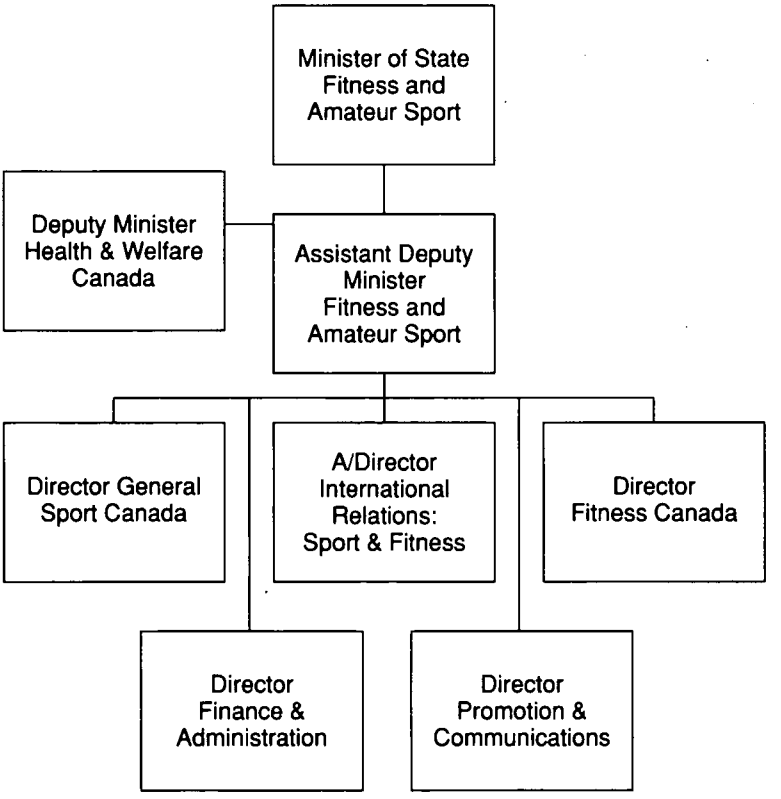
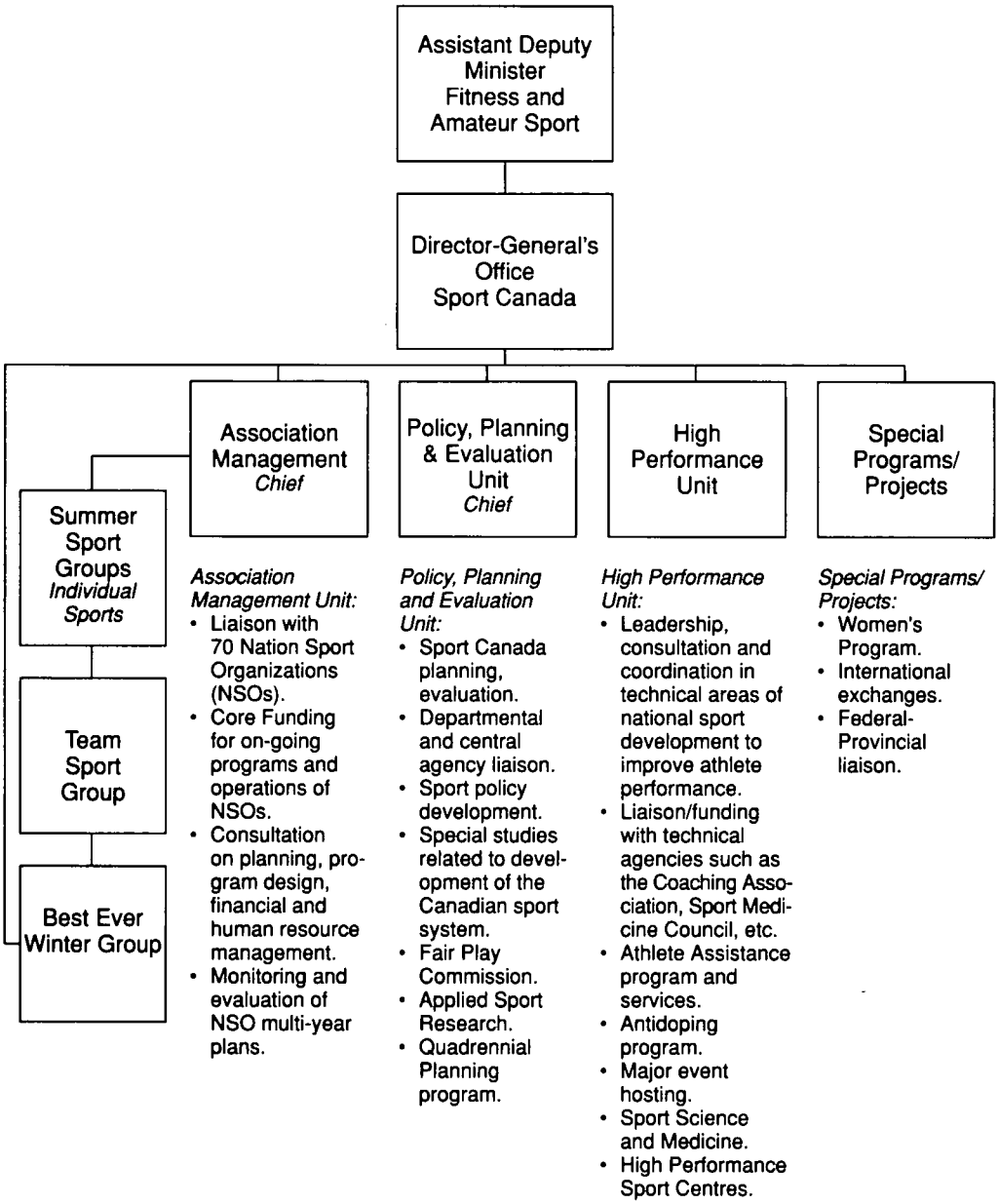


Figure 1–3
Sport Canada



According to Mr Makosky, the federal government does not deliver programs for mass sport or participative sport but considers itself responsible for setting the direction for provinces and communities. Mr Makosky said at the hearings that the most important component is financial support for national sport agencies. He emphasized that the role of the federal government is restricted to financial contribution and is not regulatory. In particular, the federal government neither grants eligibility to an athlete to compete nationally or internationally, nor does it select athletes for teams.

In principle, Mr Makosky is correct in stating that the role of the federal government is restricted to financial contribution. In practice, however, federal funding props up the entire sport system, and so its role appears to be much more significant. It is appropriate that, because the Government of Canada makes such a substantial financial contribution to the sport organizations, it be concerned with the manner in which these funds are expended and have the authority to withdraw funding if these organizations are not carrying out the objectives for which they receive such moneys. In that sense, the government does exercise regulatory authority. Indeed, one of Sport Canada's major roles is to coordinate, promote, and develop high-performance sport.

In particular, the government plays a dominant role at the level of high-performance athletics. This level of involvement has been the subject of some criticism, as indicated in the brief submitted to the Inquiry by the Coaching Association of Canada:

> At present the Canadian sport system might be described as having a significant bureaucratic and administrative bias. If this is so, there is also little evidence to show that this tilt enhances athletic performance at any level.

Donald Macintosh, who has written widely on the subject of sport and politics in Canada, was also critical of the dominant role played by Sport Canada in high-performance sport. In his opinion, the people most involved in shaping the organization of high-performance sport in Canada in recent years have been sport administrators, who are paid indirectly by the government, and public servants.

Federal Contributions to Sport

In recent years, Fitness and Amateur Sport's funding of sport has exceeded $50 million annually. The bulk of this funding has been directed towards the national sport organizations, with the balance distributed among the Athlete Assistance Program, staging the Canada Games and other events, and the Canadian Sport and Fitness Administration Centre. In 1987–88 Fitness and Amateur Sport's contributions were $51.1 million to Sport Canada, $7.4 million to Fitness Canada, and $9.3 million for operating costs. In addition, other sources of significant federal funding are directed towards the staging of major games.

National Sport Organizations

The national sport organizations (NSOs) are nonprofit corporations housed in the federally funded Canadian Sport and Fitness Administration Centre in Ottawa. From the perspective of the federal government, the NSOs are pivotal organizations in Canadian amateur sport. The federal government provides funding only to those national organizations that meet its definition of sport, are active in at least eight provinces, and have membership of several thousand. There are about sixty sports that make up approximately sixty-five recognized NSOs.

The bulk of Fitness and Amateur Sport funding is directed to the NSOs. Government is not, however, the only source of funds for these bodies. Approximately $87 million flows through the books of the NSOs, of which 56 percent is contributed by government. The remaining 44 percent is raised by fund-raising efforts of the NSOs. Internal sources — member fees, sales of goods and services to participants in the sport, and so on — provide 55 percent of these self-generated funds, with 45 percent coming from external sources such as corporate sponsorships. Sport Canada funding of the NSOs in 1987–88 was $42.7 million. (Government contributions to the individual organizations are listed in appendix D.)

The NSOs develop policy and programs for their sports, run national and international competitions, select the national teams, and are responsible for certification of coaches and officials. Athletes become members through club and school teams affiliated with the NSO or with a provincial sport body affiliated with the NSO.

Each NSO, or in exceptional circumstances a group of related NSOs, is recognized by an international federation (IF). The IFs organize world championships, control international competitions, certify officials for international competitions, and represent the particular sport in the major games organizations, such as the International Olympic Committee (IOC) and the Commonwealth Games Federation (CGF). As an example of the infrastructure, the IOCs and the IFs negotiate which athletes are to be eligible to participate in the Olympic Games.

The NSO of a particular sport can organize competitions. If an athlete wishes to compete in the national championships sanctioned by an NSO or wishes to compete internationally, he or she must be a member of the NSO, since the

IFs recognize only one national sport organization in their sport in each country. An athlete wishing to compete internationally in track and field, for example, must be a member of the Canadian Track and Field Association, which is the NSO recognized by the International Amateur Athletic Federation (IAAF), with headquarters in London, England.

A brief glance at the list of organizations that received federal government funding in 1987–88 (appendix D) shows that the level of funding ranges from a low of $4000 to the Canadian Square and Round Dance Society to a high of $2.19 million to the Canadian Track and Field Association. Basketball, rowing, swimming, hockey, and skiing each received in excess of $1 million.

Funding is contributed in two forms: core support, which funds the ongoing administrative and programming activities of the national sport body, and funding for particular programs. Core support accounted for approximately $28 million in 1987–88. Submissions for core funding are made to Sport Canada and, following "exhaustive review," a funding recommendation is made to the minister. Upon ministerial approval, the funds begin to flow.

In determining the level of funding to be provided to a particular sport, Sport Canada has a formal system of ranking sports: the sport recognition system. According to Abby Hoffman, director general of Sport Canada, this system "provides us with a common standard for assessing and then classifying and ranking all of the individual sports that we deal with."

Once a body has met the basic criteria for government funding, the degree of funding is set by "the scope and success of that organization," according to two standards. The first is the domestic category, which has to do with the

number of registered competitors in the sport in the country. The second is the high-performance ranking of the sport, either at the Olympic or world championship level. Sport Canada looks to top eight finishes as an indicator of world-class achievement.

Athlete Assistance Program

Direct financial assistance is provided to high-profile athletes through the carding system. As of January 10, 1989, Sport Canada directly funded 839 athletes by way of the Athlete Assistance Program (AAP). These are the "carded" athletes.

Ms Hoffman explained that the AAP

> financially assists Canada's top amateur athletes to defray day-to-day living and training expenses to enable them to successfully pursue sports excellence while maintaining educational or career development. The Athlete Assistance Program is complementary to Sport Canada's Core Support Program, which provides funds to NSOs for national team training, coaching, and competitive programs.

The program is universal; that is, it does not administer a means test.

The AAP classifies athletes into A, B, C, C–1, D, R, and J categories. The top levels, A, B, C, and C–1, represent national competitors; they receive monthly allowances of $650, $550, $450, and $350, respectively. Athletes at the D level, not yet national competitors, receive $300 monthly. Two new categories for team sport, R and J cards, were added in 1987–88 for reserve athletes just below the national team level and for junior team athletes. They receive $250 and $150 per month, respectively.

The A and B cards, available only for Olympic events, are based on results at Olympic Games or world championships. The criteria change according to the number of events each country is entitled to enter, but generally for an A card the athletes must be in the top eight in the world and the top one-third of the field, and for a B card the top sixteen in the world and the top one-half of the field. The C and D cards are available to athletes with a potential to reach a higher status. The C–1 card is probationary for the first year in which the athlete satisfies the C-card criteria. Most carded athletes are at level C.

Athletes in non-Olympic sports are eligible for C status if (1) they finish in the top six in the world championships or equivalent if twenty countries participate; (2) they finish in the top three with ten to nineteen countries participating (with a minimum of ten entries for team events or fifteen entries for individual events); or (3) they finish first with five countries participating and ten entries in an event.

The national sport bodies together with Sport Canada establish criteria for the carding levels. These criteria change periodically, as they did, for example, in weightlifting. Experts in that sport determined that international performances were skewed by drug use. Consequently, in 1987 Sport Canada lowered the criteria for C cards in weightlifting. The national sport bodies are responsible for the criteria and for nominating individual athletes and setting out their obligations in a contract.

Athletes can receive not only a monthly living and training allowance but also tuition, special-needs assistance, and extended assistance after finishing their athletic careers. The extended assistance is designed to help athletes continue their education or embark on a career path. Table 1–2 sets

out the number of recipients since 1985, and table 1–3 sets out the payments under the Athlete Assistance Program.

The 839 athletes directly funded by Sport Canada in January 1989 included 62 A cards, 78 Bs, 364 Cs, 151 C–1s, 114 Ds, 25 Rs, and 45 Js. Some $3.8 million was allocated to summer Olympic athletes, $675,000 to winter Olympic athletes, $91,000 to non-Olympic athletes, and $52,000 to athletes with disabilities. (A table showing carding allocation by sport appears in appendix E.)

Major Games

The federal government, through various sources, among them Fitness and Amateur Sport, provides funding for the staging of such major games as the Canada Games, the Francophone Games, the Commonwealth Games, the Pan American Games, and the Olympic Games.

Canada Games

The Canada Games, in which athletes from across the country participate, are held every two years in a different province. By 1991, when the games are held in Prince Edward Island, each province will have hosted them at least once. Federal government contributions towards these games are listed in table 1–4.

Francophone Games

The first Francophone Games were staged in Morocco in July 1989, with representatives of thirty-nine French-speaking countries, principalities, and provinces competing

Table 1–2
Athlete Assistance Program: Recipients

	No. of Athletes	Card						
		A	B	C	C–1	D	J	R
1985–86	745	124	70	551				
1986–87	793	107	80	384	148	74		
1987–88	856	103	92	415	121	70	35	20

Source: Fitness and Amateur Sport *Annual Report*, 1987–88, 22

Table 1–3
Athlete Assistance Program: Payments

Payment Categories	1985–86	1986–87	1987–88
Living Allowance	$4,430,403	$4,481,876	$4,474,655
Tuition	310,194	338,680	270,155
Special Needs	19,922	8,165	9,079
Extended Assistance	124,200	170,532	61,942
Total	$4,884,719	$4,936,253	$4,815,831

Source: Fitness and Amateur Sport *Annual Report*, 1987–88, 22

Table 1–4
Fitness and Amateur Sport Funding of Canada Games, 1967–91

		Location	Capital	Operating	Total
1967	(W)	Quebec City, Que.	$ —	$ 714,000	$ 714,000
1969	(S)	Halifax, N.S.	300,000	838,000	1,138,000
1971	(W)	Saskatoon, Sask.	200,000	900,000	1,100,000
1973	(S)	Burnaby, B.C.	640,000	699,986	1,339,986
1975	(W)	Lethbridge, Alta	580,000	1,300,000	1,880,000
1977	(S)	St John's, Nfld	1,000,000	2,533,683	3,533,683
1979	(W)	Brandon, Man.	1,150,000	2,524,000	3,674,000
1981	(S)	Thunder Bay, Ont.	1,500,000	3,300,000	4,800,000
1983	(W)	Saguenay/Lac Saint-Jean, Que.	2,000,000	3,500,000	5,500,000
1985	(S)	Saint John, N.B.	4,500,000	5,000,000	9,500,000
1987	(W)	Cape Breton, N.S.	2,500,000	4,800,000	7,300,000
1989	(S)	Saskatoon, Sask.	2,500,000	5,415,000	7,915,000
1991	(W)	Charlottetown, P.E.I.	4,500,000	5,200,000	9,700,000
Total			$21,370,000	$36,010,669	$57,380,669

Source: Figures supplied by Fitness and Amateur Sport.

Notes: These figures represent total funding for each games meet; for example, the $7.3 million contributed towards the 1987 Cape Breton games would have been advanced over the three or four years prior to the actual event. W = winter games. S = summer games.

in athletic and cultural events. The federal government allotted $4.2 million for the games, of which $3 million went to the Moroccan organizing committee as the Canadian contribution; $390,000 went to Fitness and Amateur Sport; $747,000 to the Department of External Affairs; and $63,000 to the Department of Communications. The 1993 games will take place in Essonne, France.

Commonwealth Games

The Commonwealth Games are held every four years, two years after the Olympics. Edmonton hosted the 1978 games, with the federal government contributing $20 million to their staging. The federal government has committed $50 million towards the staging of the 1994 games in Victoria. These sums are in addition to the regular funding provided annually to the Commonwealth Games Association of Canada: $39,220 in 1987–88; $350,000 in 1986–87; $264,450 in 1985–86. Funding is higher in a year when the games are staged and, in preparation for the event, in the preceding year.

Pan American Games

The Pan American Sports Organization is a regular subcommittee of the International Olympic Committee. The last time these games were held in Canada was in 1967, in Winnipeg. Other than in a year when the Pan American Games are staged in Canada, funding for them is contained in the annual funding for the Canadian Olympic Association.

Olympic Games

The International Olympic Committee (IOC) is the body that holds the keys to what has been described as the ultimate sports club: the Olympics.

IOC vice-president Richard Pound described for the Commission the organization of the committee. Members are chosen by the IOC to be its representatives in countries around the world. Each member is an individual representative of the IOC in a particular country, not the country's representative to the IOC. There are ninety-two members; those appointed prior to 1966 are members for life, and newer members must retire at the age of seventy-five. The members of the IOC are volunteers (they are reimbursed for expenses). The major countries or countries having hosted past Olympic Games are entitled to a maximum of two IOC members. The IOC meets annually, with an additional meeting held in the year of the winter or summer games.

The eleven-member executive board of the IOC is composed of a president, three vice-presidents elected for four-year terms, and seven members-at-large elected for four-year terms. There are approximately eighty employees, most of them at the headquarters in Lausanne, Switzerland.

The Canadian Olympic Association (COA) is one of 167 national Olympic committees. These committees meet annually in the Association of National Olympic Committees (ANOC), and the ANOC meets with the IOC executive board every second year. The COA is primarily responsible for the Canadian contingent to the Olympic Games as well as to the Pan American Games. For an athlete to be selected by the COA for the Canadian Olympic team, he or she must be on the list of potential team members submitted by the athlete's national sporting organization. The IOC has no formal links with the international sport federations, which, like the national Olympic committees, are autonomous sport organizations.

There are two sets of Olympic Games — the summer games and the winter games — each staged every four years. Countries bid for the opportunity to host the games. (The

Canadian government has committed up to $2.4 million to support Toronto's bid for the 1996 summer games.) In 1988 Canada was the host country and Calgary the host city of the Winter Olympic Games.

1988 Winter Olympics The federal government contributed $224,848,727 to the Calgary Olympics. (A breakdown is given in table 1–5.)

Table 1–5
Federal Government Contribution to Calgary Olympics (Winter 1988)

Facilities		
Canada Olympic Park	$70,165,912	
Olympic Speed Skating Oval	39,963,827	
Saddledome	29,681,400	
Fr. David Bauer Arena	2,184,088	
Total (facilities)		$141,995,227
Operational Assistance		49,463,500
Olympic Endowment Fund		33,390,000
Grand Total		$224,848,727

Source: Fitness and Amateur Sport, Funding Summary, Office for the 1988 Olympic Winter Games

The original commitment was for $200 million in 1982–83 dollars. These expenditures came out of the Department of National Health and Welfare budget and are additional to those appearing in the Fitness and Amateur Sport annual budget. (In 1987–88 Sport Canada funding to the Canadian Olympic Association was $1.07 million.)

The $225 million contribution was from nontax revenues. When the federal government relinquished the lottery field to the provinces in 1985, it entered into an agreement with the provinces by which the federal government received $100 million from lottery revenues. This amount was the main component of the federal government's commitment to the Olympics. Further revenues were derived from marketing Olympic coins and from the seigniorage on the new one-dollar coin introduced in 1987.

The Olympic Endowment Fund, to which the federal government contributed $33.4 million, is a trust fund set up to ensure that there will be future funds available for the maintenance of Olympic facilities. The Calgary Olympic Development Association (CODA) is the administrator of the endowment fund. Because of the nature of the Calgary facilities, it was anticipated that as a whole they would not be self-supporting. For example, the revenues from operating such a specialized facility as the luge-bobsleigh run do not pay for its upkeep, and so the endowment-fund revenues ensure it remains available for public use. Conversely, the Saddledome does not require moneys from the fund. It is not only self-supporting but actually contributes funds to amateur sport. (The major beneficiaries of Saddledome revenues have been Hockey Canada and the Canadian Amateur Hockey Association, the City of Calgary Parks and Recreation Department, and CODA. As of March 31, 1988, these organizations had each received $680,000 as a result of the Saddledome's profitable operations.)

There is an agreement in place with the operators of the Olympic facilities and the federal government to apportion use among the public, high-performance athletes, and university athletic programs.

The federal government was not the only contributor to the provision of facilities for the Olympics. The City of Calgary contributed more than $30 million to the building of the Saddledome and the province contributed more than $100 million to the facilities. In addition, the Olympic Organizing Committee raised more than $500 million from television rights, sponsorships, ticket sales, and marketing, of which $36 million was put into an endowment fund (for the same purposes as the federal government's endowment fund), $36 million was given to the COA after the games were over, and the balance was used to run the games.

1976 Summer Olympics According to Fitness and Amateur Sport, the federal government's contribution to the 1976 Montreal Olympics was $142 million. In addition, the Olympic coin and stamp program instituted by the federal government brought in $115 million and the Olympic lottery, $235 million. The Government of Quebec contributed $25 million, the Government of Ontario, $1 million, and the City of Montreal, $8 million. The total cost of the games was $1.596 billion. The deficit was just under $1 billion. (The City of Montreal funded $200 million of that deficit, and the $790 million balance was financed through Government of Quebec loans.)

Provincial Funding of Sport

The federal government and the provincial governments have cooperated in funding sport. Provincial governments and municipalities contribute substantially to the sport facilities used by all athletes across the country, including, of course, those who have left the provincial arena to enter national and international competition. In addition, provincial governments make direct contributions to sport organizations within their provinces.

Robert Secord, assistant deputy minister of the Ontario Ministry of Tourism and Recreation at the time of the hearings, explained the role of the Government of Ontario and indicated that the activity of the other provincial governments was comparable, in varying degrees. He said that Ontario funds seventy-three sport organizations, all single sport organizations with the exception of the group support office, which serves a number of smaller sports. Provincial and national sport organizations are often interrelated, and all but twelve of the provincial organizations are also serviced by Sport Canada. The total Ontario government

funding for all seventy-three organizations — which serve a constituency of approximately 1.3 million members and 2.5 million "non-registered members" for a total of 3.8 million Ontario residents — is approximately $14 million. On average, the organizations receive half their funding from government and half from private and corporate support, membership fees, and so on.

Mr Secord said there are two objectives for funding the provincial sport organizations, one for people who participate in sport for satisfaction and enjoyment, and the other specifically for the development of high-performance athletes. The provincial government gives priority to the former group. The province assists athletes who are just below the level of the nationally carded athlete and have the potential to improve. As soon as an Ontario athlete becomes carded by Sport Canada, all provincial support ceases.

The Provincial Athlete Assistance Program began in 1977. Ontario has two levels of carding, gold and silver. For 1988–89, 503 athletes (299 gold, 204 silver) received average yearly allowances of $1500 and $667 for gold and silver, respectively. (The total expenditure allocated was $580,000.)

The highest provincial grant to any single organization is $950,000 for skiing (downhill, nordic, biathlon, nordic combined, and ski jumping). The next highest grants are for swimming ($680,000), gymnastics ($450,000), and figure skating and track and field (approximately $380,000 for each).

The province's annual contribution towards travel to provincial, national, and international competitions is $2.7 million.

The province also assists organizations hosting provincial, national, and international championships, with maximum grants of $5000, $10,000, and $25,000, respectively. In

1987–88 the province contributed $480,000 for the three categories of hosting.

The National Coaching Certification Program, which started in Ontario and developed into a national program, receives $300,000 annually.

The province supports four sport-development centres, which are similar to the federal high-performance centres (discussed below). These are a women's field hockey centre at the University of Toronto, a sailing centre in Orillia, a soccer centre in Oakville, and a water polo centre at the University of Toronto. In addition, the province contributes to fourteen centres at which the costs are shared with Sport Canada.

The Ontario government also contributes to the operation of the Ontario Sport Centre, which houses forty-one of the seventy-three provincial organizations. The province contributed roughly half of the centre's budget of $5.9 million in 1987–88.

High-Performance Athletes and the Changing Concept of Amateurism

Funding

Abby Hoffman identified the three funding needs of athletes as physical facilities, such as playing fields, gymnasiums, or pools; programs for training and competition; and human resources, including not only the athletes themselves but also, among others, coaches, officials, conveners, organizers, and administrators.

Facilities in general are provided by bodies other than the federal government, namely, municipalities and universities. Yet one of the paradoxes in the Canadian system, Ms Hoffman noted, is

> that the lowest level of government, the level that has really no responsibility for high performance athletes in any direct way somehow or another has ended up with the responsibility for building facilities . . . we have to count on the municipalities and the education system primarily. I mean if we didn't have the facilities constructed by those two authorities, we would . . . have to find some other means.

But, as noted earlier, some funding for facilities for staging special events is provided by virtue of the federal government's contribution to major games. For example, considerable government moneys are spent every two years to upgrade existing facilities and construct new ones at the host sites of the Canada Games.

The 1983 hosting policy of Sport Canada recognized that federal funds might be better used to develop high-performance sport than to construct facilities for major events, and in 1985 the minister for fitness and amateur sport, the Honourable Otto Jelinek, announced a moratorium on operating funds for major sport events. Nevertheless, the Fitness and Amateur Sport 1987–88 annual report shows funding for capital and operating costs for the Calgary Olympics at $1,070,747, and $4,070,305 for other major games. In addition, federal government sources outside of Fitness and Amateur Sport have contributed considerable sums to the staging of major games. For example, in addition to the Fitness and Amateur Sport contribution, almost $225 million of funding for the Calgary Olympics in 1988 was from the Department of National Health and Welfare budget.

Programs for training and competitions, the second area cited by Ms Hoffman, are funded by Sport Canada, with the national team's training and competition program representing "far and away the biggest block of funding that goes to the national sport bodies."

The high-performance athlete is, of course, the beneficiary of that funding, as well as of the more direct funding he or she receives through the previously discussed Athlete Assistance Program. In addition, the high-performance athlete is the recipient of services provided by those bodies housed in the Canadian Sport and Fitness Administration Centre, among them the Coaching Association of Canada, the Sport Medicine Council, the Sport Information Resource Centre, the Athlete Information Bureau, and the Sport Marketing Council. As well, the Canadian Interuniversity Athletic Union (CIAU) in 1987–88 received funding of $1.29 million from Sport Canada.

The federal government's Best Ever program is also directed towards the support of the high-performance athlete. It began in 1983 with an infusion of $25 million in funding to develop Canada's team for the 1988 Calgary Winter Olympics. In 1985 the program was extended to the Summer Olympics, with funding of $37.2 million. The federal government renewed its commitment to this program in 1988.

High-Performance Training Centres

Ms Hoffman, in her testimony, observed that Canada is one of the few countries that currently has a network of dedicated high-performance training centres specifically constructed for high-performance athletes.

Mr Makosky, in his testimony, described these centres as a "creation . . . or a service and a funded service, created by the Federal Government." The term "high-performance centre" does not, he suggested, refer to an actual physical edifice but more to a concept. "They are really not centres in terms of bricks and mortar . . . but rather concepts and places to train and focus national team development."

In its 1987–88 annual report, Fitness and Amateur Sport stated that the goal of the high-performance sport centres program is to "assist national sport organizations to establish quality training facilities where athletes, coaches and special services can be integrated into one, cost-efficient location."

In 1982 the federal government established the High Performance Sport Task Force to study the technical requirements of national sport-governing bodies. Two documents were produced in 1983: "High Performance Sport Centres — A Sport Canada Policy" and "High Performance Sport Centres — General Criteria." By June 1984 the establishment of these high-performance centres was well under way, and although one or two floundered there are now, according to Mr Makosky, some eighty-one such centres throughout Canada, seven of which were established in 1987–88.

Of the eighty-one centres across Canada, approximately half are located in universities. Others use municipal facilities. The Calgary centre will use the facilities built for the 1988 Winter Olympics.

Profile of the High-Performance Athlete

According to Ms Hoffman, the average age of the high-performance athlete is twenty-two years; the average age at retirement is twenty-six years. Some 50–60 percent of high-performance athletes have been on the national squad for three years, although they would have spent many years of intensive training reaching that level. The overwhelming majority of carded athletes are students or full-time athletes. Only 11 percent are employed full-time. As Ms Hoffman stated: "It's pretty clear that the fact of their involvement in high level sport was a significant barrier to their being employed full-time."

Some 32 percent of carded athletes have either completed an undergraduate degree or are pursuing one. According to Ms Hoffman, this rate is twice that for the general population. Ms Hoffman puts forward three possible reasons for this statistic: athletes generally are more intelligent than the average population; because of their involvement in high-level sport, carded athletes have time only for school and not for employment; and these individuals tend to come from a section of society which, because of socio-economic factors, would in the normal course of events attend university. In support of the last argument, Macintosh, Bedecki, and Franks in their book on sports and politics in Canada found that "Canada's pool of high-performance athletes was drawn largely from the middle and upper class; thus a potential source of athletes from working-class backgrounds is essentially lost to the country."[10]

Some 65 percent of carded athletes receive no income from employment whatsoever. A large percentage of them are dependent on or receive financial support from their families. Half actually continue to live with their families during their involvement in high-level sport. The other half live at the high-performance centre locations.

