



“Will steroids kill me if I use them once?” A qualitative analysis of inquiries submitted to the Danish anti-doping authorities

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ABSTRACT

Background: The Danish strategy for fighting the use of anabolic androgenic steroids in fitness centres is likely the most comprehensive of its sort in the world. It is instituted in the national anti doping organisation, Anti Doping Denmark (ADD), and consists of doping controls, educational campaigns, and anonymous counselling through a web-based email service.

Aim and method: Inquiries that were submitted to ADD's web-based counselling service over an 18-month period were explored with the aim to identify and analyse differences in concerns and approach to the counselling service. Two categories of inquiries were the focus of attention: (1) those addressing side effects of anabolic steroids and (2) those addressing concerns for receiving a positive doping test after the use of supplements.

Results and discussion: In the first category four different types of approaches were identified and inquirers' concerns analysed: (a) those that lacked knowledge on anabolic steroids, (b) those that had experienced side effects, (c) those that expressed knowledge of anabolic steroids, and (d) those that presented potential harm reduction dilemmas for the service. The second category revealed noteworthy concerns as a result of the legislation on the issue.

Conclusion: The approach to the counselling service and the knowledge of health consequences of the drugs consumed differed substantially between the two categories and groups of inquiries.

Implications: In order to educate the target group about anabolic steroids there is a need for the involved organisations to consider harm reduction policies in adjunct with the often applied zero tolerance approach.

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1. Background

During the last decade increased academic and media attention has been allotted to the use of performance enhancing substances outside elite sports. Especially the use of anabolic androgenic steroids (hereafter: anabolic steroids) associated with training in fitness centres have been studied and debated (e.g. Barland & Tangen, 2009; Bilard, Ninot, & Hauw, 2011; Christiansen, 2009; Eklöf, Thurelius, Garle, Rane, & Sjöqvist, 2003; Evans-Brown & McVeigh, 2009; Grogan, Shepherd, Evans, Wright, & Hunter, 2006; Kanayama & Pope, 2012; Klein, 1993; Mangweth et al., 2001; Monaghan, 2001, 2002; Parkinson & Evans, 2006; Pope, Phillips, & Olivardia, 2000; Probert, Palmer, & Leberman, 2007; Skårberg, Nyberg, & Engstrom, 2008; Striegel et al., 2006; Thompson & Cafri, 2007). Unlike the situation in elite sports there is no international coordinated effort to fight the use of drugs in fitness and strength

training environments (Anti Doping Denmark, 2012c). However, in line with a few other countries the national anti-doping organisation in Denmark, Anti Doping Denmark (ADD), has by law had the obligation to not only fight the use of performance enhancing substances within elite sports, but since 2005 also to address the use of drugs in fitness centres and gyms (hereafter: gyms) (Retsinformation, 2004). The Danish strategy for fighting drug use in gyms is very likely the most comprehensive of its sort in the world, and is unique in that ADD control officers can perform doping controls on any individual exercising in a gym that is part of the national anti-doping scheme. Under the scheme, which in 2010 embraced approximately 80% of all Danish gym-members, doping controls are conducted in agreement with the World Anti Doping Code (WADC) (Steele et al., 2010; Anti Doping Denmark, 2012c). Thus, gym members are tested and sanctioned according to the same standards as elite athletes. The strategy for fighting drug use in gyms is thus largely in line with that in elite sport, in that it consists partly of doping controls, partly of educational campaigns and an elaborated website (Anti Doping Denmark, 2012b). Besides being a comprehensive source of information, the website also

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Table 1
Affiliation of the enquirers. Absolute and relative number of queries and the distribution on gender within each affiliation-category.

Affiliation	Number of queries		Gender distribution		
	Absolute	Relative (%)	Male	Female	Unknown
Gym	763	55	672	46	45
Sports	174	12	116	24	34
Relative/peer	160	11	63	78	19
Health personnel	9	1			
Other	11	1	7	2	2
Unknown	281	20	103	28	150
Total	1398	100%	967	180	251

Adopted from Bojsen-Møller and Christiansen (2010).

offers anonymous counselling. Individuals in search for information on performance enhancing drugs and other related substances can either make a telephone call to the hotline service or submit questions via the website, and ADD's consultants will then provide inquirers with an answer. Anti doping hotline services also operate in Sweden, Norway, Holland and France (Bilard et al., 2011; Eklöf et al., 2003; Sjöqvist, Garle, & Rane, 2008).

Contact with ADD's consultancy service is voluntary and open for everyone. Therefore especially inquiries to the web-based service are often characterised by spontaneity and openness on the inquirer's part. With its spontaneous and easy access structure the database thus constitutes a content rich and fruitful research observatory for insight into inquirers' interests, motives, experiences, behaviours and concerns related to doping. However, the open structure also entails that the only information available is that which the inquirer chose to submit.

