

UNDERSTANDING AND MANAGING DRUGS IN SPORT

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ABSTRACT

This article addresses some social and management issues relating to the subject of drugs in sport (doping). It begins with an overview of recent and prominent cases before developing a comparative approach that sets doping against other forms of drug use in society. The outcomes and implications of this comparison establish the basis for a discussion of how doping might be dealt with by the relevant authorities. The concluding points show that interventions towards education and prevention face the challenges of understanding and responding to the highly specific nature of the elite athlete.

INTRODUCTION

High profile cases of sports stars using drugs, whether for performance or for 'recreational use' continues to plague the world of elite, international sport. A recent case in question is that of the American tennis star, Andre Agassi who recently admitted using crystal methamphetamine during his playing career (Agassi 2009). While such confessions are rare, we do know enough about specific instances of doping behaviour to surmise that it has been prominent in many sports. The most infamous of these have been the THG/Balco scandal (Fainaru-Wada and Williams 2006); the 1998 Festina scandal during the Tour de France that exposed the systematic doping of professional cyclists (Voet 2002); the organized doping of Canadian athletes that led to Ben Johnson's positive test after winning the 100m final during the 1988 Olympics (Francis and Coplon 1991); and the Government sponsored doping of athletes in the former GDR and USSR (Spitzer 2006). Less well

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known, though are individual cases like Werner Reiterer who used steroids throughout the 1990s without ever being detected (Reiterer 2000).

Other cases have been more complex and show how challenging anti-doping policy and procedures can be. For example, when the Danish cyclist Michael Rasmussen was taken out of the 2007 Tour de France after a journalist exposed the fact he had missed out-of-competition tests, the scandal reverberated around the world. He was castigated as a cheat and once again the future of professional cycling was questioned. However, recent research has shown that he did not actually break any of the World Anti-Doping Agencies (WADA) rules and therefore has been harshly treated (Møller 2010). Another example might be that of Shoaib Akhtar and Mohammed Asif who tested positive for nandrolone in tests conducted by the Pakistan Cricket Board in 2006. Their initial ban was over-turned on appeal leading to complaints from WADA and the involvement of the Court of Arbitration for Sport (CAS) which had no authority to impose WADA's code at the time which would have upheld the bans (*Cricinfo*, July 2, 2007). The case also prompted the International Cricket Council to complain about 'inconsistencies in the Pakistan Cricket Board's anti-doping processes and regulations' (*London Evening Standard*, 7 December 2006).

Such cases reflect some of the other cases that have been adjudicated through the CAS, where there are very delicate judgements to be made over the punishments to be given for doping when athletes can provide circumstantial reasons for testing positive or for missing out-of-competition tests or when there are disputes over jurisdiction and variation in regulations (see McLaren 2001; Connolly 2006).

Nonetheless, most doping scandals reveal the underlying assumptions of sports and ethics. Media coverage and general condemnations demonstrate the on-going concern many people

have with the use of drugs in sport. The feeling remains widespread that sports men and women are role models for clean living and healthy lifestyles. Such a position is exemplified by Thomas Murray (2004), who claimed in the World Anti-Doping Agency's in-house magazine that doping undercuts the foundation of what gives sport its meaning and value, the integrity of the athlete and the ethics of competition. While this is not necessarily a perspective shared by academic researchers (i.e. Kayser, Mauron and Miah 2007; Møller 2010) it is one that governs policy making agendas and shapes the scope for athletes' decision-making.

In this article, I wish to explore two distinct but related questions. The first is how drug use in sport can be seen as similar to and different from other forms of drug use. Following that, I want to outline some challenges facing education, prevention and policy decisions within sports organisations. Taken together these two questions open up some important and interesting themes about sociological and managerial aspects of doping and anti-doping.

COMPARATIVE CONTEXTS

There are some obvious similarities between drug use within a sporting context and other social contexts. Sports stars are just as fallible as other people and can become addicted to drugs, leading to other forms of unhealthy behaviour. Such examples include the tragic Italian cyclist Marco Pantani who used both performance-enhancing and recreational drugs and who committed suicide in a hotel room after apparently severe depression (Rendell 2007). The connection between emotional and psychological problems and a reliance on drugs can affect people in all walks of life. Indeed, some of the earliest rationales for anti-doping policy in the 1960s referred directly to the 'moral degradation' associated with all forms of drugs (Dimeo 2007) and were connected, if loosely, to broader societal trends that sought regulation of tobacco, alcohol,

amphetamines, cannabis and other drugs. While the past two to three decades have seen a distinction drawn between performance-enhancing and recreational drug use, research shows that some groups in society use steroids for body-image in order to pursue hedonistic lifestyles where recreational drugs are common (see Møller, McNamee and Dimeo 2009). In other words, while performance oriented athletes can become addicted to the relevant drugs, there are many examples where performance-enhancing drugs are also used in combination with other drugs.