According to a 1985 study of the carded athlete population, overall the athletes tended to be satisfied with their economic condition, although the older athletes were less satisfied. (The younger athletes indeed may be better off than their peers attending school, owing to the stipend from Sport Canada. Older athletes, in contrast, would compare themselves with contemporaries who have completed school and are now in the workforce.)

Some writers believe Canada's system of funding and support for these high-performance athletes does not allow them the best chance of competing against other countries in international competition, particularly the Eastern Bloc athletes:

> It is apparent that Canadian athletes are too young to compete with the more seasoned older athletes that are typically found in many events and teams in the Soviet Union and the Eastern-bloc countries. More incentives are needed to keep the best of Canada's young athletes in their sport until they reach a more mature age.[11]

In light of such observations and the extent of government funding of high-level competitive sport, it is appropriate to consider the changing concept of the amateur athlete.

Changing Concept of Amateurism

At the time of the revival of the Olympic Games in 1894, an athlete who accepted any material reward for engaging in a sporting activity forfeited the right to be regarded as an amateur and was banned for life from Olympic competition. The founders of modern Olympism hoped in this way to protect sport from the potentially corrupting influence of mercantilism and to preserve the high ideals of the Olympic movement: love of sport for its own sake, friendship among nations, and the pursuit of excellence. The rules were strictly applied and, although many athletes suffered the penalties of loss of medals and lifetime exclusion from Olympic competition, no doubt numerous transgressions were never discovered. The result was cynicism and accusations of hypocrisy, similar to those being levied today on the issue of performance-enhancing substances and practices.

In 1974 the International Olympic Committee abandoned what had been widely regarded for the previous seventy-five years as a keystone in its structure. The distinction between the "amateur" and the "nonamateur" athlete was no longer clear; henceforth, the IOC determined, athletes would be either "eligible" or "ineligible" to compete. Eligibility would be determined by the rules of the athlete's international federation.

Today, most federations allow their athletes to accept sponsorship money. Some insist that the money be put in a trust fund until the athlete retires. The rules vary from federation to federation, as does the extent to which the athlete can gain access to the trust funds during his or her career. In some countries, eligible athletes are full-time salaried employees of either the state or a sport body.

According to Ms Hoffman, "people in sport tend not to use the word amateur athlete. The tendency is to talk more about athletes who are eligible or ineligible, so the word amateurism I think is somewhat behind us now." Nevertheless, the legislation under which Sport Canada is authorized to fund athletes refers only to amateur sport, which it defines as "any athletic activity when engaged in solely for recreation, fitness or pleasure and not as a means of livelihood."

I note at various points throughout this report how closely this changing concept of amateurism is linked to many of the problems that now beset high-level sport, and I will deal with the subject again in my conclusions and recommendations.

Government's Long-Term Goals

The 1988 Task Force Report

The momentum towards the establishment of an elite cadre of world-class Canadian athletes and a system of ensuring its succession has carried forward to the 1990s. In February 1987, the minister of state for fitness and amateur sport, Mr Jelinek, established a task force to prepare a report to assist in charting a course for Canadian sport in the 1990s. Co-chaired by Abby Hoffman, director general of Sport Canada, and Lyle Makosky, assistant deputy minister

of fitness and amateur sport, it was to set "[b]road goals, directions and priorities for Canadian sport in the domestic and high performance sectors."[12]

In its report, *Toward 2000: Building Canada's Sport System*, the task force set out eight long-term goals:

1. [*The sport system in Canada*] To establish a coherent Canadian Sport System for athlete development and participation based on sport specific models and systems in which all roles, responsibilities and linkages are clearly understood and accepted.
2. [*High-performance sport*] To develop a Canadian Sport System which will provide opportunities to enable athletes with talent and dedication to win at the highest level of international competition.
3. [*Domestic sport*] To encourage the development of an integrated community-based sport system within the national framework which will provide an increased range and quality of competitive opportunities for all levels of participants and which will utilize as one of the primary delivery mechanisms the sport club.
4. [*International sport leadership*] To enable Canada to maintain a high level of success and visibility in the international sport circles, both governmental and non-governmental, and to ensure that Canada provides leadership in the international sport community at least concomitant with its current record of international success.
5. [*The status of the high-performance athlete*] To ensure that athletes central to the achievement of Canada's high performance objectives will be financially supported on a combined need-reward basis and that this support will be available through public subsidies, private sector sponsorship, prize money and/or income from employment as athletes.
6. [*Sport as a component of Canadian culture*] To ensure that sport is articulated, recognized and valued as an integral part of Canadian culture and as a cultural form.

7. [*Financing of sport*] To secure the level of funding required by the sport system and specific sport programs to achieve the National Goals for Sport.
8. [*Leadership and linkages*] To ensure that there is strong, coordinated and shared leadership for sport at the national level within and among both the governmental and non-governmental sectors of the Canadian Sport System.

The emphasis on high-performance sport is a recurring theme. As part of the second goal, the task force recommended that the high-performance centre concept be expanded and built upon:

> Add to the high performance centre concept that of national multi-sport high performance centres, located in major urban centres, which employ professional administrators, coaches, sport scientists, sport medicine practitioners; serve the high performance athletes, coaches, and clubs in their respective regions; and also serve to influence the development of sport in the communities within their regions.

In setting out the fifth goal, it was clear that the authors had no doubt that success in sport is directly related to the level of funding available:

> The financing of high performance sport is a critical issue for the next quadrennial and is closely related to the setting of high performance goals. The level of high performance results achieved is directly proportional to the level of financial support within the system — the higher the expectations of performance, the greater the amount of financial support required.

The long-term goal in the area of high-performance sport was:

> To develop a Canadian sport system which will provide opportunities to enable athletes with talent and dedication to win at the highest level of international competition.

The manner of achieving these broad policy goals is very specific in two areas: achievement of success in the high-performance, international arena; and amount of funding required. The report stated:

> Achievement of the following performance levels indicates successful progress toward the attainment of the above goal:
>
> a) *To have Canada place among the three leading Western sporting nations (with West Germany and the USA) and to rank among the top 6–8 nations overall (assuming that the USSR, GDR, China, Romania and Poland are the leading Eastern block nations) in the 1992 Summer Olympic Games in Barcelona.*
>
> b) *To place among the top 6 nations in the 1992 Winter Olympic Games in Albertville.*
>
> c) *To have Canadian athletes win medals in 18 of 28 summer Olympic sports and 6 of 10 winter Olympic sports in 1992.*
>
> d) *To place first as a nation in the 1990 Commonwealth Games.*
>
> e) To maintain Canada's current world ranking in non-Olympic sports and disabled sports.
>
> f) To develop performance objectives for major non-Olympic events on a sport-by-sport basis. [Emphasis added]

In the area of funding, the task force set as a goal:

> To secure $120 million per year by 1996 as the annual funding base available to national sport agencies and organizations for activities which contribute to the attainment of the national goals for sport.

Although recognizing that funding of sport is, and should continue to be, shared among many parties, the task force stated in its list of financial principles that

> the federal government has a major responsibility for the financing of the national sport system in view of its significant social policy role in the area of national sport development.

Crucial to the determination of the level of government funding for any particular sport is Sport Canada's sport recognition system, which the task force recommended be retained without changes. As discussed in the report, the sport recognition system serves the following purposes:

1. It classifies and priorizes sports on the basis of results in major international competition and on the number of its participants for the purposes of funding allocation.
2. The criteria for classification emphasize the importance of both high performance results and the size of the participation base in the sport and serve to make a statement about the priorities of the federal government in this regard.
3. *The criteria also serve to point out the priority which the government places on the Olympic sports and hence the Olympic Games as the major focus for high performance sport development.* [Emphasis added]
4. The Sport Recognition System defines the list of sports which the government will fund, and also confines and restricts this list based on a set of public criteria.
5. Overall, the Sport Recognition System provides a means of disclosing the basis for government funding decisions with respect to National Sport Organizations.

The task force supported government funding for the development of an integrated community-based sport system within the national framework and supported broad participation at all levels of sport.

In his overview to the report, Mr Charest, the minister of state for fitness and amateur sport, added a word of caution with respect to the federal government's financing of sport:

> For its part, the federal government remains committed as a major partner in the financing of sport . . . We support both the wider social purpose and benefits of sport and the specific goals of the sport system.

Mr Charest also warned that the financing of sport should not be the sole responsibility of government:

> However, in our future plans for sport we should not assume that the federal government alone will maintain its current very high proportionate share of funding. The government's financial contributions should be more balanced by non-governmental sources — the private sector and national sport organizations. This will require further exploration of the need and ability of national sport organizations to develop an adequate membership base and innovative membership services and fees to help finance their own sport systems.

Finally, the minister further acknowledged the role of sport in Canada's cultural life and the government's responsibility to support amateur sport. He recognized the government's role in overseeing how sport fits into the matrix of society when he added:

> *We will as well want to address* some of the difficult dilemmas and social goals that government shares some responsibility for, including access to bilingual services, gender equity, *the integrity and ethical conduct of sport and other social challenges*. [Emphasis added]

Nevertheless, *the thrust of the report of the 1988 task force stresses government funding for the winning of medals primarily in major and international competition and uses that focus as one of the principal criteria for the determination of the level of future government funding.*

Sport as a Policy Instrument

Social Policy

The ministerial response to the 1988 task force report acknowledges the role sport has played and continues to

play in government policy. It is useful to examine how that role has evolved.

Health and Fitness

The federal government's involvement in fitness and sport initially arose out of a concern that Canadians were in general physically unfit. Indeed, as noted earlier in this chapter, large numbers of men had been rejected for that reason for active military service during the Second World War.

In the 1970 white paper, *A Proposed Sports Policy for Canadians*, the minister of national health and welfare lauded the many benefits to be derived from involvement in sport. He assured the House of Commons that such involvement improves physical and mental health. It encourages activity with others and is a rallying point for families, communities, and neighbourhoods. It can assist in reducing juvenile delinquency. It improves industrial life through industrial recreational programs. In short, he said, involvement in sport raises the overall calibre of Canadian society and leads to a happier existence.

Rising health-care costs in the 1960s and 1970s prompted the Canadian government to examine the extent to which lifestyle was contributing to the problem. In 1974 the health and welfare minister, the Honourable Marc Lalonde, took an aggressive approach to the situation. Commenting on Lalonde's white paper, *A New Perspective on the Health of Canadians*, Macintosh, Bedecki, and Franks state:

> Lalonde argued that Canadians had a choice about their health. Lifestyle became the operative word in the 1970s; exercise was seen as one of a number of positive steps that Canadians could take to improve their health. This thrust coincided with the growing success of Participaction, an arm's-length agency established by the federal government in the early 1970s to promote physical activity for the general public.[13]

Indeed, one of the success stories of the federal government's involvement in fitness programs has been the international reputation acquired by Participaction, established in 1971 to motivate Canadians through the use of mass media, advertising, and marketing techniques to lead more physically active lives. (Participaction is a Fitness Canada, as opposed to a Sport Canada, program.) By all accounts, Canadians are certainly more active today than they were in the 1960s and 1970s. Adult participation in sport increased from 54 percent in 1976 to 77 percent in 1981, and the fitness movement has been linked to the decline of cardiovascular disease in North America.

Gender Equality

According to the 1988 Task Force on National Sport Policy, one of its "most important" recommended actions was:

> Increase the number of women in organized competitive sport through the development of sport specific strategies and implementation plans as part of the Domestic Quadrennial Planning Process.[14]

This was not a new initiative, for since the 1970s the federal government has used its involvement in sport to attempt to address gender inequality and underrepresentation of women in that field. A 1972 nationwide leisure survey and a 1976 fitness and sport survey both pointed to significant underrepresentation of women in sport and physical recreation. In 1974, the International Year of Women, the federal government supplied funding and organizational support to the National Conference on Women and Sport, which made recommendations to correct disparities. The Fitness and Amateur Sport Women's Program

was developed in 1980. A Sport Canada consultant was appointed to oversee the program, for which the federal government provided funding of $250,000.

Following Abby Hoffman's 1981 appointment as director of Sport Canada, there was a new focus on women's sports. Ms Hoffman was a champion athlete, having participated in four Olympic Games and reached the finals in the 800 metres in Mexico City (1968) and again in Munich (1972). She was the Canadian champion for the 800 metres from 1962 to 1975 and a medal winner in Commonwealth Games and Pan American Games. Ms Hoffman was not only an athletic champion but also "a champion of equal opportunities for women in sport."[15] Under her directorship, the first national training centres for high-performance athletes were established in 1981.

In December 1981 Canada ratified the United Nations General Assembly resolution 34/180, "the Convention on the Elimination of All Forms of Discrimination Against Women," which had been adopted by the UN on December 18, 1979. Articles 10(g) and 13(c) require parties to the convention to agree to ensure women the "same opportunities to participate actively in sports and physical education" as men, and the same "right to participate in recreational activities, sports and all aspects of cultural life."

In 1986 Sport Canada released a document entitled "Women in Sport: A Sport Canada Policy," which confirms Sport Canada's commitment to equality of opportunity for women at all levels of the sport system. More than an expression of pious hopes for the increased participation of women in sport, the document offered an "action-oriented approach" to be taken by the Women's Program and by Sport Canada.

Notwithstanding these efforts by the federal government to address the imbalance between male and female participation in sport in Canada, much remains to be done. *Can I Play?*, the report of the Ontario Task Force on Equal Opportunity in Athletics, delivered in September 1983, found that although there had been a recent marked increase in female participation in competitive sports organized by associations and schools, males continued in the majority. Females accounted for 30 percent of athletes registered with sport-governing bodies in Ontario. There is a lack of proportionality in the allocation of facilities, practice times, and services at the university level. The report identified other systemic difficulties that operate to prevent fuller participation by women and girls in athletics.

The federal government contributed to the Female Athletic Conference held at Simon Fraser University in 1980, out of which the Canadian Association for the Advancement of Women in Sport was established. This national nonprofit organization, partly funded by Fitness and Amateur Sport, was founded to "promote, develop, and advocate a feminist perspective on women and sport." In addition, an internship program in sport administration for retired female athletes was put in place at the National Sport and Recreation Centre in Ottawa. By 1983–84 it was providing on-the-job training. The program has succeeded in increasing the number of women in entry-level professional positions at the centre; in initiating a program for full-time female coaches; in setting up the National Association Contributions Program to provide funds to national sport associations to increase female participation; and in producing promotional publications and films on women in sport and fitness.

It is not likely that any of these initiatives would have occurred without federal government involvement. Nevertheless, and perhaps in keeping with the slow pace of change

on gender equality that permeates society in general, an imbalance remains. Canada's 1984 Olympic team was 22 percent female. The 1988 team was 32 percent female. Today in Canada, only one-third of university athletes and 40 percent of secondary school athletes are women.

Sport for the Disabled

To coincide with the International Year for Disabled Persons in 1981, Fitness and Amateur Sport struck a special committee to examine sport, fitness, and recreation in the context of people with disabilities. In 1981–82 the Canadian Federation of Sport Organizations for the Disabled was developed as an umbrella organization encompassing all national sport-governing bodies for athletes with disabilities.

Both Fitness Canada and Sport Canada contribute funds each year to the branch's program for the disabled, which "seeks to enhance the participation of disabled Canadians in the pursuit of sports excellence and in fitness-related activities." (In 1987–88 close to $1 million was committed in support of the program.) In 1982 the federal government provided funding of $1.8 million for the Pan American Wheelchair Games in Halifax.

The criteria for Sport Canada's Athlete Assistance Program have been adjusted to include athletes with disabilities. Thirteen athletes with disabilities obtained carded status in 1982–83.

In 1988 Fitness Canada's Advisory Committee on the Disabled, co-chaired by Rick Hansen and Dr Ted Wall, delivered "Blueprint for Action" — a national action plan designed to enhance the development of activities that will improve physical activity experiences for Canadians with disabilities. In 1987–88 Fitness and Amateur Sport and the Canadian Federation of Sport Organizations for the Disabled

negotiated a memorandum of understanding that delineated federal support for the winter and summer Paralympic Games.

Canadian wheelchair athletes won thirty-two gold medals in swimming, shooting, track and field, and men's basketball at the 1987 Stoke Mandeville world championships, and skiers won five gold medals in the alpine and nordic events at the 1988 Winter Paralympics at Innsbruck. Canadian athletes participated in exhibition events at the aquatics and the track and field world championships held in Madrid and Rome and at the Winter Paralympics in Calgary.

In 1988 the Task Force on National Sport Policy stated that one of its recommended actions was to "develop national strategies and implementation plans to increase opportunities for the disabled participant in sport."[16]

Lower Socioeconomic Groups

The 1970 Munro white paper, *A Proposed Sports Policy for Canadians*, showed a real concern on the part of the federal government to extend the benefits of participation in sport to all levels and socioeconomic areas of society. Nevertheless, Macintosh, Bedecki, and Franks's 1987 book on federal government involvement in sport remained critical of the government's role in providing people from lower socioeconomic backgrounds with access to competitive sport at various levels:

> The ranks of elite amateur athletes in Canada have been shown to be underrepresented by persons from blue-collar and working-class backgrounds . . . A study of the Sport Canada Athlete Assistance Program by Macintosh and Albinson (1985) revealed that carded athletes typically had additional financial backing from family or other sources. They also possessed the cultural and achievement paraphernalia that enabled them to attend

> university. This provides additional evidence that persons who come from disadvantaged family backgrounds are much less likely to become high-performance athletes than those from the middle and upper classes.
>
> As is the case for gender inequalities, this socio-economic imbalance also exists in the composition of the executives of sport associations . . . The extent to which sport executives (dominated by persons from professional and managerial backgrounds) are interested in redressing socio-economic inequalities in participation rates is problematic. In contrast to gender discrimination, however, the federal government has shown little interest in providing more access to competitive sport for persons from lower socio-economic backgrounds.[17]

The 1988 report of the Task Force on National Sport Policy, although not specifically addressing this issue, showed a concern that competitive as well as "domestic" sport be available to *all* Canadians:

> All Canadians should have the opportunity to participate in competitive sport at a level which best suits their skill and motivation level. Talented individuals should have the opportunity to move through a system which enables them to develop and eventually excel at the highest international level . . .

Two "subgoals" of the task force reflect this concern:

- To develop a promotional program designed to popularize sport and increase the number of Canadians participating in organized competitive sport.
- To develop national programs which will provide increased opportunities and incentives for participation in sport to identifiable sectors of the population in which participation has been traditionally low.[18]

Nevertheless, as pointed out by Ms Hoffman and noted earlier in this chapter, carded athletes tend to come from a socioeconomic group whose members would in the normal

course of events attend university, and from a background capable of providing the support system necessary for an athlete to be able to devote himself or herself exclusively to competitive sport.

National Policy

National Unity

The report of the 1969 Task Force on Sports is one of the seminal documents in the history of Canadian government involvement in sport. There is little disagreement among writers that sport is a potent unifying force, with the potential to transcend language, cultural, and geographic differences. As stated in the 1969 report, it is "one of the few dimensions of Canadian life in which truly national folk heroes have been created, and are constantly being created."

As that report also commented:

> We cannot weigh with any accuracy the contribution [such] Canadian sports development played in knitting a nation, but it must have been considerable. We make use of it because such a role for sport has continuing significance. If we think it important to keep an intrinsically Canadian sense of community in the face of the colorful and penetrating attractions of our powerful neighbour, sport is one of the most effective ways of doing it.[19]

Bilingualism

Bilingualism in sport has become an issue to which the federal government has addressed itself. The Honourable Jacques Olivier, as minister of state for fitness and amateur sport, in 1984 expressed a view that Canadian sport-governing bodies and Sport Canada itself had fallen behind other national organizations in the development of bilingual

services, particularly in providing French-speaking coaches and translation services at meetings and conferences. At his instigation, Sport Canada officials were required to review all contracts to ensure that the principle of bilingualism was being followed. In addition, funding was withheld from more than one hundred sport federations pending a review of the extent to which they provided bilingual services. Mr Olivier had harsh words for the Canadian Olympic Association and the organizers of the Calgary Games for failing to provide adequate bilingual services.

The Fitness and Amateur Sport Official Languages Program was established in November 1983 to provide consultation and planning assistance to about one hundred federally funded national sport and fitness associations in the private sector and to the national and international events hosted by them. Funding is provided to these associations to implement their bilingualism plans (in 1987–88, sixty-nine associations submitted official languages plans). These moneys are used for translations of technical manuals and documents; for simultaneous interpretation at conferences and annual meetings; for language training for coaches, administrators, and support staff; and for special projects directed towards the development of bilingual capacities. The result of these initiatives is that, as stated in the report of the 1988 Task Force on National Sport Policy,

> [b]ilingualism is a calculated fact within most sports, but its implementation is a direct function of available financial resources for translation and language training. The policy implemented during the quadrennial [1984–88] generally resulted in the establishment of clear bilingual policy in sport — even if its application was felt by some to be somewhat heavy-handed.[20]

In sum, the federal government, in its role as guide, motivator, mentor, and source of funds for sport, is perhaps the only entity capable of exercising sufficient moral and

economic suasion to ensure equality of access by all Canadians — regardless of gender, physical disability, socio-economic or cultural background, or language — to sport, to sport facilities, and to programs it supports.

International Policy

In 1969 the report of the Task Force on Sports discussed the benefits a country derives from participating in international sport competitions:

> It is clear that international athletic success has achieved a political dimension for many states; for at least some, success is a proof of the superior merit of their social and political structure. While this aspect of international sporting rivalry may be deplored, it cannot be discounted. Quite apart from the obvious point that it is better to sublimate national rivalries in athletic competition than to vent them in more violent forms, and from the almost equally obvious point that international competition has created considerable goodwill and understanding among peoples, it is also entirely natural that the world's peoples should find in the achievements of their athletes a meaning that transcends the sport itself . . .
>
> The picture held in foreign lands of any country has come, to a remarkable degree, to be determined by that country's record in world athletics . . . Competition in sports among countries has become inextricably entwined with matters of national prestige abroad, and national pride at home.[21]

Nineteen years later the Honourable Jean J. Charest echoed these sentiments in his overview to *Toward 2000*, the report of the 1988 Task Force on National Sport Policy, stating that "Canadian athletes and teams serve as ambassadors to the world."[22]

The Olympic Games provide the most high-profile international arena for the display of Canada's cultural values, athletic prowess, and, increasingly, its views as a nation on

how other countries conduct their affairs. As one notable example, Canada is obliged, in discharge of international obligations under United Nations resolutions, to take appropriate action to terminate sport contacts with countries practising apartheid. In 1972 the government refused to provide funds to Canadian sporting bodies either for competitions in Canada that invited South African representatives or for Canadian athletes to compete in South Africa. South African athletes or officials may participate in competition meetings in Canada on an individual basis only. Further measures designed to restrain competition between Canadian and South African athletes in third countries were introduced in February 1982.

As a second example, the federal government in 1976 refused to admit Taiwanese athletes who wished to participate in the Olympics as representatives of the Republic of China. Canada already recognized the People's Republic of China as the government of mainland China and could not recognize Taiwan as its representative, even though Taiwan had already been granted permission to participate by the International Olympic Committee. In 1979, on the readmission of mainland China to the Olympic movement, Taiwan was required by the IOC to change its name, flag, and anthem if it wished to participate in further Olympics.

Finally, there is the experience of the 1980 Moscow Olympics, in which Canadian athletes did not participate. U.S. President Carter had called for an international boycott of the Moscow games to protest the Soviet invasion of Afghanistan. Although the Canadian Olympic Association voted overwhelmingly in favour of going to Moscow, it eventually acceded to pressure from the federal government, and Canada boycotted the games. As it happened, the federal government was not the only entity that put pressure on the Canadian Olympic Association to boycott the games. Corporate sponsors, through the Olympic Trust

of Canada, also threatened to withdraw financial support from the Canadian team. In addition, the Canadian government cancelled an amateur sport exchange program with the USSR.

SUMMARY

It is apparent from this chapter that since 1969 the Government of Canada has become more and more involved in the development and funding of sport. This trend has been the result in part of the reports of several task forces that have successively recommended increased involvement and whose recommendations have in large measure been acted upon by government.

As the degree of involvement in and funding of sport has increased, however, we have seen a shift of emphasis in the nature and focus of that involvement. Although the task force reports and government responses acknowledge the broad objectives set forth above and the benefits of wide-based participation in sport, in fact government support of sport, particularly since the mid-1970s, has increasingly been channelled towards the narrow objectives of winning medals in international competition. Notwithstanding protestations to the contrary, the primary objective has become the gold medal. That fact is evidenced by the most recent task force report, *Toward 2000*, in which the proposed long-term goal of government funding and the measure of its success are clearly related to the winning of medals.

This changed emphasis from broad-based support of sport for the general community of ordinary Canadians to high-level competitive sport demands a re-examination of the role and mandate of government sport agencies.

In light of the evidence and disclosures made before this Commission, I think the time has come for the Government of Canada to consider whether those premises upon which government involvement in and funding of sport have been founded are still valid and whether, if they are indeed still valid, the legitimate objectives of such involvement are being pursued and achieved.

Part Two

Overview of Doping

2

Doping Definitions and Policies

Doping — the use of banned substances and practices to enhance performance — is only the modern manifestation of an old, perhaps even an ancient, problem. In recent years, it appears that the use of such techniques and practices has become more widespread. It is timely then to examine this problem in some depth to understand its dimensions, the nature of the substances and practices involved, and their effect on athletes and on sport itself.

The literature on doping in sport contains many historical references. For example, Melvin Williams, in *Drugs and Athletic Performance*, has written:

> Ancient Greeks ate sesame seeds, the legendary Berserkers in Norwegian mythology used bufotein, while the Andean Indians and Australian aborigines chewed, respectively, coca leaves and the pituri plant for stimulating and antifatiguing effects. Catton, in his classic Civil War account, indicated the Army of the Potomac maintained its energy due to the tremendous amount

> of coffee the soldiers consumed. From the early part of this century, boxers, marathon runners, European cyclists, baseball and soccer players, Olympic contestants and other athletes have used numerous pharmaceutical agents as ergogenic aids. As an example, Tatarelli experimented with a compound called Nike, consisting of vitamin C, glucose, potassium acid tartrate, kola, and phosphorilamine, in a study concerning the pharmaco-biological potentiation of the athlete. However, it is only in recent years that drug use in athletics has received considerable attention, probably because of the national and international drug problem as a whole.[1]

Similarly, Michael J. Asken, in *Dying to Win*, wrote of historical drug use:

> The ancient Greek physician Galen reported that athletes of the third century B.C. used stimulants. Herbs and mushrooms are reported to have been used to enhance performance by the Greek Olympians. Aztec athletes used a cactus-based stimulant resembling strychnine.
>
> In the mid and late nineteenth century, boxers used a brandy and cocaine mixture as well as strychnine tablets . . . Other coca leaf preparations were used in the late nineteenth century. Vin Mariani, a mixture of wine and coca leaf abstract, known as "wine for athletes," was used by French cyclists.
>
> In 1904, marathoner Thomas Hicks competed successfully in the Olympics. It took four physicians to revive him after his success, however, because he had taken brandy and strychnine. In the 1930s, powdered gelatin mixed in orange juice was believed to be a performance enhancer. Athletes have also used sugar cubes dipped in ether. Sprinters have tried using nitroglycerine to dilate the arteries of their hearts to improve performance.
>
> Ludwig Prokop, professor of sports medicine and director of the Austrian Institute of Sports Medicine in Vienna, reported that his first encounter with substance abuse was in athletes at the Oslo Winter Olympic Games in 1952. There he found broken ampules and injection syringes in the locker room of speed skaters. He also reported seeing a classical case of strychnine cramp on the stage of the 1964 Weight Lifting World Championship. He writes of seeing the same evidence of drug abuse again in speed skaters at the 1964 Olympic Games at Innsbruck.[2]

Neal Wilkinson in an article called "The Pill That Can Kill Sports" commented on the 1956 summer games: "This craze for pills was most shocking at the recent Olympic Games. In Olympic village, the athletes' rooms looked like small drug stores. Vials, bottles and pill boxes lined the shelves."[3]

The following list, by no means complete, includes some of the more conspicuous events in the modern history of doping in sport throughout the world:[4]

1865 • Swimmers in Amsterdam become the first documented modern case of doping. From this date into the early 1900s, swimmers, cyclists, and marathon runners are discovered using drugs, primarily stimulants.

1952 • Winter Olympics in Oslo: anecdotes circulate about doping of speed skaters (see above).

1956 • Summer Olympics in Melbourne: there are anecdotes about doping of cyclists.

1960 • Summer Olympics in Rome: Danish cyclist Knut Jensen dies during competition after having ingested amphetamines and nicotinyl tartrate.
• The Council of Europe tables a resolution against the use of doping substances in sport.

1964 • Summer Olympics in Tokyo: there are rumours of widespread drug use.

1965 • Belgium and France enact antidoping legislation.

1966 • Ireland passes antidoping regulations.

1967 • The International Olympic Committee (IOC) Medical Commission is established.

- The Council of Europe passes a resolution on drug abuse in sport.

1968 • The first IOC testing for stimulants and narcotics takes place at the Olympics in Grenoble and Mexico. One athlete is disqualified for using alcohol.

1969 • The Swiss Sports Association establishes domestic rules and regulations against doping.

1971 • Italy and Turkey enact national antidoping legislation.

1972 • The International Amateur Athletic Federation (IAAF) Medical Committee is formed.
- Winter Olympics in Sapporo: one athlete is disqualified for taking ephedrine.
- Summer Olympics at Munich: first large-scale analysis of urine samples at a major games (2079 samples). Seven athletes are disqualified.

1973 • The Council of Europe tables a definition of doping.

1974 • IAAF and IOC medical commissions ban the use of anabolic steroids.

1975 • Pan American Games in Mexico City: the first Canadian tests positive.

1976 • Greece enacts national antidoping legislation.
- Winter Olympics at Innsbruck: two athletes are disqualified.
- Summer Olympics at Montreal: anabolic steroids are first tested for at an Olympic Games (only 15 percent of specimens are tested for anabolic steroids). Eleven athletes are disqualified, eight for anabolic steroids.

