Drug Policy in Sport: Hidden Assumptions and Inherent Contradictions

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Abstract

Issue
This paper considers the assumptions underpinning the current drugs-in-sport policy arrangements.

Approach
We examine the assumptions and contradictions inherent in the policy approach, paying particular attention to the evidence that supports different policy arrangements.

Key findings
We find that the current anti-doping policy of the World Anti-Doping Agency (WADA) contains inconsistencies and ambiguities. WADA’s policy position is predicated upon four fundamental principles; first, the need for sport to set a good example; second, the necessity of ensuring a level playing field; third, the responsibility to protect the health of athletes; and fourth, the importance of preserving the integrity of sport. A review of the evidence, however, suggests that sport is a problematic institution when it comes to setting a good example for the rest of society. Neither is it clear that sport has an inherent or essential integrity that can only be sustained through regulation. Furthermore, it is doubtful that WADA’s anti-doping policy is effective in maintaining a level playing field, or is the best means of protecting the health of athletes.

Implications and conclusions
The WADA anti-doping policy is too heavily based on principals of minimising drug use, and gives insufficient weight to the minimisation of drug related harms. As a result drug
related harms are being poorly managed in sport. We argue that anti-doping policy in sport would benefit from placing greater emphasis on a harm minimisation model.

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Introduction

There is little disagreement that drug use in sport is problematic, but the rationale for and mechanisms of drug control are a subject of debate. On the one hand, powerful global sport authorities like the International Olympic Committee\(^1\), the World Anti-Doping Agency (WADA), and international sport federations claim that the use of drugs in sport is cheating and should be eliminated through the imposition of punitive measures. An alternative approach is one that is more concerned with the protection of athlete health and societal impact of drug use. In short, there is an ongoing tension between the benefits of a deterrence-only model of drug control (as enacted by WADA), versus a multi-level approach of harm minimisation (as adopted by many drug education and treatment support agencies).

The drugs in sport problem first came to prominence in the 1960s with the use of amphetamines amongst professional European cyclists. At the same time, steroids were becoming more widespread in the United States and Eastern Europe. As money flowed in commensurate with an unprecedented media interest, sport began to globalise in the 1980s, and its commercial value increased exponentially. A number of high profile drugs scandals occurred in the 1980s, culminating in the Ben Johnson affair in 1988. The consequent media feeding-frenzies encouraged a number of sporting bodies to introduce anti-doping regulations. Plagued by constant allegations of drug use in international sport, along with the Tour de France drug crisis of 1998, the International Olympic Committee \(^1\) led the push for the establishment of an agency with the responsibility for managing and enforcing global anti-doping policy. WADA was born in 1999 and has become a global force in the war on drugs in sport. WADA’s success in establishing an international drug code has been underpinned by three developments. First, WADA is funded jointly by the IOC and a group of national governments. This has provided the agency with both capital and influence.
Second, WADA has secured a series of international declarations that have commended and ratified the policy code it has developed. Third, WADA policy has recently been approved by the United Nations Educational, Scientific and Cultural Organisation (UNESCO) as an international convention. These achievements have consolidated WADA’s position as the central international agency for regulating drug use in sport. Currently, many sporting bodies seeking funding or competitive sanctioning from their international governing body, or national governments, must enact WADA policy.

This paper questions the veracity of WADA’s policy model, which is predicated upon four assumptions about the role of sport in modern society, and its responsibilities to its key constituents, the first three of which were articulated by the IOC as early as 1967. First, there is the need to set a good example. Second, there is the need to ensure a level playing field. Third, there is the need to protect the health of athletes. Fourth, there is the need to preserve the integrity of sport. All four assumptions have at their core the need for moral certitude, and are used to justify the inclusion of both performance enhancing and illicit drugs on the WADA list of prohibited substances. This paper challenges the legitimacy of these assumptions by showing that WADA’s policy drivers are riddled with ambiguities and contradictions. This paper suggests that the adoption of a harm minimisation approach to drug use in sport will ensure a more pragmatic and effective policy framework for WADA.

**Setting a Good Example**

One of the first claims made by sport policy makers is that athletes in particular and sport in general, have an obligation to set a good example, since many young people are influenced by sporting heroes, and use them as role models. Under these conditions it might make sense to implement punitive policies that discourages drug use. However, this policy position rests
on two key propositions: firstly that sport can positively shape the moral behaviour of its participants and followers, and secondly that heavy punishment for drug use in sport will ultimately lead to abstinence. While these propositions are intuitively appealing, there is little evidence to support them.

