



“If you’re healthy you don’t need drugs”: Public attitudes towards “brain doping” in the classroom and “legalised doping” in sport



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ABSTRACT

Public attitudes towards the use of drugs for cognitive enhancement and enhancement in sport are not well understood. This qualitative study used an open ended response format to explore reasons underlying public attitudes towards: (1) the use of prescription drugs to enhance concentration/alertness, and more specifically, the use of Ritalin by healthy university students as a “study aid” and (2) the prospect of “legalised doping” in sport. Participants were 55 members of the Australian public. Participants generally held unfavourable attitudes towards both the use of drugs for cognitive enhancement and “legalised doping”. The reasons underlying attitudes towards both contexts overlapped and reflected four main themes: (1) regard for authenticity; (2) concerns about safety and side-effects; (3) unfairness; and (4) proper use of medicines. An understanding of unfavourable public attitudes towards the non-medical use of drugs for enhancement purposes is useful to inform appropriate health policy and clinical practice responses.

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1. Introduction

Discussions about the acceptability of using drugs for enhancement and the regulation of this practice have increasingly focused on two paradigmatic examples: (1) the non-medical use of prescription stimulants by university students (commonly termed “cognitive enhancement” or “neuroenhancement”), and (2) the use of performance enhancing drugs (PEDs) by elite athletes (commonly known as “doping”).

A number of bioethical analyses have explored potential objections to the use of enhancers by students such as that: users gain an unfair advantage or so are “cheating”; non-using students may be coerced into using enhancers to keep up; use of enhancement drugs may be harmful; enhanced performances are not authentic in that they do not reflect the users true abilities; and, enhancement is unnatural (Cakic, 2009; Greely et al., 2008; Harris & Chatterjee, 2009; Lucke, Bell, Partridge, & Hall, 2011; Sahakian & Morein-Zamir, 2011). Several of these ethical issues also underpin modern anti-doping codes in sport. For example, the World Anti-Doping Code (WADC) seeks to promote fair competition and may prohibit the use of drugs if they are deemed unsafe or threaten the “spirit of

sport”. According to the WADC, the spirit of sport is characterised by “ethics, fair play and honesty” and doping is deemed to contravene these values (WADA, 2013). Furthermore there are related concerns that if athletes believe their competitors are using PEDs that they may feel coerced into using PEDs in order to keep up (Partridge, 2010).

A number of bioethicists have argued that the ethical arguments used to justify a prohibitive stance towards the use of drugs are unsupportable. Consequently, they have argued for more widespread use of “cognitive enhancers” (Greely et al., 2008) and for “legalised doping” in sport whereby athletes would be allowed to use PEDs if they choose to (Kayser & Smith, 2008; Savulescu, Foddy, & Clayton, 2004). Most universities adopt no explicit policies against the use of prescription stimulants by students as a “study aid”. In Australia, the prescription system regulates who can lawfully use these drugs, but universities have not adopted any policies that prohibit their use for enhancement. However, in the USA some institutions have included the use of drugs for “cognitive enhancement” with other recognised forms of “cheating” such as plagiarism. For example, the Office of Student Conduct at Duke University recently said that “the unauthorised use of prescription medication to enhance academic performance” constitutes academic dishonesty and is an attempt to gain an unfair advantage (Duke University Office of Student Conduct: Academic Dishonesty, 2013).

Some ethical and policy discussions have drawn a link between cognitive enhancement and doping (e.g. Cakic, 2009; Outram & Stewart, 2013), although there have been few studies directly

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exploring community attitudes towards these two types of enhancement within the same study. Bell and colleagues found that Australian students were typically sceptical about cognitive enhancement and were ambivalent about whether it was analogous to doping (Bell, Partridge, Lucke, & Hall, 2013). In a survey of the Australian public, Partridge and colleagues found only 7% thought it was acceptable for a healthy person without a diagnosed disorder to use a prescription drug to enhance their concentration or alertness (Partridge, Lucke, & Hall, 2012a). Participants were even less supportive of legalised doping in sports – only 3% believed it would be acceptable for professional athletes to use PEDs, even if the rules of sport allowed them to do so. Members of the public were much more accepting, however, of the use of prescription drugs to treat depression or ADHD (Partridge, Lucke, & Hall, 2012b).