1977 • The Swedish Sports Federation forms a doping control subcommission.
• The Norwegian Confederation of Sports adopts a resolution on doping control.
• West Germany sets out basic principles to fight against doping.

1978 • The Danish Sports Federation establishes domestic rules and regulations against doping.
• Sport Medicine Council of Canada is established.

1979 • Portugal enacts national antidoping legislation.
• Deutscher Sportbund and Norwegian Sports Confederation establish domestic rules and regulations against doping.

1980 • Winter Olympics at Lake Placid, Summer Olympics at Moscow: no disqualifications.

1981 • Pacific Conference Games: the first Canadian is disqualified for use of anabolic steroids.
• The Swedish doping subcommission initiates out-of-competition testing.

1982 • The Finnish Sports Federation establishes domestic rules and regulations against doping.
• The IOC introduces the first qualitative tests, for testosterone and caffeine.

1983 • Pan American Games in Caracas, Venezuela: many athletes leave the games before competing to avoid tests; nineteen athletes are disqualified, including two Canadians.

1984 • The European Anti-Doping Charter of the Council of Europe's committee of sports ministers is accepted.

- Summer Olympics at Los Angeles: twelve athletes are disqualified for doping; after the games, members of the medal-winning U.S. cycling team admit blood doping.

1985
- Austria sets guidelines for fighting drug abuse in sport.
- Cyprus introduces drug testing.

1986
- Canada's proposals for a world antidoping movement are endorsed at the European Sports Ministers Conference of the Council of Europe.

1987
- The Socialist Nations Sports Ministers release a unified statement against doping.
- U.S. law enforcement agencies focus on the illegal market in anabolic steroids and indict thirty-four people, including British Olympic medalist David Jenkins, in connection with importing and counterfeiting drugs.
- The first International Athletic Foundation (IAF) World Symposium on Doping in Sport is held in Florence, Italy.

1988
- Canada hosts the First Permanent World Conference on Antidoping in Sport.

Medical Commission of the International Olympic Committee

The International Olympic Committee (IOC) is the guardian of the Olympic ideals and traditions, and to its members falls the task of ensuring the integrity of the games. For this reason, the IOC has, of necessity, concerned itself with the problem of doping in sport. The Medical Commission of the IOC was established in 1967. It was intended

generally to be responsible for the health of athletes attending Olympic Games. The use of doping agents, stimulants in particular at that time, had been increasing. At least one Olympic athlete had died from drug abuse, and rumour suggested that a serious drug problem existed. There was concern as well about the possible effects on health of the high altitude of Mexico City, the location of the 1968 Olympic Games.

Nevertheless, the IOC did not then take complete responsibility for doping control. The IOC newsletter of August 1968 stated:

> The function of the IOC is to alert the national Olympic committees and the international federations and promote an educational campaign. The International Olympic Committee has its rule and has defined dope and it should see that provisions are made by the Organizing Committee for testing but the actual testing is left in the hands of others. This is a responsibility that the International Olympic Committee is not prepared to take. The responsibility of the International Olympic Committee is to have intelligent regulations, to see that the adequate facilities are provided, and that correct methods are used.[5]

The IOC has subsequently taken responsibility for accrediting laboratories and for all aspects of testing at Olympic Games. However, the IOC still takes no responsibility for testing other than during the weeks of Olympic competition every four years.

The Medical Commission is composed of four subcommissions. The "Biomechanics and Sports Physiology" subcommission was established to evaluate the basic science behind sports and ways of improving training methods to avoid injuries. The "Sports Medicine and Orthopaedics" subcommission is responsible for protecting athletes from injury and, by checking facilities, transporting the injured to hospitals, and so on, ensuring that injured athletes receive

appropriate treatment. The "Coordination with the NOCs" subcommission is concerned with the relations between the Medical Commission and the national Olympic committees. The "Doping and Biochemistry of Sport" subcommission deals with all doping issues, including the classes of banned substances, collection of samples, detection, and laboratory accreditation. The Medical Commission was restructured in 1980 after the Olympic Games in Moscow and the subcommission on doping and biochemistry created at that time. Prince Alexandre de Mérode is the chairman of the Medical Commission. Members of the doping and biochemistry of sport subcommission are Arnold Beckett (UK), Donald Catlin (U.S.), Claus Clausnitzer (East Germany), Manfred Donike (West Germany), Robert Dugal (Canada), and Vitaly Semenov (USSR).

The IOC Medical Commission set up a program of accreditation of laboratories to ensure accurate testing and to avoid false test results, either false positives that would penalize innocent athletes or false negatives whereby doped athletes are left unpunished because positive results are not reported. The first accredited laboratories were those that had already performed doping analysis at an Olympics, namely the laboratories in Cologne, Kreischa (East Germany), Moscow, Montreal, and London. In 1985 when laboratories first had to be reaccredited, this original group of five had grown to thirteen. In 1987 there were twenty-two accredited laboratories. Since that time the numbers have changed periodically as laboratories gain or lose accreditation.

The IOC Medical Commission has set out in a detailed document its requirements for a laboratory to be accredited. In addition to meeting the published requirements, the laboratory must submit to the subcommission on doping and biochemistry a letter of support from the appropriate national Olympic committee or other sport-governing

bodies recognized by the IOC. The laboratory must correctly analyse test samples provided by subcommission secretary Dr Donike and submit satisfactory documentation of the results. Each member of the IOC subcommission is involved in the accreditation process.

The reaccreditation program was established in 1985 primarily to avoid legal challenges. At the 1972 Olympic Games in Munich, when the first large-scale testing was done, two screening procedures were used to detect stimulants, narcotics, and sedatives. By 1988 laboratories had to be able to do up to eight screening procedures for many more banned substances. The reaccreditation procedure ensures that laboratories keep up with this increasing complexity and maintain high standards at all times, not just during the Olympic Games. Recently the laboratories have been required to participate in proficiency-testing programs in which they must correctly analyse samples sent to them at regular times throughout the year.

The IOC and other major games organizations send urine samples for testing only to IOC-accredited laboratories. These laboratories therefore have a virtual monopoly on doping-control testing in international athletic competition involving Olympic sports. I will have more to say on this issue in the section on drug-testing issues.

Doping Definitions

A comprehensive definition of doping has proved impossible to achieve. The IOC itself moved away from attempting such a definition to simply classifying doping agents and related substances, and forbidding their use. Indeed disagreements and debates about the proper definition of doping serve to obscure the real issue. Sir Arthur Porritt, chairman of the British Association of Sports Medicine, commented succinctly that "to define doping is, if not

impossible, at best extremely difficult, and yet every one who takes part in competitive sport or who administers it knows exactly what it means. The definition lies not in words but in integrity of character."[6]

No definition of doping, no matter how carefully phrased, will be adequate unless athletes, coaches, and the organizations and individuals in control of amateur sport agree on the fundamental values of athletic competition. The 1988 report of the British Amateur Athletic Association Drug Abuse Enquiry, chaired by Peter Coni, sets out the problem by calling for a logical basis for banning drugs in order to convince athletes to observe the rules:

> We are satisfied that far too little attention has been paid in the past to rationalising the logic of the ethics of competitive sport — to identify the goals and the reasons why athletes should seek them, and to agree [on] conclusions which carry the support of the athletes themselves rather than being those which an older generation of administrators find appropriate. Of course many of those currently competing will not be interested in any such debate, but there are a number who will and who can contribute fluently and cogently. *If the problem is to be solved and drug abuse to become a rarity rather than a commonplace of competitive athletics, it is essential that those currently competing accept the moral and ethical rationale underlying the rules of their sport.*[7] [Emphasis added]

IOC Doping Definition and Banned List

The Olympic Charter, rule 29A, states: "Doping is forbidden. The IOC Medical Commission shall prepare a list of prohibited classes of drug and of banned procedures."[8] The IOC defines doping in terms of pharmacological classes of doping agents, which are banned. Six classes of doping agents are banned on the 1989 IOC list:

- stimulants
- narcotics
- anabolic steroids
- beta blockers
- diuretics
- peptide hormones and analogues

In addition, methods — blood doping and any pharmacological, chemical, or physical manipulation (such as urine substitution) — are banned. The use of certain drugs is permitted subject to restrictions: alcohol, marijuana, local anaesthetics, and corticosteroids. The complete IOC list is reprinted below. Virtually all amateur athletic federations incorporate this list in their doping rules with minor variations.

The list has evolved over the years into its present form. The first IOC list, in 1967, banned stimulants and narcotic analgesics. Anabolic steroids were added in 1975. In 1982 caffeine and testosterone were added. Testosterone was the first endogenous or naturally produced steroid to be banned. Blood doping was not a banned practice until after the 1984 Los Angeles Olympics when certain U.S. cyclists admitted having done it. In 1985, at the same time as blood doping was specified, beta blockers and diuretics were added to the list and the allowable quantity of caffeine was lowered. Probenecid and other blocking or masking agents were banned in late 1987. Human chorionic gonadotropin was also banned in 1987. Growth hormone and similar peptide hormones were specified in the 1989 version. Each of the classes will be described in detail below.

One clear trend illustrated in the growth of the banned list is towards banning increasingly sophisticated techniques to enhance performance. The latest IOC list retains the generality of earlier definitions by adding the words "and related compounds" to the agents specified in the banned classes.

INTERNATIONAL OLYMPIC COMMITTEE

List of Doping Classes and Methods — 1989

I. DOPING CLASSES

A. Stimulants
B. Narcotics
C. 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
amiphenazole
amphetamine
benzphetamine
caffeine*
cathine
chlorphentermine
clobenzorex
clorprenaline
cocaine
cropropamide (component of "micoren")
crothetamide (component of "micoren")
dimetamfetamine
ephedrine
etafedrine
ethamivan
etilamfetamine
fencamfamin
fenetylline
fenproporex
furfenorex
mefenorex
methamphetamine
methoxyphenamine
methylephedrine
methylphenidate
morazone
nikethamide
pemoline
pentetrazol
phendimetrazine
phenmetrazine

phentermine
phenylpropanolamine
pipradol
prolintane
propylhexedrine
pyrovalerone
strychnine and related compounds.

* For caffeine the definition of a positive depends upon the following: if the concentration in urine exceeds 12 micrograms/ml.

Stimulants comprise various types of drugs which increase alertness, reduce fatigue and may increase competitiveness and hostility. Their use can also produce loss of judgement, which may lead to accidents to others in some sports. Amphetamine and related compounds have the most notorious reputation in producing problems in sport. Some deaths of sportsmen have resulted even when normal doses have been used under conditions of maximum physical activity. There is no medical justification for the use of "amphetamines" in sport.

One group of stimulants is the sympathomimetic amines of which ephedrine is an example. In high doses, this type of compound produces mental stimulation and increased blood flow. Adverse effects include elevated blood pressure and headache, increased and irregular heart beat, anxiety and tremor. In lower doses, they e.g. ephedrine, pseudoephedrine, phenylpropanolamine, norpseudoephedrine, are often present in cold and hay fever preparations which can be purchased in pharmacies and sometimes from other retail outlets without the need of a medical prescription.

THUS NO PRODUCT FOR USE IN COLDS, FLU OR HAY FEVER PURCHASED BY A COMPETITOR OR GIVEN TO HIM/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
orciprenaline
rimiterol
salbutamol
terbutaline

B. Narcotic analgesics e.g.
alphaprodine
anileridine
buprenorphine
codeine
dextromoramide
dextropropoxyphen
diamorphine (heroin)
dihydrocodeine
dipipanone
ethoheptazine
ethylmorphine
levorphanol
methadone
morphine
nalbuphine
pentazocine
pethidine
phenazocine
trimeperidine and related compounds.

The drugs belonging to this class, which are represented by morphine and its chemical and pharmacological 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, Flocta-fenine, 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. **Anabolic steroids e.g.**
bolasterone
boldenone
clostebol
dehydrochlormethyltestosterone
fluoxymesterone

mesterolone
metandienone
metenolone
methyltestosterone
nandrolone
norethandrolone
oxandrolone
oxymesterone
oxymetholone
stanozolol
testosterone* and related compounds.

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

This class of drugs includes chemicals which are related in structure and activity to the male hormone testosterone, which is also included in this banned class. They have been misused in sport, not only to attempt to increase muscle bulk, strength and power when used with increased food intake, but also in lower doses and normal food intake to attempt to improve competitiveness.

Their use in teenagers who have not fully developed can result in stunting growth by affecting growth at the ends of the long bones. Their use can produce psychological changes, liver damage and adversely affect the cardiovascular system. In males, their use can reduce testicular size and sperm production; in females, their use can produce masculinization, acne, development of male pattern hair growth and suppression of ovarian function and menstruation.

D. Beta-blockers e.g.
acebutolol
alprenolol
atenolol
labetalol
metoprolol
nadolol

oxprenolol
propranolol and related compounds
sotalol

The IOC Medical Commission has reviewed the therapeutic indications for the use of beta-blocking drugs and noted that there is now a wide range of effective alternative preparations available in order to control hypertension, cardiac arrythmias, angina pectoris and migraine. Due to the continued misuse of beta-blockers in some sports where physical activity is of no or little importance, the IOC Medical Commission reserves the right to test those sports which it deems appropriate. These are unlikely to include endurance events which necessitate prolonged periods of high cardiac output and large stores of metabolic substrates in which beta-blockers would severely decrease performance capacity.

E. Diuretics e.g.
acetazolamide
amiloride
bendroflumethiazide
benzthiazide
bumetanide
canrenone
chlormerodrin
chlortalidone
diclofenamide
ethacrynic acid
furosemide
hydrochlorothiazide
mersalyl
spironolactone
triamterene and related compounds.

Diuretics have important therapeutic indications for the elimination of fluids from the tissues in certain pathological conditions. However, strict medical control is required.

Diuretics are sometimes misused by competitors for two main reasons, namely: to reduce weight quickly in sports where weight categories are involved and to reduce the

concentration of drugs in urine by producing a more rapid excretion of urine to attempt to minimize detection of drug misuse. Rapid reduction of weight in sport cannot be justified medically. *Health risks are involved in such misuse because of serious side-effects which might occur.*

Furthermore, deliberate attempts to reduce weight artificially in order to compete in lower weight classes or to dilute urine constitute clear manipulations which are unacceptable on ethical grounds. Therefore, the IOC Medical Commission has decided to include diuretics on its list of banned classes of drugs.

N.B. For sports involving weight classes, the IOC Medical Commission reserves the right to obtain urine samples from the competitor at the time of the weigh in.

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.

II. METHODS

A. Blood doping

Blood transfusion is the intravenous administration of red blood cells or related blood products that contain red blood cells. Such products can be obtained from blood drawn from the same (autologous) or from a different (non-autologous) individual. The most common indications for red blood transfusion in conventional medical practice are acute blood loss and severe anaemia.

Blood doping is the administration of blood or related red blood products to an athlete other than for legitimate medical treatment. This procedure may be preceded by withdrawal of blood from the athlete who continues to train in this blood depleted state.

These procedures contravene the ethics of medicine and of sport. There are also risks involved in the transfusion of blood and related blood products. These include the development of allergic reactions (rash, fever, etc.) and acute haemolytic reaction with kidney damage if incorrectly typed blood is used, as well as delayed transfusion reaction resulting in fever and jaundice, transmission of infectious diseases (viral hepatitis and AIDS), overload of the circulation and metabolic shock.

Therefore the practice of blood doping in sport is banned by the IOC Medical Commission.

B. Pharmacological, chemical and physical manipulation

The IOC Medical Commission bans the use of substances and of methods which alter the integrity and validity of urine samples used in doping controls. Examples of banned methods are catheterisation, urine substitution and/or tampering, inhibition of renal excretion, e.g. by probenecid and related compounds.

III. CLASSES OF DRUGS SUBJECT TO CERTAIN RESTRICTIONS

A. Alcohol Alcohol is not prohibited. However breath or blood alcohol levels may be determined at the request of an International Federation.

B. 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 the Olympic Games by requiring a declaration by the team doctors, because it was known that corticosteroids were being used non-therapeutically by the oral, intramuscular and even the intravenous route in some sports. However, the problem was not solved by these restrictions and therefore stronger measures designed not to interfere with the appropriate medical use of these compounds became necessary.

The use of corticosteroids is banned except for topical use (aural [sic], ophthalmological and dermatological), inhalational therapy (asthma, allergic rhinitis) and local or intra-articular injections.

ANY TEAM DOCTOR WISHING TO ADMINISTER CORTICOSTEROIDS INTRA-ARTICULARLY OR LOCALLY TO A COMPETITOR MUST GIVE WRITTEN NOTIFICATION TO THE IOC MEDICAL COMMISSION. [Italics added]

Doping Control in Canada

Sport Canada Antidoping Policy

1983 Policy Prior to 1983, two Canadian athletes had been caught by doping controls during international competition.[9] However, it was at the 1983 Pan American Games in Caracas that doping in sport gained worldwide attention. Two Canadian weightlifters were among the nineteen disqualified at that time. These revelations were the prime motivation behind the Canadian government's involvement in doping control. Concerned about the harm to health and the undermining of sporting ethics, Sport Canada in December 1983 announced its first policy on doping in sport:

1 All national sport organizations will be required to develop a plan for their sport to eradicate improper drug use by Canadian athletes and support personnel.*

The plan must include the following items:

(a) a statement of the organization's policy on drugs (including use, possession and other aspects considered appropriate by the organization); a procedure (including due process) for consideration of alleged drug infractions and penalties for such infractions (this statement must address the activities of athletes, coaches, medical and other support personnel);

(b) an operational plan for *regular testing of top Canadian athletes at major competitions and during training periods* with a view to eliminating the use of anabolics and related compounds, and the use of other substances on the list of banned drugs at or near the time of competition;

(c) an educational program;

(d) international lobbying activities which have as their objective the eradication of drug use in international sport.

* Those sport organizations for whom the use of performance enhancing drugs is not an issue, are required to so signify in writing and are not required to develop a plan. These organizations are expected, however, to participate in the general doping control educational programs which will be made available to all national organizations and athletes.

2 (a) *Any athlete who has been proven through appropriate due process to have* ***used*** *banned drugs in contravention of the rules of his/her respective national and/or international sport federation will be suspended forthwith from eligibility for Sport Canada's Athlete Assistance Program and any other financial or program support provided directly to athletes or indirectly by Sport Canada via national sport organizations (i.e., national championship funding, national team program support, etc.).*

(b) *Any athlete who has been proven through appropriate due process to have been in* ***possession*** *of anabolics or related compounds or to have* ***supplied*** *directly or indirectly such drugs to others to whom this policy applies shall be suspended forthwith from eligibility for benefits through Sport Canada as described above.*

(c) The withdrawal of benefits as described in 2(a) and 2(b) above shall be invoked from the moment of proof of the said infraction by the appropriate sport governing body (national and/or international sport federation) and shall be invoked for a period of 1 year or the duration of any suspension for the same infraction imposed by the respective international or national sport federation whichever is the longer. Second offences shall be punished by means of lifetime withdrawal of eligibility for federal government sport programs or benefits.

(d) Any athlete convicted of an offence involving a drug on the banned list of his/her respective national or international federation shall be similarly suspended (as outlined in 2(c)) from eligibility for the Athlete Assistance Program and other federal government support as described above.

3 *All national sport organizations will be required, as of this date, to include a commitment to non-use and non-possession of banned substances by carded athletes in their contracts with said athletes*. The only exceptions are possession and use of non-anabolic drugs where such use occurs under appropriate medical supervision and in non-competition situations.

4 *All national sport organizations are required, as of this date, to include a commitment of non-encouragement of use, and non-possession of anabolics and related compounds, and adherence to the rules concerning other banned drugs, in their contracts with coaches, sport scientists, medical practitioners and other support personnel engaged by the national sport organization.*

5 National sport organizations are required to develop a list of drug-related infractions applying to coaches, medical, technical, administrative or other support personnel engaged on a voluntary or professional basis by the national sport organization or one of its affiliates. Such list of infractions shall indicate clearly that national sport organizations do not condone encouragement by their support personnel of the use of drugs on the banned lists. *Such persons proven through appropriate due process to have counselled athletes, coaches, medical or other support staff to use anabolics or related compounds or to use non-anabolic drugs on the banned lists in contravention of the rules of their respective national or international sport federations shall be withdrawn from eligibility for federal government sport programs and support provided either directly or indirectly via national sport organizations*. Such withdrawal of eligibility shall be invoked from the moment of proof, through appropriate due process, of said infraction.

6 Sport Canada will enlist, where appropriate, the assistance of the Sport Medicine Council of Canada and the Department of National Health and Welfare in the following areas:

(a) assessment of the validity and feasibility of the plans developed by national sport organizations;

(b) overseeing drug testing procedures implemented by national sport organizations;

(c) production of educational materials for athletes;

(d) as a source of general advice to Sport Canada on the issue of doping control and drug use in sport.

7 Sport Canada will collaborate with the Canadian Olympic Association on matters pertaining to the testing of athletes prior to and at major Games under the jurisdiction of the COA (i.e. Olympic and Pan American Games) and on matters pertaining to the role of the IOC and NOCs in doping control.

8 Sport Canada will collaborate with other Major Games Organizations — Commonwealth Games Association of Canada, Canadian Interuniversity Athletic Union and Canadian Federation of Sport Organizations for the Disabled — on matters pertaining to doping control prior to, and at Major Games events under the jurisdiction of these agencies.

9 Sport Canada will undertake to initiate and fund research related to the drug issue as required.

10 Sport Canada does not intend to usurp the role of the civil and criminal authorities with respect to the non-medical use of drugs which do not appear on the banned list of the international federations and the IOC. However, national sport organizations are requested to include any restrictions with respect to the use of these drugs in their contracts between carded athletes and the national sport organization.

11 The only exceptions to the above provisions involving the use of anabolics or related compounds shall be in the case of disabled athletes who may be required, under medical supervision, to use such drugs for on-going or intermittent therapeutic or rehabilitative purposes. Where such drugs are used by disabled athletes for performance enhancement, the provisions as outlined above shall apply. Where disabled athletes are using anabolics or related compounds for therapeutic or rehabilitative purposes, such use must be reported by an appropriate medical authority to the national sport organization.

> (For the purpose of this section, a disabled athlete means an individual who is affiliated for the purpose of participation in competitive sport to one of the national sport federations responsible for organizing sport for the physically disabled.) [Emphasis added]

1985 Revision In September 1985 the policy was revised and it is still current in 1990. (It is reprinted in full in appendix G.) The revision leaves section 1 unchanged but reorders some of the other material. It adds a new section which sets out the athlete's obligations:

> 4 Athletes in receipt of federal sport benefits (including the Athlete Assistance Program and/or other direct or indirect funding programs such as travel to National Championships, access to National Coaches and High Performance Sport Centres, etc.) are required to make themselves available for both *regularly scheduled and ad hoc random doping control test procedures* as authorized by their national sport organization or the Sport Medicine Council of Canada's Committee on Doping in Amateur Sport. It is the responsibility of national sport organizations to ensure that athletes under their jurisdiction present themselves for such tests as requested by either of the two above-mentioned agencies.

One of the main purposes of the revisions was to increase the penalties for drug abuse and in particular to distinguish nonsteroid drugs from anabolic steroids. The sections dealing with penalties were grouped under a new heading "Violations and Sanctions," and section 1(c) specifies the penalty for violating the rules involving anabolic steroids:

> *Individuals proven to have violated antidoping rules involving anabolic steroids and related compounds will be subject automatically to a lifetime withdrawal of eligibility for all federal government sport programs or benefits.* [Emphasis added]

The penalty for athletes proven to have used drugs other than anabolic steroids remained the same as in the 1983 policy: automatic suspension from eligibility for federal government funding or benefits for the longer of one year or the length of penalty provided by the appropriate international or national federation.

Section 1(e) provided:

> The only relief from life suspension is through direct appeal to the Minister of State, Fitness and Amateur Sport.

It remains to be seen how Sport Canada enforced this policy.

Banned List in Canada

Canadian athletes are subject to the IOC banned list set out above as administered by both Sport Canada and the Sport Medicine Council of Canada. In almost all cases Canada accepts automatically any change the IOC makes to the list. In one instance, however, the IOC banned a component of a certain birth control pill primarily used by North Americans. Canada and the United States were instrumental in persuading the IOC to remove the substance from the list.

Under the IOC rules, a disqualification results only from a positive test. The Sport Canada policy extends further in that it prohibits use and possession of anabolic substances and does not apply solely to athletes who are caught by a laboratory test.

Doping Infractions by Canadian Athletes

The Sport Medicine Council of Canada supervises the testing of amateur athletes in Canada. Between April 1984 and February 1989 3646 tests were administered in thirty-three different sports (see table 2–1).

Table 2–2 lists the athletes who have tested positive since 1983 — either nationally or internationally — along with the penalties they received.

Examination of these Canadian doping infractions might at first glance suggest that doping among Canadian athletes is limited to a few weightlifters and track and field athletes and a single swimmer for a total of only twenty-one infractions in five years. As will be discussed below, existing drug-testing statistics cannot be used as a reliable measure of the extent of drug use and, in particular, anabolic steroid use.

Table 2–1
Doping Tests Conducted by the Sport Medicine Council of Canada

Sport	1984–85	1985–86	1986–87	1987–88	1988–89	Total*
Archery	—	—	9	—	—	9
Badminton	—	26	—	—	26	52
Basketball	27	4	4	4	2	41
Biathlon	—	—	—	—	10	10
Bobsleigh/Luge	—	11	15	9	22	57
Boxing	—	—	21	—	—	21
Canoe	18	23	92	23	28	184
Cycling	53	126	89	88	142	498
Diving	—	—	16	11	9	36
Fencing	—	8	12	4	12	36
Field Hockey	12	—	—	—	—	12
Figure Skating	17	7	17	32	8	81
Gymnastics — Men	8	12	3	3	3	29
Gymnastics — Women	13	11	3	3	3	33
Hockey	—	—	—	—	32	32
Judo	—	35	39	36	34	144
Rhythmic Gymnastics	—	—	—	—	6	6
Rowing	53	25	6	6	12	102
Shooting	—	—	—	4	—	4
Ski — Alpine	—	—	—	—	8	8
Ski — Cross Country	—	27	12	—	21	60
Sports Disabled	—	—	—	25	—	25
Ski — Freestyle	—	—	—	—	24	24
Ski — Jumping	—	—	—	—	3	3
Ski — Nordic Combined	—	—	—	—	12	12
Soccer	6	3	4	—	—	13
Speed Skating	—	14	18	18	24	74
Swimming	—	112	71	63	43	289
Synchro Swimming	—	—	32	19	15	66
Track & Field/Athletics	82	215	212	189	286	984
Volleyball	12	—	—	—	—	12
Weightlifting	21	53	121	181	219	595
Wrestling	16	10	19	40	9	94
Total	338	722	815	758	1,013	3,646

Source: Sport Medicine Council of Canada

* The numbers apply to the fiscal year April 1– March 31; 1988–89 figures are as of February 1989.

Table 2–2
Doping Infractions by Canadian Athletes

Athlete	NSO	Confirmed Positive	NSO Sanction Duration	FAS Sanction Duration	Carding Duration
G. Greavette	CWF	08/83	1 year	—	1982–88
M. Viau	CWF	08/83	1 year	—	1981–83
		08/85	life	life	
T. Hadlow	CWF	07/84	5 years	5 years*	1975–84
L. Chagnon	CWF	07/84	2 years	2 years*	1980–82
R. Choquette	CWF	07/85	2 years	2 years*	—
Y. Darsigny	CWF	09/85	2 years	2 years*	1983–85
M. Pietracupa	CWF	08/85	2 years	2 years*	1979–85
G. Salvas	CWF	08/85	2 years	2 years*	—
M. Parente	CWF	08/86	2 years	life	1983–86
J. Demers	CWF	09/88	2 years	life	1982–88
P. Gill	CWF	09/88	2 years	life	1985–88
D. Bolduc	CWF	09/88	2 years	life	1985–88
K. Roy	CWF	09/88	2 years	life	1981–88
H. Willers	CTFA	06/85	18 months	life	—
R. Gray	CTFA	08/86	18 months	life	1978–86
P. Dajia	CTFA	08/86	18 months	life	—
M. Spiritoso	CTFA	08/86	18 months	life	1985–86
L. McCurdy-Cameron	CTFA	02/88	3 months	—	—
B. Johnson	CTFA	09/88	2 years	life	1980–88
L. Mady	CASA	10/85	1 year	1 year	1978–84
R. Gameiro	CWF	03/89	under appeal	under appeal	—
B. Karch	CWF	07/89	2 years	life	—
J. Rocheleau	CTFA	07/89	2 years	life	1985–89
P. Lafleur	CFA	07/89	under appeal	under appeal	—
C. Langford	CABLA	09/89	under appeal	under appeal	1987–89

* Penalties applied under the 1983 Sport Canada policy prior to the lifetime ban for anabolic steroids.

Abbreviations: National Sport Organization (NSO), Fitness and Amateur Sport (FAS), Canadian Weightlifting Federation (CWF), Canadian Track and Field Association (CTFA), Canadian Amateur Swimming Association (CASA), Canadian Fencing Association (CFA), Canadian Amateur Bobsleigh and Luge Association (CABLA).

3

Banned Substances and Practices

Anabolic Steroids

All five disqualified Canadian athletes who intended to compete or did compete in Seoul had been using anabolic steroids. Almost all prior disqualifications of Canadian athletes had been for the use of anabolic steroids. Internationally anabolic steroids also loom large. They were banned by the IOC Medical Commission in 1974. The first testing for them at an Olympic Games occurred at the 1976 Olympics in Montreal. Since 1976, two-thirds of the positive tests for use of banned substances at Olympic Games have been for anabolic steroids. These facts are even more striking considering that anabolic steroids account for only a fraction of all drugs banned by the IOC. For these reasons much time was spent in this Inquiry examining matters related to the use of anabolic steroids.

Anabolic steroids are chemical derivatives of the sex hormone testosterone. The word "anabolic" signifies the tissue building effect of the substance. The word "steroid" refers to a family of substances found in plants and animals including cholesterol, bile acids, toad poisons, sex hormones, and plant toxins. Anabolic steroids are only a small part of the family of substances called steroids. They all have a similar atomic structure consisting of four fused rings of carbon atoms. Variations in substituents attached to these rings cause the various biological properties of steroids. Some types of steroids are used to treat asthma or arthritis, for example. Those should not be confused with anabolic steroids. Athletes and others involved in sport nevertheless often use the word "steroids" when discussing the more narrow category properly called anabolic steroids.

