

IN THE MATTER OF DR. WILLIAM SCHEYER AND CRAIG MORIWAKI

In May 2003, the University of Washington (UW) learned that the Washington State Department of Health (DOH) was investigating a complaint that Dr. William Scheyer (UW athletic department consultant physician) and athletic trainer Craig Moriwaki inappropriately distributed medication to UW athletes. In October 2003, UW President Lee Hunstman requested that a panel of investigators conduct an investigation into the various allegations that had surfaced regarding Dr. Scheyer and determine what knowledge or involvement any University employees may have had regarding the alleged activities. The panel consisted of: Kevin Rainge, Manager, University Complaint Investigation and Resolution Office; Mary Hebert, Associate Professor, Department of Pharmacy, School of Pharmacy; and Robert Aronson, Professor of Law and UW Faculty Athletics Representative. Later during the investigation, a fourth member was added: Darryl Wareham, Lead Pharmacist, Harborview Medical Center, Pharmacy Services. The panel interviewed forty-two witnesses, some multiple times, and considered a substantial amount of documentary and physical evidence.

Following its six-month investigation, in April 2004 the panel forwarded its report to President Huntsman, concluding that: (1) Dr. William Scheyer and Craig Moriwaki improperly provided narcotic medications and other prescription drugs to UW athletes; (2) the evidence makes it likely that Head Softball Coach Teresa Wilson and Assistant Softball Coach Scott Centala knew or should have known that (a) Dr. Scheyer and Moriwaki overused medications, including narcotic pain medications, in treating UW athletes and (b) there were credible concerns about the quality of medical care that Dr. Scheyer and Moriwaki provided to UW athletes; (3) the evidence makes it likely that Wilson's actions isolated the softball team and created an environment that allowed Dr. Scheyer and Moriwaki to overuse medications in treating UW athletes; and (4) the evidence makes it likely that, if Athletic Director Barbara Hedges and Associate Athletic Director Marie Tuite did not know, they should have known that (a) Dr. Scheyer and Moriwaki overused medications in treating UW athletes and (b) there were credible concerns about the quality of medical care that Dr. Scheyer and Moriwaki provided to UW athletes.

Some of the information considered relevant by the panel included:

In a letter dated March 24, 1993, Donald Williams, Executive Director of the Washington State Department of Health, Board of Pharmacy (BOP) notified Athletic Director Hedges of several concerns regarding matters that BOP discovered during an inspection of the UW athletic training room: (1) athletic trainers occasionally dispensed controlled substances directly to patients at the request of the treating physician; (2) trainers occasionally initiated drug therapy before contacting a practitioner; (3) trainers removed over-the-counter drugs from their original unit dose packaging and placed them in unlabeled containers; and (4) Dr. Steven Bramwell (then responsible for the medical care of UW athletes) and his associates stored legend drugs and controlled substances in a locked cabinet in the head trainer's office without Drug Enforcement Administration registration and without proper security to restrict access to the cabinet.

On June 8, 1999, Richard Hoffman, Investigator with the Department of Health BOP, sent a letter to John Medina, Director of Pharmacy Services at Rubenstein Memorial Health Center

Pharmacy (RMHC Pharmacy). The letter stated that during a recent inspection of the training room, the BOP discovered, in an unlocked cabinet, injectable drugs that the Intercollegiate Athletic Department (ICA) directly ordered. The letter noted that those drugs were not under the control of RMHC Pharmacy.

On December 16, 1999, an assistant trainer sent an email to the head trainer stating his concerns regarding Moriwaki. The trainer stated that he saw Moriwaki call in prescriptions to the RMHC Pharmacy for softball players without consulting with a physician, and that he reprimanded softball players when they sought medical treatment from other doctors or trainers.

In January 2000, the same trainer wrote a note to the head trainer advising that Tylenol with Codeine #3® was missing from the drug use kit and that there was no signature from Dr. Scheyer.

On February 25, 2002, Dr. John O’Kane (the primary care doctor for UW athletes) wrote to Dr. Matsen (Chair, UW Orthopedic Surgery), stating that the head trainer would talk to Hedges about his concerns regarding Dr. Scheyer’s irregular practices and lack of communication, and about Dr. O’Kane and the trainer’s concern regarding allowing Coach Wilson to pick her own team physician and training room personnel.