The idea that sport should set good examples for impressionable children, and provide them with a reliable moral compass, is widely held, and is mirrored in the long list of personal and social benefits ascribed to sport participation. It is linked to improvements to mental health and self-esteem, mental toughness, the control of stress, anxiety and depression, better physical development, community-building and diminished health spending. However, the (United States) President's Council on Physical Fitness and Sports Report (1997) observed that the way in which sport influences moral development remains unclear. Indeed, there is evidence that sport can actually increase the risk of injury, encourage binge drinking, undermine an athlete’s long-term health prospects, and facilitate cheating. Further contradictions are revealed in the long-term sponsorship relationship between sport, tobacco and alcohol, which do not by any account constitute setting a good example. In other words, sport can just as easily act as a catalyst for socially dysfunctional behaviour. This consequently weakens the argument that drug-free sport will ensure its integrity and set clear moral guidelines for participation.

The concept of sport as an example-setter must also be balanced against the fact that sport holds winning as sovereign, which in turn produces a demand for anything that gives athletes a competitive edge. The hyper-competitive nature of sport and its emphasis on achievement and rewards encourages drug taking, and in some cases, the combination of self-gratification and public approval may be a kind of addiction. The incentives for drug use
are therefore substantial. In addition, the combination of immense pressure for success and severe punishment for failure teaches young athletes another important lesson, which is to avoid getting caught. At the same time, the listing of prohibited drugs advertises the claim that they actually work to improve performance, and as a result, they become increasingly attractive to potential users. This in turn leads to the use of dangerous masking agents and other more experimental drugs for which tests have not yet been refined.

A Level Playing Field

A second assumption made by WADA and the IOC is that their drug code is essential to the maintenance of a level playing field where no athletes are unfairly disadvantaged. On the surface this is a reasonable argument, since sport should be about an equal chance of success for all competitors. However, this level-playing field argument is fraught with inconsistencies. In the first instance, the scientisation and medicalisation of sport means that only certain privileged athletes have access to the latest training advantages that will give them a competitive edge. Whilst EPO may be a banned substance, those who can afford to train at high altitude or sleep in an altitude chamber can legally obtain a lesser but similar benefit. Furthermore, all athletes respond differently to training and nutritional regimes, whilst others bring unique genetic advantages, such as the naturally occurring gene mutation which helped Eero Mäntyranta secure two gold medals at the 1964 Winter Olympics. In fact, there are a multitude of non-drug-related factors that can provide a competitive edge, and tilt the playing field in favour of better endowed and resourced athletes. This begs the question as to whether it would be appropriate to handicap athletes with extraordinary natural abilities. This is effectively the intention behind the use of weight-classes in boxing, wrestling and rowing. In some professional sports, leagues go to great lengths to regulate the competition in order to achieve competitive balance. Indeed, by radically amending the rules
of a game, and restricting the movements of able–bodied players, it may be possible to allow
disabled athletes to compete with a chance of winning. Similarly it may be possible to
regulate sport activities in such a way as to allow mixed-gender participation. At one level
this provides equity for everyone, but at another level becomes a bizarre exercise in
equalisation that can never lead to ‘true’ equality. WADA is not concerned with inequality as
such; it accepts, for example, that the naturally occurring ratio of testosterone to
epitestosterone can vary between individuals and confers a relative advantage to some 22.
What WADA does not accept is the boosting of individual advantage through the use of
certain designated drugs.

Sporting competitions are inherently unbalanced owing to factors such as genetic advantage,
gender bias and differing levels of socio-economic access to training technology. Even where
sporting competitions are drug free, they fail to provide a truly level playing field. If, as
WADA suggests, the existence of such equality is of ultimate importance, then why are
sporting regulators not more interested in providing parity between people of differing
genders, physical capacities and economic means? Whilst some efforts are made in these
areas, they pale into insignificance next to the efforts made to minimise the advantages
bestowed by drug use.