Testosterone and its fellow androgen dihydrotestosterone are the primary hormones responsible for the development of male sexual characteristics. "Androgenic" is the term used to describe a substance that promotes male secondary sex characteristics. Consequently one also sees the term "androgenic anabolic steroids" and the term "androgen." In this discussion no distinction will be made between natural and artificial anabolic steroids, although some researchers exclude testosterone itself from the definition of anabolic steroid.[1] Varieties of synthetic anabolic steroids have been developed in an attempt to find substances that produce greater anabolic effects with fewer corresponding masculinizing (androgenic) effects. Nevertheless all anabolic steroids have at least some androgenic effects. Certain anabolic steroids have been developed with increased androgenic effect; these are used medically to replace natural sex hormones but are not favoured by athletes. Because testosterone itself is not water soluble, it cannot be taken by mouth. Chemical variants have been developed to allow oral ingestion and to increase the duration of activity by slowing the rate of metabolism.

Scientists began researching testosterone and variations of it in the 1930s. Commonly cited reports suggest that German troops in World War II were given anabolic steroids to increase their aggressiveness.[2] The physician for the U.S. weightlifting team, John B. Ziegler, has written that he learned in 1956 at the World Games that the Russians were using anabolic steroids, and he soon thereafter developed with Ciba Pharmaceutical of Basel, Switzerland, the commercial product methandrostenolone (trade name Dianabol),[3] the first anabolic steroid used by many of the athletes who testified in this Inquiry.

In Canada anabolic steroids are prescription drugs not available over the counter and hence their use is permitted only under medical supervision. They are controlled by the *Food and Drugs Act*, about which more will be said later. Although the evidence indicates that some physicians did prescribe anabolic steroids for the sole purpose of aiding athletes to improve performance, this is now prohibited by the governing bodies of the medical profession. Hence, where athletes formerly obtained anabolic steroids from physicians as well as from the black market, they are now limited to black market sources.

There are no current medically acceptable uses for anabolic steroids in sport medicine. Medically acceptable uses for anabolic steroids are limited because the drugs have not proven effective for many conditions and, according to the evidence before this Inquiry, they are now being supplanted by other modes of treatment. While medical experts can describe what the range of *permitted* uses are, no statistics are kept to show what *actual* use is made of these drugs by Canadian doctors.

The generally accepted uses of anabolic steroids are for treatment of:

- testosterone deficiency (resulting, for example, from testicular or pituitary disease or castration)
- metastatic breast cancer (where the anabolic steroid may inhibit the growth of the cancer)
- debilitating conditions (in chronic disease, burns or other injuries requiring restoration of protein levels) but the effectiveness of this treatment is uncertain
- a rare condition called hereditary angioedema

A controversial use of anabolic steroids has been in the promotion of growth. Because androgens can also stunt growth, this treatment is limited to postpubertal patients. Although androgens may initially promote skeletal growth, they later lead to cessation of growth because they block the function of the epiphyses, the growing portions of the long bones. A former use for anabolic steroids was the stimulation of red blood cell production in patients suffering certain types of anemia. Both of these uses have been supplanted by newer, more effective drugs.

Anabolic steroids have been used, though not widely, for the treatment of postmenopausal osteoporosis; however, their effectiveness for the therapy of this condition has never been proved. Clinical trials of their effectiveness are at present being planned. It is to be expected that even if these drugs prove effective, they will produce unwanted virilizing effects, because, as noted above, all anabolic steroids are androgenic. Apart from the medical uses, anabolic steroids continue to be widely used in veterinary medicine to promote weight gain, muscle strength, and achieve other related effects in animals.

In the context of sport it must not be forgotten that anabolic steroids are being used by healthy young men and women, not to treat illness. The analysis of risks and benefits of performance-enhancing drugs is not like the analysis

of, say, an experimental cancer or AIDS drug where the adverse effects of the drug pale in comparison to those of the disease.

Anabolic Steroids and Athletic Performance

The overwhelming evidence at this Inquiry is that anabolic steroids enhance athletic performance. Witness after witness spoke of increased strength and size; of a greater ability to train intensely, to resist the pain of workouts, and to recuperate; of improved performances; and of new feelings of confidence, physical well-being, and enthusiasm. Coaches and physicians, who had the best opportunity to observe the athletes, were also unequivocal about the performance-enhancing effects which were evident primarily in events requiring weight and strength (including upper and lower body strength in sprinters).

Even the strongest proponents of the performance-enhancing effects, however, including track coach Charlie Francis and Dr Robert Kerr, a widely acknowledged "guru" of anabolic steroid use by athletes, emphasized that anabolic steroids by themselves are not a short cut to victory. Anabolic steroids are used during training, and the intense training program required of Mr Francis's athletes in addition to their drug programs indicates that they do not provide any short cut. In Dr Kerr's words, "[t]he use of anabolic steroids is not a short cut as far as shorter workouts are concerned. If anything, the athlete on anabolics must work harder not less." In Mr Francis's view, only athletes at the highest level of international performance would benefit from anabolic steroids.

It is noteworthy that the product description of the anabolic steroid Winstrol was revised in the 1989 version of the *Compendium of Pharmaceuticals and Specialties* and clearly acknowledges the subjective views of athletes about

anabolic steroids. Previous versions of the compendium had stated that anabolic steroids do not enhance athletic performance. In 1989 it was changed to:

> Use of anabolic steroids by athletes is not recommended. Objective evidence is conflicting and inconclusive as to whether these medications significantly increase athletic performance by increasing muscle strength. The risk of unwanted effects outweigh any possible benefit received from anabolic steroids and make their use in athletes undesirable.

As mentioned above, scientists have yet to determine to their satisfaction whether anabolic steroids indeed enhance athletic performance. Dr Andrew Pipe, elected chairman of the National Advisory Committee on Drug Abuse in Amateur Sport in 1987, testified that the scientific literature is evenly divided between whether anabolic steroids do or do not enhance power and strength: "approximately 50 percent of the investigations have shown improvements of strength measurement with steroid treatment. The remainder have shown indefinite effects."

He explained that the data is inconclusive partly because research ethics committees are unlikely to agree to the use of doses commonly taken by athletes. Nor are these committees likely to consider the object of such research a medical priority. In addition, blind trials cannot be conducted: subjects know when they are taking anabolic steroids because of their mood changes.

In a 1988 review of androgen abuse by athletes, Dr Jean Wilson, a leading American authority on anabolic steroids, went so far as to say that "the published studies may not in fact be relevant to the issue [of the performance-enhancing effects] because they do not encompass either the variety of agents or the dosage levels of the drugs commonly abused. Furthermore, it is unclear that appropriate studies to resolve this issue can ever be completed."[4]

Doctors and scientists have often taken the conservative view that there is no proof, by which they mean scientific proof, that anabolic steroids enhance athletic performance. Nevertheless, the coaches and athletes who testified before this Commission make a convincing argument that anabolic steroids do enhance athletic performance.

Anabolic Steroids and Adverse Effects on Health

There is growing evidence that anabolic steroids subject the user to serious risks both to physical and to mental health. Some of the effects are irreversible even after the user has stopped taking the drugs. The following is a list of the known adverse effects of anabolic steroid use in normal males and females. It must be emphasized that the known adverse effects are based primarily on clinical studies using only low dosages of drugs far below the dosages used by athletes to improve their performance. Consequently, *the effects listed below, already of serious concern, would likely be more pronounced when anabolic steroids are taken in large dosages over long periods of time without medical supervision.*

Stunting of Growth in Children and Adolescents As noted above, anabolic steroids block the function of the growth portions of the long bones. Stunted growth resulting from anabolic steroid use by children and adolescents is irreversible.

This is of particular concern because there is evidence of increasingly widespread use of anabolic steroids by young people. Ironically many use anabolic steroids to improve their appearance but, in trying to build their bodies, they risk stunting their growth. Sadly this happens at an age when the user is unlikely to be aware of the serious consequences and yet there is no second chance.

Changes in Blood Lipids Because cardiovascular disease is the leading cause of death in North America, the effects of anabolic steroid use on blood lipids have been called the most serious physical effects. Their use is known to cause a depression in the chemical in the blood termed high-density lipoprotein and an elevation in the chemical termed low-density lipoprotein; both these chemicals carry cholesterol into cells of the body. If use of anabolic steroids is continued for a sufficient period of time, the changes in blood lipids would be expected to promote the development of hardening of the arteries (atherosclerosis) which ultimately could lead to a heart attack or stroke. While the abnormalities in blood lipids ordinarily disappear on discontinuance of anabolic steroids, it cannot be assured that any atherosclerosis which these abnormalities may have produced will also disappear.

Adverse Psychological Effects The psychological effects pose serious risks not only to the drug user but to family, friends, and the public at large. They include aggressive behaviour (colloquially known as "roid rage") and, potentially, an acute psychosis. Psychological effects will be more fully described below.

Effects on Sexual Characteristics and Function In females, anabolic steroids cause masculinizing and defeminizing effects including:

- increased facial and body hair
- acne
- deepening of the voice
- male pattern baldness
- enlarged clitoris
- reduced breast size
- changes in libido

- masculine musculature
- suppression of menstruation and ovulation
- infertility

Certain masculinizing effects in the female, such as excess hair, deepening of the voice, and enlargement of the clitoris, may not disappear on cessation of anabolic steroid use. Anabolic steroids used by pregnant women can cause masculinization of the female fetus.

In males, anabolic steroids cause, in addition to acne, changes in libido, and other masculinizing effects, the following feminizing and demasculinizing effects:

- testicular atrophy
- suppressed sperm production
- infertility
- breast enlargement (gynecomastia, a result of the conversion of androgens to estrogens in breast tissue)

Impaired Liver Function This is manifested by certain chemical changes in liver function and rarely by jaundice. Irreversible changes to the liver include benign or occasionally malignant tumours (hepatomas) and blood-filled cysts (peliosis hepatis). The latter may be a source of internal bleeding.

Effects on Body Fluids Fluid retention is reflected in increased weight, increased blood and extracellular fluid volume, and on occasion high blood pressure.

Other Effects Nonmedical use of injectable anabolic steroids presents the same risks as other nonmedical injections. There are recent reports of HIV infection transmitted by anabolic steroid users sharing needles. The act of injection by untrained users also can produce adverse effects such as hematomas and abscesses.

It is not enough, however, to list the adverse health effects without giving them appropriate weights. One review of the scientific literature has classified the adverse effects of anabolic steroids into minor and potentially major effects. The review further classified the major adverse effects with respect to their degree of association with specific types of anabolic steroids and concludes that many questions about the real risks of anabolic steroids to athletes are unanswered.[5] Another review distinguished between unmeasurable "subjective side effects" claimed by athletes, such as changes in libido and aggressiveness, and measurable effects such as changes in liver function tests and hormone levels.[6] These factors illustrate the complexity of the study of anabolic steroids.

Dr Wilson has written that "the relation between duration of treatment, pattern of administration and dosage, and drug-drug interactions for the various agents have never been explored systematically. This issue is of even more concern in regard to the problem of drug toxicity in athletes because most reports that conclude that the side effects are innocuous are based on informal surveys of drug abusers rather than systematic examinations of hepatic and renal function in such people."[7]

A recent New Zealand study, *Drugs and Medicines in Sport*, agrees that clinical evidence is simply not available. It concluded

> that, while it is not recommended that otherwise healthy individuals undertake drug treatments for non-clinical purposes, there is no prima-facie evidence to support the notion that anabolic agents cause serious clinical side-effects in athletes . . . However, one must caution against interpreting this lack of evidence as indicating that the drugs are safe to administer at levels currently used by athletes, since this too cannot be supported on the basis

> of the currently available evidence. It may be possible that long term evidence, currently unavailable, may support a causal relationship between steroid use and severe physiological abnormalities.[8]

Evidence at the hearings showed that athletes in general began with low dosages, but quickly increased their intake to several times the original dosage. Some of the athletes had been using anabolic steroids regularly for nearly ten years, taking large doses for many weeks each year. Most of the scientific literature, however, concerns medical uses. Consequently it is not easy to extrapolate from the medical doses monitored by physicians to the prolonged unmonitored doses used by athletes.

As noted above, anabolic steroids are prescription drugs intended for use only when monitored by a physician. Even those physicians who advocate the use of anabolic steroids concede that the drugs are abused whether or not a doctor supervises the user. Dr Robert Kerr stopped prescribing anabolic steroids to athletes because he realized that he could not keep them away from the black market. They would use larger doses and many different types of drugs from what he had prescribed. Dr John B. Ziegler, who helped launch American athletes into the use of drugs in the 1950s, has written: "I gave them very low dosages (5 mg.). A short while later, I found out they were taking far in excess of this behind my back and developing all sorts of medical pathologies . . . I discontinued this area of my experimentation. The athletes got their hands on the drugs in the 1960s and in just fifteen to twenty-five years have turned it into one big mess."[9]

In addition to the physiological effects, serious psychological effects are now being reported. A report prepared by the Bureau of Dangerous Drugs concerning anabolic steroid use in Canada states:

> There is growing evidence which suggests that anabolic steroids have an euphoric effect, increase an individual's sex drive and may induce psychosis or mania in athletes. One side effect noted or experienced by individuals abusing these drugs is increased feelings of aggression. This effect is commonly referred to as "roid rage" or "killer instinct." The aggressiveness which results from the use of these drugs is often felt to be desirable by athletes abusing anabolic steroids because it enhances their drive to practice hard and compete. Recently, a hypothesis appeared in the literature which suggested that regular and excessive consumption of anabolic steroids may lead to a physical dependency similar to that which is witnessed with opioids.[10]

Dr K.B. Kashkin and Dr H.D. Kleber, in a June 1989 article presented to the IAF World Symposium on Doping in Sport at Monte Carlo called "Psychiatric Effects of Doping with Anabolic-Androgenic Steroids," have postulated

> the existence of a previously unrecognized drug addiction, a sex steroid hormone–dependence disorder, as defined by the following commonly accepted criteria for psychoactive substance use disorder: (1) the hormones are used over longer periods than desired; (2) attempts are made to stop use without success; (3) substantial time is spent obtaining, using, or recovering from the hormones; (4) use continues despite knowledge of significant psychological problems caused by the hormones; (5) characteristic withdrawal symptoms occur; and (6) the hormones are often taken to relieve these withdrawal symptoms.[11]

Apart from scientific evidence, the Commission had the benefit of evidence from athletes, coaches, and other witnesses who discussed the following adverse effects which they attributed to their own use of anabolic steroids:

- psychological effects such as impatience, irritability, aggression, depression, paranoia, and euphoria
- high blood pressure
- nosebleeds

- headaches
- rapid heart rate
- water retention
- loss of flexibility
- stiffness
- recurring injuries
- liver damage
- male breast enlargement
- testicular atrophy
- acne
- difficulty sleeping

These examples of the side effects from the athletes' testimony are not complete because the athletes were not required to speak publicly of intimate personal matters. It must also be noted that the reported effects of anabolic steroid use are dependent on the ability of the observer to detect the effects.

The effects of anabolic steroids as described by witnesses before hearings in other countries are significant. For example, Pat Connolly, former U.S. Olympic track competitor and coach, told the U.S. Senate Judiciary Committee Hearing on Steroid Abuse in April 1989:

> Hearing what the Russians and East Germans were using had not had the impact on me as did watching, up close and personal, the masculinization of some of our best women athletes. I was saddened to tears when I spoke to a top Olympic athlete whom I had tried to recruit as a high school girl some years before. She responded with a very deepened voice, her performances had surpassed any expectations that expert coaches had predicted for her. Only God knows what price she will have to pay. She, like some of her teammates, has sold out to the temptations of money and glory. In what is a total violation of ethics in a sport that used to set the standard, they are bankrupting us all. But I am worried about the physical and mental health of this athlete. She is now so paranoid that she carries a gun.

How can it be that the five best athletes of a prominent coach all have unusually deep voices while the voices of his less successful athletes remain unchanged?

After 29 years in sports, I can testify that women who train and compete at the highest levels do not have:

- thickening of their vocal cords which deepens their voice
- thickened facial hair and other body hair
- an enlarged Adam's apple, nor clitoris
- occasions of uncontrollable aggression

No female athlete I have coached has gone for months without menstruating.

. . . Athletes who have been encouraged to use drugs by their former coaches have come to me for help. They also confirm these types of changes, as well as complain of acne, dry spotty skin and different body odor, ovarian cysts, abnormal patterns of and excessive bleeding and liver dysfunction. Some of these changes are non-reversable. Knowing these potential problems, there are doctors who are still willing to help them use steroids and pass doping controls.

In the United States I have heard of four male coaches of top athletes who have encouraged their women athletes to use steroids. I know of no woman coach who advocates the use of male hormones.

If you think about it, giving male hormones to women athletes in order to break records is like castrating young boys to keep their soprano voices for a choir.[12]

Sprinter Diane Williams, formerly coached by Ms Connolly, explained to the U.S. Senate Judiciary Committee Hearing:

Women taking anabolic steroids, shift the balance of their appearance so that it resembles that of a man. I did experience an abnormal to no menstrual period, which is often suppressed and certain masculine features appear (mustache and fuzz on chin). My clitoris which is a penis equivalent, started to grow to embarassing [sic] proportions; my vocal cords lengthen to a deeper voice and a muscular pattern of hair growth appears . . .

> Scientific studies have linked anabolic steroids to sterility, high blood pressure, cancer of the liver, permanent masculinization in women, irreversible heart damage and dramatic mood swings. I have been experiencing some possible adverse reactions such as, intense itching, sore mouth, higher sex drive, depression, vaginal bleeding and most of all lower abdominal pain.[13]

In testifying before this Inquiry, many athletes spoke of the negative psychological effects of anabolic steroids. When asked if he noticed any effects on his emotions, David Bain, a high school football player and bodybuilder, spoke of

> depression, paranoia and aggressiveness. I felt that a lot, the depression and the paranoia . . .
>
> Half way through the year, I guess it was, my coach came and talked to me about it because the captains of the team went to the coach saying they were worried about me because of my mood swings . . . They didn't know how to handle me, like talk to me. They didn't know how to talk to me anymore, they said.

David Bolduc, a member of the Canadian weightlifting team, began taking more and more anabolic steroid pills and injections until, in his words, he "lost control." Steve Brisbois, a bodybuilder, admitted that anabolic steroid injections made him very aggressive, moody, and more irritable. He subsequently changed his mind about the safety of the drugs:

> I didn't realize the changes that were happening. I just — I was too excited about the gains I was making and about progressing with the use of anabolic steroids although I didn't realize it was causing me a lot more harm all around me, not only in my health but also in my surrounding, as an atmosphere with family, friends and so on. I became very irritable and I — from my experience, I just didn't feel it was worth it.

> Again, from all these studies that were coming out recently, about what steroids can do to you and exactly what they can do in the future with — nobody really knew about, I just didn't think that it was worth the risk to continue taking them.

Bishop Dolegiewicz, a thrower and coach, spoke about the psychological impact of withdrawal from the steroid program: "There's a very heavy price to pay. In that respect, you become severely depressed when you get off a very large dosage . . . the dangers are much more profound than just suffering psychologically. You suffer physically, too."

Daniel Markus, a university football player, said he did not like himself very much when he was using anabolic steroids, and spoke of a "definite change in my character" while using them over a two-year period. Similarly, Bruce Pirnie, thrower and coach, commented about the effect of increasing the dosage of anabolic steroids that he was taking:

> At this time I was teaching school, and I found that the additional dosage made me very, very irritable.
>
> I had a great deal of difficulty sleeping, and I became quite concerned because at the time I was up to — and I also put on weight. At the time I was up to about 315 pounds. And when you are teaching young people and you are as big as I was and as strong as I was, I was very much concerned that I might lose control at some time physically. And at that point, I didn't like myself very much. I didn't like what was happening to my personality, I was very uncomfortable with this.

Many other athletes confirmed that they became more aggressive and suffered mood swings as a consequence of the use of anabolic steroids.

In many countries there is growing concern about the harm caused by the abuse of anabolic steroids. As will be discussed later, legislators in the United States, United Kingdom, Australia, and elsewhere are taking steps to

increase the control of these substances because of the risks to health. They too are convinced that anabolic steroids are a serious health threat.

Stimulants

Stimulants comprise a variety of drugs used to increase alertness and reduce fatigue. In Olympic history many stimulants have been tried, including coffee, coca leaves, strychnine, and others too numerous to list. Dr Robert Kerr reported in 1985 that strychnine, deadly at high doses, was still used by East Bloc athletes.

When doping control was introduced in the late 1960s, stimulants such as amphetamines were the most obvious problem drugs in sport. Since that time, doping control laboratories have developed effective methods of detecting stimulants. This is primarily because stimulants, unlike anabolic steroids which are used in training, are "competition-day" drugs. Hence evidence of stimulant use is likely to be in the athlete's urine during in-competition testing. Indeed, in the view of Dr Robert Dugal, head of the IOC-accredited laboratory in Montreal, in-competition testing has effectively abolished the use of stimulants and other drugs immediately prior to competition. Those stimulants detected most frequently today are drugs which can be used inadvertently, such as ephedrine in cold remedies.

Narcotic Analgesics

Narcotic analgesics are pain killers and include morphine and analogous substances. Dr Dugal's comment with respect to amphetamines also applies to this class of substances. Used on the day of competition, they are readily detectable.

Beta Blockers

Used to control heart rate and blood pressure, these drugs would decrease athletic performance in most events. Their abuse is limited to events such as shooting and archery where control is more important than activity. Abuse of beta blockers can cause:

- heart failure
- bronchiospasm
- nervous system effects (depression, sleep disorders including insomnia and nightmares)
- sexual dysfunction in males (decreased libido, impotence)

Diuretics

Diuretics are substances that increase the excretion of salt and water in the urine. Medical uses of diuretics include treatment of high blood pressure and excess fluid retention. Athletes have commonly used diuretics to reduce their weight, either to qualify for a lower weight category or in the belief that loss of weight increases performance. More recently athletes have been using diuretics in the hope that the testing laboratory will be unable to detect doping substances.

Reduction in potassium ions in body fluids is the most common effect of diuretics and one that causes other adverse effects. Low levels of potassium can interfere with muscle function, in particular the function of the heart. Diuretics can cause muscle weakness, cramps, and fatigue. Dehydration also reduces strength and endurance, exactly the opposite of the effects athletes desire from other drugs.

In discussing the risks of diuretic use, Dr Pipe offered the following explanation:

> In association with producing a brisk outflow of urine, along with that urine very often comes other chemicals, in particular, classic chemicals we refer to as electrolytes; potassium being a very important one.
>
> Potassium, a stable level of potassium, quite simply, is very important for muscular contractions, for the regularity and efficiency of the heart beat.
>
> If I can give you an example, which I believe I mentioned yesterday, a young Canadian athlete seeking to make weight for an event in Caracas, Venezuela in 1983 ran outside at noon in two jogging suits, covered with plastic garbage bags, with a hat, trying to sweat off as much weight as he could, as much water as he could and, at the same time, was using diuretics.
>
> He was subsequently found unconscious because of the electrolyte imbalances that resulted from that kind of process.

The International Olympic Committee first banned diuretics in 1985, and the first Olympic application of the ban was at the winter and summer Olympic Games of 1988. The editorial comments to the IOC banned list say that diuretics can be screened during the weigh-in for events involving weight classes. For most events, the laboratories test urine samples for diuretics only when their presence is suspected.

Chorionic Gonadotropin

Chorionic gonadotropin (CG or hCG, human chorionic gonadotropin) is a hormone produced naturally by the placenta of pregnant women. Detection of chorionic gonadotropin is the basis of a pregnancy test. As a drug isolated from the urine of pregnant women, chorionic gonadotropin is approved for treatment of testicular problems

in males and fertility problems in females. Similar substances are produced in the pituitary gland of normal males and females.

Male athletes taking anabolic steroids have used chorionic gonadotropin to stimulate their natural androgen production. Because it stimulates production of both testosterone and epitestosterone, chorionic gonadotropin is used to increase testosterone without exceeding the six-to-one testosterone to epitestosterone ratio that is deemed by the IOC Medical Commission to be evidence of doping.

Adverse effects of chorionic gonadotropin in therapeutic doses include:

- headache
- irritability
- restlessness
- depression
- fatigue
- edema
- precocious puberty
- gynecomastia

Chorionic gonadotropin is only one of a group of similar hormones produced naturally by the endocrine system. Others include luteinizing hormone (LH), follicle-stimulating hormone (FSH), and thyroid-stimulating hormone (TSH). Artificial manipulation of these and many other aspects of the endocrine system can be used to control an athlete's body functions.

Growth Hormone

Growth hormone (also known as hGH, human growth hormone, or somatotropin) is a pituitary hormone with many effects on the body's metabolism. One of its major

effects is implied in its name: it is required for normal growth and its deficiency in children results in dwarfism. In adults it controls the metabolism of lipids and carbohydrates.

Until 1985 hGH was extracted from the pituitary glands of cadavers. Pituitary hGH was withdrawn from use in 1985 after its association with Creutzfeldt-Jakob disease, a lethal degenerative neurological disease caused by a slow virus, believed to have been introduced as a contaminant of the pituitary extract. Since that time, hGH has been produced synthetically, and patients who received the suspect form of hGH are registered in a surveillance program. Of course athletes who used the extracted hGH are not registered, even though they may be at risk.

Growth hormone is an expensive drug issued in Canada only through hospital pharmacies, and its distribution is controlled through the mechanism for payment by provincial health-care plans. Physicians who are members of the Canadian Growth Hormone Advisory Committee decide who receives growth hormone from the health-care budget. Growth hormone has only one legitimate use, treatment of growth hormone deficiency in children, and approximately 600 children in Canada are registered recipients. Estimates in the United States suggest that fewer than ten thousand individuals there need growth hormone treatment. Manufacturers of synthetic growth hormone are seeking new uses for their product. Experimental uses include treatment of burns and healing of wounds.

Athletes use growth hormone because it cannot be detected and they expect to achieve similar performance enhancement as that resulting from anabolic steroids. No scientific studies have demonstrated the performance-enhancing effect of growth hormone, and, as with anabolic steroids, it is unlikely that such studies could be done ethically in humans.

The adverse effects of growth hormone in adults are many. Adults who naturally produce excess growth hormone may suffer a condition known as acromegaly characterized by distorted bone and organ growth, enlargement of the fingers and toes, enlargement of facial features, thickening of the skin, hair growth, heart and thyroid disease, high blood pressure, impotence, glucose intolerance leading to diabetes, and a shortened life span. There is evidence that growth hormone produces larger but weaker muscles. In children and adolescents, excess growth hormone can lead to gigantism.

The experience of Canadian sprinter Angella Issajenko is instructive. She eventually developed hypoglycemia which she attributed to her use of growth hormone.

Athletes not only inject themselves with growth hormone but they also use other drugs to try to increase their own body's rate of growth hormone production. Notwithstanding the strict control of growth hormone there was evidence of increased use by other sprinters, bodybuilders, weightlifters, and intercollegiate football players whose sole source of supply has been the black market.

Blood Doping

The IOC banned list defines blood doping as "the administration of blood or related red blood products to an athlete other than for legitimate medical treatment." Blood doping is based on the principle that the amount of oxygen available to body tissues is limited by the number of red blood cells in the blood. In theory, increasing the red blood cells increases the amount of oxygen to the tissues which in turn allows the athlete to exercise more vigorously or longer.

Dr Norman Gledhill, an exercise physiologist and former president of the Sport Medicine Council of Canada, explained how an athlete could have blood removed, the

red blood cells (erythrocytes) separated from the plasma, and the red blood cells freeze-preserved. Meanwhile the athlete's own red blood cell count would gradually return to normal in about two months. Shortly before a competition the red blood cells could be thawed, reconstituted with normal fluid, and then reintroduced into the athlete's bloodstream. Consequently the athlete would have the benefit of an abnormal number of red blood cells, a condition known as erythrocythemia. Dr Gledhill described the preservation of blood as a sophisticated process needing considerable laboratory assistance. He also described an easier method, that of transfusing someone else's blood into the athlete.

Blood doping would be of benefit to athletes in events taking place over a long time such as long-distance running, cross-country skiing, and cycling.

The risks of blood doping are:

- infection, including HIV infection
- potentially lethal reaction from incompatible blood
- allergies
- high blood pressure

In 1978 Dr Gledhill, together with researchers from Toronto's Hospital for Sick Children and the Canadian Red Cross, did a study intended to determine whether blood doping indeed improved performance. Previous inconclusive studies had used normal refrigeration that had allowed red blood cells to deteriorate. He experimented instead with frozen blood. In his study of highly trained male track athletes of national and international calibre, he found that blood doping gave them a significant increase, of the order of 5 percent, in their maximal capacity to use oxygen.

Dr Gledhill said that national level athletes might work for an entire year to achieve the same 5 percent increase they had achieved overnight by blood doping.

At the time he did the study, it was Dr Gledhill's view that blood doping was banned by the general IOC definition prohibiting "the use of physiological substances in abnormal amounts and with abnormal methods with the exclusive aim of attaining an artificial and unfair increase in performance in competitions."

Although progress is being made on the detection of blood doping, there is at present no foolproof method to determine that a high red blood cell count is the result of blood doping. Nevertheless, in July 1978 Dr Gledhill met with IOC Medical Commission representative, Dr Arnold Beckett, and presented him with the evidence that blood doping definitely enhances performance. Dr Gledhill suggested that blood doping be banned specifically. He was of the view that blood doping need not be detectable to be on the banned list. Athletes would know that blood doping was considered cheating and they would have to make the personal decision whether to cheat.

Dr Beckett on behalf of the IOC took the position that blood doping should not be on the banned list until it could be detected. Four years after his meeting with Dr Beckett, Dr Gledhill attended a meeting of the International Sports Medicine Federation where he renewed his suggestion and again received the same response.