The DOH alleged that Dr. Scheyer improperly distributed and administered narcotics and other medications to UW athletes. Although Dr. Scheyer declined to be interviewed by the panel, he was interviewed by DOH investigators. In that DOH interview, Dr. Scheyer admitted that he provided medications, including narcotics, legend drugs, and over-the-counter drugs, to UW athletes without documenting his practices.

The major form of communication in health care is through documentation of care in the patient’s medical record. We did find records documenting the softball athletes entrance physicals performed by Dr. Scheyer. Although Rubenstein Memorial Health Center Pharmacy keeps a record (hard copy and computer) of all prescription medications dispensed, we were unable to find in the training room any notes from Dr. Scheyer mentioning the prescribing, dispensing or administering of medications to any of the softball athletes with the exception of one short note describing a “flu syndrome” in an athlete with a plan for symptomatic treatment. There were also two notes by the trainer Craig Moriwaki with a treatment plan including an antibiotic and cold medications, which were co-signed by Dr. Scheyer. In the training room records for the softball athletes, we were only able to locate a total of 12 notes from Craig Moriwaki describing a plan for the athlete to have prescription medication. Only one of those notes referred to a muscle relaxant and two referred to cough medication, which contained codeine. No notes were located describing narcotic pain medication or Ritalin dispensing, prescribing or administration by Craig Moriwaki, or Dr. Scheyer.

On November 25, 2002, Dr. O’Kane sent a letter to the ICA trainers, Dr. Matsen and Dr. Roger Larson (UW Orthopedic Surgeon) stating that, at the request of Hedges, they were adding Dr. Scheyer as a consultant, but that he was required to share medical information with the team doctors and training room, and that he could not prescribe treatment or medication, and could not

see athletes outside the training room without first consulting the team trainer, Dr. Larson or Dr. O’Kane.

In April 2003, the BOP received a complaint that a pharmacist at Swedish Hospital Medical Center inappropriately filled several prescriptions for Dr. Scheyer. The BOP alerted the Medical Quality Assurance Commission, and they started a joint investigation.

Eight of eighteen current and former softball players stated in their interview with the investigating team that Dr. Scheyer gave them some combination of narcotic pain medication, dose packs (Medrol Dosepaks® — methylprednisolone), antibiotics, birth control pills, cortisone shots, muscle relaxants, and other prescription medications.

Methylprednisolone prescriptions filled at Rubenstein Memorial Health Center Pharmacy and billed to the UW Athletic Department. 1/1999 – 12/2003

	1999	2000	2001	2002	2003
Dr. Scheyer	25	15	5	-	-
All Physicians including Dr. Scheyer	38	28	22	16	27
# of Athletes for Dr. Scheyer	34	20	18	17	15
Total # of UW Athletes	641	641	664	656	659

Corticosteroids.

Anti-inflammatory steroids (corticosteroids) such as methylprednisolone (Medrol Dosepaks®) or prednisone are very effective agents for the relief of acute inflammation. There is a great deal of controversy over the use of corticosteroids in sports injuries due to a limited amount of research that has been done in this area. On one hand the anti-inflammatory properties of these drugs are desirable in order to provide relief to the patient and prevent further tissue injury, but on the other hand, these agents are associated with impaired wound healing and a wide range of acute and chronic side effects. The short term use of corticosteroids can result in delayed wound healing, sodium and water retention leading to swelling or high blood pressure, high blood sugars and psychiatric effects ranging from euphoria to depression or psychosis. Long term administration of corticosteroids has been associated with growth retardation (if the athlete has not finished growing), increased risk of infection, cataracts, acne, thinning of skin, easy bruising, muscle weakness, decreased bone density (increasing risk for bone fractures), osteonecrosis (death of part of the bone), diabetes, high blood pressure, redistribution of fat and gastrointestinal distress. Ninety-nine of the physicians attending a National Sports Medicine Conference completed a study questionnaire evaluating their prescribing of corticosteroids for musculoskeletal injuries. The average duration of corticosteroid use in this setting was reported to be 7 days. Despite the risks of corticosteroids, 58.6% of physicians who take care of sports-related injury patients prescribe oral corticosteroids for musculoskeletal injuries.¹ With a single 7-day treatment regimen with corticosteroids, it would not be expected that patients would develop the long-term complications of the corticosteroids. However, patients that receive a

¹ Harmon KG, Hawley C, Physician prescribing patterns of oral corticosteroids for musculoskeletal injuries. The American Board Family Practice 2003, 16:209-12

large number of corticosteroid cycles over the course of a year are at greater risk for these side effects.