A second similarity is that drugs pose significant health risks. Many of the female athletes who were given male hormone drugs in the former East Germany suffered from a host of ill-effects including excess hair growth, excess sexual impulses, deepening voices, acne, masculinisation of skeletal features, psychological trauma, gynaecological problems and many had children born with deformities (Berendonk and Franke 1997; Ungerleider 2001). Some well known athletes have suffered from early deaths that have been linked, even if indirectly, to drug use. For example, the case of Birgit Driessel is described in horrific detail by John Hoberman (1992). More recent instances include that of Florence Griffith-Joyner and the number of professional cyclists who died soon after EPO became available as a performance enhancing drug (Noakes 2006). Although the full scale of fatalities, reduced mortality and the onset of serious illnesses related to doping are not known, there are enough forms of evidence and individual cases to suggest that athletes are taking serious risks with their health if they choose to use banned drugs (Mottram 2010). These risks are accentuated by the fact that athletes might overdose because they seek more of the performance enhancing effects, and that black market suppliers cannot be trusted to ensure products are not contaminated (Donati 2007).

There are also many differences between the use of drugs by sports people and those used in everyday life. What is illegal in sport can be legal in society, while there are vital distinctions in

sport between drugs that can be considered medical/therapeutic, those which are performance enhancing, and those which are used for recreational purposes. The first category might include pain relief drugs, anti-inflammatories, remedies for sickness or colds, and so on, which might be used by athletes to keep themselves fit and healthy. Some of these, like ephedrine are banned because they contain stimulants, while others might be abused, i.e. if an athlete is injured he/she should rest not take pain killers and keep playing. Moreover, the list of banned substances includes drugs which are not directly intended to boost performance but can be used to hide or 'mask' such drugs. So, for example, the Australian cricket Shane Warne was banned for one year in 2003 for taking diuretics hydrochlorothiazide and amiloride that are on the list because they can be used as masking agents (*Independent*, 22 February 2003). The second category includes steroids, EPO, growth hormone, amphetamines, blood doping and others; drugs that help athletes to improve their long or short term performances. Not all of these are banned: blood spinning is a complicated technique that aids recovery by replacement plasma cells but is not yet banned. The third category includes cocaine, heroin, cannabis and other social drugs that athletes are not supposed to take but will not enhance their performance.

Perhaps the key difference between sports and the rest of society is the strict and highly definitive set of rules that have been laid down for athletes. There is an extensive list of banned substances controlled by WADA that grew out of the lists created and implemented in the 1960s and 1970s by such international sports organizations at the International Olympic Committee (Dimeo 2007). Indeed, the very existence of a single unifying organization that aims to ensure compliance and consistency of regulations and punishments makes sport almost unique in its approach to drug use. The punishments are severe: up to two year bans for infringements. Supporting this list is a testing mechanism that analyses competitors'

urine and blood samples that they are compelled to prove when requested. Even more draconian is the surveillance system for out-of-competition testing that – akin to bail conditions or being on the sex offenders register – requires the athlete to provide details of where they will be every day so that unannounced testing can take place. This has led to some concerns about civil liberties violations: ‘This practice seriously impinges on personal privacy and is unacceptable in any other setting except, perhaps, imprisonment’ (Kayser et al 2007: 2). Moreover, athletes are given the opportunity to miss three tests over 18 months before they face punishment. Some stringent anti-doping campaigners believe this to be too lenient, while liberalists do not consider the system to be morally correct. In between these positions are the athletes who feel under pressure to comply, but when they miss tests there is great uncertainty over whether they are being deliberately deceitful or it was due to a genuine accidental reason (Hanstad and Loland 2009).

In other words, there is a complex, sophisticated, globalised system of policies, rules, and penalties that have come to present difficult legal situations where athletes’ careers and reputations are at stake. Associated with all of this is the highly complex scientific underpinning of testing athletes’ urine and blood samples, which has to be completed with absolute accuracy. There have been cases, such as that of the English track and field athlete Diane Modahl, where errors in the laboratory led to an accusation of doping which took years to refute and probably ended her career (McArdle 1999). As such, policy makers need to work in tandem with scientists in accredited anti-doping testing laboratories to ensure that the entire process is watertight. Moreover, as new types of performance enhancing drugs come on the market, scientific research can feed back into the policy process by informing decision makers about doping innovations. And yet, there are flaws in this system. Not all performance enhancing drugs can be identified in samples. There have been some concerns about issues such as the accidental

contamination of legitimate drugs with illegitimate substances, the chances of false positives, and the lack of research into the effects of some drugs like EPO. One of the future threats in this regard is the use of genetic therapies which athletes have their genome structure altered to improve specific aspects of their bodies. McNamee discusses this in the context of wider societal trends towards 'transhumanism' but argues there should be boundaries: the 'denial of the necessity of limits in nature by some, the desire to ... control human-limiting factors by the unfettered use of biotechnology is something that should concern us all in sport' (2008:205).