Meanwhile, Dr Gledhill's 1978 study had been published, as a result of which a prominent U.S. coach of middle-distance and distance runners flew to Toronto to ask Dr Gledhill if he could bring his athletes to be blood doped. Subsequently, a doctor associated with this coach requested from Dr Gledhill information about the handling of blood for blood doping. He also received a telephone call from a

person identified as a national team member from another country requesting blood doping. Dr Gledhill refused in all cases.

After the Los Angeles Olympics in 1984, members of the U.S. cycling team admitted having competed with the aid of blood doping. Among the cyclists who participated in the blood doping were a number of medal winners. They had used blood from donors, not their own blood. According to Dr Gledhill, of at least seven athletes involved, three had become ill. Dr Gledhill was a member of a panel convened by the American College of Sports Medicine to explore this incident. He learned that the physiologist involved with the U.S. cycling team had maintained that blood doping was not banned and because it was not banned it was not cheating. He was therefore able to convince the athletes that they were not cheating.

Shortly thereafter blood doping was banned by the IOC.

Urine Substitution

Dr Gledhill had a similar experience when he recommended that the practice of urine substitution be banned. Urine substitution or transplanting involves the replacement of the urine in an athlete's bladder with urine from someone not using drugs. At the same 1982 meeting in which Dr Gledhill discussed blood doping, he suggested that urine substitution be banned. The IOC did not ban the practice until 1985.

Soda Loading

Dr Gledhill has also expressed concern about the practice of soda loading whereby an athlete consumes large quantities of substances such as bicarbonate of soda to prevent

deleterious acid increase in muscle. In Dr Gledhill's view, although the IOC has been a leader in many issues, it has been slow to respond to the issues described above.

Masking and Blocking Agents

Frequent references were made in the testimony to substances known as masking agents or blocking agents. These substances are said to interfere with the ability of the laboratory to detect banned substances.

In a letter dated July 27, 1987, Dr Dugal rejected the suggestion of the manager of the Canadian Weightlifting Federation that effective masking agents existed:

> You indicated that "coach A. Kulesza mentioned to me that some countries possess products capable of masking anti-doping controls."
>
> This is another rumour especially dear to some athletes which is used either to discredit the anti-doping laboratories or to justify the use of doping substances, whether to excuse one's own deficiencies in relation to superior performances or to discredit anti-doping programmes like Canada's. I have heard this story for the past ten years from athletes (and, unfortunately, from officials as well). I have asked for proof. No-one has ever provided any.
>
> What are these products? How can they "mask anti-doping controls"? I have only one thing to say on this subject. If Mr. Kulesza were able to document his statement, he would have given you the information and I am sure that you would have been eager to get it to me. Rather than that, you insist on repeating unverified statements — which, furthermore, are scientifically absurd and show an absolute ignorance of the analytical methods and procedures used in anti-doping tests.

Although Dr Dugal required proof of the existence of masking drugs, some athletes believed they possessed them. Two witnesses, members of the Canadian weightlifting

team, produced capsules containing what they described as masking drugs. The capsules were part of the drug program in Czechoslovakia described elsewhere in this report. They had been told to take large quantities of the drugs several hours before providing a urine sample for testing. Upon laboratory analysis, one athlete's capsules were found to contain citric acid. Various mechanisms of action have been suggested to explain how citric acid might mask drugs but none are conclusive. In the opinion of Dr Dugal, citric acid is "a very expensive placebo." The other athlete's capsules contained lactose (milk sugar) that had been dyed pink. Lactose has no conceivable masking effect. Nevertheless the weightlifters regularly consumed their so-called masking drugs before being tested.

There was also a great deal of evidence about a special drug that technically does not mask but that blocks the detection of anabolic steroids. The drug probenecid was designed to slow the excretion of penicillin, thereby increasing the time it is retained in the body and thus its effectiveness. Although probenecid is currently used in penicillin therapy for resistant conditions such as gonorrhea, it is primarily used for its effect on the excretion of uric acid in the treatment of gout. Athletes became interested in probenecid because of its ability to impair the excretion of banned substances.

According to Dr Donike of the IOC subcommission on doping and biochemistry of sport, probenecid was first detected in his laboratory in urine collected by the Norwegian Confederation of Sports as a result of their out-of-competition testing of athletes training in Texas in May 1987. Dr Donike had received diluted samples but could not detect diuretics. Five of six samples contained probenecid. The samples also exhibited unexplained changes in the expected concentrations of male sex hormones and their metabolites. Dr Donike was able to determine that

probenecid was responsible for these unusual observations. He then alerted all of the IOC-accredited laboratories to check samples for probenecid. At the July 1987 Pan American Games in Indianapolis, four examples of probenecid abuse were detected. All four healthy athletes had presumably not been using probenecid for gout or gonorrhea but rather to mask their use of anabolic steroids. No anabolic steroids were detected in their samples, and they could not be penalized for using probenecid because at the time the drug was not banned. In October 1987 the IOC subcommission on doping and biochemistry of sport approved an amendment to the banned list to include probenecid.

The probenecid case is an excellent illustration of the evolution of drug testing, what Dr Dugal termed "the cat and mouse game." It has been said that the cat is slow and the mice very fast — that the laboratories are always a step behind the athletes who will always discover new means of avoiding detection.

Restricted Drugs

In addition to drugs and substances that are banned outright, some drugs are subject to restrictions. As noted in the IOC banned list set out above, alcohol and marijuana are not prohibited by the IOC but may be subject to tests at the request of international federations. Local anaesthetics are permitted under limited conditions, as are corticosteroids.

Multiple Drug Use

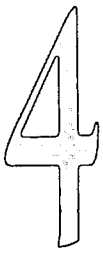
Growth hormone and chorionic gonadotropin illustrate another basic problem with drug abuse quite apart from the health risks of individual drugs. Drug use by athletes causes unwanted effects that lead them to take other drugs to

control those side effects. Steroids for performance, diuretics to control fluid retention caused by steroids, electrolytes to control the effects of diuretics, anti-estrogens to combat gynecomastia, chorionic gonadotropin to raise natural steroid production . . . the list never stops unless the original drug use stops.

Anabolic Steroids as a Gateway Drug

It has also been said that multiple drug use of a different kind can be connected to anabolic steroid use. Another major concern is the danger that the use of anabolic steroids may lead to the use of other drugs. Senator Joseph Biden, in his opening statement at the Hearing on Steroid Abuse in America, April 3, 1989, commented that "experts have told us steroids could become another 'gateway drug' for marijuana and cocaine. If young people accept the idea that using steroids to build the body is okay, they may be all the more likely to try other drugs to alter their minds."[14]

From the foregoing evidence, there can be no doubt that athletes who use banned substances or are engaged in banned practices are exposing themselves to serious risks to their health. Although this Inquiry, of necessity, focused on the abuse of anabolic steroids, clearly athletes are resorting to many other substances and practices in attempts to improve performance while disregarding associated health risks. All of these techniques are of concern and cannot be ignored in any solution to the problem of doping in sport.



Doping Control Procedures

Collection of Urine Samples

Many of the athletes who have had positive tests have launched appeals based on the security of sample collection. Hence it is worthwhile to discuss generally how urine samples are collected and sent to the laboratory for analysis. The Sport Medicine Council of Canada (SMCC) has set out the procedure to be followed for doping control in Canada in a standard-operating-procedures manual. The SMCC is responsible for the mechanics of sample collection, analysis, delivery of results to appropriate bodies and individuals, the hearing of appeals, and the provision of arbitration services. It has no responsibility for selecting those to be tested or in the application or development of sanctions. Since virtually all testing to date has been on the day of competition, the procedures refer only to competition testing.

Responsibilities of National Sport Organizations

The national sport organizations are required to submit an annual plan to Sport Canada identifying instances where doping control should be carried out and the number of samples to be collected. Sport Canada approves the plan but the sport organization decides the events at which athletes will be tested and numbers of samples to be taken.

The sport organization must put together a competition doping control committee. The committee must be composed of at least three persons — a member or representative of the sport organization's medical-scientific committee to preside over the competition doping control committee; a doctor, pharmacist, nurse, or medical technician to be in charge of the doping control station (whose duties include securing the facility, ordering the necessary supplies, and arranging for adequate staffing); and finally a technical delegate, who it is suggested should be the sport organization's technical director.

The sport organization must then notify the competition organizing committee of the proposed testing, and must notify the Sport Medicine Council of the dates of competitions at which samples will be collected and the number of samples to be taken. The Sport Medicine Council then informs the laboratory at which the urine samples will be tested.

Forms, collecting vessels, bottles, and shipping containers are obtained from the Sport Medicine Council, but it is the responsibility of the sport organization to ensure their security and delivery to the competition organizers, as well as the security of the sealing devices which are also obtained from the Sport Medicine Council. These sealing devices "shall be handed only to the Chairman of the Competition

Doping Control Committee." The sport organization is also responsible for appointing the courier to deliver the control bottles in their containers to the designated laboratory.

Responsibilities of Competition Organizers

The competition organizers must provide the physical facilities for the doping control station, post signs, direct athletes to the station, ensure that the equipment and forms obtained from the Sport Medicine Council through the sport organization are at the site, provide a lockable refrigerator for storing the samples as well as towels, soaps, beverages, and snacks for the athletes. The competition organizers are also responsible for providing two assistants (medical, legal, or technical) to aid the official in charge of the doping control station during sample-taking procedures. They must also provide marshals to carry out sundry tasks in and around the doping control station.

Selection of Subjects

The head of the doping control committee, in conjunction with the other members, is responsible for determining criteria for selecting the athletes to be tested immediately prior to the competition or during the competition. This is done by filling in the "Doping Control Selection Order" and sealing it in an envelope indicating the competition and finishing position or starting number to be tested. The envelope is then given to a marshal who immediately goes to the site of the specific event. Immediately prior to the event, the marshal opens the envelope to see which placing has been chosen for dope testing. The marshal then reports to the official in charge of the event the placements to be tested. When the event is over, the marshal presents the

athlete selected with the text of the "Notice to Athletes — Doping Control Procedure (Appendix A)" and the "Doping Control Selection Order." The athlete is required to read and sign the form and note the time. The form is then handed to the official in charge of the doping control station.

The marshal must then accompany the athlete at all times until they both arrive at the doping control station. If necessary, the marshal must escort the athlete to the awards presentation site. The athlete is allowed a reasonable opportunity to summon a coach, doctor, team official, or other representative to accompany him or her to the doping control station. The athlete must report, accompanied by the marshal, to the doping control station not later than thirty minutes after the event. If the athlete is competing in another event on the same morning or afternoon, the doping control station must be advised of that fact, and the testing may be carried out within thirty minutes after the completion of the second event.

Taking the Sample

The doping control station is divided into three areas. The *waiting room* should be large enough to accommodate the athletes, team officials, doping control officials, and marshals. Only authorized station personnel and athletes undergoing testing and one team official per athlete are to be admitted to this room, and there should be security on the door to limit access. The sample containers, sealing material, and the lockable refrigerator for storage of the samples are located in the *working room*. It is used for the signing of official documents, the athlete's selection of containers, the processing and sealing of containers, and the packaging and storage of samples. This room must also be secure. The third room should be the *lavatory*, containing a sink and

toilet, and it should be connected to the working room. It should be large enough for the athlete and a doping control official to move about freely.

The athlete selects a vessel from among those provided for collecting samples and is accompanied by an assistant when supplying the required minimum sample of 100 mL of urine. The assistant must certify that the urine is indeed that of the athlete. The athlete then chooses two bottles into which he or she pours the urine sample, a minimum of 75 mL in the A-bottle and a minimum of 25 mL in the B-bottle. The athlete closes the A- and B-bottles with stoppers and tests for leakage by inverting the bottles. He or she then chooses a label coded by number which is affixed to each bottle in the athlete's presence. The bottles are also sealed in the presence of the athlete and his or her representative. The athlete alone handles the vessel and bottles to guard against the possibility of contamination by anyone at the station.

The code numbers are entered on the doping control form by the head of the committee in the presence of the athlete and the athlete's representative. The doping control form is then signed by the athlete and the representative confirming that the procedure has been carried out correctly. Other attending officials of the doping control station must also sign the form.

If the head of the committee has reason to suspect that the sample given is not a true sample, he or she may require the athlete to provide a second sample in the same manner as the first. The bottles containing the urine samples are placed in lockable containers along with the laboratory's copy of the doping control form.

Appeals

At any time during this procedure, and until such time as the competition is concluded and the samples are packaged and sealed for shipment to the laboratory, the athlete may formally register a protest about the conduct of the doping control procedures. The registering of a complaint, however, is not justification for refusing to participate in the doping control procedure.

Indeed, refusal by the athlete to follow the proper doping control procedures will be considered a positive test. The athlete has a further opportunity to file a protest after being notified of confirmation of a positive B-sample. The protest must be filed within two weeks of notification of a positive test result, and the grounds of the appeal must be specific. If the written protest is rejected, the athlete has the right to have the matter submitted to an arbitrator. The Sport Medicine Council has accepted the onus of satisfying the arbitrator that the standard operating procedures have been "substantially complied with." According to the brief submitted to this Inquiry by the Sport Medicine Council of Canada, in no case to date has any protest been made at the time of sample collection. In each case where an appeal has been filed, the athlete had signed the doping control form indicating satisfaction with the testing procedures.

Transportation

The head of the competition doping control committee is responsible for ensuring secure transportation of the samples "as quickly as possible" to the laboratory. The laboratory must be an IOC-accredited laboratory. The head of the committee must oversee the shipment of the samples and the chief of the laboratory must be notified of the time

and method of arrival. If the samples are not being shipped directly to the laboratory, the chief of the laboratory is responsible for the security of the pick-up. The laboratory confirms the receipt of the closed and sealed containers by signature. The reserve B-bottles are stored in the laboratory where the first analysis is to be carried out.

Analysis of the A- and B-sample is done at the same laboratory but, in accordance with IOC rules, by different staff. Analysis of the A-sample must be done within ten working days following delivery of the samples.

Procedures at Seoul

Dr Donike, head of the IOC-accredited laboratory in Cologne, explained the doping control procedures at Seoul which were substantially the same as those described above. Personnel at the doping control station included the head of the station, a Korean medical doctor, four or five persons to observe the actual production of the sample, and security personnel at the entrance to check credentials. As an example of the strictness of the security, Dr Donike, despite having the proper accreditation card and what he described as the regular card permitting him to enter the doping control station, on one occasion had difficulty getting in because he was not wearing the proper clothing.

According to Dr Donike, since the Los Angeles Games, IOC policy requires one member of the IOC to supervise the doping control station. A medical doctor and four or five staff observe the collection of the sample, in addition to the security people who check accreditation. The "envopacks" used to transport the samples to the laboratory are under the control of one member of the IOC medical commission. The doping control station receives a set number each day, and must account for that number on returning them.

Laboratory Procedures

So much of doping control depends on the laboratory that, while it would be impossible in a limited space to address the scientific details adequately, it is necessary to describe briefly what occurs there. This discussion begins at the point that the urine samples, having been collected under secure conditions as described above, are delivered to the laboratory.

First, the samples are inspected to ensure that they are properly sealed and still secure. The laboratory assigns a code number and physical description to the samples. The B-sample is stored, and all tests are conducted on the A-sample. The volume, specific gravity, and pH are measured and recorded. Colour, appearance, and any abnormality are also recorded. The A-sample is separated into several smaller portions for the various segments of the testing process. Then the portions of the A-sample are analysed by various testing procedures depending on the category of substance tested. Each portion goes through an extraction (essentially a purification process), a "screening" to determine whether banned substances are present in the sample, and a separate "identification" procedure to determine the exact identity of any banned substance detected in the screening.

Up to eight analytical screening procedures are used by IOC-accredited laboratories to detect the banned categories of substances. Each procedure uses different analytical techniques appropriate to the chemical properties of the different categories of substances under investigation. For example, the first procedure uses gas chromatography to detect volatile doping agents. Another uses high-performance liquid chromatography. The procedure for anabolic steroids uses gas chromatography and mass spectrometry for screening as well as identification.

If the screening procedures detect no banned substance, the laboratory analysis ends and the sample is declared negative. If a banned substance is detected, the identification is done using the combined technique of gas chromatography and mass spectrometry (GCMS) required by the IOC for final identification.

In the result, by electron bombardment the mass spectrometer produces a graph (mass spectrum) of the component molecules and fragments of molecules (ions) characteristic of the detected substances. The results are compared to spectra of known reference substances, and hence a precise identification can be made.

The substance detected in the athlete's urine may be the drug itself but in most cases will be transformed chemical substances, metabolites, produced by metabolic reactions in the body. Because the body metabolizes drugs in predictable ways, the structure of metabolites can be used to deduce the structure of the original drug administered to the athlete.

Having reviewed the technical background to doping in sport, I will now look at the athletes, coaches, and sport organizations before commenting on the implications of this technology for the future of sport.

PART THREE

The Sports and Events Examined

5

Weightlifting

Seven men were selected to represent Canada at the 1988 Olympic Games in Seoul as members of the weightlifting team. Before the competition even began, four had been disqualified for cheating, and the three who did compete had themselves previously cheated or helped the others to cheat. How was this disgrace allowed to happen?

Canada's 1988 Olympic Weightlifting Team

The members of Canada's 1988 national Olympic weightlifting team were David Bolduc, Langis Côté, Jacques Demers, Denis Garon, Paramjit Gill, Guy Greavette, and Kevin Roy. All were carded athletes entitled to a monthly allowance and other financial support paid out of public funds. Since December 1983, as a condition of receiving such financial support, all carded athletes were required by

Sport Canada to enter into a contract with their federations agreeing that they would not be in possession of or use anabolic steroids or engage in other banned practices.

In July 1988, in final preparation for the Olympic competition, all but Mr Roy were sent by the Canadian Weightlifting Federation to a training camp in Czechoslovakia. This was the third time since 1987 that members of the national weightlifting team had trained in Czechoslovakia. More will be said later in this chapter about these training camps. It is sufficient to note here that Messrs Bolduc, Demers, Garon, and Gill admitted in testimony before the Commission to possessing and using anabolic steroids as an aid to training while they were in Czechoslovakia. Messrs Côté and Greavette admitted they had used anabolic steroids in the past but denied having taken them in Czechoslovakia on this occasion.

Since 1984 the Canadian Weightlifting Federation has required its athletes to be tested before their departure for major international competitions to determine whether anabolic steroids or other banned substances could be detected in their urine. When Messrs Bolduc, Côté, Demers, Garon, and Greavette returned to Montreal from Czechoslovakia en route to Vancouver and Seoul, they were asked to provide samples of their urine to a doping control officer. They did so on August 27, 1988. Confident that they had passed the test, they departed the next day for Vancouver to attend a short training camp prior to leaving for Seoul. Mr Demers admitted that, because the weightlifting competition at the Olympics was some weeks away, he began to take anabolic steroids again the day after he was tested in Montreal.

Mr Gill returned to British Columbia directly from Czechoslovakia and was tested there on August 29, 1988. In his evidence, he also admitted that the day after his test he resumed his consumption of anabolic steroids. Mr Roy

continued his training in Sudbury while the others were in Czechoslovakia and was tested in Sudbury on September 2, 1988, before his departure for Seoul.

On September 2, 1988, the INRS-Santé laboratory in Montreal where the samples were analysed advised Marilyn Booth of the Sport Medicine Council of Canada (SMCC) that the samples from Messrs Bolduc, Demers, Gill, and Greavette were unsatisfactory because the urine was too diluted to be tested. The laboratory requested that further urine samples be obtained from these four athletes on a no-notice basis. Ms Booth advised Claude Ranger, general manager of the Canadian Weightlifting Federation at its office in Ottawa, that the urine samples were too diluted and directed that further samples be taken.

By this time the weightlifting team had assembled in Vancouver. Mr Ranger called Andrzej Kulesza, the national coach, in Vancouver and Yvon Chouinard, the interim president of the federation, in Montreal. Mr Ranger testified that Mr Kulesza was not pleased with the request for a new test, explaining that the athletes' concentration would be affected by their being tested again. Mr Chouinard objected to the lack of notice given to the athletes and questioned the right of the Sport Medicine Council of Canada to require further out-of-competition testing, but he acquiesced. He stated in his testimony that his objection was a matter of principle, that it was only the Weightlifting Federation which could conduct out-of-competition testing, and that he was protecting the athletes' rights by demanding that they be given notice. He claimed he did not know the athletes were taking anabolic steroids and did not connect the further testing with the possibility that the use of anabolic steroids would be detected.

Subsequently Dr R.W. Morrell, a British Columbia physician who was to conduct the tests on behalf of the SMCC, spoke to Mr Kulesza on the telephone and advised him of the procedure to be adopted and the time of the tests. Dr Morrell specifically requested Mr Kulesza not to warn the athletes that they would be tested. Mr Kulesza agreed, but when he called Mr Chouinard he was instructed to tell the athletes of the test and to inform Dr Morrell that the athletes would be warned. However, Mr Kulesza did not tell Dr Morrell that he intended to warn the athletes.

Mr Kulesza asked Raphael Zuffellato, the assistant coach, to call the athletes together in the hotel room that he and Mr Zuffellato shared, and a meeting was convened. Although there was some conflict over whether Mr Greavette was present at the meeting, I am satisfied on the evidence that he was there together with Messrs Bolduc, Côté, Demers, Garon, Gill, Kulesza, and Zuffellato. Mr Kulesza advised those present that Messrs Bolduc, Demers, Gill, and Greavette would have to be retested the next day at the hotel in Vancouver because their samples had been too diluted to test properly in Montreal. Messrs Bolduc, Demers, and Gill panicked. It was apparent to all that the only reason for the panic was that these athletes knew they could not pass the test.

Because there was considerable conflicting evidence over the role Mr Kulesza played at this meeting and because of its importance in assessing his responsibility for what had transpired, I will deal with that issue separately. At the meeting, various strategies were discussed for avoiding the detection of the anabolic steroids. One of the athletes proposed bribing a Sport Canada official to cancel the Sport Medicine Council's request for further tests. Mr Garon suggested using a catheter to inject the urine of someone who had not been taking drugs into the bladders of the athletes

who were to be tested. The athletes would then be able to pass a sample of that urine in full view of the doping control officer as required by the drug testing rules. Eventually, this strategy was agreed upon.

Mr Garon had some knowledge that catheters had been used by other athletes in the past under similar circumstances and he knew how to carry out the procedure. Mr Demers testified that it was Mr Greavette who agreed to obtain the required catheters. Mr Greavette denied having anything to do with obtaining them. In this respect his evidence was confirmed by Mr Garon, who claimed that he got the catheters from a stranger called Rob who had been watching the training sessions. Mr Garon's evidence in that regard is, I think, not credible. I am satisfied that it was Mr Greavette who did in fact arrange for the catheters to be obtained since he was the only one of the athletes who lived in the area and would be best equipped to make such arrangements. On this issue, I accept the evidence of Mr Demers.

Mr Garon arranged with a cousin of Mr Gill to rent a room in the hotel where the catheter procedure would take place. Mr Gill obtained a bottle of urine from his cousin and delivered it to the coaches' room, where Mr Zuffellato told him to put it in a beer cooler which was kept there. Mr Bolduc also asked Mr Zuffellato to provide a sample of urine. Mr Zuffellato did so and placed his urine in a bottle in the same beer cooler. His explanation for providing the urine was that he did so out of sympathy for Mr Bolduc. All the athletes were advised to drink substantial quantities of beer that evening to flush the steroids from their systems before the test.

The next day the catheter procedures were conducted jointly by Messrs Garon and Côté. The urine obtained from Mr Gill's cousin and Mr Zuffellato was inserted into the bladders of Messrs Bolduc, Demers, and Gill. Apart

from arranging to obtain the catheters, there was no evidence that Mr Greavette had any further participation in the use of the catheters by the other athletes, and there was no evidence that he underwent this procedure himself.

After the three athletes had received the urine injections, each went in turn to the doping control station in a room on another floor in the same hotel. When Mr Gill arrived to supply his sample, the doping control officer was not ready for him. Because of this delay, he could not hold his urine and, consequently, had to return for a second injection before he returned to the doping control officer and provided his sample.

Mr Chouinard arrived in Vancouver on the morning of the test. Although he spoke with Messrs Kulesza and Zuffellato, no word of the use of the catheter was mentioned, nor, indeed, was he advised of the panic of the night before.

On Tuesday, September 6, 1988, Mr Chouinard received the results of the tests. Messrs Bolduc, Demers, and Gill had failed because metabolites of anabolic steroids were detected in their urine. Since they were still in Vancouver, they were advised that they could not go to Seoul and were directed to return to Montreal.

Kevin Roy, who had been tested in Sudbury, went to Vancouver and then to Seoul with the remainder of the weightlifting team. On September 11 after he arrived in Seoul, he was advised that he, too, had failed the test and was not allowed to compete. Mr Roy contested his disqualification and appealed it. That appeal was still pending at the time he testified before the Commission.

Of Canada's seven-man Olympic team, four had been disqualified and three competed. Mr Greavette placed tenth in his weight category, Mr Garon sixth, and Mr Côté tenth.

Previous Drug Use by Canada's Olympic Weightlifting Team

The use of anabolic steroids by members of Canada's Olympic weightlifting team in 1988 was far from an isolated event. Four of the seven team members, Messrs Côté, Demers, Garon, and Greavette, testified that they had used anabolic steroids prior to 1983 and all seven had used them by 1988.

Mr Demers admitted he had taken steroids for many years, commencing before the 1983 Pan American Games in Caracas, Venezuela. In October 1983, after a competition in Moscow, he, together with three other weightlifting team members, was discovered at Customs in Montreal attempting to smuggle 22,000 anabolic steroid pills into Canada. In 1986, while at a training camp in Winnipeg in preparation for the Commonwealth Games in Edinburgh, Scotland, that year, he failed a doping control test that detected use of anabolic steroids. He appealed successfully, but only on technical grounds.

Mr Bolduc admitted that he had used anabolic steroids since 1984. He had not failed a doping test, but the adverse effects he suffered from drug use were so obvious that, when he went for medical treatment, the doctor knew by looking at him that he was taking anabolic steroids.

Mr Roy admitted he had been on a steroid program intermittently since the fall of 1983. He had also had a previous experience with a suspect urine sample in 1985, when the SMCC requested he provide a second sample. Mr Roy testified that he would have provided the sample, but the Canadian Weightlifting Federation had not allowed him to do so.

Unlike the other three athletes disqualified from competing in Seoul, Mr Gill had apparently begun to take anabolic steroids when he was attending the training camp in Czechoslovakia in July 1988.

Although Mr Greavette did pass his test before he left for the Seoul Olympics, he had been disqualified at the Pan American Games in 1983 for using anabolic steroids. He also admitted taking steroids during the years 1980 to 1985.

Mr Garon admitted taking anabolic steroids intermittently for some years, including the time he was training in Czechoslovakia in July 1988. During his testimony, he boasted how he was able to avoid detection by paying heed to clearance times and by using masking drugs, some of which he proudly produced at the inquiry. Mr Côté admitted taking anabolic steroids over a short period in 1982, but denied taking them since that time.

The weightlifters explained their actions in two parts: first, all of them were involved almost full time in their weightlifting careers and were dependent on the Government of Canada for financial support; second, from their experience in international competition for many years, they all believed that weightlifters in other countries used steroids and thus they could not compete successfully without using steroids too. They complained that the standards set to qualify for funding from the Government of Canada were related to world standards which, in their view, were inflated standards set by those who had been using steroids. The athletes asserted that, to receive funding, they had to meet those artificial standards and the only way to do so was by the use of anabolic steroids. In 1987, in an attempt to meet these criticisms, Sport Canada lowered the criteria for funding weightlifters at the C-card level, but clearly that was not the answer.

All the athletes admitted that the steroids were invaluable to them in increasing their performance. Some of them regarded steroids as miracle drugs. It was their view that being subjected to drug tests was unfair, that somehow they had the right to compete, to travel around the world for training and competition, and to receive government funding, all the while using steroids to increase their performance. Indeed, many of them were puzzled why they were being deprived of funding even after detection and disqualification.

The athletes were disdainful when it was suggested that their use of public moneys to buy drugs aggravated their conduct. Mr Greavette, for example, merely compared spending taxpayers' money on steroids to welfare recipients' spending money on alcohol.

I could not help but get the impression that, given the opportunity, most of them, if not all, would again resort to the use of anabolic steroids if they thought that was the means to continue to compete internationally. The demoralization of these young men was apparent. On this issue, they had no sense of moral or ethical values. Cheating had become an acceptable way of life, and they were satisfied they were right to conduct themselves as they did. Weightlifting had become something of a cult, and taking steroids a part of the culture. They practised six or seven days a week, enjoying the camaraderie and the opportunity to visit many places throughout the world. They were so desperate to preserve their secret that the idea of bribing an official of Sport Canada readily came to mind. In addition to the dangers associated with the drugs themselves, they risked infection or even more serious harm by resorting to the sordid conduct of urine substitution in order to avoid detection.

Canadian Weightlifting Federation

The disqualification of four Olympic weightlifters should not have come as a surprise to the Canadian Weightlifting Federation. Of all Olympic sports, weightlifting had the worst record for disqualification in international competition because of the widespread use of drugs:

- At the 1976 Olympic Games in Montreal, seven of the eleven athletes disqualified for doping were in weightlifting.
- At the Pan American Games held in Caracas in August 1983, eleven of the nineteen disqualifications for doping were weightlifters.
- At the 1984 Olympic Games in Los Angeles, five of the twelve doping disqualifications were in weightlifting.
- At the 1988 Seoul Olympic Games, five of the ten doping disqualifications were in weightlifting.

Canadian weightlifters were no exception, and the use of drugs by Canadian weightlifters has plagued the Canadian Weightlifting Federation for many years. In Caracas in 1983, for example, two of the eleven weightlifters disqualified were Canadians, Guy Greavette and Michel Viau. Jacques Demers also participated in the 1983 Pan American Games, and he admitted that he had taken anabolic steroids before competing in those games but that his use was not detected.

Prior to 1983, there was no paid national coach of the Canadian weightlifting team. The coaches were volunteers from various clubs. They were, in effect, personal coaches who accompanied the national team athletes. Two of them were Raphael Zuffellato and Pierre Roy. The head coach, Aldo Roy, was also a volunteer.