In this article inquiries that were submitted to ADD's web-based counselling services over the 18-month period from 1 January 2006 to 30 June 2007 are analysed with a qualitative approach. The data material has previously been quantitatively examined and categorised (Bojsen-Møller & Christiansen, 2010). Although the web-based system automatically required submission of questions in one of seven categories, a large number of inquiries were posted in wrong categories. Combined with the fact that the individual inquiry only contained the information the inquirer chose to provide, the researchers re-categorised all inquiries into an information matrix resembling that of Eklöf's group in their study of Swedish anti-doping hotline inquiries (2003). Thus, a total of 1398 inquiries were categorised with respect to question type, age and gender of the inquirer, the affiliation of the inquirer (e.g. competitive sport or the gym-sector), whether he or she used or considered using substances, what type of substance(s) and whether the inquirer expressed concerns regarding personal health or regarding the legal status of a specific drug or substance (Bojsen-Møller & Christiansen, 2010).

The typical user of ADD's counselling service was a male between 15 and 25 years who exercised in a gym. A majority of inquiries came from individuals doing non-competitive gym exercise. Approximately 10% were posted by individuals participating in sports, and only a fraction of these (less than 0.5%) were elite athletes. Almost all questions that were posted by individuals training in gyms were from male inquirers (94% male, 6% female) (Table 1). Competing bodybuilders would typically use other Internet forums than ADD for obtaining information about anabolic steroids. Thus, subjects in this study are not experienced bodybuilders, but are to be found on a continuum from the semi-experience gym users at one end to the novice at the other.

The available age data (age was known for only 25% of all inquirers) indicate that individuals who considered use of anabolic steroids or similar drugs were younger (19 years, SD = 5) than the average inquirer (25 years, SD = 11), and were significantly younger

($p < 0.01$, Student's t -test) than those who stated present or previous use of such substances (26 years, SD = 10) (Bojsen-Møller & Christiansen, 2010). These figures are in line with what has been found for users of the Swedish anti-doping hotline (Eklöf et al., 2003; Sjöqvist et al., 2008).

The majority of questions involved reference to a certain substance or group of substances. While most questions were concerned with either anabolic steroids or creatine and protein supplements, there were also a number of questions on other dietary supplements (Table 2). Also this distribution is comparable to that of Eklöf et al. (2003).

When comparing to elite sports, where use of drugs is usually concealed (e.g. Møller, 2010; Waddington & Smith, 2009), it is noteworthy that 15% of inquirers indicated current or previous use of anabolic steroids or similar drugs; a figure that is in line with the 17% found by Eklöf et al. (2003). Taking into account that the recipient of the inquiry was an anti-doping organisation it was surprising that an additional 15% of inquirers indicated that they were planning or considering use of such substances (Bojsen-Møller & Christiansen, 2010). In the Swedish study this category of inquirers amounted to only 6% (Eklöf et al., 2003). This indicates that ADD's service is considered a trustworthy platform for information on performance enhancing drugs for individuals considering such use. Such individuals might turn to ADD because they on the one side do not rely on the knowledge dispersed from other sources within the environment, and on the other mistrust physicians' knowledge on the issue (Pope, Kanayama, Ionescu-Pioggia, & Hudson, 2004; Grogan et al., 2006).

The quantitative analysis of the database is beneficial in that it provides an overview of who is using the anti-doping counselling system, what types of questions they are generally asking, concerning what class of drugs. Such information is useful in getting to know general concerns among users and potential users of drugs and dietary supplements. On the other hand the quantitative analysis does not provide much understanding of the interests, motives, behaviours, experiences, concerns and meaning these individuals attribute to using potentially harmful drugs.

As noted, the voluntary nature of inquiry submission to ADD's web-service means that the submitted inquiries are characterised by spontaneity and nearness to the thoughts and feelings of the inquirer. At the same time most inquiries are short, usually between 50 and 150 words, and only include the content chosen by the inquirer. The disadvantage is that it is not possible to gather additional information as in a qualitative interview; the advantage that inquirers voluntarily provide information regarding concerns, meaning and purpose which they were not invited to provide. The database of inquiries thus makes up fruitful observatory for research with a possibility to gain insight into the meaning behind drug- and supplement use. As emphasised by others (e.g. Monaghan, 2002; Skärberg et al., 2008; Grogan et al., 2006), if researchers want to understand why drug users behave as they do, it is necessary to study the social meanings they attach to medically defined risk behaviour. The authors consider the inquiries in the database to be a unique entry to such knowledge.

2. Purpose and research questions

The present analysis focused on inquiries from individuals training in gyms. Two categories of inquiries were examined: (1) those addressing the use of anabolic steroids and their side effects and (2) those expressing concern for obtaining a positive doping test. There are two basic premises for this focus: (a) the explicit societal concern for the use of anabolic steroids in gyms, and (b) the exceptional legislative steps taken in Denmark (including the use of doping controls in gyms) to counter this use (Anti Doping Danmark,

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