Four players stated that Dr. Scheyer gave them some combination of Vicodin®, Tylenol with Codeine #3®, Percocet®, Vicoprofen® and muscle relaxants before the start of games and practices. One player explained that, from 2000 to 2002, she received from Dr. Scheyer 100 to 180 narcotic pills, which he dispensed to her in either bottles or packets. He gave her additional pills at practices and games. She took narcotic pain medication and muscle relaxants 2-3 times per day during this entire period. In three separate games, she took medication that a trainer gave to her, and she played “high.” She was “giggly, loopy and was laughing on the dugout floor.” Several players confirmed that this player was playing under the influence of medication and described her as a “zombie” who appeared “drunk, wobbly, glazed eyed, and inebriated.”

Two other players stated that, after they had serious injuries, Moriwaki gave them Vicodin® and Tylenol with Codeine #3® prior to games. Those players stated that the pain was so intense from their injuries that they could not have played without the medication.

Two players stated that Moriwaki gave them pills for their flight anxiety. One stated that Moriwaki gave her 6-8 pills for flight anxiety; she thought some of them were muscle relaxants. After she took the pills, she was so “out of it” that her teammates had to help her get her bags. On another occasion, Moriwaki gave her a second dose of pills when the team changed planes. She became “loopy,” had trouble walking, and fell getting off the bus. She and other players stated that Coach Wilson caught her when she fell. Later that day, the player was still “high” according to other players, and could not keep her head up while eating dinner. The player is still unable to recall the subsequent day and night after she took the second dose of pills.

Most of the players, trainers and doctors stated that it was common for Dr. Scheyer to walk up and down the aisle of the plane handing out pills. Players, trainers and doctors stated that Dr. Scheyer would take pills from his pocket and give them to players in the airport, in the training room, at the hotel, and before and after games. One trainer said she heard Dr. Scheyer was a “drug hound,” who believed that pills were the way to allow players to be on the field.

Both the DOH report and RMHC Pharmacy billing records support the assertion that Dr. Scheyer improperly distributed medication to UW athletes. The DOH report states that, between October 2001 and April 2003, the Swedish Hospital Pharmacy (Swedish) dispensed 3100 doses of Schedule II and III Narcotic Controlled Substances and 1400 doses of benzodiazepines, all in the name of a single UW softball player, with Dr. Scheyer as the prescribing physician. In addition, the DOH report states that, between November 2000 and July 2003, Evergreen Pharmacy dispensed 110 prescriptions for large amounts of narcotics, benzodiazepines and other legend drugs, in the name of “Washington Huskies,” with Dr. Scheyer as the prescribing physician.

Similar information was provided concerning the trainer, Craig Moriwaki. Twelve of the eighteen softball players stated that Moriwaki gave them some combination of Vicodin®, Tylenol with Codeine #3®, Percocet®, Vicoprofen®, Vioxx®, Medrol Dosepaks®, birth control pills, muscle relaxants, and various other pills they could not identify. Moriwaki passed out the

pills before and after games and practices, in airports, on airplanes, in hotels, at restaurants, and in the training room.

Pain medication filled by Rubenstein Memorial Health Center Pharmacy and billed to the UW Athletic Department. 1/1999 – 12/2003. Information based on Rubenstein Memorial Health Center Pharmacy Billing Records.