A second ambiguity can be found in the fact that not all performance boosting drugs and
substances are universally banned, caffeine being a prime example. In addition, some drugs
that clearly reduce performance are also forbidden. The inconsistency is compounded when
we find that alcohol and tobacco, two of society’s most destructive drugs, are tacitly
accepted. It therefore comes as no surprise that WADA’s policy has similar punishments for
performance-reducing and performance-enhancing drugs 23. This confusion over which drugs
are problematic, and the penalties for using banned drugs, is partly a symptom of the method used to determine which substances are prohibited. To be included on the WADA prohibited list, a substance must either be a potential masking agent, or must meet two of the following three criteria set out by WADA: 1) that the substance is performance enhancing, 2) the use of the substance poses health risks to the athlete, and 3) that the use of the substance violates the spirit of sport. Marijuana, for instance, meets criteria 2 and 3 and is therefore banned even though it actually reduces performance. In contrast, over-the-counter substances such as bicarbonate/citrate, creatine and caffeine are performance enhancing, but because they only meet criteria 1, are not banned. The social acceptance of different drugs therefore plays a significant role in determining whether the use of a substance violates the ‘spirit’ of sport. WADA’s criteria for determining which substances are prohibited therefore leads to the banning of some drugs that do not enhance performance, whilst allowing others that do. It is therefore unclear as to how elements of WADA policy work to maintain a level playing field.

A third contradiction in WADA’s claim for a level playing field is that in some sports where performance-enhancing drugs offer a substantial advantage and are used commonly by elite performers, parity is more likely to come from complete de-regulation rather than further regulation and testing. More testing often leads to the use of more dangerous drugs. For example, that the risk of punishment can encourage athletes toward drugs which are used as additional masking agents, or are more easily concealed, even where the health risk increases. Allied to this problem are the mixed messages that bombard the sport-watching marketplace. On the one hand, the general public condemns athletes for using drugs, but on the other hand they laud their record breaking performances.
Protecting the Health of Athletes

The dangers of unregulated drug use in sport, both of the performance-enhancing and performance-reducing variety, have been clearly-established\textsuperscript{26}. There is also agreement that sport and its regulating agencies must take some responsibility for the health of athletes. Risk is an inherent part of sport, and governing bodies attempt to mitigate it wherever possible. However, sports like American football, mountaineering, base-jumping and motor racing continue to be played despite warnings of the risks of serious injury. In fact, to remove all the risk is to remove an intrinsic part of sport itself. Given that athletes are free to engage in sports with substantial risks, why are they not also free to utilise performance enhancements that are, in some cases, less risky than the sports in which they engage? A punitive drug use policy that is defended on the grounds that it protects the health of players sits uncomfortably with a tacit acceptance of sports like boxing where the intent of the participants is to inflict serious harm. It also sits uncomfortably with a sporting tradition that embraced a close association with tobacco products for so long, and supports continuing association with alcohol-based products, both of which come with a serious community health risk. Moreover, the policy of banning drugs has made it more difficult for athletes to obtain medical advice that might reduce the health damage of the drugs they are using\textsuperscript{27}. It has been shown that athletes who self-medicate tend to use substantially more than necessary, thereby amplifying their risk of illness and injury\textsuperscript{28}.

The radical alternative is to legalise the use of drugs in tandem with the provision of education and medical support for the management of this ‘compromised choice’. However, this approach is complicated by evidence which suggests that a lack of vigilance in testing leads to lead to more drug use\textsuperscript{29}. On the other hand, studies of cannabis use suggests that a reduction in sanctions, such as decriminalised personal use, does not lead to increased levels
or patterns of use\textsuperscript{30}, but may actually assist in reducing harm associated with drug use\textsuperscript{31}. The issue here is to strike an appropriate balance between widespread drug use under a legalised system and less prevalent but higher risk drug use patterns under an anti-doping regime. There is also the problem of the marketplace reaction to a culture of legalised drug use amongst athletes. Would fans exert pressure on athletes to abstain, and unintentionally promote masking and experimental drug intake, or would they concede that bolstering testosterone levels in a medically safe manner is as socially acceptable as undergoing a breast augmentation? The fact remains that in both scenarios drug use to enhance performance will be an ongoing feature of sport\textsuperscript{18}, and the critical issue is to identify the approach that best protects the health of athletes, and minimises the cost to society.

A further complexity is that the desire to protect player health is constantly in tension with the propensity of male athletes to seek out high-risk experiences as a way of demonstrating their masculinity\textsuperscript{32-35}. Burstyn\textsuperscript{32} described sport as the “most powerful social confirmation of masculinity that any male can attain in our culture” (p.254), and argues that sport rewards aggressive behaviour, and is combined with commercialisation to produce a ‘hypermasculinity’ that features violence and drug-taking. This problem is compounded by the use of alcohol to celebrate heroic deeds on the sports field\textsuperscript{36}, which further damages the body, whilst also being used as a social lubricant\textsuperscript{37}. Most sporting activities, especially at elite level, require athletes to perform at the outer limit of their physical capacity and therefore demand risk-taking and pain tolerance. Masculine ethos holds risk-taking at its core, and the combination of illegality, risk of exclusion, and potential for physical damage, can be part of the attraction of taking drugs. A punitive anti-doping policy may therefore have the unintended consequence of making drug use even more attractive to some hyper-masculine athletes because of its association with deviant and high risk behaviour. On the other hand, a
policy that acknowledges the logic of using drugs to enhance performance might normalise its consumption, and provide space for a more open public debate on the drug use in sport.