Mr Zuffellato was a part-time coach who started in the sport as a weightlifter in 1952. He went on to become a provincial coach, and eventually became a national coach, level two, and assistant coach for the national team. He was always unpaid, apart from travel expenses met by Sport Canada. Pierre Roy became a weightlifter in 1969 and was a part-time coach from 1975 to 1977. In 1980 he became head coach of the junior team, and in 1983 an apprentice coach of the national team. After June 1986 he was employed as a part-time assistant coach for the national team, and his funding was provided by Sport Canada.

Both Mr Zuffellato and Mr Roy were aware of the use of anabolic steroids by Canadian weightlifters even prior to the Pan American Games in 1983, but they chose to ignore it. For some time Mr Roy did not oppose the use of anabolic steroids, because, as he explained, he compared international competition to war and viewed drugs as the necessary weapons. Later, he recognized that drugs were destroying his sport and came to oppose drug use.

Smuggling Incident, October 1983

In September 1983, after the Pan American Games in Caracas, Andrzej Kulesza was appointed national coach of the Canadian team. In October 1983 the team, accompanied by Mr Kulesza, competed in Moscow.

When the team returned to Montreal, Jacques Demers, Terry Hadlow, Mario Parente, and Michel Pietracupa were detained at Customs. They were discovered to be carrying 22,000 anabolic steroid pills which they tried to smuggle into Canada. The pills were seized and the four were charged under the provisions of the *Food and Drugs Act*. All but Mr Parente were found guilty. It is not without significance,

as should have been expected, that all four in subsequent years were disqualified from competition because of their use of anabolic steroids.

What greater proof could there have been of the widespread use of anabolic steroids by the Canadian weightlifting team than the importation of such enormous quantities of drugs? Yet the federation made no further inquiry of the athletes. The only penalty imposed was a suspension of the athletes from competition for three months, hardly a fitting penalty for the enormity of what had transpired and hardly a deterrent to others. It is obvious that the Canadian Weightlifting Federation did not take a serious view of such misconduct.

Within the federation, however, various steps were suggested, such as those in the memorandum of November 16, 1983, to the federation's executive committee from Keith Nesbitt, executive director of the Canadian Weightlifting Federation:

> In view of the two recent incidents which have embarrassed the Canadian Weightlifting Federation I would like to suggest the following as two positive steps which we might pursue and if for no other reason, we will at least be appearing to be doing something to offset future similar incidents.
>
> 1. I believe we should mount an active campaign to eliminate the use of prohibited medications in all amateur sports. I do not believe this could be accomplished by any other body than the I.O.C. and not without great expense. I suggest that we recommend, and try and obtain the support of all possible sports bodies, to have the I.O.C. conduct random testing around the world on an ongoing basis, with no more than two or three weeks' notice being offered to any country. National Olympic Committees could select the athletes, or top known performers in the various sports could be identified by the I.O.C. for such testing.

I trust that such proposal is logical because the I.O.C. has access to sufficient funding through TV rights etc., and this body has the clout to eliminate athletes who either refuse the test or test positive from future Olympic games. I realize this proposal has many loopholes such as cost, the selection of the wrong athletes, the use of substances which can mask banned medications, and the reluctance of the I.O.C. to assume responsibility, we would at least be seen to be trying to do something.

2. We have been seriously smeared by the four athletes who tried to smuggle in anabolic steroids. Comments by various athletes and officials have suggested that this practice is so common that everyone knows about it.

   I suggest that we inform all members of the National Squad that we will be informing Customs and Excise of all offshore trips by our teams with dates and ports of entry of their return, and that we ask them to inspect baggage of team members and accompanying officials.

The Canadian Weightlifting Federation had not had a positive test result or suspended an athlete prior to the 1983 Pan American Games. This may have been due to the rarity of testing and the comparatively less sophisticated testing techniques. At the time, the federation did not have a policy on the importation or possession of drugs or banned substances. That was the reason given for the failure to take disciplinary action against the four athletes who had smuggled the steroids into Canada. Even without a formal policy, however, the bylaws of the Canadian Weightlifting Federation authorized the board to expel any members if their conduct was considered to be contrary to the stated purposes of the association. That power should, I think, have been exercised with respect to those athletes who had attempted to smuggle a large quantity of anabolic steroids into Canada.

Richard Campion, the former technical director of the federation, testified that the 1983 Pan American Games were a catalyst for the Canadian Weightlifting Federation together with the Sport Medicine Council of Canada to develop doping control procedures. The federation had been discussing doping controls at meetings with Sport Canada representatives for a number of years prior to 1983. In 1978, for example, the federation submitted a request for money to conduct testing at the national championships. Sport Canada was willing to permit drug testing, but required that the money come from other programs. The federation felt obliged to provide training and competition in preference to testing. At the time no other national sport organization was conducting its own testing. It was not until December 1983, after the smuggling incident, that Sport Canada instituted its antidoping policy, even though the use of anabolic steroids had long been banned in international competition.

Even in the absence of an antidoping policy, I would have expected Sport Canada to have taken a serious view of the importation of such vast amounts of anabolic steroids into Canada, to have investigated the circumstances, and to have given serious consideration whether those athletes should continue to be funded. I would have thought that such misconduct should have deprived the athletes of continued funding by Sport Canada. The funding of athletes is *ex gratia* and none of the athletes was entitled by right to funding. Apart entirely from the use of prohibited drugs by the athletes, the fact that they were using public moneys provided by Sport Canada to purchase drugs was a sufficient ground to deprive them of continued funding.

Rather than taking strong action, Sport Canada continued to card and to fund those athletes who had smuggled the drugs into Canada. On January 31, 1984, Bill Heikkila,

a sport consultant with Sport Canada, confirmed this support in a letter to Mr Campion:

> This will confirm the carding status of the following athletes:
>
> | | |
> |---|---|
> | Jacques Demers | A Card |
> | Mario Parente | B " |
> | Michel Pietracupa | B " |
> | Terry Hadlow | B " effective Nov. 1/83 |
> | Mario Leblanc | C " effective Jan. 1/84 |
>
> Please note that Sport Canada's new doping policy, because of its December 14, 1983 date of introduction was not a factor in the decision to card Terry Hadlow retroactively.
>
> Application forms are required for Terry Hadlow and Mario Leblanc.
>
> Congratulations are in order to the athletes, to Andrzej Kulesza and to the Federation for the performances achieved.
>
> Best wishes for continued success.

Of the five athletes referred to in this letter, three were those guilty of importing steroids into Canada. Mr Hadlow's carding was even made retroactive to November 1, 1983. It is puzzling that Mr Heikkila found it in order to congratulate the athletes, the coach, and the federation for the performances achieved when two of the athletes had been disqualified for drug use in the Pan American Games in August 1983 and others had tried to smuggle large quantities of steroids into Canada in October 1983.

The combination of a minimal suspension of three months with the continuation of funding could only have sent mixed signals to the athletes.

Los Angeles Olympic Games, 1984

By 1984 testing prior to major games had become a regular aspect of doping control for Canadian weightlifters. Two athletes, Luc Chagnon and Terry Hadlow, failed doping

tests under this predeparture testing program prior to the 1984 Olympics. Mr Hadlow was one of the athletes who had smuggled anabolic steroids into Canada in 1983.

Mr Demers, who won an Olympic silver medal in Los Angeles that year, admitted that he also had been using anabolic steroids but had stopped eighteen days before he was tested. He was not caught.

Mr Zuffellato, an assistant coach at that time, testified that he had nothing to do with the Hadlow and Chagnon positive tests but that he had observed their progress in preparation for the 1984 Olympics and found it incomprehensible that they were able to improve so quickly. Although he suspected they were using drugs, he did not ask them because he thought it was indiscreet for a coach, especially a volunteer coach, to ask an athlete if he was using something illegal.

Mr Chouinard testified that he tried on behalf of the federation to interview Mr Chagnon following his disqualification, but that Mr Chagnon was uncooperative. No effort, apparently, was made to interview Mr Hadlow. There was no inquiry to see whether these positive tests were part of a larger problem. According to the rules of the International Weightlifting Federation, Messrs Chagnon and Hadlow were suspended for two years from international competition. The Canadian Weightlifting Federation imposed a one-year suspension for domestic competition and thought that in doing so it went beyond the minimum requirements of the International Weightlifting Federation.

Hoffman Letter, 1984

The disqualification of two members of the Canadian weightlifting team selected to compete in the Los Angeles Olympics, following so closely the events of 1983, stimulated Sport Canada into action.

In a letter dated September 29, 1984, Abby Hoffman wrote to Rolf Kugelstadt, president of the Canadian Weightlifting Federation. The letter, set out below in its entirety, summarized the drug problem in weightlifting at the time from the viewpoint of Sport Canada:

> I am writing to you as President of the Canadian Weightlifting Federation to apprise you of our thoughts and concerns with respect to the issue of drug use and doping control in your sport.
>
> In sum, it is our view that this matter is now at such a state that it threatens the long-standing funding relationship between the CWF and Sport Canada.
>
> Specifically, I would like you to note the following points which underscore the concluding remarks in this letter:
>
> (1) Canadian weightlifters have been involved in three very serious incidents in the past year: the Pan American Games "positive" doping control results; the Mirabelle Airport possession-importation incident; and, the pre-Olympic "positives" and the questions which surround the administration of doping control procedures by your organization.
>
> These events have undermined the credibility of your sport, and have regrettably had the additional effect of undermining the integrity of high performance sport generally in Canada.
>
> (2) Despite the events noted above, and the fact that drug use in weightlifting has been a known fact for some time, the CWF has, in our view, shown itself to be almost totally incapable of developing and implementing a plan of action which would address and "bring to heel" what is clearly the most important and damaging issue facing the sport.
>
> (3) The seeming disregard among key people in your sport for the importance of the drug use and doping control issue has now reached untenable proportions. The alleged sloppy administration of doping control procedures by your officials at the pre-Olympic Test site, the refusal of these individuals to appear at the appeal proceeding, the failure of your executive director to initiate contact with the SMCC office after he had been apprised to the probable seriousness of

the situation, the refusal of your organization to provide an important transcript to the SMCC's appeal committee, the blatant disregard of your athletes for the doping control procedure as exemplified in the testimony provided at the doping appeal by Messrs. Chagnon and Hadlow, and widespread allegations that members of your organization are actively complicit in counselling athletes on how to use "banned" drugs all suggest to us that there is simply no serious commitment within the Canadian Weightlifting Federation to deal with this problem.

With these thoughts in mind, I wish to apprise you of the following with respect to the CWF's relationship with Sport Canada in the months to come:

A. The CWF will not be considered eligible for federal funding for its operations and programs beyond March 31st 1985 unless the organization develops *and* implements a comprehensive plan for doping control in the sport.

B. The funding currently provided by Sport Canada for the salaries of the Executive Director, Technical Director and National Coach will be continued on a "conditional" basis for the next four months. During this period, we expect two things to occur:

   (i) A review and appraisal of the activities of each of the CWF staff during the past four months with a view to determining whether actions taken (or not taken) during the "doping" incident constitute grounds for action by you;

   (ii) Monitoring and appraisal of each of the professional staff over the next four months against approved work plans, with a view to determining whether staff members are performing, or are capable of performing at a level which would warrant continuance.

   After review of these reports, Sport Canada will decide whether its salary contributions for these individuals will be maintained.

C. The CWF is hereby directed to return to Sport Canada any monies expended on Marc Couture, who, we understand was a member of a CWF travelling team, and, who refused participation in a competition for which his expenses had been paid from public monies. We are led to believe that he declined to compete because doping control measures were in effect.

D. When all of the above have been satisfactorily accomplished, Sport Canada staff will resume Quadrennial Planning activities with the CWF.

You may find these points to be a strong response to a difficult issue. However, it is our view that we must make our concern known to you in an emphatic and unequivocal fashion.

If it is the position of the CWF that "doping" is so endemic in the sport — nationally and internationally — such that the CWF can do little to change the status quo, then I think it is fair to advise you that we would have to give serious thought to withdrawing our funding for those aspects of your sport which involve preparation for, and participation in, high level competition.

I trust you and members of your organization understand our concerns in this matter, and the need for the full energies of the CWF to be devoted to resolving this situation.

We will endeavour to provide you with assistance, but I can not underscore too strongly our view that the CWF has the major obligation at the outset to commit itself in a tangible and meaningful way.

Mr Kugelstadt, on behalf of the federation, replied to Ms Hoffman:

The CWF Executive Committee met on November 3 and 4, during which time it dealt with the issues and concerns raised in your letter. Following are the results of our deliberations as they relate to the points in your letter.

ITEM (1) CONCERNING CANADIAN WEIGHTLIFTERS INVOLVED IN SERIOUS INCIDENTS.

Athletes suspended in the 1983 Pan Am Games.
It must be pointed out that the IWF suspension applies only to international events, leaving domestic sanctions to national federations. The CWF suspended Greavette and Viau for one year from all CWF activities, a much tougher sanction than was given the American lifter, Michaels, who was allowed to compete nationally and who successfully challenged his suspension in US court.

Citing the US case, the B.C. Weightlifting Association asked the CWF to remove the national suspension for our lifters. The Executive decided to uphold the original decision.

Pre-Olympic Testing.
To begin, I would like to say that the CWF initiated the testing because we believed it to be a very worthwhile program; and it would have been, had the results been available to us when promised by Dr. Masse. Secondly, although not the author of the appeal procedure, the Executive agreed to cooperate with the appeal and expected our officials to appear at the hearing. It was unfortunate that they did not and the appeal is still in limbo.

As a consequence, the Executive suspended all four CWF members currently involved in the appeal proceedings until these have been concluded.

Terry Hadlow.
Terry, co-appellant in the appeal has been suspended for a period of five years on evidence not requiring a decision by the SMC appeal committee.

Luc Chagnon.
In Luc's case, the Executive Committee thought it imprudent to make a decision until the appeal has been concluded.

ITEM (2), THE ALLEGED INCAPABILITY OF "BRINGING TO HEEL" THE DRUG PROBLEM IN WEIGHTLIFTING.

It was because of the fact that "drug use in weightlifting has been a known fact for some time" that the CWF, in 1978 and again in 1979, attempted to get special funding to test our athletes at national championships. The CWF executive at that time felt that the problem was getting out of hand, an opinion obviously not shared by others, including Sport Canada, since we were told that no special funds were set aside for drug testing and that, if we wanted to test, the funds would have to be diverted from other programs. This proposal would have been extremely difficult to sell a federation which had trouble funding its existing programs and was still wincing from the effects of mismanaging FAS funds by the previous administration and having to repay thousands of dollars in misappropriated funds.

It was not until the Pan Am Games, and the weightlifting suspensions, that everyone suddenly jumped on the anti-doping bandwagon. I remember reading in *Champion* about the drug problem and the opinions of various people on the issue. I suppose that the CWF could be faulted for not recognizing that there was a "change of wind in the air" and for not getting on the bandwagon fast enough.

ITEM (3), CONCERNING THE ALLEGED "SLOPPY ADMINISTRATION OF DOPING CONTROL PROCEDURES BY (OUR) OFFICIALS."

I believe that your own choice of the word *alleged* answers this charge until such time that the SMC appeal committee hears both sides of the story and separates facts from fiction.

Refusal to provide transcript.
Our stand on this issue has not changed. We believe that the transcript is totally irrelevant to the appeal and cannot understand why Mr. Gledhill would insist on it when in his letter to Don Buchanan (Sept. 11, 1984) he states that "the appeal scheduled for the 20th September 1984 will be limited to discussion on the sample taking procedures undertaken on 16 July 1984." Insistence on getting the transcript only begs the question whether the appeal committee is attempting to get to the truth of what happened at the Robillard Centre or is on a witchhunt.

ITEM (3[sic]), ALLEGATIONS THAT MEMBERS OF THE CWF ARE "ACTIVELY COMPLICIT IN COUNSELLING ATHLETES ON HOW TO USE 'BANNED' DRUGS."

As a preamble I should state that the problem with allegations is that there are no *facts*. This one suffers from that weakness; and, therefore, the Executive had problems dealing with it. We are not aware of this happening, openly or clandestinely, and cannot offer any solution.

ITEM A.
Most of the plan for doping controls has been developed by the Technical Congress at its last meeting and the Executive Committee has approved it and has begun some of the implementation. Details will be submitted to you either directly or through Mr. Heikkila.

ITEM B (i).
At the Executive meeting we reviewed and appraised the activities of our Executive Director, Technical Director, and National Coach, regarding their activities during the four months period, as requested by you. In addition to the face-to-face proceedings, we asked each staff member to submit a written statement, dealing with the doping incidents and their stand on the doping issues. These are included with this letter.

The result of this review leaves no doubt in our minds that our staff acted properly and prudently in every case, and that, if any blame can be laid, it would have to be directed towards the officers, including myself, for not acting swiftly and mercilessly enough in some cases.

ITEM B (ii).
We have formed a committee which includes Mr. Bill Heikkila, Mr. Jeff Rohne and myself to set up appraisal policies and procedures which conform to Sport Canada standards. This committee is meeting in Winnipeg on November 25. It is my intention to have an appraisal policy and procedure in place by January 1985.

ITEM C.
Your information regarding the Marc Couture incident is erroneous. Marc did not refuse to compete but was advised by our National Coach not to compete in order to avoid a probable positive test result and subsequent bad publicity for the Canadian team. According to the written report by the coach, Marc had admitted having had an injection of a banned drug, administered by his family physician.

As a result of our investigation of this event, the Executive has suspended Marc Couture for a period of one year. However, since he was advised by our National Coach to withdraw from competition, we did not request the return of any funds.

We are hoping that our actions thus far comply with the demands made in your letter and that the CWF can resume its participation in the Quadrennial Planning activities, soon.

As president, I hope that in the future Sport Canada and the CWF can work out any problems in a cooperative way. As I told you at our meeting, I do not like to resolve issues by having a gun held to my head. I rejoined the CWF as an active and properly elected member of the executive because I felt that I could bring about some necessary and positive changes in the federation. I am willing to work hard and face many obstacles but I am not willing, in the future, to have my intelligence insulted, nor work in clandestine operations.

Positive Test Results, 1985

In 1985 five Canadian weightlifters had positive tests for anabolic steroids. They were Robert Choquette, Yvan Darsigny, Michel Pietracupa, Guillaume Salvas, and Michel Viau. Mr Viau had previously been disqualified in the 1983 Pan American Games and Mr Pietracupa was one of those who had been detained for attempting to smuggle anabolic steroids into Canada in the same year.

Positive Test Results, 1986

In 1986 Mr Parente, who was also one of those implicated in connection with the smuggling, had tested positive for anabolic steroids. In the same year, Glen Dodds and Jacques Demers, who had been selected to represent Canada in the Commonwealth Games to be held in Scotland in that year, were detected in a predeparture test taken in Winnipeg to have been using anabolic steroids. They subsequently won their appeals, but only on technical grounds.

Lotto 6/49 Random Testing Program

Mr Chouinard testified that in 1985, although the federation already had in-competition testing and predeparture testing for international competition, they began discussing random out-of-competition testing. He said he proposed a frequent and random testing system using the 6/49 lottery as an equitable means of selecting those to be tested. He explained that, at the time, no other country had a practical means of random testing. The Lotto 6/49 system was not implemented, however, until February or March 1987.

Mr Demers described how the 6/49 system worked. Each athlete was given a number from one to forty-nine. He himself had two numbers, one national and one provincial. If the athlete's number was drawn in the lottery, he had to be tested. Because of the possibility of a random test, Mr Demers did not take steroids before the 1987 Czechoslovakia world championship.

Similarly Mr Greavette acknowledged that the system was a deterrent, though it was flawed. He said it took in some cases up to four weeks after the number was drawn for the athlete to be tested. There was also a discrepancy between the Wednesday and the Saturday lottery draws.

Because no official was in the office on Sunday, no letter was sent on that day to notify the athlete after the Saturday lottery draw.

Like the others, Mr Garon viewed the 6/49 system as frustrating. In his view, it was frustrating not to be allowed to take drugs given his belief that athletes in Eastern Bloc countries used them.

Mr Ranger, the federation's general manager, gave evidence about the difficulties of random testing. He outlined the time needed to learn how to reduce delays, to make sure testing kits were available, and to train doping control officers. In spite of these problems, it is a noteworthy achievement that in 1987, the year the 6/49 system was introduced, no Canadian weightlifters had positive tests. The effectiveness of the 6/49 program could be avoided, however, if the athletes were permitted to leave the country and train elsewhere.

The National Coach, Andrzej Kulesza

I will now review these events, focusing on the role played by the national coach, Andrzej Kulesza.

The Canadian Weightlifting Federation hired Mr Kulesza as its first national coach in September 1983. A former Polish national weightlifting champion, he had received a doctorate in sport science from the University of Physical Education in Warsaw and had coached the Polish junior national team and the Argentinian national team. He is an articulate man and his credentials were such as to make it appear that he was highly qualified to assume his new post.

Moscow, October 1983

In October 1983, on their return to Montreal from Moscow, four members of the Canadian weightlifting team were

detained at Customs and found in possession of a large quantity of anabolic steroids. Although Mr Kulesza was the only representative of the Canadian Weightlifting Federation accompanying the athletes, he did not wait for them or make any inquiries about their delay but quickly left for home. Mr Demers testified that he had told Mr Kulesza he was bringing drugs back to Canada. Mr Kulesza denied any knowledge of the importation of the steroids and testified that he first learned about it in the newspapers. I think his failure to inquire into the reason for the athletes' delay is only consistent with his having knowledge of why they were being held up at Customs. I accept Mr Demers's evidence that Mr Kulesza was advised in advance of the proposed smuggling of these drugs into Canada.

Indeed, throughout his testimony, Mr Kulesza distanced himself even from the knowledge a coach would be expected to have about drug use. He testified that he was shocked by the positive tests of his athletes. He presented a public opposition to drugs and spoke of his own fight against them. His private behaviour, however, was quite different.

Winnipeg, July 1986

In July 1986 members of the national weightlifting team were to be tested prior to their departure for the Commonwealth Games in Edinburgh, Scotland. They and their coaches, Messrs Kulesza and Zuffellato, had a meeting at the pregames training camp in Winnipeg. Mr Kulesza asked the athletes to write on a piece of paper the names of drugs they had been taking. There was some conflict in the evidence about the detail Mr Kulesza had requested. He testified that he asked them to list what they had been taking in the last two months but not to write their names. Some of his athletes testified to the contrary.

According to Mr Demers, Mr Kulesza asked the athletes to write down the initials of the drugs they had been taking, such as W for the anabolic steroid Winstrol. They were also to write when they stopped taking each drug and to sign their names. Mr Demers believed that the lists were to allow the coaches to see whether the athletes would be able to pass the doping test.

Mr Bolduc also testified that he was asked to write the names of the drugs he had been taking and when he had stopped taking them. He listed the names of several injectable anabolic steroids and when he was last injected. He believed that in this way the coach would know whether he could pass the test. Mr Bolduc explained that, after submitting his list, Mr Kulesza spoke to him and told him that it was too dangerous to take the test. Because Mr Bolduc wanted to go to the Commonwealth Games he told Mr Kulesza that he had lied in what he had put down on the paper he had submitted to Mr Kulesza and that he had taken fewer drugs and at times other than he had first reported.

Messrs Garon and Greavette stated that although Mr Kulesza had asked them to submit a list disclosing their steroid use, neither of them had handed in a list since they claimed at that time they were not on steroids. Louis Payer, a former national team member who failed to qualify for the Olympics in Seoul, acknowledged that he had submitted a list in which he clearly identified himself and admitted having taken steroids but stated that it was because of an injury.

Mr Kulesza's evidence was that half of the team was using steroids. Indeed, he said, "several athletes gave records which looked terrible." He denied that the athletes had signed their names and denied speaking to Mr Bolduc. He testified, however, that one of the athletes who failed to pass the test later apologized to him for not writing everything

on the list. According to Mr Kulesza, he asked for the lists merely to record what the drug "situation" was in Canada at the time. Without the names of the athletes being included in the requested information, however, the exercise would have been meaningless.

I accept the evidence of Messrs Bolduc and Demers that the purpose of requesting the athletes to list the drugs they were taking, and the last time they had taken them, was only to determine which athletes were on a steroid program and whether they should undertake the test.

The information supplied to the coach clearly disclosed the widespread use of anabolic steroids by his team, yet no action was taken to disqualify the athletes on the basis of their own admissions. By this time it was a condition for the funding of carded athletes that they agree not to be in possession of or use anabolic steroids. It was the coach's duty to enforce the provisions of that contract, but he ignored it throughout. For him, the only basis for disqualification was a positive test.

It is noteworthy that in Mr Kulesza's annual report following the events in Winnipeg, he did not disclose the information which, even on his own testimony, revealed the extent of use of anabolic steroids by the national team. Mr Chouinard did not attend the 1986 Winnipeg training camp and had not spoken to Mr Kulesza about the two positive test results. Those results, however, were discussed by the executive committee. Mr Chouinard was not aware until he heard Mr Kulesza's testimony that the athletes had been asked to write a list of the drugs they had been taking.

Czechoslovakian Training Camps

In 1985 and 1986 the Canadian Weightlifting Federation considered a program of out-of-competition testing. Eventually, in February or March 1987, the Lotto 6/49 procedure was implemented.

In 1986 Mr Kulesza began making plans to send the athletes to train in Czechoslovakia and, in June 1987, shortly after the out-of-competition testing program began, the first group left for training. According to Mr Kulesza, the facilities in Czechoslovakia were probably the best in the world. That country was also attractive because, although the air fares of the athletes would be paid by the Canadian Weightlifting Federation, their living expenses while they were in Czechoslovakia would be absorbed by the Czechoslovakian Weightlifting Federation.

June–July 1987 In June 1987, prior to attending the first training camp in Czechoslovakia, the Canadian weightlifting team participated in a competition in Austria. Following the competition, four members of the team, David Bolduc, Gilles Desmarais, Denis Garon, and Louis Payer, were selected to go to Czechoslovakia for training.

In Austria, Mr Payer attended a meeting with the other Canadian athletes at which time Mr Kulesza reminded them of Sport Canada's antidoping policy and told them not to take drugs. After the meeting, however, Mr Kulesza called him aside. He gave Mr Payer some papers to take to Czechoslovakia along with some small gifts to distribute, as team representative, on behalf of the Canadian Weightlifting Federation. Mr Payer testified that during this discussion with Mr Kulesza he was advised that there was a coach named Émile at the Czechoslovakian training camp and that arrangements had been made with Émile to provide the athletes with anabolic steroids, masking pills, and urine tests while they were in Czechoslovakia. When they arrived at the training camp in Czechoslovakia, Mr Payer and the other three athletes did meet with Émile. Each member of the Canadian team paid Émile U.S.$50, for which they were supplied with anabolic steroids in small envelopes marked with dates for consumption.

Mr Bolduc also testified that while he was in Czechoslovakia he received an envelope each day containing anabolic steroids as well as vitamins and minerals. He and the other team members were also supplied with pills which were described as masking drugs and advised when to take them. Mr Bolduc brought the masking drugs back to Canada with him and used them to pass a test in July 1987 before the Pan American Games in Indianapolis. Both Messrs Bolduc and Payer explained that their urine was tested in Czechoslovakia before they returned to Canada. Mr Garon admitted he was offered steroids by Émile, but claimed he refused the drugs at this training camp.

Mr Kulesza denied meeting with Mr Payer privately before the athletes left for Czechoslovakia. He said Mr Payer fabricated the story and was accusing the coach because of his own failure to make the team before the Olympics. I accept Mr Payer's evidence that the conversation with Mr Kulesza took place in the manner stated by him, and I do not believe that he made up this story out of whole cloth.

After the weightlifters returned to Montreal from Czechoslovakia, Pierre Roy described their improved performance as extraordinary. In his opinion as coach, so great an improvement in performance in such a short period of time would not have been possible without the use of anabolic steroids.

The athletes agreed that the drugs increased their endurance, allowed them to train longer, and hastened their recuperation at the same time that they increased their muscle bulk and their ability to lift weights. These benefits, however, came at a cost to the athletes. Over the years they suffered many adverse effects, including difficulty in sleeping, loss of patience, a distinct aggressiveness, injuries, high blood pressure, nose bleeds, acne, irritability, water retention, liver damage, and loss of flexibility.

In contradistinction, Mr Kulesza testified that on their return to Canada from Czechoslovakia the athletes performed not above but below their normal level. In 1988, nevertheless, he sent his athletes to two more training camps in Czechoslovakia.

I accept the evidence of Mr Roy and I do not think that Mr Kulesza would have sent the athletes twice more to Czechoslovakia if the first trip had been the failure he described.

February–March 1988 Messrs Bolduc, Côté, Demers, Garon, and Payer attended a second training camp in Czechoslovakia in February and March 1988. From the experience of the previous camp, they knew they could buy anabolic steroids from Émile. Mr Garon testified that he accepted Émile's proposition this time and took steroids. He also returned to Canada with what he described as masking pills, some of which he turned over to Commission investigators. Mr Payer repeated his experience of the first trip, in that he used the anabolic steroids and the masking drug and took a urine test. Mr Demers described how he stopped taking steroids ten days before his urine test in Czechoslovakia. He also took the masking drug. He was advised that he still had a small amount of anabolic steroids in his urine but that it would be cleared in a few days.

Mr Bolduc was advised just before he left Czechoslovakia for Montreal that he would be subjected to random testing based on the 6/49 lottery immediately on his return to Canada. He then stopped taking steroids and resorted to the masking drug. Like Mr Demers, he was tested in Czechoslovakia before his departure for Montreal and was also told that, although a small trace of steroids had been detected in his urine, he could safely be tested on his return. The day after Mr Bolduc returned from Czechoslovakia, he

was asked to take the drug test. He was still afraid to do so and, rather than reporting to the doping control station, he went home and continued to take his masking drug pills. He testified that he told Mr Kulesza of his problem and that Mr Kulesza phoned Émile in Czechoslovakia and was advised that he would be clear in two days. Several days later he was tested, with negative results.

Mr Kulesza denied that he was helping Mr Bolduc avoid the test. However, he admitted calling Émile at Mr Bolduc's request, but said he did not manage to reach him. When asked why he called Czechoslovakia, Mr Kulesza replied, "I could suspect that something happened in the sense of drugs over there." There can be no doubt that Mr Kulesza did in fact help Mr Bolduc delay taking the test.