Total Narcotic Pain Medication Tablets Dispensed

	1999	2000	2001	2002	2003
Dr. Scheyer	552	358	340	-	-
All Physicians including Dr. Scheyer	1432	1420	1318	729	681
# of Athletes cared for by Dr. Scheyer	34	20	18	17	15
Total # of UW Athletes	641	641	664	656	659

Average Tablets Per Prescription – Narcotic Pain Medication for the 2 highest prescribers

	1999	2000	2001
Dr. Scheyer	61	26	34
Next Highest Prescribing Physician	23	14	17

Benzodiazepines filled by Rubenstein Memorial Health Center Pharmacy and billed to the UW Athletic Department. 1/1999 – 12/2003

	1999	2000	2001	2002	2003
Dr. Scheyer	240	200	214	-	-
All Physicians including Dr. Scheyer	342	200	219	-	65
# of Athletes cared for by Dr. Scheyer	34	20	18	17	15
Total # of UW Athletes	641	641	664	656	659

Opiate and Benzodiazepine Use

Use of opiates and benzodiazepines in athletics. The use of opiates to treat the pain of injuries may allow for continued participation in the sport by masking the pain. Unfortunately, continued participation in athletic activities that caused the injury may further the injury or delay the rest needed to allow for healing. Another concern is the slowing of reaction time that may pose safety concerns for the athlete. In addition, prolonged use of opiates and/or benzodiazepines can result in the development of tolerance and / or addiction. Abrupt discontinuation of opiates and / or benzodiazepines after prolonged use can also result in withdrawal symptoms.

Development of tolerance. The development of resistance to a drug's effects over time, as the body adapts to the repeated administration of a chemical compound. Whether narcotic analgesics are used for the clinical treatment of pain or illicit drug use, users will develop tolerance to the various effects of the narcotics at different rates. Generally speaking, as patients

develop tolerance to medications such as the opiates, higher doses are necessary to achieve the same level of pain relief.

Addiction. A progressive, chronic, primary, relapsing disorder that involves features such as compulsion to use a chemical(s), loss of control over the use of the substance(s), and continued use of a drug(s) in spite of adverse consequences of its use.

Withdrawal. The characteristic process of reverse adaptation, which occurs when a drug that has been repeatedly used over a short period of time is suddenly discontinued. Opiate withdrawal syndrome, although often subjectively reported to be painful and difficult by those who have experienced it, is usually not fatal except when other complicating factors are present. The signs, symptoms and severity of withdrawal depend on the opiate used and dosage. Common symptoms of opiate withdrawal include: abdominal pain, chills, gooseflesh, diarrhea, fever, irritability, muscle aches and jerks. Severe cases can also experience: coma, convulsions, delusions and hallucinations. Benzodiazepine withdrawal symptoms are more likely to occur when they have been used regularly (daily) for > 4 months, when they are abruptly discontinued, with higher doses and short acting agents.

On one occasion, a player played impaired in a double header. At the end of the first game, the player was dozing off in the dugout and told Dr. Scheyer she felt tired. Dr. Scheyer gave her NoDoz®. When the player told him that the NoDoz® was not working, Dr. Scheyer gave her another dose of something, NoDoz® or, possibly, Ritalin®.

Three players stated that, after receiving pills from Moriwaki, they played impaired and/or under the influence of medication. One player stated that Moriwaki gave her pills before a game. She told Moriwaki that she could not focus because he gave her too many pills and she was worried she would get hit in the face with the ball. Moriwaki responded to this player's concern by telling her to take a "focus pill." The player took the "focus pill," but she still felt "high and woozy." Several witnesses stated that this player appeared "too drugged" to play and that her eyes were "glazed over."

NCAA-banned medications:

Stimulants. Craig Moriwaki gave two UW softball players Ritalin® before games. Neither player knew they had been given Ritalin®, but they were able to identify the pill they received from pictures. Two other players also received unidentified pills in similar settings, but were not able to recognize the pills. Four players took over-the-counter caffeine containing medication before competitions.

Androgens. Although androgens were dispensed by 2 outside pharmacies in one softball player's and in Dr. Scheyer's name, no evidence was found supporting that any of the softball players interviewed in this investigation took any androgens.

XVI. NCAA

2003-04 Drug-Testing Exceptions Procedures

The NCAA **list of banned-drug classes** (**NCAA Bylaw 31.2.3.1 ***) is composed of substances that are generally reported to be performance enhancing and/or potentially harmful to the health and safety of the student-athlete.