By focusing on the importance of performance and winning, sport also provides favourable conditions for its scientisation and medicalisation. The sports medicine model is seductive to athletes since it suggests science-based disciplines like clinical medicine, physiology, biomechanics and psychology are the key to superior performance. Houlihan found that improvements in sports science have also paralleled a culture that accepts the treatment of both injured and healthy athletes with drugs. Even the use of approved drugs for rehabilitation encourages risky behaviours, such as the use of pain killers to allow players to re-take the field after injury. Athletes now operate in a sporting culture which supports the use of medical treatments and substances to boost and sustain performance, and managers of professional sport teams have a vested interest in getting injured players back on the field of play in the shortest possible time, using pain killing and anti-inflammatory drugs to speed up the process. But, in doing so they put the long-term health of players at risk by increasing their likelihood of sustaining chronic injury problems.

**Preserving the Integrity of Sport**

The final assumption underpinning WADA policy reflects the imperative to protect sports’ public image and reputation. In a sport official’s ideal world, players will volunteer their free-time to assist disadvantaged groups, treat women and people of other races respectfully, obey all traffic laws, drink alcohol within legal limits, and in general be model citizens. And, the thing they fear most is an allegation that one of their players has taken either a performance enhancing or illicit drug. In this context drug use is particularly vexing since, like match-fixing, it goes against the fundamental ethic of sport which is all about adhering to a set of
intrinsic rules, and the values they mirror. Performance enhancing drugs are seen to threaten sports’ integrity by removing any sense of fair play, while the illicit (mainly performance reduction) drugs threaten sports’ integrity by tarnishing it public image.

But all of this strong rhetoric begs the question as just how effective a punitive policy will be in eliminating drug use and shoring up sports’ public appeal and good standing. The evidence is ambiguous in this regard. Whereas a lack of vigilance in testing may lead to more drug use, the punishments handed out to the few who are caught using anabolic steroids are not effective in discouraging use. While heavy sanctions and punishments may play a role in discouraging drug use in sport, these types of regulations are just some of many of factors that impact on players’ decision to use drugs.

WADA also claims that taking drugs to enhance sport performance is inappropriate because it compromises the ethical foundations of sport, and reflects poorly on its organisation and management. In other words, doping practices should be punished because they undermine the social value of sport and its fundamental authenticity. However, the idea that all sport is bound by the same values and customs is a romantic one, and ignores the peculiar cultural histories and evolution of different sports, and the impact of science, technology and commercialisation on their structure and operation. At the more pragmatic level, proponents of a strong anti-doping code argue that doping allegations can turn sponsors away and diminish the good standing of a sport. This argument, though, fails to appreciate the multitude of cultural and social factors that impact on the image and brand equity of sport, and the resilience that enables them to get through hard times.
Policy Implications

We have argued that the four assumptions used to underpin the current anti-doping policies of WADA are riddled with inconsistencies and ambiguities. The realities of sport are that even in drug-free situations, athletes do not set particularly good examples, sport is not a level playing field, attempts to protect athlete’s health are often no more than token gestures, and the integrity of sport is determined just as much by its structures, management systems and culture, as it is by the behaviour of its players. As a result it is fanciful to think that a selective and punitive anti-doping policy will of itself ensure the social and moral progress of sport. Indeed, draconian polices that are embedded with heavy penalties can just as easily force players to take even greater risks in the quest for sporting stardom. For these reasons we argue that anti-doping policy in sport could learn from the harm minimisation principles advocated by agencies managing illicit drug use in the broader community.

Policies that consider only the reduction of drug use (such as the number of people using drugs, or the amount of drugs being used) are not predominantly concerned with the relative danger of the different types of drugs being used or whether they are used in a high risk or low risk manner\textsuperscript{42}. They also have a limited capacity to inform the differing domains of education, law, rehabilitation and public health. Policies that aim to reduce drug use can also promote ‘collateral harms’. For example, intensive policing and punishments have been shown to increase the risk of harms associated with illicit drug use \textsuperscript{41}. Furthermore, evidence suggests that not only will prohibition fail to reduce drug use, but the cost of enforcement may also lead to an increase in the street-price of drugs, thereby making their trafficking more appealing\textsuperscript{43}. 
In contrast, *harm minimization*, which covers policies that aim to reduce drug-related harm\(^{41}\), is primarily concerned with addressing the negative consequences of use, rather than the act of use itself. The harms associated with drug use can include health related dangers such as risk of death and serious illness, as well as social stigmatism and loss of personal dignity\(^{41}\).

