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When the American tennis star, Andre Agassi, recently admitted using crystal meth during his playing career, the salacious media coverage suggested that the public still remain concerned about what high-profile sports stars take. Fellow professionals were quick to jump to his defence. However, the feeling remains that sports men and women are role models for clean living and healthy lifestyles. This is especially important given the publicity around drugs, obesity and young people, as well of course as the Olympics are due in London in 2012.

The question I wish to explore here 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 organizations.

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. Another similarity is that behaviours within sport can impact on families, communities and wider society. And finally in this respect, I would point to the structure of rules and interventions that aim to minimize drug use.

However, there are also many differences. The rules on drugs in sport are, by and large, very definitive, since they are based on an extensive list of banned substances controlled by the World Anti-Doping Agency. 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. Finally, many 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 being referred to as an 'evil', a 'death', and a threat to the very fabric of sport.

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, which suggests there is some inherent about competitiveness that leads people to search out new techniques for winning. It was during the 1960s the international sports organizations decided this was not to be encouraged. Since then the suppliers and the testers have been locked in battle: they have become industries that need each other. However, liberalization is not seen as viable because sports competitors and their coaches cannot be trusted to follow paths of integrity and health. There are many past examples, such as the doping system of the USSR and GDR, the organized doping of cyclists, and the Canadian 'stable' of Ben Johnson and others in

the 1980s, to suggest this is a realistic concern. Most athletes who take drugs are seen as deliberately trying to cheat. The policy structures are akin to criminalization, reminiscent of a 'war on drugs' approach rather than an empathetic one.

When it comes to education, prevention and policy, the issues briefly outlined raise some challenging issues. Education strategies are primarily about avoiding testing positive, clarifying some 'grey areas' and explaining the mechanisms of testing. But this does not reflect the values of sport or teaches about the wider implications of this form of cheating. A moral education strategy would likely run against the grain of other performance enhancing methods and techniques (including training, coaching and nutrition) that aim for success, indeed would run against the grain of athletes' *raison d'être*. The ideas of fair play and avoiding long-term risks are not priorities for those trying to make their mark on a short-lived professional career.

Prevention is wrapped up with a crime and punishment approach. There is an assumption that everyone in sport knows why a 'level playing field' is desirable, and those who choose to corrupt that ideal are seen as deviants. And so, prevention is closely tied to the development of tighter rules and policies. Some of these have run into legal challenges, especially when athletes miss drug tests for reasonable reasons, or when they are caught taking substances they might have ingested accidentally. However, the systems of policy and testing are only applicable once an individual has reached the elite level and come under the organizational rules of governing bodies. There are potentially millions of non-competitive sports men and women taking anabolic steroids, growth hormones and other drugs, whose welfare is not protected by a punitive system.

All of which suggests that we need more understanding of educational strategies, that might emerge from comparisons with other drug intervention programmes. In particular, how do other programmes challenge attitudes that can lead to drug taking, how can the various stakeholders be addressed, and how can individuals recognize and avoid risky situations? A more comparative perspective on anti-doping education might feed into existing information strategies, and might reduce the chances of a British doping scandal undermining the success of the London Olympics in 2012.