A final difference is that most people in sport take a very uncompromising view on what is considered to be cheating when drugs are taken to improve performances. 'Doping' has often been referred to as an 'evil', a 'death', and a threat to the very fabric of sport (Dimeo 2007; Waddington 2000). Much of this type of discourse began when the Danish cyclist Knud Enemark Jensen crashed and died during a race in the 1960 Rome Olympics. For almost forty years it was assumed that his death was caused by overdosing on amphetamines. Even though this theory has been refuted (Møller 2005), it was highly influential in shaping policy and ideology on anti-doping that made drug use seem like a matter of life and death, and gave policy makers the role of protectors or saviours. For example, members of the International Olympic Committee have been very self-congratulatory about their role in leading anti-doping and often refer to the key people as having saved sport from destruction caused by unethical behaviour, cheating and risk to athletes' health (Dimeo and Hunt 2009). There is a strict moral code that creates a dichotomy of self-righteous individuals on the side of 'anti-doping good' up against and trying to thwart those on the side of 'doping, cheating, evil'. This contrasts with, for example, policies and moralities around alcohol where moderate use is widely regarded as acceptable and in many social

circles excessive use is encouraged. The dividing lines in sport are much more distant and the punishments more severe.

DEALING WITH THE PROBLEM

There are some interesting consequences of these similarities and differences. The historical development of drug use in modern sport can be traced to the 1880s (Dimeo 2007). While this suggests there is some inherent about competitiveness that leads people to search out new techniques for winning, the circumstances and meanings attached to performance-enhancing drugs have changed over time. During the first half of the 20th century, scientists and policy makers could not agree over what constituted 'doping' and how it should be controlled. Anti-doping statements were published by the IAAF in 1928 and the IOC in 1938, but these were not supported by a system of testing or punishment.

It was during the 1960s that the international sports organisations took a more collective and systematic approach. This was in response to rising numbers of incidents involving drug use in certain sports such as cycling and the apparent (if unproven) widespread use of steroids in Olympic and other sports. Since then the suppliers and the testers have been locked in battle. When a new drug becomes available some athletes will experiment, so the testing procedures have to be constantly refined and updated. Most athletes who take drugs are seen as deliberately trying to cheat. The policy structures are akin to criminalisation, reminiscent of a 'war on drugs' approach rather than an empathetic one. Athletes are considered to be responsible for everything in their diet, and thus the legal concept of strict liability is applied by the World Anti-Doping Agency. There is very little legal scope for an athlete to offer an explanation as to how the banned substance came to be in their system (David 2008).

All of which leads on to questions around the preventative measures of education and policy – how best might a system be

develop to pre-empt cases of doping whether they are deliberate, accidental or the consequence of trusting the wrong people? It is vital that athletes are fully aware of all possible ways in which they might test positive, otherwise cases of 'inadvertent' doping will rise while the legal framework assumes guilt if an athlete tests positive.

Despite the situation outlined above, little research has yet been conducted that explains how athletes learn about doping and anti-doping, and how sports agencies can ensure adequate levels of information and education. A recent systematic review of literature (Backhouse et al 2007) showed that only a handful of studies have been conducted about education and other forms of intervention and training. The authors argue that, 'Existing research suggests that a considerable proportion of athletes lack doping knowledge, in terms of effects, legal issues or sources of information. This may increase their risk for damaging their health or inadvertently committing a doping offence' (Backhouse et al 2007, p.27).

This is highly significant in light of the application of strict liability. If athletes do not always know what is banned, what their legal rights are, or which sources of information can be trusted, then how they can always be held responsible for a positive test? An interesting example of such a situation arose in 2004 when the British tennis player Greg Rusedski tested positive for the banned substance nandrolone. It transpired that the Association of Tennis Professionals, the governing body for the sport, had recommended that their coaches distribute electrolyte tablets to some players that had been contaminated with small traces of the banned drug. During the legal case, the prosecutors tried to argue that 'Rusedski could be held to be positive as he must be taken to have known that he should not take substances given to him by the ATP' (BBC, 10 March 2004). However, Rusedski's innocence was upheld as he was assumed correct to have trusted the ATP who did not act in accordance with anti-doping guidelines. But given the strict

liability ruling favoured by the World Anti-Doping Agency, Rusedski was fortunate to have avoided a two year ban.