Pierre Roy did not attend the training camps in Czechoslovakia but became suspicious of the athletes' improved performances. Only after the second training camp did he tell Mr Kulesza he thought the athletes were taking anabolic steroids in Czechoslovakia. According to Mr Roy, Mr Kulesza replied that they were not taking steroids. Mr Roy therefore kept quiet because he wanted to keep his job. However, he said everyone knew something abnormal was going on in Czechoslovakia and that it had become a joke within the federation. He said the least competent coach was capable of understanding the difference between a normal and an abnormal increase in performance.

Once again, Mr Kulesza claimed that a witness was lying and he denied that Mr Roy had expressed any concern about the unusually improved performance. For his part, Mr Kulesza had noticed that Mr Bolduc was "in quite good shape," but attributed this fact to proper training and nutrition in Czechoslovakia.

I regret that once again I must reject Mr Kulesza's evidence and conclude that Mr Bolduc and Mr Roy were testifying as to the truth of their conversations with him.

July–August 1988 Six of the seven members of the Canadian weightlifting team selected to compete at the Olympic Games in Seoul attended the third Czechoslovakian training camp in July 1988: Messrs Bolduc, Côté, Demers, Garon, Gill, and Greavette. On this occasion they were accompanied by Canadian coaches, Mr Kulesza for the first part of the camp and Mr Zuffellato for the second.

All the athletes, except Mr Côté and Mr Greavette, admitted that they again purchased anabolic steroids while they were in Czechoslovakia. Although Mr Greavette shared a room with Mr Demers for the first half of the training camp, he denied knowing about the use of steroids by other athletes, even though Mr Demers received an envelope of steroids from Émile every day.

Mr Demers did not feel well while he was at the camp. Having had a previous experience with hepatitis, he was concerned about his liver. He testified that he went to a hospital in Czechoslovakia for a blood test and there told Mr Kulesza that he had been taking anabolic steroids. Mr Kulesza told him to stop taking them.

Mr Zuffellato attended the last two weeks of the Czechoslovakian training camp at Mr Kulesza's request. Mr Zuffellato had suspicions about steroid consumption in Czechoslovakia, but he could not confirm them.

Mr Kulesza admitted that Mr Demers had told him at the hospital that he was taking drugs. He did not ask Mr Demers where he got his drugs and it did not cross his mind that Émile could have provided them. Mr Kulesza's evidence was that Mr Demers could have been bringing drugs from Canada to Czechoslovakia. According to Mr Kulesza, Mr Demers's admission was not actual evidence of drug use unless it was accompanied by a positive urine test. Mr Kulesza confirmed Mr Zuffellato's testimony that he called him in Czechoslovakia and told him to warn the athletes not to bring steroids back to Canada. It was thus

quite evident on Mr Kulesza's own evidence that he knew the athletes were obtaining steroids while they were training in Czechoslovakia. Indeed, according to Mr Kulesza, in August 1988 he told the then president of the federation, Donald Buchanan, about the use of drugs at the Czechoslovakian camp.

Mr Chouinard did not receive any reports from athletes or coaches about the steroid problem in Czechoslovakia.

Vancouver, September 1988

Except for the participation of Mr Kulesza, I earlier detailed the events which occurred in Vancouver when four members of Canada's Olympic weightlifting team were advised that further tests were required before their departure for Seoul because the results of the tests taken in Montreal were unsatisfactory. There is considerable conflicting evidence about Mr Kulesza's participation at the meeting held in his hotel room when strategies to avoid detection were discussed.

The conflict principally related to the amount of time that Mr Kulesza spent in the room on that occasion. It was apparent, however, that he was there for a long enough period to know what the problem was and how the athletes had determined to resolve it. It was also apparent that the reason for the panic displayed by Messrs Bolduc, Demers, and Gill was that they could not successfully pass the test the next day because they had consumed anabolic steroids. This had to be obvious to Mr Kulesza. He was also present when it was proposed that the athletes resort to catheter procedures to substitute other urine for their own.

Mr Demers and Mr Bolduc testified that during the discussions Mr Kulesza phoned a doctor in Vancouver in their presence. Mr Kulesza denied doing so. He admitted, however, that he did call a doctor, but claimed it was when he was

out of the room after having left the meeting. His explanation for calling a doctor was that it related to a back problem for Mr Côté. He stated that he could not get the doctor on the telephone and did not follow it up.

I do not accept this explanation. The only inference I can draw is that Mr Kulesza thought it advisable to discuss the catheter procedure with a medical practitioner and that was the purpose of the call.

It does appear that when a decision had been made to resort to a catheter to avoid detection, Mr Kulesza left the room. Although the borrowed urine was in a cooler in his room, he claimed that he did not know it was there.

If he did not encourage the use of the catheter, he certainly took no steps to stop it, as was his duty to do at that time. It was apparent that Messrs Bolduc, Demers, and Gill had admitted in his presence their use of anabolic steroids, and he should have informed the Canadian Weightlifting Federation and had them disqualified on the spot, rather than allowing the testing to take place the next day.

Post-Seoul: Montreal, 1988

On his return to Montreal from South Korea, Mr Chouinard, who was then interim president of the Canadian weightlifting team, was charged with the task of making an internal inquiry into what had caused the disgrace to Canada's Olympic weightlifting team. His inquiry, however, seemed to be confined to a consideration of allegations that Mr Kulesza had known about and arranged the provision of anabolic steroids for the weightlifters while they trained in Czechoslovakia. Mr Chouinard found no evidence of wrongdoing by Mr Kulesza. He was confirmed as national head coach and his contract was extended.

A more formal inquiry which the federation intended to make was not completed at the time that Mr Chouinard testified before the Commission.

It is noteworthy that on November 16, 1988, Mr Kulesza wrote to the federation's board of directors and its executive committee suggesting, among other things, "[w]e can organize intensive and attractive training programs (training camps in Winnipeg, Curacao, Czechoslovakia . . .)." It is apparent that Mr Kulesza had not learned any lessons from what had transpired in the past.

Mr Zuffellato, on his return from Seoul and following the investigation by Mr Chouinard, wrote him a bitter letter in which, in a rather dramatic way, he summarized the reasons for the downfall of Canada's Olympic weightlifting team. The letter reads in part:

> I can no longer endure the accusations that are hanging over the sport I have held dear for so many years. For thirty-eight years I have tried to instil love for this sport in the young people I work with and never before have I experienced so much bitterness. It seems that the only way to apply policies and set things in order is through the media; I therefore feel obliged to use the same method.
>
> I intend, in the few paragraphs that follow, to clarify a number of points and provide some food for thought.
>
> Let's start with you, Mr. Chouinard: Are you happy with your inquiry? Have you uncovered THE TRUTH? Or have you merely found one or more scapegoats, with a view to protecting your image and that of the Canadian Federation so that both of you can go on receiving subsidies from SPORT CANADA?
>
> The day you came to see me in your uniform, I knew that it was not the team manager, much less a friend, coming to visit. You brought me a bag of souvenirs from Seoul, even though you knew full well that none of it meant anything to me, since my only memories of those games are very negative ones. You sat in my living room and badgered me with questions, even though you knew that I had been kept out of everything that was cooked up in Czechoslovakia, and was not even there for the first four weeks of the training camp.

The ones who are truly responsible for this affair are easily identified. They are:

1 — *THE CANADIAN FEDERATION, its EXECUTIVE COMMITTEE and its TECHNICAL COMMITTEE.*

— HOW:
By paying for and organizing a training camp in CZECHOSLOVAKIA, instead of having the camp in WINNIPEG, as in the past, or in DOLBEAU, as had been proposed.

— WHY:
You put those young people into a situation where they would be sorely tempted, just as if you had locked an alcoholic up in a bar. Everyone was well aware of the "controlled methods" of training used by the East Bloc athletes and knew that our young athletes, who were so eager to perform well, would be fascinated by their success.

— WHAT WAS THE EXPECTED OUTCOME?
This is where the problem arises. They (the athletes) got caught. Someone has to take the blame. But what you were hoping for — you who are truly responsible — was something completely different. The goal was to achieve the good performances expected by the organizers, who had begun by raising the minimum standards.

2 — THE TEAM MANAGER
A responsible team manager would have appeared at the start of the training camp, so that he could have exercised some authority regarding the training methods offered to the Canadian team members and monitored their activities.

When I arrived at the training camp, four weeks after the national coach and the athletes had left Canada, I had to restore order within the team since the athletes had started squabbling. For the fifteen days I was at the camp, I was kept very busy correcting the misbehaviour of certain athletes. I had to take responsibility for putting a stop to unacceptable conduct on the part of Jacques Demers who, among others, became extremely drunk and kept everyone on the floor awake for a whole night. The day before we

> left, on orders received by telephone from the national coach, I had to hold a meeting to warn everyone not to bring any illegal products back to Canada.
>
> All this was the responsibility of the team manager, was it not?
>
> If it is true that the CANADIAN WEIGHTLIFTING FEDERATION really wants to implement an anti-doping policy, the people in charge will have to carefully avoid situations that might backfire, such as:
>
> — Setting standards that are overly high for athletes who do not use chemicals;
> — Holding training camps far from Canada and the centres of control;
> — Sending athletes to countries where banned substances are sold freely.
>
> If all these precautions are taken, the assistant coach who replaces me (since I want nothing more to do with your organization) will probably not be placed in the position of having to figure out what has happened when an athlete comes to him in tears, asking for help.
>
> I have devoted thousands of hours of my spare time to training young athletes and I have done so voluntarily. The petty political manoeuvres intended to save jobs and funding are not my area; all that matters to me is the support, both moral and otherwise, I can give to the young people, who also devote a great deal of time to this sport. In 1988, however, I realized that the national and international levels no longer hold any interest for me.
>
> A WORD TO THE WISE!" [Translation; italic emphasis added]

Later in the report I will return to the latest efforts of the Canadian Weightlifting Federation to address the doping problem with such measures as a new out-of-competition testing program.

6

The Canadian Track and Field Association

The Canadian Track and Field Association (CTFA) is the national sport organization which governs track and field in Canada. The disqualification of Mr Johnson and the revelations during the Inquiry of the extensive use of drugs by members of the CTFA should have come as no surprise to its officials. As was the case with the Canadian Weightlifting Federation and the use of drugs by its members, significant information warning CTFA officials of the danger ahead had come to their attention, yet no effective steps were taken to investigate those clear warning signals.

Warning Signals

1970–80

In the 1970s and early 1980s CTFA officials appeared to think of doping as a problem occurring only in other countries. During this period, rumours and gossip abounded

concerning use of steroids by international athletes. At the 1976 Olympic Games in Montreal, Canadian officials and athletes became aware that international athletes were attempting to avoid detection in the extensive in-competition testing at the games. Some athletes were apparently under the misapprehension that they could be tested as soon as they arrived in the Olympic village, and a number of them stayed outside the village and came in only to compete.

Apart from rumour, Canadian athletes and officials were provided with information on performance-enhancing drugs through articles in *Athletics*, a national track and field magazine published nine times a year in Canada. After 1976, drug use in sport became a constant theme in *Athletics* and its predecessor, *Ontario Athletics*. The magazine is subscribed to and read by people in track and field across Canada, including athletes and officials in provincial and national track and field associations and at Sport Canada. Many of the articles and columns were written by Cecil Smith, executive director of the Ontario Track and Field Association (OTFA).

As early as 1977 Mr Smith reported on positive tests among international track and field athletes at a variety of meets and warned of the extent of use of banned substances in the sport:

> One thing is for sure, if ever there is a major crackdown and tests carried out not only at the International level, but also at domestic level, many athletes who are now saying, "No, I am not on the 'Bomb' (steroids)" would be detected as having used the drug to improve performance. Is it worth it to be exposed as a cheat?[1]

In the late 1970s Mr Smith began to write about the testing process. At that time in North America, only major championships were tested meets. In 1979 he called for

testing at all domestic track and field meets in Canada. At the same time he remained sceptical of the deterrent effect of in-competition testing:

> Although testing for illicit use is in force at major competitions, the athletes and the coaches know exactly when to stop consumption so as not to be detected. Those that are "caught" in testing situations have probably slipped-up in their calculations.[2]

Notwithstanding the information available in the 1970s, doping was not a major concern of Canadian sport officials. Perhaps this was because, prior to 1982, there had been only two positive test results of Canadian athletes for doping infractions.[3]

1981

In the early 1980s specific facts about the use of banned substances by Canadian athletes began to surface. The first events that gained a reputation for drug use were the field events.

Information about steroid use by throwers was known to CTFA officials as early as 1981. Donald Fletcher, director general of the CTFA from 1981 until 1985, testified that he became aware of these rumours shortly after he assumed his position but that he took no particular steps to investigate them.

Larry Eldridge, then president of the CTFA, learned first hand about steroid use by throwers when he attended the World Cup trials in Ciudad Bolivar, Venezuela, in 1981. He became aware that the throwers had attempted to purchase steroids. Rob Gray and other throwers on the Canadian national team had gone to various pharmacies in the Venezuelan town, where steroids were available over the counter. Mr Gray testified that Mr Eldridge later

remonstrated with them about their attempted purchases, saying they were giving Canada a bad image. Mr Eldridge recalled the incident somewhat differently. He testified that he was made aware that some athletes had been trying to purchase anabolic steroids in Miami on their way to Venezuela. He had planned to discuss this issue with the athletes later, but was not able to do so. He did speak to the throwers in Venezuela, but the conversation related to noise and disruption, not drug use. Even on the basis of his own version, then, Mr Eldridge was aware that the throwers were using anabolic steroids. When he returned to Canada, he wrote a report to the CTFA referring to this incident and advising the CTFA to proceed quickly with controls for testing of athletes.

1982

The complacency of Canadian sport officials was reinforced by the results of a 1982 survey on doping in amateur sport carried out by the Sport Medicine Council of Canada. Fewer than 5 percent of athletes surveyed admitted present or past use of banned substances, particularly steroids. The authors of that survey made it clear, however, that the validity of the findings were "severely limited due to the fact that a large portion of the sample chose not to respond, and there was a particularly poor response from athletes and coaches in sports in which one might expect a higher usage of performance enhancing drugs."

In the early 1980s rumours that banned substances were being used by athletes other than throwers were beginning to spread. In March 1982 Mr Fletcher had discussions with Charlie Francis about the use of banned substances. Although he had not heard any rumours about Mr Francis's athletes using drugs, he asked, in light of the Alexis Paul-MacDonald positive test in 1981, whether

Mr Francis could guarantee that there would be no problem with his other athletes. As Mr Francis explained at the Inquiry:

> I phrased my answer very carefully. I said, "I am not going to guarantee you that other athletes in my group will not be using anabolic steroids in the near future."

The answer could not have provided Mr Fletcher with much comfort.

In the same conversation, Mr Francis asked Mr Fletcher if two upcoming meets in Yugoslavia and Italy were going to be tested meets. Mr Fletcher later obtained the information that the meets would not be tested and advised Mr Francis accordingly. Mr Fletcher, quite naïvely, did not attach any particular importance to this request, understanding that it was part of a broader discussion about arrangements for the meet. For Mr Francis, however, the information that there would be no testing at these meets was very important and helpful to him.

In September 1982 the Eight Nations meet was held in Tokyo. Bishop Dolegiewicz, one of the Canadian throwers, had understood the meet would not be tested and had continued to take steroids up to the time of the meet itself. When he arrived and found out it was a tested meet he was concerned he would be unable to pass the test. He spoke to Mr Francis about this problem. Mr Francis stated that he, national coach Gerard Mach, throws coach Jean-Paul Baert, and Don Fletcher met to discuss how they should handle the matter. It was decided finally that Mr Dolegiewicz would be given a medical certificate for an existing shoulder injury to enable him to withdraw from the competition. Although the word "steroids" was not used in the discussion, in Mr Francis's view it was clear to those present that Mr Dolegiewicz's problem was his inability to pass a drug

test. Mr Fletcher denied being present at such a meeting and said he had been informed by Mr Mach that Mr Dolegiewicz could not compete because of injury. He also said Mr Baert was not there either. Mr Dolegiewicz did have a shoulder injury and the certificate to that effect was valid. However, his concern about passing the test was one of the factors that resulted in his not competing.

1983

The 1983 Pan American Games represented a clear signal to Canadian sport officials that doping was a problem in Canada as well as internationally.

The ninth Pan American Games were held in Caracas, Venezuela, in August 1983. Doping controls were stricter and more sophisticated than ever before. When athletes became aware of the new controls, many left for home without competing. The games produced nineteen positive tests, mostly in weightlifting. Two of those testing positive were Canadian weightlifters.

The effect of these games was to bring home to sports officials that doping was a problem not just confined to throwers or weightlifters but one that was more widespread than previously thought. Cecil Smith dubbed these games the "Pharmaceutical Games" and predicted that Caracas would be as infamous to sport as Watergate was to politics.[4]

At the final press conference of the Pan American Games, Sport Canada issued a press release setting out the Canadian government's opposition to the use of drugs in sport and its willingness to cooperate with the national sport federations in introducing doping control measures. Sport Canada proposed testing both in and outside of competition:

> Although the technological advances exemplified by the testing equipment in use at the Pan American Games in Caracas have not yet been fully disclosed, Sport Canada welcomes the advent of drug testing equipment that would permit regular testing of all top athletes *during both competitive and training periods* for the ultimate objective of eradicating the use of steroids, testosterone and related substances.[5] [Emphasis added]

This was followed by Sport Canada's doping control policy of December 1983, to which I have previously referred.

While the results of the 1983 Pan American Games made it clear that doping was a problem among elite international athletes, other information was coming to the fore showing that the problem was also widespread among the general athlete population.

Athletics magazine devoted much of its November/December 1983 issue to the Pan American Games and drug issues. In an article entitled "Drugs in Athletics," Dr Norman Gledhill described the extent of the doping problem as "not just limited to world class amateur and professional athletes, even high school and recreational competitors are reported to be involved."

He commented on the limited testing that was being done — only at major competitions — and pointed out the ineffectiveness of testing, given the increasing sophistication and ability of athletes and coaches to "beat the tests." Anabolic steroids came in for special mention:

> Anabolic steroids were one of the earliest drugs to be banned. However, it became known that if you stopped taking steroids four weeks prior to the doping control test, they were not detected, and this period could be reduced to three and possibly even two weeks with the effective use of diuretics. Some athletes simply switched to testosterone during the intervening weeks to maintain the effect of the steroids and this led to the banning of testosterone. However, it is rumoured that the latter ban has simply forced these athletes to begin using growth hormone or somatotropin instead.

Dr Gledhill recommended that effective doping programs be initiated worldwide:

> [A]ll countries must support the controls by instituting their own deterrent programs which ensure that their athletes *perform and train* at all times without assistance from doping agents. [Emphasis added]

After the 1983 Pan American Games, officials at Sport Canada reviewed all sports to identify those with a doping problem. They selected track and field and weightlifting as the most likely. However, throughout the 1980s, sports officials concentrated their antidoping efforts primarily on weightlifting, presumably because of the number of positive tests in that sport. Track athletes received little attention.

1984–85

In 1984 rumours about drug use by Canadian throwers once again came to the attention of CTFA officials, this time through Dr Douglas Clement, physician to the Canadian national track and field team. He singled out two prominent throwers as likely drug users. These two athletes had qualified for the 1984 Canadian Olympic team, and Dr Clement advised Mr Fletcher that they had not been tested at the Canadian national championships that year. Based on this information, Mr Fletcher decided that both athletes would be tested before they left to compete at the Olympics. As he testified at the Inquiry:

> My position . . . at that time, was that these two athletes should not be on the team until the testing had occurred, until we were assured they had undergone the procedures that we had put in place before.

One athlete was tested in Vancouver at the staging camp but arrangements could not be made to test the other there. Mr Fletcher then arranged for him to be flown back to Canada from California, where the Canadian team was doing its final training. He tested negative and was sent back to California.

By 1984 Cecil Smith was sufficiently concerned about the extent of doping in track and field to begin communicating directly with federal government sport officials about this problem. He was embarrassed by what had happened at the 1983 Pan American Games and by the previous positive tests of Canadian athletes. It was becoming clear to him that doping was a problem in track and field:

> [W]hat shaped up in Caracas was just compounding the problem, I felt, and that by now, surely we have to take our heads out of the sand and recognize that we may have a problem in our sport.

On December 20, 1984, Mr Smith wrote directly to the Honourable Otto Jelinek, then minister of fitness and amateur sport. He wished Mr Jelinek to understand that the carding standards developed by Sport Canada were contaminated since they were based on results sometimes obtained with performance-enhancing drugs. In his February 20, 1985, reply, Mr Jelinek did not respond directly to Mr Smith's suggestions about the carding system but outlined the steps taken up to that time by the federal government to fulfil its antidoping policy.

Mr Smith's reply of March 6, 1985, referred in more detail to his view that using world rankings as a basis for carding criteria permitted contaminated performances to affect those criteria:

> When world rankings are utilized to determine carding criteria, the single best performance usually contained in this ranking is one which was achieved at some obscure competition, or at a competition where the athletes know that no testing is being carried out. The athletes will use this period on their buildup . . . and then adjust to get ready for the championship testing. So I repeat, what is the value of championship testing?

Competitors in track and field were well aware by this time that performances in major tested meets were often not as good as performances in previous meets where there was no testing.[6]

On April 16, 1985, Mr Smith again wrote to the minister. He proposed a specific outline for a carding procedure that would rely only on performances at major championships which have in-competition drug testing. Because eligibility for carding and the standards to be used were determined jointly by Sport Canada and the sport federations, the minister replied to Mr Smith's letter with a suggestion that he first submit his carding proposal to the CTFA.

Between 1983 and 1985 there was only one positive test of a Canadian athlete in track and field — and that athlete was a thrower.[7] By the mid–1980s, however, officials at the CTFA increasingly began to hear rumours about drug use by track athletes, particularly by Mr Francis's sprint group.

Glen Bogue, manager of athlete services at the CTFA from August 1983 to October 1986, first became aware of these general rumours in 1985. He also heard specific stories that raised concern about the high-performance centre at York University where Mr Francis's athletes trained. He was told that Atlee Mahorn, a 200 metre runner, chose not to train at the York centre because of drug use there but instead went to Berkeley, California. Mr Bogue also made his own observations of athletes training at York. He particularly noticed a dramatic change in Angella Issajenko's physique at this time. This too raised his suspicions.

Mr Bogue's suspicions were confirmed by a phone call he received from sprinter Desai Williams. There was some dispute over the date of the call, which Mr Bogue believed was in 1985, but little turns on the exact date. Mr Bogue testified that Mr Williams gave him certain information about Mr Francis's athletes using banned substances. Mr Williams made particular mention of Ben Johnson's use of steroids, saying that he was concerned about the quantity of steroids Mr Johnson was taking and the risk to his health.

During the conversation a plan was proposed wherein Mr Williams would let Mr Bogue know when the steroids arrived at York, and Mr Bogue would then arrange for a random test of Mr Johnson. Mr Bogue told Mr Williams he would speak to Wilf Wedmann, then president of the CTFA, and seek authority to make a surprise visit at the York University track and field centre. They agreed that Mr Williams's name would not be disclosed. Mr Williams, in his evidence, agreed that he had a discussion with Mr Bogue, but differed on the details. I am satisfied that Mr Bogue accurately recounted the substance of the conversation he had with Mr Williams. I do not think it was Mr Johnson's health that Mr Williams was concerned about since, if it were, a private chat with Mr Johnson would have been the appropriate means of dealing with it.

On receipt of this phone call, Mr Bogue considered that he now had first-hand information confirming the rumours about drug use by Mr Francis's athletes. Hitherto, he had dismissed the rumours as jealousy. He felt the information was important and should be followed up. Immediately after his conversation with Mr Williams, he went to see Mr Wedmann and outlined the information he had received. In accordance with the agreement with Mr Williams, he did not reveal his name, but advised Mr Wedmann that the source of his information was an athlete of significant

standing in Toronto. Mr Wedmann was not impressed by the phone call. He testified that he did not consider the information Mr Bogue had provided as "very substantial." He was primarily concerned with the ability of Mr Bogue's source to prove the allegations.

Mr Wedmann was not prepared to start any CTFA investigation into the allegations. He specifically turned down Mr Bogue's plan for a surprise visit to York University on the basis that the CTFA did not have sufficient authority to conduct such tests since there was no agreement by the athletes in their contracts with the CTFA to permit out-of-competition testing. He did not propose any other investigation of the allegations. Instead, he expressed the view that the CTFA's implementation of its out-of-competition drug-testing program, proposed to commence on October 1, 1986, was a sufficient response to the concerns raised by Mr Bogue's information.

As it turned out, the CTFA did not initiate any out-of-competition testing until after the Olympic Games in 1988. The details of the CTFA's doping control policy are dealt with elsewhere in this report.

The CTFA also overlooked that, by 1986, every carded athlete was required as a condition of his or her funding to have entered into a contract with the relevant national sport federations which included a provision that the athlete would agree to submit to tests during training, as well as in competition, and to agree not to be in possession of or use anabolic steroids. Mere possession of anabolic steroids, and not merely a positive test, was the basis of disqualification. It is apparent that the CTFA did not enforce this requirement.

Mr Bogue also spoke to Mr Mach, who advised him that steroid use was not a problem in the sport. Unfortunately, for health reasons, Mr Mach was not able to testify at the Inquiry. Mr Bogue next called Cecil Smith, who, in his

testimony, had a vague recollection of a call from Mr Bogue about drug use among Mr Francis's athletes but did not recall the details. Mr Smith confirmed to Mr Bogue that there had been rumours about the problem at York for years, but cautioned him that he could be sued by Mr Francis if he could not back up his allegations.

Mr Bogue took no further steps on his own. His plan to have the CTFA investigate drug use at York was thwarted by Mr Wedmann's response. He was disappointed and frustrated:

> But when I died the hard death at Wilf's desk, I really couldn't go anywhere else. I couldn't risk Desai being exposed. I couldn't go to the Board of Directors because they didn't have the experience on the Board to make a key decision like that. They didn't have international experience in track and field and if Wilf wouldn't let me go, then I didn't think I could go any further. That was the end of it and Desai kind of drifted away on that issue.

Mr Wedmann's failure to act on Mr Bogue's information or even to pass it on to others at the CTFA to investigate represents a significant missed opportunity to investigate an early warning sign of the problems at the York University track and field centre.

1986

In 1986 three Canadian throwers — Rob Gray, Peter Dajia, and Mike Spiritoso — tested positive for steroids at the national championships in June. They all appealed their positive tests and maintained steadfastly to sports officials that they had not taken the substance for which they had tested positive.

By late 1986, rumours about drug use by sprinters and, in particular, by Mr Francis's athletes intensified. These rumours even reached the new chairman of the CTFA, Jean-Guy Ouellette. He was told that sprinters, and especially those training with Mr Francis, were developing musculature at a frightening rate. Mr Ouellette made these observations himself as well. He was unwilling to conclude immediately that steroids were involved since he was aware of the weight-training program of Mr Francis's athletes. By late 1986, however, he was beginning to be suspicious.

On December 5, 1986, the Vancouver *Province* published an article setting out allegations by three individuals — a physician and two Canadian sprinters — of steroid use in track and field. Doug Coleman, a physician and powerlifter, was quoted as saying, "I'd be surprised if they [sprinters] weren't using steroids." Atlee Mahorn, one of the sprinters, was quoted as follows:

> I can only speculate and I'm not 100 percent sure, but I am 99 percent sure that a lot of athletes are on it [steroids] . . . There is a common belief in a lot of sprinters that if they weren't into drugs they wouldn't be as good.

Mike Dwyer, the other sprinter, stated:

> It's [drug use] reached epidemic proportions . . . That [widespread anabolic steroid use] was the big reason I decided to leave Toronto. I've seen people make massive gains in weight and strength in short periods of time and I've seen women go through very sudden changes.
>
> I had one well-known Canadian women sprinter tell me, "I don't want to be the best I can be, I want to be the best in the world."

News of this article received widespread attention in the track and field community in Toronto. The CTFA was aware of the article, but once again took a hands-off approach

in investigating the allegations. Mr Wedmann asked a CTFA staff member to call the three individuals quoted in the articles. He then wrote to each of them, asking them to put their allegations in writing, together with supporting evidence. No written response was received from either Dr Coleman or Mr Mahorn. The CTFA did receive a letter from Mr Dwyer on December 23, 1986, in which he indicated he had not referred to anabolic steroids in his discussions with the news reporter. He did go on to say:

> Besides, steroids are now, for the most part, passé, as "monkey serum" [human growth hormone], metabolic activators, B-12 shots etc. are the new craze these days. Also, if you really are so interested in what's going on, I would suggest you check into the "defensive" individuals. — They might have quite a bit to hide. Maybe the findings will prove to be quite interesting . . . if anything is actually found.

He appended to his letter a copy of his response to the newspaper article in which he basically repeated his statements about drug use in sport and stated that he stood by them. Mr Wedmann wrote a further letter to Mr Dwyer in January 1987 repeating his request for written confirmation. No reply was received.

The letters written by Mr Wedmann represented a put-up or shut-up attitude, which, perhaps unintentionally, curtailed the receipt of any further information.

Both Mr Wedmann and Mr Ouellette felt there was little they could do to investigate these allegations unless they could catch athletes as a result of a positive test or have witnesses come forward and provide proof. The CTFA did not see itself as taking an active role in seeking out information. As Mr Ouellette put it:

> We had to be able to catch them in the act, if you will. We had to test them positive. Or we had to have people who were ready and willing to come forward and to help us.
>
> People in the field, people who were familiar with the athletes, who dealt with them on a day-to-day basis, nobody came to see us to say, "Well, now we're going to sit down and help the Association, we have the proof you need, the evidence you need."
>
> Personally I was not involved with the athletes; the staff was in Ottawa, the athletes were in Toronto. We don't see them every day. We don't deal with the athletes every day.
>
> We had to have the required tools and we did not have what we needed to proceed.

Rather than investigating specific rumours, the CTFA concentrated its efforts on the implementation of its out-of-competition drug-testing program. The process was extremely slow. In the fall of 1986 the CTFA board sent the proposal to committee so that consultation with its members, coaches, and athletes could take place before the policy was implemented. Details of these discussions are given later in this chapter.