The NCAA recognizes that some banned substances are used for legitimate medical purposes. Accordingly, the NCAA allows exception to be made for those student-athletes with a documented medical history demonstrating the need for regular use of such a drug. Exceptions may be granted for substances included in the following classes of banned drugs: stimulants, beta-blockers, diuretics and peptide hormones. (**Bylaw 31.2.3.1 ***)

Procedures for Exceptions

1. Alternative nonbanned medications for the treatment of various conditions exist and should be considered before an exception is pursued.
2. In the event that the student-athlete and the physician (in coordination with sports-medicine staff at the student-athlete's institution) agree that no alternative to the use of the banned substance is available, the decision may be made to continue the use of the banned stimulant, beta blocker or diuretic. However, the use of a **peptide hormone** must be approved by the NCAA before the athlete is allowed to participate while taking these medications. The institution, through its director of athletics, may request an exception for peptide-hormone use by submitting to **The National Center for Drug Free Sport (Drug Free Sport)** any medical documentation it wishes to have considered.
3. The institution should maintain in the student-athlete's medical record on campus a letter from the prescribing physician that documents that the student-athlete has a medical history demonstrating the need for regular use of such a drug. The letter should contain information as to the diagnosis (including appropriate verification), medical history and dosage information.
4. A student-athlete's medical records or physicians' letters should not be sent to the NCAA unless requested by the NCAA. Also, the use of the substance need not be reported at the time of an NCAA drug testing.
5. In the event that a student-athlete is tested by the NCAA and tests positive for a substance for which the institution desires an exception, normal procedures for reporting positive test results will be followed (See **NCAA Drug-Testing Protocol Section No. 8.0.**) and the institution, through its director of athletics, may request an exception by submitting to **Drug Free Sport** the physician's letter and any other medical documentation it wishes to have considered.
6. Requests for exceptions will be reviewed by the chair of the drug-testing and drug-education subcommittee of the **NCAA Committee on Competitive Safeguards and Medical Aspects of Sports** or his/her designate.
7. **Drug Free Sport** will inform the director of athletics regarding the outcome of the exception request. In the event that the exception is not granted, the institution may appeal this action according to Section 8.0. of the **drug-testing protocol**.
8. The eligibility of the involved student-athlete will be maintained during the period of time the exception is being reviewed by the drug subcommittee.
9. Institutions may contact **Drug Free Sport** regarding this procedure.

Sources:

NCAA Drug Testing Program, 2003-04

The National Collegiate Athletic Association
September 2003

**NCAA Banned-Drug Classes
2003-2004**

The NCAA list of banned-drug classes is subject to change by the NCAA Executive Committee. Contact NCAA education services or www.ncaa.org/sports_sciences/durtesting for the current list. The term “related compounds” comprises substances that are included in the class by their pharmacological action and/or chemical structure. No substance belonging to the prohibited class may be used, regardless of whether it is specifically listed as an example.

Many nutritional/dietary supplements contain NCAA banned substances. In addition, the U.S. Food and Drug Administration (FDA) does not strictly regulate the supplement industry; therefore purity and safety of nutritional/dietary supplements cannot be guaranteed. Impure supplements may lead to a positive NCAA drug test. The use of supplements is at the student-athlete’s own risk. Student-athletes should contact their institution’s team physician or athletic trainer for further information.

Bylaw 31.2.3.1 Banned Drugs

The following is a list of banned-drug classes, with examples of substances under each class:

(a) Stimulants:

Amiphenazole	Methylene-
Amphetamine	dioxymethamphetamine
Bemigrade	(MDMA (ecstasy))
Benzphetamine	Methylphenidate
Bromantan	Nikethamide
Caffeine ¹ (guarana)	Pemoline
Chlorphentermine	Pentetrazol
Cocaine	Phendimetrazine
Cropropamide	Phenmetrazine
Crothetamide	Phentermine
Diethylpropion	Phenylephrine
Dimethylamphetamine	Phenylpropanolamine (ppa)
Doxapram	effective August 2003
Ephedrine	Picrotoxine
(ephedra, ma huang)	Pipradol
Ethamivan	Prolintane
Ethylamphetamine	Strychnine
Fencamfamine	Synephrine
Meclofenoxate	(citrus aurantium, zhi shi,
Methamphetamine	bitter orange)
	and related compounds