Whilst harm minimization policy may incorporate strategies to promote the reduction of drug use, it does so in a harm sensitive manner so as to avoid unwanted collateral problems.

There are three elements in a harm minimization model which deserve special attention in the sporting context, and they include firstly the importance of context in determining a harm minimization policy, secondly the development of strategies to reduce demand, and thirdly an emphasis on prevention and early intervention.\(^{42}\) However, WADA’s anti-doping policy aims to reduce drug *use*, not *harm*, and therefore overlooks many of these domains. In addition, drug use in elite sport occurs in an environment where there is significant emphasis on winning, with associated social and economic benefits. Furthermore, social values in the West condone and promote the use of technologies to gain a personal advantage, such as increased physical attractiveness or improved physical capacity. It is consequently unrealistic to expect that performance enhancing drugs can be eliminated from the sporting milieu, given the situational incentives for their use.

Managing demand for performance enhancing drugs is a second area where harm minimization models could inform WADA policy. The attempt to reduce demand through the threat of sanctions has been highlighted as a questionable strategy. How then can demand be influenced? Determining a strategy to achieve this is clearly a problematic task, however, harm minimization principles suggest that progress cannot begin without the involvement of the drug-using athletes themselves as stakeholders in the process. One of the key principals of
harm minimization is the de-stigmatisation of drug users, and their inclusion in policy development activities. The threats of sanctions and shame are significant disincentives for elite athletes to participate as ‘users’ in policy development efforts. In addition, demand reduction strategies might include prevention aimed at children, education and information, the provision of replacement therapies, attitude management promotions and broader social welfare initiatives.\(^4\)

The third element of harm minimization models which deserves consideration in sport is its emphasis on prevention and early intervention. Importantly, this includes the prevention of escalating patterns of drug use. Progression of this type is not being addressed by WADA, which relies on its zero-tolerance, sanction-only approach. Whilst the anti-doping policy of WADA may appear to be promoting harm minimization by deterring the use of drugs in the first place, it may actually encourage high-risk drug use, since the negative outcomes of prohibition include increased risk from unsafe use. So, if prohibition is to be used, it needs to be managed in a harm-sensitive manner.

In the context of sport, harm minimisation reflects three empirically tested principles. First, drug use is not just a sporting matter, nor is it a criminal or legal matter. Instead, drug use in sport is a serious societal issue. Second, harm minimisation obviates the need for any form of moral certitude. Instead, it accepts that drug use exists in sport, and will never be completely eliminated. Third, although harm minimisation does not condone the use of drugs in sport, it acknowledges that when it does occur, policy makers have an obligation to develop public-health measures that reduce drug related harm to athletes at all levels, irrespective of whether they compete, or qualify for testing.
From a harm minimisation perspective, the key question is whether it is preferable to be interested in the short-term brand equity and credibility of elite sport, or in the long-term best interests of athletes. Rather than eliminating the use of drugs, draconian rules and sanctions will only send it further underground as players search for more exotic and less detectable options. The need for a broad-based drug management policy in sport is therefore paramount. Moreover, any drug management policy should include not only performance enhancing drugs, but all other drugs, illicit or not, that may undermine the long term health prospects of players, and the sustainability of their sport. This means that alcohol and tobacco should fall within the purview of a balanced drugs-in-sport policy.

Given the complexities that characterise the drugs-in-sport landscape, it is not surprising that polices designed to punish athletes for taking drugs have not been successful in removing drugs from sport. In addition, there is little evidence that indicates any significant improvement in the health and well being of players resulting from the current anti-doping policy arrangements. The alternative model is a harm minimisation policy that allows athletes to manage their usage in a safe environment free from ill-informed advice, contaminated supply, and the threat of severe shame and punishment. Although controversial in a sporting context, it accepts that drugs will always be part of a risky and tilted playing field full of moral ambiguity. We argue that a socially responsible philosophy that focuses on the reduction of collateral harm, and seeks out a sound evidence base, should be sovereign in determining future drugs-in-sport policy.
References


