



Australian athlete support personnel lived experience of anti-doping



Jason Mazanov^{a,*}, Dennis Hemphill^b, James Connor^a, Frances Quirk^c, Susan H. Backhouse^d

^aSchool of Business, UNSW-Canberra, Australia

^bInstitute for Sport, Exercise and Active Living, Victoria University, Australia

^cBarwon Health, Australia

^dInstitute for Sport, Physical Activity and Leisure, Leeds Metropolitan University, Australia

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ABSTRACT

Athlete support personnel (ASP) implement drug control policies for sport, such as anti-doping. Interviews with 39 ASP reveal how differences between policy and practice play out in their “lived experience” of anti-doping. While most ASP support the ideology underlying anti-doping at a “common sense” level (using popular drug and sporting discourses such as “drugs are bad” and sporting virtue), they are critical of anti-doping practice. Combined with no direct experience with doping, ASP saw doping as a rare event unlikely to emerge in practice. Most ASP took a *laissez-faire* approach to anti-doping, relying on managers to know what to do in the unlikely event of a doping incident. Despite broadly supporting the ideas of anti-doping, ASP raised concerns around implementation with regards to Athlete Whereabouts and recreational drug use. In response to hypothetical doping events, a number of ASP would seek to persuade the athlete to discontinue doping rather than meet mandatory reporting obligations. Part of this extended from conflicts between professional and anti-doping obligations (e.g. mandatory reporting and patient confidentiality). ASP demonstrate anti-doping policies are in tension with a practice that systematically normalises substance based performance enhancement early in sporting careers. Anti-doping agencies need to do more to engage with ASP as the “front line” of drug management in sport, including resolving contradictions across policies and in practice.

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1. Introduction

Despite evidence athlete support personnel (ASP) are influential actors in the doping and anti-doping *milieu*, there is little evidence of how ASP understand, interpret or experience their role. The World Anti-Doping Code (WADC) (WADA, 2009) establishes a framework designed to help ASP meet their obligations to support the aims of the anti-doping ideology. National Anti-Doping Organisations (NADOs) develop policies designed to give effect to the WADC in local contexts.

* Corresponding author at: School of Business, UNSW-Canberra, PO Box 7916, Canberra BC ACT 2610, Australia. Tel.: +61 2 6268 8071; fax: +61 2 6268 8450.

E-mail address: j.mazanov@adfa.edu.au (J. Mazanov).

However, evidence suggests that there is a gap between anti-doping policies and the practice of anti-doping in sporting communities (cf. Hanstad, Skille, & Loland, 2010). In practice, evidence indicates anti-doping education policies fail to give sufficient knowledge about WADC obligations among sports physicians and coaches (e.g. Backhouse & McKenna, 2011; Backhouse & McKenna, 2012). More broadly, an Australian survey of knowledge (awareness of rules), attitudes towards doping in sport, and ethical stance around anti-doping practice indicated ASP have a very different experience of anti-doping than might be expected under policies giving effect to the aims of the WADC (Mazanov, Backhouse, Connor, Hemphill, & Quirk, 2013).

This paper reports the second qualitative stage of a sequential, qualitative dominant mixed-methods project exploring ASP experience of anti-doping reported by Mazanov et al. (2013) (see Section 1.2). More specifically, this qualitative interview study sought to explore and contextualise the relationship between policy and practice in ASP experience of anti-doping.

1.1. The role of ASP in doping and anti-doping

Historically, ASP have been implicated in athlete doping. ASP were central to the systematic doping observed in the German Democratic Republic (Spitzer, 2004) and 1998 Tour de France (Lentillon-Kaestner, 2013). ASP have also been shown to have a role in doping among non-elite athletes (Donati, 2004; Laure & Binsinger, 2005). The first version of the WADC (WADA, 2013) focussed on athletes for sanctions rather than ASP. As awareness of the scope of doping grew, so did calls to define the role of ASP in anti-doping under the WADC (British Medical Association, 2002). The second version of the WADC (WADA, 2009) included responsibilities and sanctions for ASP. The third version of the WADC scheduled for 2015 retains the responsibilities and sanctions (WADA, 2013).

Under the WADC, ASP are defined as any person involved with an athlete preparing for or engaging with sports competition (WADA, 2009, p. 128). Among the nominated roles are medical, allied-health, administrative personnel and parents. The responsibilities of ASP are established under Article 21.2 of the WADC; namely to be aware of and comply with responsibilities, co-operate with athlete testing, and influence athletes towards the anti-doping ideology (p. 113). ASP who fail to meet their obligations and are found to have committed an anti-doping rule violation (ADRV) are subject to sanctions, including life bans from professional involvement in sport. As noted in Mazanov et al. (2013), there are few cases of ASP being sanctioned and no recorded cases in Australia. Even following the Australian Crime Commission Report “Organised Crime and Drugs in Sport” (ACC, 2013), which claimed widespread use of prohibited substances in Australian elite sport, no Australian ASP has been formally sanctioned by the Australian Sports Anti-Doping Authority (ASADA).

The WADC gives anti-doping and sporting organisations responsibility for educating ASP about their responsibilities (Articles 20.1.9, 20.2.8, 20.3.9, 20.4.9, 20.5.7, 20.6.7 and 20.7.6). NADOs such as ASADA expend significant resources on anti-doping education; in 2011–2012 ASADA delivered anti-doping information to 11,395 participants across 80 events (e.g. on-line education packages, forums or face-to-face training). While the evidence indicates participants are satisfied with this education (ASADA, 2012), there is limited evidence indicating the effect it has on doping-related behaviour among athletes or ASP. The Cycling Australia (CA) Review (Woods, 2013) is perhaps the only evidence around how education responsibilities are met. Woods critiques CA for taking a “compliance” approach to anti-doping, which includes a failure to provide ASP with education beyond the standard ASADA packages. For example, there was no evidence of education that augmented the ASADA packages with information specific to cycling. This lack of cycling-specific information left ASP feeling unprepared to respond adequately or effectively to doping related issues. This suggests that the experience of anti-doping by ASP may be different to that intended by the WADC.

1.2. The survey of Australian ASP

The overarching project to which this study belongs sought to explore the experiences of ASP using a sequential, qualitative dominant mixed-methods design; the first phase of the project was a quantitative survey designed to inform the second phase reported here. The survey attracted $n = 292$ ASP responses, including coaches, nutritionists, parents, soft tissue therapists, sports trainers, sports administrators, physicians, psychologists and chiropractors. The sample had an average 16.8 years of practice, with 44% being former elite athletes. The results were mediated by an unexpectedly low response rate to the survey from ASP organisations and ASP themselves. Serendipitous questioning of some non-respondents indicated they felt anti-doping had nothing to do with them. This is telling, given that WADC applies to all ASP.

The low response rate biased the survey results. Mazanov et al. (2013) argue that respondents were more likely to be actively engaged by and aware of anti-doping, with the survey representing a “best case” scenario in support of anti-doping. While respondents appeared to have at least passing knowledge of anti-doping as it applied to athletes, they were far less aware of ASP obligations. The bias in the sample implied the general population of ASP may be vulnerable to inadvertent ADRV through lack of knowledge. Respondents took only a slightly negative attitude towards doping in sport, suggesting a more diverse sample may have been, on average, neutral. This suggestion needs to be followed up by exploring *how* ASP think about doping in sport in forming such attitudes.

Finally, there seemed to be a diverse set of views on what constituted ethical behaviour among ASP in relation to doping and anti-doping, and the extent to which ethical behaviour was practised. The bias in the sample only exacerbated the implications of this result, suggesting that the role of ASP in anti-doping is systematically under-supported in terms of both

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