(b) Anabolic Agents:

Anabolic steroids	Dihydrotestosterone (DHT)
Androstenediol	Dromostanolone
Androstenedione	Fluoxymesterone
Boldenone	Mesterolone
Clostebol	Methandienone
Dehydrochlormethyl-	Methyltestosterone
testosterone	
Dehydroepiandrosterone	
(DHEA)	

Nandrolone	Stanozolol
Norandrostenediol	Testosterone ² and
Norandrostenedione	related
Norethandrolone	Compounds
Oxandrolone	Other anabolic agents
Oxymesterone	Clenbuterol
Oxymetholone	Methenolone

(c) Substances Banned for Rifle:

Alcohol	Pindolol
Atenolol	Propranolol
Metoprolol	Timolol
Nadolol	and related compounds

(d) Diuretics:

Acetazolamide	Hydroflumethiazide
Bendroflumethiazide	Methyclothiazide

Benzthiazide	Metolazone
Bumetanide	Polythiazide
Chlorothiazide	Quinethazone
Chlorthalidone	Spiroolactone
Ethacrynic acid	Triamterene
Flumethiazide	Trichlormethiazide
Furosemide	and related compounds
Hydrochlorothiazide	

(e) Street Drugs:

Heroin	THC
Marijuana ³	(tetrahydrocannabinol) ³

(f) Peptide Hormones and Analogues

Chorionic gonadotrophin (HCG – human chorionic gonadotrophin)	
Corticotrophin (ACTH)	
Growth hormone (HGH, somatotrophin)	
All the respective releasing factors of the above-mentioned substances also are banned.	
Erythropoietin (EPO)	Sermorelin

(g) Definitions of positive depends on the following:

¹ for caffeine – if the concentration in urine exceeds 15 micrograms/ml.

² for testosterone – if the administration of testosterone or use of any other manipulation has the result of increasing the ratio of the total concentration of testosterone to that of epitestosterone in the urine to greater than 6:1, unless there is evidence that this ratio is due to a physiological or pathological condition.

³ for marijuana and THC – if the concentration in the urine of THC metabolite exceeds 15 nanograms/ml.

Medication Counseling

The Pharmacy staff at Rubenstein Memorial Health Center Pharmacy did provide medication counseling as reported by the athletes.

Medication Counseling from Craig Moriwaki and / or Dr. Scheyer as Reported by the Softball Players.

Player	Drug Name	How to take it	With or Without Food	Side Effects	Caution with Driving	Caution with Alcohol	Drug Interactions
1	No	Yes	No	Yes	NA	No	Not sure
2	No	Yes	Yes	No	No	No	No
3	No	Yes	Yes	No	No	No	No
4	No	Yes	Yes	No	No	No	No
5	Yes	Yes	Yes	No	No	No	No
6	Yes	Yes	No	No	No	No	No
7	No	Yes	Yes	No	No	No	No
8	No	No	No	No	No	No	No
9	No	No	Yes	No	No	No	No
10	No	NA	-	No	No	No	No
11	Yes	Yes	Yes	Yes	No	No	No
12	No	Yes	No	No	NA	No	-
13	No	Yes	No	No	No	No	No

Other Concerns.

Six of the eighteen players stated that Dr. Scheyer gave (prescribed, administered or dispensed) antibiotics and/or birth control pills to them without first performing a physical examination or, in the latter case, pap smears.

Trainers reported that Moriwaki would often call in prescriptions for pills without first consulting with Dr. Scheyer or any other doctor.

Three physicians stated that they believed Moriwaki was practicing medicine by diagnosing injuries, issuing prescriptions and giving medications to players without physician authorization.

Other concerns found during the investigation include: improper labeling of medications, players not being told what the medications were, medication prescribing and dispensing without a license, medications prescribed for one patient and given to another, improper storage and handling of medications and self-prescribing of scheduled medications.