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The complexities of anti-doping violations: A case study of sanctioned cases in all performance levels of USA cycling

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ABSTRACT

The use of banned substances and techniques in sport is regulated by anti-doping rules co-ordinated by the World Anti-Doping Agency. The purposes of these rules are to protect the health of the athlete, the level playing field and what WADA refers to as the spirit of sport. In this article, we review the known cases of sanctions in USA cycling since 2001. We show that the diversity of cases expands upon the simplistic, one-dimensional understanding of doping as risky and cheating. Contrary to this paradigm, we establish a typology of cases that challenges the one size fits all approach and, more specifically, we argue that WADA should develop new policies with independent standards for amateur and masters athletes.

1. Introduction

The use of performance-enhancing drugs (PEDs) for sports purposes is one component of a wider phenomenon known as *doping*. The latter is defined by the World Anti-Doping Agency (WADA) as a violation of the WADA Code, of which there are ten types (WADA, 2015b). These range from testing positive for a banned substance through a urine or blood sample, to supplying and/or helping others administer banned substances or through techniques such as blood transfusions. The doping behaviours of the highest level United States cyclists are well-documented, including Lance Armstrong and other members of the U.S. Postal team. These resonate with and confirm a basic level of understanding which is prevalent about doping cases: that the athletes involved have deliberately cheated, gained some performance-enhancement benefit from the substances involved, have taken risks with their own health, and passively or actively encouraged others to dope. However, much less attention has been given by researchers to the potentially more serious public health issue of PED use in the amateur ranks of cycling (Laure, 1997) or to the range of doping contexts. Underscoring the need for more attention on the non-professional levels of cycling, The Cycling Independent Reform Commission (CIRC) Report (2015) found 'doping in amateur cycling is becoming endemic' (p. 68).

The focus of most research on doping in cycling has focused mainly on young, aspiring cyclists motivated by prizes and celebrity (Bloodworth & McNamee, 2010; Christiansen, 2010; Outram & Stewart, 2015). Yet, anti-doping policies apply to all athletes across sports and competitive levels, with few exceptions.[1] By design, these policies and their prescribed testing protocols treat doping as a clear-cut issue where an athlete either has or has not used a banned substance. Athletes are afforded a defence only if they appeal their case, a costly option pursued by few athletes. While this approach is expedient for issuing competition bans, much of the nuance and deeper understanding of the underlying behaviour is lost. Currently, all athletes with a positive test are labelled as dopers (Pluim, 2008) and run counter to the clean cycling narrative that is often reinforced through media coverage (Sefiha & Reichman, 2014).

In order to move beyond this dichotomous view, we offer a new typology of anti-doping case types based on analysis of all officially decided doping cases of amateur cyclists between 2001 and 2013. This typology is a necessary corrective, as the analysis reveals that the circumstances of doping cases can vary widely between athletes

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[1] WADA does ban some substances in selected sports or during competition that are allowed in other sports or out of competition. For full list, see section on 'Substances Prohibited in Particular Sports' in the WADA Banned Substances List (2015a).

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and competitive levels within the same sport, and that athletes using banned substances are far from the homogenous group they are often portrayed to be in the media.

We focus solely on known cases: those athletes who were sanctioned through the combined efforts of the United States Anti-Doping Agency (USADA) and the national governing body, USA Cycling. We draw from a range of primary and secondary source materials—including official records, interviews, and media coverage—to more thoroughly explore the situational contexts of PED use. Our findings show a variety of behavioural patterns and a significant cause for concern, especially at the lower amateur and masters levels of competition. These patterns should be understood as part of a wider culture of medicalisation, supplementation and drug use that are banned by sports governing bodies (Henning, 2014; Hoberman, 2005), and raise new questions about how and why non-professional athletes may use banned substances and techniques. We argue that the phenomenon of doping in amateur cycling provides new insights into what we know about doping and requires a reconsideration of anti-doping policies and testing protocols. Our conclusions discuss the subsequent challenges facing policy makers in trying to reduce consumption of PEDs and recommend revisions to anti-doping policies that would reflect the experiences and realities of amateur athletes' lifestyles and training choices.

2. Background and literature

Anti-doping is a system of testing athletes' biological samples (e.g. urine, blood) for substances banned by WADA that meet two of three criteria: the potential risk to health, the potential to enhance one's performance, and the violation of the spirit of the sport (WADA, 2015b). The United States Anti-Doping Agency (USADA) undertakes testing in collaboration with USA Cycling (USAC). A positive test, or the use of other evidence such as self-admission, results in a series of bureaucratic procedures that are pre-determined by WADA and outlined in its Code (WADA, 2015b). This is a standardised set of rules with which almost all countries and sports have agreed to comply. Under these procedures the athlete is given the option of having their 'B' sample tested (testing a second, concurrently collected sample); unless there is a different outcome from the 'B' test, a sanction is applied. Athletes can appeal to the Court of Arbitration for Sport (CAS), in this case to the North American CAS (other cases have been heard by the international CAS based in Switzerland). However, this can be a lengthy and expensive process, and the burden of proof lies with the athlete and their legal representatives to explain the presence of the banned substance (McNamee & Tarasti, 2010).