This paper builds upon the survey of Partridge and colleagues (2012a) by exploring the reasons underlying public attitudes towards: (1) the use of prescription drugs to enhance concentration/alertness, and more specifically, the use of Ritalin by healthy university students as a “study aid”; and (2) the prospect of “legalised doping” in sport. Understanding public attitudes towards enhancement is an important part of informing appropriate and feasible policies on the use of enhancement drugs (Lucke, 2012). It is unclear whether the disapproval of cognitive enhancement and legalised doping is underpinned by ethical objections to enhancement in general, or to the specific context (i.e. sports, study, etc.). It is also unclear whether any ethical concerns expressed by members of the public are the same as those espoused in the bioethics literature on enhancement. We allowed participants to respond in a brief, open-ended format. We were able to identify major themes underlying public attitudes towards the acceptability of both forms of enhancement drug use, and to compare attitudes towards these enhancement scenarios.

2. Method

2.1. Recruitment and interviewing

Participants were recruited via market research company Roy Morgan’s Single Source (SS) database. This is nationally representative record of 50,000 individuals (see <http://www.roymorgan.com/products/single-source>). This study only included participants aged 18 years or over and quota sampling was used to ensure that the sample was age and gender representative. Potential participants were randomly selected from the database, telephoned and invited to participate in the study. We conducted 55 qualitative interviews with members of the public who reside in the Greater Brisbane region of Australia (26 males, 29 females; 12 aged 18–29 years; 15 aged 30–49 years; 28 aged 50 years or over). Twenty-six percent of participants had a university degree, 30% a diploma/certificate, 40% high school only, and 4% had no formal educational qualifications. Individuals were selected by stratified random sampling of households within sub-regions of Federal Electorates.

Ethics approval was granted by the University of Queensland ethical review committee and all participants gave informed consent to participate in the study. The interview schedule was developed by BP, JL and WH, and administered by employees of Roy Morgan research with expertise in qualitative interviewing. The interview schedule was multi-faceted and part of a broader project to elicit public attitudes towards various forms of legal (e.g. alcohol), illegal (e.g. heroin) and prescription drug use. This paper reports only those items related to cognitive enhancement and doping.

We modified the questions that Partridge et al. (2012a) used in their separate quantitative survey of members of the Australian public (a different cohort from this study) by asking them in an

open-ended way to allow participants to briefly explain their reasons for their overall attitudes:

Cognitive enhancement:

- (1) (a) Do you think it’s acceptable for prescription drugs to be used by otherwise healthy people without a diagnosed disorder to enhance their normal level of concentration or alertness? Why/why not?
- (b) Do you think it’s acceptable for healthy university students, without a diagnosed disorder, to use prescription drugs such as Ritalin to help them study? Why/why not?

Legalised doping:

- (2) Do you think that people who play professional sport should be allowed to use performance enhancing drugs, if they want to? Why/why not?

Five pilot interviews were conducted to test the flow and wording of the interview guide. Limited changes were made to the schedule and pilot data were included in the sample along with the 50 additional interviews.

2.2. Coding and analysis

Interviews were recorded and transcribed verbatim in advance of coding and analysis. Participant responses to each question were typically brief and ranged from a few sentences to a few paragraphs. Printed interview transcripts were read by two coders independently (BP and NL¹ for cognitive enhancement; BP and JL for doping). We allowed themes to emerge from the data and for each participant coders identified the overall attitude expressed towards each enhancement scenario and the reasons offered for it. Coders met to reach a consensus for each participant about their attitudes and the justifications offered. Any discrepancies in interpretation were resolved. At this point the reasons underlying attitudes were given more concrete labels, and transcripts were re-read by BP to ensure that all data had been correctly coded. To illustrate, Participant 7 expressed these attitudes towards the use of prescription drugs to enhance concentration/alertness:

“No I don’t [think it is acceptable]. Because in the long run you – all you’re doing is muddling up your own brain, you’re taking these pills to keep you awake and everything. In the long run it’s going to do you worse damage than in the short.”

Both coders viewed the participant as regarding cognitive enhancement as “unacceptable” because of the potential “long-term side-effects” of taking prescription drugs for this purpose. In the results that follow, we indicate the frequency of responses where appropriate, and selected participant responses are presented in italics to help illustrate commonly cited themes.

3. Results

Participants generally held unfavourable attitudes towards both “legalised doping” and the use of drugs for cognitive enhancement. Almost all participants (53/55) believed that legalised doping would be unacceptable. 45/55 participants said it is unacceptable for healthy people to use prescription drugs to enhance concentration or alertness, and 49/55 said it is unacceptable for healthy students to use Ritalin as a study aid – four participants believed that cognitive enhancement was acceptable but not the use of Ritalin as a study aid because of concerns about addiction risk.

The reasons underlying attitudes towards cognitive enhancement and legalised doping in sport overlapped and reflected four main themes, although the salience of each theme varied with the context of enhancement: Theme (1) Regard for authenticity; Theme (2) Concerns about safety and side-effects; Theme (3) Unfairness; and, Theme (4) Proper use of medicines.

¹ Natalia Lee is a research assistant who worked on this project.

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