Education strategies that are currently in place are primarily about avoiding testing positive, clarifying some 'grey areas' and explaining the mechanisms of testing. Most of this material is available on-line and athletes are encouraged to access it for themselves. This is also problematic as a pedagogical technique; as it does not take account of the athlete's willingness to read information carefully, their ability to understand, or their appreciation of its wider context. Indeed, it could be argued that the current provision is simplistic and one-dimensional. A rather more complex picture is painted by Backhouse et al:

Elite athletes' motives for doping are primarily concerned with maintaining or improving physical functioning, coping with social or psychological pressures or striving for social or psychological goals. Investigations of drug use amongst elite athletes should acknowledge that they are subject to unique social and psychological conditions, which distinguish them from other groups of athletes (intense pressure from sponsors, media, spectators; opportunities for huge financial reward); the combinations may increase the likelihood of doping. Accordingly, it is advisable that doping education and prevention initiatives should be tailored to the unique experience of being an elite athlete to ensure that athletes are properly equipped to deal with the pressures of high profile sport (2007, p27)

The consequences are that information dissemination approaches to athlete education are not sufficient because they cannot address the situation or mind-set that would lead to doping as a conscious decision. Many athletes devote their entire lives to their career and are desperate for any form of success. They draw upon all manner of other coaching strategies, nutritional advice and, for certain sports, new technological innovations, in order to beat their opponents. The very concept that a potential advantage should

be forgone for the sake of the idealised 'level playing field' is not within the logic of sports success. Since anti-doping is based on morally pure notions like fairness, equity and sportsmanship, there is a constant struggle between the concepts of purity and success in elite sport (Møller 2010). Even the language used reflects these tensions. To be 'sporting' means to show respect to your opponent, while the essence of sport is really about competition, trying to win, trying to display superiority over the opponent; winners are encouraged to feel proud and to celebrate, losers feel disappointment and shame. Elite sport, as noted by Backhouse et al (2007), contains so many external rewards that the balance often shifts towards a win-at-all-costs mentality.

Any serious anti-doping education would need to address and explore athletes' responses to these tensions. How do they understand sport? What are they trying to achieve? What moral limits would they place on performance enhancement? How do they imagine their competitors deal with moral issues?

Donovan has suggested that athletes' sense of morality (within sport) should be the touching point for anti-doping education, and the younger such an intervention can occur the better:

The methods and examples would vary by age, but the level of sophistication should always be challenging rather than too easily grasped. Moral reasoning in sport should be taught through experiential methods of narrative and drama, as well as through logical reasoning and discussions. Providing "reasons why" is particularly important to support acceptance of desired moral stances at all ages ... The primary focus should be on adherence to the rules, with clear moral reasoning as to how deliberate breaching of the rules to gain an unfair advantage over one's competitors undermines the very basis of sport ... in educational initiatives, athletes must be given more than a list of banned substances and

technologies – they must be given good arguments for the bans and the opportunity to debate these arguments (2009, p.133)

This does however have several weaknesses. Firstly, it assumes that athletes make all the decisions, whereas it may be the coach or team doctor who suggests 'bending the rules'. Secondly, this would only be valid for potential instances of deliberate doping, but many positive tests are the results of human error. Thirdly, it is debatable if elite level athletes would prioritise the moral aspects of sport over their desire for victory.

An alternative model has been presented by Somerville and Lewis, after they conducted a research survey on British Olympians:

This survey suggests that despite regular educational updates, some sportspeople are not fully prepared to avoid accidental doping violations. It is suggested that the educational process itself is altered to encourage a more proactive approach to doping prevention, with the development of individual contingency plans should minor illness arise. Improving access to information via the internet, and involving a pharmacist may help to reduce doping accidents. There is also a need to consider the educational requirements of team doctors (2005, p. 516)

This is a much more pragmatic approach which makes no assumptions about the athletes' moral position but does work on the basis that anti-doping education should be in place to protect the athletes from making mistakes. Clearly more research needs to be done to understand athletes of different ages, in different sports and at different performance levels. And more interactive training needs to be in place to teach athletes how to recognize and avoid risky situations.

To conclude, the question of doping continues to be controversial and intriguing. There is much social science research still to be done. However, this article provided some comparative contexts, drew from a range of examples, and outlined the issues facing sports organizations as they aim to manage the problem.

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