Charlie Francis was aware of the CTFA initiatives on out-of-competition testing, and he was concerned that it would soon be initiated in Canada only. If so, this would threaten the ability of his athletes to continue on a drug program. Combined with his degree of self-interest in seeing this program delayed, Mr Francis also felt that if Canada moved ahead in this area it would be self-defeating, since other countries would not follow suit. He assumed that CTFA officials who were pressing the matter forward in Canada were completely unaware of the scope of doping internationally.

Accordingly, he decided to speak to Mr Ouellette in the fall of 1986 to advise him of the harm Canadian sport might do to itself by this process. He suggested to Mr Ouellette

that if Canada were to act alone in initiating random testing, this would not be a reasonable or prudent course of action since other international athletes would continue to use drugs. In his testimony, he described Mr Ouellette as being upset by the discussion and agreeing to talk it over with other international track officials.

1987–88

Mr Ouellette recalled being asked by Mr Francis in early January 1987 about the status of the CTFA's out-of-competition testing program. He remembered that Mr Francis advised him that in England, in order to avoid positive tests, the random testing program was fixed so that certain clean athletes would always be tested. Mr Ouellette was on his way to Europe for a meeting on the world junior competition and he told Mr Francis he would look into this. He did so in March 1987 and was advised there was no truth to Mr Francis's assertions. Mr Ouellette advised Mr Francis of his investigations; he told him the CTFA would institute random testing that would be foolproof in Canada and that it would lobby to do the same internationally.

Mr Francis testified that he continued to have discussions with Mr Ouellette about the implementation of random testing in 1987 and 1988. He stated that Mr Ouellette made it clear to him over the course of these conversations that he was opposed to random testing if other countries were not going to clean up their act. Mr Francis portrayed Mr Ouellette as taking a very strong position on the issue and becoming determined that random testing should not come into effect in Canada before the 1988 Seoul Olympics. He asserted that Mr Ouellette advised him that if random

testing was put into effect nonetheless, he would attempt to become involved in the process so that athletes would have some advance warning of the tests.

Mr Ouellette denied telling Mr Francis that Canada should not proceed with out-of-competition testing unless other countries did. He also denied saying that he had become opposed to such testing, would try to delay it, and would warn Mr Francis's athletes in advance of any random tests.

I accept Mr Ouellette's evidence in this respect. Mr Ouellette was not a member of the doping control committee, and, although the steps taken to initiate out-of-competition testing were ineffective, he supported the elimination of drug use by members of the CTFA and the institution of a random testing procedure even if Canada would do it alone. I think Mr Francis misinterpreted what Mr Ouellette said and read into it what he wished to hear rather than what was actually stated.

Mr Wedmann turned his mind to other things during 1987. Perhaps lulled into a false sense of security by the fact that no Canadian track and field athlete tested positive in 1987, he took no steps that year to investigate the use of steroids by Mr Francis's group or others. He continued to be involved in planning the CTFA's out-of-competition testing program, although preparation for the 1988 Olympic Games was his number one priority.

In these same months, however, additional information about drug use among Mr Francis's athletes and, in particular, by Mr Johnson continued to accumulate. Much of this information eventually reached Mr Wedmann.

In 1988 information of increased significance about drug use among Mr Francis's athletes reached the CTFA. It first came to the attention of Steve Findlay, who, since December 1, 1986, had been coordinator of athlete services at the CTFA. In that position he had frequent contact with

athletes across the country and was privy to much information. Prior to 1988 he had no concrete information about drug use by Canadian track and field athletes, but he was aware of the rumours of drug use and, in particular, of steroid use by Mr Francis's athletes. Those rumours were circulating widely in the sport community by 1988. For instance, Andy Higgins, head coach at the University of Toronto high-performance centre, commented:

> [W]ith the rumours and the talk that was coming back from athletes, it had to be pretty apparent that you could not exist in the sport and not know that there were athletes in that centre [the York University track and field centre] that were using drugs.

In the third week of January 1988 Mr Findlay attended an indoor track meet at the Ottawa Civic Centre. He was struck by significant changes in physique among the elite members of Mr Francis's group — in particular, Mark McKoy, Ben Johnson, and Angella Issajenko.

These physical changes had been noted by others as well. At the *Hamilton Spectator* meet held in the second week of January 1988, Rolf Lund, president of the Ontario Track and Field Association, and Cecil Smith noted that the physiques of Mark McKoy and Desai Williams had changed markedly since the world indoor championships in Indianapolis in March 1987. Mr Higgins also made similar observations at this time. He noticed significant changes in Tracy Smith's physique. She was an athlete who had first trained at the University of Toronto centre but had switched to York to be trained by Mr Francis. Mr Wedmann had also noted physical changes in Mark McKoy, Desai Williams, Ben Johnson, and Angella Issajenko at that same time. He professed not to be surprised by the changes, however, ascribing them solely to Mr Francis's weight-training techniques.

These observations provided Mr Findlay with the first concrete basis for the rumours circulating about the York centre:

> I guess the way to put that was that there had never, in my experience and exposure to this whole subject, there had never been evidence to lead me to say with confidence or suspect with confidence, but now I mean I had been there I guess 13 or 14 months at that time exposed to this environment, and at that time I was really getting some indications and having to face them.

Shortly thereafter, Mr Findlay received specific information about the drug problem in the York group that removed any doubt he had about the matter.

On January 28, 1988, the Toronto *Sun* games were held at Maple Leaf Gardens in Toronto. Dr George Mario (Jamie) Astaphan was there, as were Dave Steen, the decathlon competitor, and his wife. The next day Mr Findlay spoke to Mr and Mrs Steen. Mr Steen explained to Mr Findlay that during the games, Dr Astaphan advised him that he had come to Toronto from St Kitts to "clean Angella out." Dr Astaphan told Mr Steen that Ms Issajenko "had been performing very poorly and it was because Charlie Francis had been administering too great a dosage to Angella." According to Mr Findlay, Mr Steen told him he was shocked when Ms Issajenko, having performed poorly only a week earlier, tied a world record that evening.

To underscore the doctor's involvement with banned substances, Mr Steen also told Mr Findlay about his own experience with Dr Astaphan on the island of St Kitts in December 1987. Mr Steen was there with his wife, a medical student who was taking up a short residency with Dr Astaphan. During that visit Dr Astaphan provided him with a vial of what he believed was an anabolic steroid mixed with vitamin B-12, which Mr Steen said he refused to use and returned to Dr Astaphan.

That same day, January 29, 1988, Mr Findlay was at the University of Toronto track centre and spoke to Mr Higgins. They discussed Ms Issajenko's vastly improved performance at the *Sun* indoor games the previous evening. Mr Higgins reported to Mr Findlay that Ms Issajenko was crediting her improvement to eating steak tartare at Dr Astaphan's suggestion. Most of the University of Toronto coaching staff felt this story was preposterous and thought the real explanation probably lay in her use of performance-enhancing drugs.

Mr Higgins and Mr Findlay also discussed the fact that the University of Toronto track club was losing athletes to the York group. In particular, discussion centred around Ms Smith, who the University of Toronto coaching staff felt had left their centre to take advantage of the availability of banned substances at York.

As a result of all the rumours and gossip he had heard and the observations he had made, Mr Findlay became convinced of drug use by the York athletes. When he testified, Mr Findlay was asked:

> Q: So, to put it bluntly, by Saturday, January the 29th, you as the Athlete Services Coordinator, a senior employee of the Canadian Track and Field Association, were clearly in possession of hard evidence that there was significant steroid use among a number of Canadian track and field athletes performing at a high level?
>
> A: That's correct, but I wouldn't say I was a senior employee at that time.

He decided all this information would have to be reported to Mr Wedmann. Mr Findlay was so disturbed that he spent the weekend in shock and took the following Monday off work. He expressed his feelings as follows:

> It's one thing to know the rumours, but then it's another to be faced with the cold truth. I had to re-evaluate my participation with the CTFA, my employment with the CTFA because I just — a lot of my efforts were being devoted to this group of athletes, to this club [the Mazda Optimists] . . . because there had been many, many hours of contract work, commercial work and various other things.
>
> That decision didn't take too long because I realized I was there for the sport and the sport was much, much larger than the Optimists or any athletes in that group.

Early the next week he attempted to contact Mr Wedmann, who was out of the office at meetings. He left a message for Mr Wedmann on January 31, 1988, to contact him, saying he had an "urgent concern."

In the meantime, he discussed the information he had received from Mr Steen with Denis Landry, then manager of coaching development for the CTFA, and Casey Wade, acting manager of the Competition Department, Domestic Programme. According to Mr Findlay, both Mr Landry and Mr Wade agreed with him that the Steen information provided concrete support for the rumours that had been circulating about drug use at York. Mr Wade in his testimony did not recall this conversation specifically. However, he did recall a conversation with Mr Findlay in February 1988 in which Mr Findlay was upset and mentioned he had some information about steroid use by Canadian track athletes.

Around this time, Mr Wade was also contacted directly by Mr Steen about the extent of the drug problem. Mr Steen wrote him a letter in which he stated that the use of steroids and other performance-enhancing drugs was becoming "so widespread both internationally and domestically that individuals who do not use drugs are in the minority." Mr Steen requested that he be tested on a consistent basis so that his antidrug stance would be beyond suspicion.

On February 1, 1988, Mr Wedmann spoke to Mr Findlay on the telephone. Mr Findlay went over all the information he had received from Mr Steen, but Mr Wedmann was not impressed. As Mr Findlay put it:

> Wilf's response, as I remember, was that there was no evidence with which the CTFA could proceed, that this didn't constitute evidence.

On February 2, 1988, Mr Wedmann met with Mr Findlay for twenty to thirty minutes to review the Steen information again. In addition to repeating the information about Dr Astaphan's involvement with Ms Issajenko's steroid program and the other information received from Mr Steen, Mr Findlay testified that he might also have pointed out the dispiriting effect the use of banned substances by the York group was having on other coaches, particularly those at the University of Toronto centre, and might have made reference to his recent conversations with Mr Higgins. He recalled mentioning the concern felt by the University of Toronto coaches about losing athletes to York, specifically because of the steroid program available there. He spoke to Mr Wedmann about Ms Smith, "because that athlete, the case of that athlete to me symbolized the damage that was being done among the athletes."

Mr Findlay proposed to Mr Wedmann that he, Mr Wedmann, Mr Mach, and Mr Landry should get together, face this issue, and decide how to address it. Mr Findlay had no magic solutions, simply a sense that action was needed. According to Mr Findlay, Mr Wedmann reiterated his earlier position that there was not sufficient evidence to act on, leaving Mr Findlay feeling frustrated and isolated.

In his testimony, Mr Wedmann did not recall specifically the telephone call or the details of the meeting he had with Mr Findlay in early February. He did not recall being

told that Mr Steen was the source of this information. Clearly Mr Wedmann was not disturbed, as Mr Findlay was, about what was reported to him. He stated:

> I was overwhelmed with work at that point in time, very busy, and I was sort of reluctant to — "Why don't you just deal with it with Gerard [Mach] and Denis [Landry] . . . through normal channels." But Steve persisted, is my recollection.

Mr Findlay is a conscientious young man and, from the observations I made of him while he was testifying, there is no doubt that the telephone call and the meeting with Mr Wedmann were exactly as he recounted them. Mr Wedmann's failure to recall these details, I think, is very significant.

Mr Wedmann is an intelligent man and should have recognized the significance of what was being told to him. The fact that the statements were emanating from Dr Astaphan himself was not a matter of rumour but direct evidence. It was apparent that Mr Wedmann was preoccupied with other matters, but he must have given the impression that he did not want to hear what Mr Findlay was telling him.

Faced with the same response from Mr Wedmann that Mr Bogue had received earlier, Mr Findlay's efforts to deal with information about drug use at York died in February 1988. Having failed to prod the president of the CTFA, whom he considered the most powerful person in the organization, into action on the information he had received from Mr Steen, he did not approach the board of directors or take any alternative course of action prior to the Seoul Olympics.

The only action Mr Wedmann took was to set up a meeting with Mr Higgins and the other coaches at the University of Toronto high-performance centre. In fact, Mr Higgins had been trying to arrange a meeting with Mr Wedmann since 1987 to discuss his opinion that

unreasonable expectations were being imposed on athletes in terms of carding standards. Mr Higgins felt Sport Canada's carding standards were totally unrealistic for clean athletes to meet.

The meeting took place in the last week of February or the first week of March 1988 at the University of Toronto centre. Mr Wedmann, Mr Mach, Mr Landry, Ted Gruetzner (administrator of the University of Toronto centre), and coaches Andy Higgins, Carl Georgevski, and Bogdan Poprowski attended the meeting. The CTFA officials reiterated their view that track and field was basically a clean sport and the University of Toronto coaches were to do the best possible job they could in coaching. The coaches raised squarely their concerns about drug use at York. They told the CTFA officials that the University of Toronto centre was losing athletes to the York group, presumably to take advantage of the steroid program there. Ms Smith was cited as a recent example. The coaches also complained that notwithstanding the well-known rumours about drug use by Mr Francis's athletes, his training methods and success rate were held up by the CTFA as a standard for other centres to emulate. Mr Wedmann replied:

> And my response to that was well, until we have something that negates the performances of the athletes at the York Centre, namely a positive test or a conviction, that it is hard to ignore the performances of York Centre and somehow simply put them to the side.

The University of Toronto coaches asked the CTFA officials present: "Are you telling us that what we should be doing is what is happening up the street and that is, there is drugs being used?" Mr Wedmann's response was to ask if the coaches had any hard evidence of drug use at York, thus shifting the burden for follow-up and investigation of

the allegations about York back on the shoulders of the University of Toronto coaches. Mr Wedmann told them that the CTFA needed hard evidence on drug use by the Francis group before it would act. He said the CTFA would hold a hearing if an individual came forward with specific information. He did not tell them that he had received specific information about drug use at York from Glen Bogue some two years earlier and from Steve Findlay earlier that year. The University of Toronto coaches did not have hard evidence on the activities at York, nor did they see this as their role. In Mr Higgins's view, this was a CTFA responsibility: "the administration in the sport certainly was in a position to get the hard evidence and they had the responsibility to do so."

Mr Wedmann's final response to the University of Toronto coaches was to suggest that the CTFA hold a major media conference to announce the commencement of its out-of-competition testing program. This, he said, should reaffirm the CTFA's antidrug policy.

In the aftermath of this meeting, Mr Wedmann kept the concerns of the University of Toronto coaches to himself. He did not share them with either Mr Findlay or Mr Wade at the CTFA or with the CTFA board of directors. Mr Findlay heard about the University of Toronto meeting only "a few months down the road," from Mr Mach. Mr Wedmann also asked Mr Mach and Mr Landry to schedule a meeting with Mr Francis to confront him about the rumours of drug use at York. The meeting did not take place until May or June 1988.

In February 1988 further information about steroid use among the York group of athletes was passed to Mr Mach by sprinter Angela Bailey. Ms Bailey was angered when Mr Mach suggested she link up with Mr Francis's group during the European circuit and get her massages from Waldemar Matuszewski. She did not want to be associated

with the York group because of its known steroid use, and she told Mr Mach:

> I said to him, I was pretty angry, I said, you know Gerard, this entire thing is going to explode and when it does explode I don't want to have my name associated with the group or anyone in that group.

It was not the first time she had discussed her suspicions with Mr Mach. Ms Bailey testified that she had spoken to him previously in 1986, 1987, and 1988:

> Well, I had had conversations [with] Gerard on several occasions. Each time I did I mentioned the steroids situation which by now he would have been fully aware of because I kept telling him how bad it was. Whether I had evidence or not, I strongly suspected what they were doing.
>
> So, each time that I was telling him about the steroids situation. And he understood exactly what I was saying each time.

Mr Mach never told her he would look into the matter. As she put it: "Basically what he would say to me is, Angela, you worry about what you are doing, and I will worry about what I have to do."

This was not the first time Mr Mach had been alerted to suspicions of steroid use by Mr Francis's athletes. As indicated earlier, Mr Bogue had also spoken to Mr Mach about steroid use in the York group between 1984 and 1986.

In the spring of 1988 the information flow about drug use in the York group gained momentum. Rolf Lund, president of the OTFA and member of the board of directors of the CTFA, was the next person to bring his concerns to CTFA officials. As with other members of the sport community, Mr Lund too had suspicions about drug use at York. He had heard rumours about drug use at the centre from other coaches and from athletes. Sprinter Mike Dwyer had told him he did not like the environment at

York University. Mr Lund also noted the dramatic change in Cheryl Thibedeau's physique after she came to Toronto to train with Mr Francis in 1984. In 1988 he was similarly struck by marked changes in physique in Mark McKoy and Desai Williams between the world indoor championships held in Indianapolis in March 1987 and the *Hamilton Spectator* meet in January 1988. Initially, Mr Lund did not pass on these rumours and observations to the CTFA.

The situation changed, however, in early 1988. Mr Lund had several conversations with a coach at York about the use of steroids by Mr Francis's athletes. This coach told Mr Lund that drugs were very much a part of the training at York and that athletes were being advised and encouraged to participate in drug programs. This coach was concerned that the programs were starting to extend to high school students and that drug use would soon become a common practice there. The most extensive discussion Mr Lund had with this coach was on the weekend of March 12, 1988, in Winnipeg at the time of the Canadian Interuniversity Athletic Union (CIAU) championships.

Prior to March, Mr Lund kept the information confidential because his source was looking for employment outside the York group and he did not want to prejudice his opportunities. The cumulative effect of the information, however, began to weigh on Mr Lund. He felt this was information the CTFA should be addressing. Accordingly, on March 18, 1988, he sent a confidential memo to Jean-Guy Ouellette, chairman of the board of the CTFA, and to Mr Wedmann. The memo was somewhat vague in its wording because of Mr Lund's fears of legal action, but pointed squarely at the problems in the operation of the York high-performance centre:

CONFIDENTIAL

March 18, 1988

To: Mr Jean Guy Ouellette, Chairman of the Board, CTFA
Mr Wilf Wedman[n], President and CEO, CTFA

From: Rolf T Lund

Ref: National Sprint Centre York University

---

1. I am writing to you to express a personal concern which I feel that you and the CTFA must address.
2. Given my involvement and long association with Track and Field I am aware of events and occurrences in our sport.
3. It has recently been of an increasing frequency that athletes, coaches and administrators have expressed their concern to me with respect to the coaching and training methods and practices that are being employed and developed at the National Sprint Centre.
4. I would like at this time, to request that an assurance be given to the CTFA Board of Directors at our next meeting by the President and the National Coach and High Performance Director, that all aspects of the Sprint Centre's operation is being done within the existing rules of the IAAF and the CTFA.
5. Please treat this request as being serious.
6. I would like this item dealt with in camera and in confidence before the Board of Directors at our next meeting.
7. In this instance, I assume that the National Coach is fully aware of the Sprint Centre's operation. If this is not the case then he should do what is necessary to satisfy himself and the Board, with respect to the continued integrity of the sport of Track and Field.

I look forward to your early response.

Yours truly,

Rolf T Lund
President Ontario

Ontario Representative CTFA Board of Directors

In his testimony, Mr Lund said his reference to training methods and practices in this memo was intended to refer specifically to the use of steroids.

At or about the same time, Mr Lund also wrote a handwritten note to Mr Wedmann, a copy of which was sent to Mr Ouellette, reinforcing the urgency of his March 18 letter. The handwritten note is undated but was received by Mr Wedmann on March 22, 1988, and reads as follows:

Dear Wilf:

The operation of the Sprint Centre, its coaches and athletes are being scrutinized by all aspects of our society.

I just want to be assured that we (Sport & Board) will not be embarrassed. If what is being discussed openly in Toronto is true then we must take steps to rectify the situation.

The rules are ours and I want to be able to ask Gerard [Mach] and get a reply from him before the entire Board of D[irectors].

Please give me a call re this!

Rolf

There was a note in the top margin, "This letter has gone to J. Guy and yourself, only! R."

Mr Lund's purpose in writing was as follows:

I was informing at this stage the two individuals who I felt were appropriate to then take it further and investigate it and come back to the Board with suggestions and so forth. And at this stage, I wanted it to be kept in confidence because it was leading up to the 1988 Olympic Games.

Both Mr Wedmann and Mr Ouellette were aware from these letters that Mr Lund was referring to the use of steroids at York.

The next meeting of the CTFA board of directors was scheduled for April 1988. However, Mr Lund's memo of March 18, 1988, was not put on the agenda for discussion at that board meeting.

In their testimony, Mr Ouellette and Mr Wedmann gave different reasons for this omission. Mr Ouellette testified that the matter was not put on the agenda because he and Mr Wedmann felt there was no basis for or proof of Mr Lund's allegations about drug use at York. Mr Wedmann testified it was not put on the agenda because the topic of banned substances was already on the agenda generally through other items. As he put it, "I did not address it in terms of putting it on the agenda. Specifically, it was there already, and Mr Lund would be free to bring it up and left it at that."

When he arrived at the meeting, Mr Lund noticed that the matter was not on the agenda. He spoke to Mr Ouellette and Mr Wedmann privately outside the board meeting. They told him they were looking into the matter and would investigate the matter by having Mr Mach meet with Mr Francis. Mr Lund did not advise them that his source was a coach at York who should be spoken to as part of any investigation. At this point, Mr Lund felt the matter was being looked into. He believed he was alone in his concerns about the York group. Mr Wedmann did not advise him that the University of Toronto coaches and others had expressed similar concerns.

In April 1988 rumours of drug use in track and field once again made the newspapers. An article was published in a Toronto newspaper quoting Dr William Stanish, chief medical officer for the Canadian team at the 1988 Olympics, as saying that drug use had reached epidemic proportions

among athletes as young as fourteen years of age. He singled out track and field and weightlifting as sports where drug use was prevalent. Mr Wedmann became aware of the article and wrote to Dr Stanish on April 7, 1988, asking him to present proof of his statements. Dr Stanish replied by way of a letter dated April 15, 1988, stating that the article had been made overly spectacular but that the use of banned substances was on the rise in sports, particularly in those events requiring power. Mr Wedmann took no further steps to ask Dr Stanish what information he had about drug use. Once again, Mr Wedmann's insistence for proof before any inquiry would be instigated effectively foreclosed any such inquiry.

On May 3, 1988, Mr Wedmann formally replied to Mr Lund's memo of March 18, 1988. He testified that his delay in replying was due to the fact that he had resigned from his position, was finishing things up, and was also taking an extended holiday. He indicated in his letter that he could not confirm the rumours about drug use at York nor could he rule them out without hard evidence:

> Dear Rolf:
>
> Thank you for your letters re the York Centre.
>
> With respect to your request for assurances that we will not be embarrassed [ie about the York centre], I cannot give you such assurances. All I can say is that when we heard about the Toronto stories with respect to York and doping, we sat down with the people at U of T who appear to have been very vocal on the subject. The U of T coaches were asked whether they have any evidence to back up their stories or whether they had any personal knowledge which they would be prepared to swear to before a hearing.
>
> I was not given a positive response to either request. The same offer was also made to coaches with respect to their athletes. To date, nothing has been presented to me to permit me *with cause* (some evidence — not hearsay, rumour, etc) to launch an investigation in accordance with our rules.

I also spoke to both Gerard and Jean Guy who both have a relatively close relationship with Charlie Francis and asked them to ensure Charlie is aware of these stories and that the CTFA would act firmly in accordance with our rules if any evidence is produced. I hoped that these discussions with Charlie would ensure he realized what is being said about him and his athletes and what the consequence would be if any allegations were proven following due process.

Rolf, if you have any personal knowledge of any wrongdoing by any member of our York Centre, please present it to me immediately and we will follow due process. If any of the people with whom you spoke have any evidence of rule infractions or are prepared to swear that they have personal knowledge of such, please ask them to contact me so that we can pursue these allegations according to due process.

Rolf, hearsay or rumour are not a sufficient basis to act. Evidence and due process are required. I have no desire to side-step the issue, but I must have something to investigate. When that is forthcoming, I'll gladly act in accordance with our rules. If people don't have evidence or personal knowledge to which they are prepared to swear before a hearing, I wish they would refrain from speaking out publicly.

Please do not hesitate to give me such evidence or direct me to someone who has it. I will follow up. But without such, what am I to do?

Thank you for your concern! I look forward to your response!

Sincerely,

Wilf Wedmann,
President/Chief Executive Officer

This letter of Mr Wedmann's was the first indication Mr Lund had that the University of Toronto coaches had voiced similar concerns to the CTFA. If he had been aware that his concerns were shared by others, Mr Lund testified, he would have pressed more aggressively for action in his March 18, 1988, memo and would have raised the matter himself before the board of directors in the spring of 1988.

Instead, he considered his request for action to have been an isolated one:

> [U]p to that point, I felt that perhaps I was the only one that had taken a step in terms of writing a letter asking for something to be done . . . So, not being aware of some of the other concerns that had been — overtures that had been made to the CTFA, my feeling was that perhaps no-one else had the same concerns.

As a director of the Canadian Track and Field Association, however, I think it was Mr Lund's duty to disclose the source of his information as being the coach of the York centre, even at the risk of embarrassing his friend.

Mr Mach and Mr Landry finally did meet with Mr Francis at York, but it is unclear when this meeting took place. Mr Mach's and Mr Landry's inquiries of Mr Francis were far from searching. They merely asked Mr Francis if his athletes were using banned substances. He denied it and threatened to sue those who repeated such allegations. No specific questions were put to Mr Francis about drug use by Angella Issajenko or other athletes. Mr Mach concluded that no untoward actions were going on at York. This was reported to Mr Wedmann, who in turn advised Mr Ouellette. The matter was then officially closed by the CTFA officials. Mr Ouellette testified:

> So, as far as Mr. Wedmann was concerned, the issue was closed. And in my position of Chairman of the Board, when an investigation of the like is carried out by someone in Mr. Wedmann's position, I tended to agree with him since there was no evidence.
>
> There was a meeting between Mr. Mach and Mr. Francis, and then as far as I was concerned, the situation was settled.

In the late spring of 1988, the CTFA received further specific information about steroid use at York from Peter Dajia, one of three throwers who had been disqualified following positive drug tests in June 1986. In the spring

of 1988 all three were applying for reinstatement with the assistance of Mr Findlay at the CTFA. In June 1988 Mr Findlay spoke to Mr Dajia on three occasions about his reinstatement. Mr Dajia was dissatisfied with the length of time the process was taking and, in his third call to Mr Findlay at the end of June or the beginning of July, he made a threat that if things did not speed up, he would "turn in the world's fastest man." He also told Mr Findlay that he had information about Ms Issajenko and Dr Astaphan, and unless he received prompt action on his reinstatement, he would reveal this information to the press. Mr Findlay did not ask Mr Dajia for any specifics because he assumed the information was the same as that he already had about drug use at York. He asked Mr Dajia to consider the effect that reporting this kind of information to the press would have on track and field:

> We were aware that the press . . . were investigating the rumours of Ben Johnson's use of banned substances . . . And I just pointed out to Peter, look, there are a lot of rumours out there and you will just add to them, and is that going to benefit the sport. And I left the decision to him. I asked him to consider that.

By trying to dissuade Mr Dajia from going to the press, Mr Findlay obviously gave the impression that the CTFA could be easily pressured. Rather than discouraging Mr Dajia from going to the press, Mr Findlay should have probed him about his information.

Mr Findlay mentioned Mr Dajia's threat to Mr Wedmann and Mr Wade. No steps were taken to investigate his allegations.

Mr Dajia was subsequently reinstated. Mr Findlay vehemently denied that Mr Dajia's reinstatement had anything to do with this threat, since the CTFA had already taken all the measures it could by that time. The evidence clearly

established that Mr Findlay was correct in his denial, and the subsequent reinstatement of Mr Dajia did not come as a result of the threat made by him.

In July 1988 Mr Findlay, as athlete services representative of the CTFA, received a copy of an agreement dated July 19, 1988, between Mr Johnson and Dr Astaphan, elsewhere referred to in this report. The agreement provided that Dr Astaphan was to be compensated at the rate of U.S.$10,000 per month, plus travelling expenses and costs of medical supplies, for the months of May, June, July, August, September, and October 1988 for providing services to Mr Johnson for the "maintenance of his physical and psychological integrity and well being." This agreement was forwarded to Mr Findlay so that the requisite payments could be made to Dr Astaphan out of Mr Johnson's athlete reserve fund.

Mr Findlay was of course aware by this time that Dr Astaphan had been named as a supplier of steroids to the York group. So was Mr Wedmann. However, Mr Wedmann's tenure as president of the CTFA ended in April 1988 and his position was assumed by Paul Dupré. Although Mr Findlay discussed this request for payment with Mr Dupré and obtained his approval for it, he failed to mention to Mr Dupré the information he had about Dr Astaphan. Mr Findlay made the assumption that this information was now general knowledge and that Mr Dupré must have been aware of it, but there was no evidence that he was.

Faced with the fact that reporting such information to the previous president in February 1988 had achieved nothing, Mr Findlay pressed no further about the matter in the summer of 1988 with Mr Dupré. Resigned to the practicalities of the situation, he commented:

> I guess the last relevant fact was that Johnson was going to use Astaphan whether we approved or not.

The issue of steroid use at York was not raised at the August 1988 CTFA board meeting. Nor were the results of the meeting between Messrs Mach, Landry, and Francis reported to the board at this meeting. The directors were not in fact advised of this meeting until their October 1988 board meeting, held after the Seoul Olympics. During the months of January to August 1988 nothing specific was ever put forward by the CTFA executive to the board of directors about the doping problem at York.

During the summer of 1988 the CTFA board and staff failed to take the information it had on drug use at York seriously and failed to follow it up. Comments by staff and board members are revealing. Mr Lund pointed to the business of the outdoor competitive season:

> It was also a busy summer for me because there was — that was the summer of the World Juniors in Sudbury. And at that time I think I spent a total of 32 days in Sudbury for a variety of events and occurrences. So, I was not — I suppose my priority of things to do did not relate to seeking out further information. And I was involved as a chef for the World Juniors and the other people were involved in preparing themselves for the Olympic Games.

Mr Ouellette candidly commented:

> Mr Commissioner, I must say that at that point in time, doping was not a priority for us. In April at that meeting, we had just received the resignation of the CEO, we had points on the agenda which were very important points, and we were working on our out-of-competition testing policy, that was our priority.

In light of those comments and the information available to the CTFA prior to the Seoul Olympics, I now turn to an examination of the CTFA doping control policy between 1976 and 1988.