The WADA Code defines ten Anti-Doping Rule Violations (ADRVs) by which an individual might be found in violation of the Code. The definition of 'doping' is to have violated the Code and being found guilty of an ADRV (WADA, 2015b). Of these, two relate specifically to the use or attempted use of a prohibited substance. The rest are in a sense contextual, as they cover indirectly related offences: refusing to submit a sample, failure to provide whereabouts information for testing officials, tampering with the doping control process, possession, trafficking, assisting the administration or cover-up of doping, complicity in an ADRV, and prohibited association with specified ineligible persons. Though the Code includes these ten violations, we are focusing on only those that involved positive tests for prohibited substances.

Most first time Code violations evoke the standard sanction of a two or four-year ban from all competition, depending on the type of ADRV. This can be reduced in some circumstances, such as for genuine inadvertent consumption (e.g. using a supplement containing an unlabeled banned substance) (Amos, 2007; WADA, 2015b). However, it is central to the WADA Code that the rule of strict liability is applied, wherein the athlete is deemed responsible for any substance identified in their sample (WADA, 2015b). While this was designed to undermine excuse-making in the appeals process, it has led to controversial cases where athletes may have unknowingly ingested a banned drug.

Researchers and anti-doping agencies have struggled to determine the full extent of doping (Lentillon-Kaestner & Ohl, 2011; Pitsch, Emrich, & Klein, 2007). Studies using sophisticated methodologies for assessing prevalence of doping or high-risk attitudes towards doping in other contexts have shown that the official figures from testing are significantly under-reporting actual usage (Dimeo & Taylor, 2013; Lentillon-Kaestner & Ohl, 2011). In a rare public admission, the Director-General of WADA said that, prior to the London 2012 Olympics, he estimated around 10% of the athletes competing will have benefited from the use of banned substances or techniques (Magnay, 2011). Moreover, the evidence from the U.S. Postal/Lance Armstrong case showed how the testing system could be undermined even by athletes targeted for testing by anti-doping agencies (USADA, 2012b). Similar claims have emerged periodically in the national media, such as after the BALCO scandal in California in 2004 when Victor Conte, lab owner and admitted distributor of banned substances, explained how his athletes managed their drug regimen in order to avoid being caught. Conte was particularly skilled at managing his athletes' schedules to avoid out-of-competition (OOC) testing procedures (Fainaru-Wada & Williams, 2006).

Amateur sport has very little OOC testing, potentially allowing uninhibited use of drugs during training periods. An extensive range of studies in the U.S. over the past 30 years have highlighted this, from high school, college and non-professional athletes, and physical culture pursuits like bodybuilding, have shown a consistent level of doping practice (Backhouse, McKenna, Robinson, & Atkin, 2007). Prevalence statistics vary over time, place and activity, and can differ significantly between studies (Lentillon-Kaestner & Ohl, 2011). Sports leagues and anti-doping agencies consistently report a 2% positive test rate, though research on doping prevalence has found official reports unreliable for estimating prevalence (Laure, 1997; Pitsch et al., 2007). One study of elite athletes using advanced statistical methods showed a single-season use rate of 48.1% (Dimeo & Taylor, 2013). Reflecting this likely widespread use of PEDs, Timothy Armstrong, Coordinator of the Surveillance and Population-based Prevention Unit of the World Health Organisation, said in September 2012 that PEDs now represent an important public health issue (O'Connor, 2012).

In the case of non-elite American cycling, there is specific evidence of doping from a number of sources that suggest the sanctioned cases are only a small fraction of the reality of doping sub-cultures in competitive cycling. An indication of the demand for PEDs emerged in 2006 when former professional cyclist Joseph Papp tested positive, then explained to investigators that he was the supplier to a large number of professional and amateur clients (Ford, 2011; Lovett, 2012). This story became notorious and the so-called 'Papp list' reportedly had 187. Papp was called to testify in the tribunal held for the professional cyclist Floyd Landis who tested positive for testosterone while leading the Tour de France in 2007 (Lovett, 2012). Other cyclists were also sanctioned as a result of their association with Papp (Ford, 2011).

Evidence of the availability of anti-ageing drugs such as the synthetic hormones testosterone and dehydroepiandrosterone (DHEA) were documented by Tilin (2011). Tilin was a journalist and an amateur cyclist who, aged 42, researched and used anti-ageing products through a wide number of books, websites, interviews, and clinics. Evidence suggests a rising trend in the use of such products and increasing ease of access in the U.S. (Hoberman, 2005). A market report by BCC Research (2013) estimated the total (products and