Performance Enhancement & Health 2 (2013) 41–47

Contents lists available at ScienceDirect

Performance Enhancement & Health

journal homepage: www.elsevier.com/locate/peh

Recreational drug use and sport: Time for a WADA rethink?

Ivan Waddington[a,b,*], Ask Vest Christiansen[c], John Gleaves[d], John Hoberman[e], Verner Møller[c]

[a] Norwegian School of Sport Sciences, Department of Culture and Society, Sognsveien 220, 0806 Oslo, Norway
[b] University of Chester, UK
[c] Department of Public Health, Section for Sport Science, Aarhus University, Dalgas Avenue 4, DK-8000 Aarhus C, Denmark
[d] Department of Kinesiology, California State University, Fullerton, 800 North State College Boulevard, Fullerton, CA 92831, USA
[e] Department of Germanic Studies, University of Texas, 2505 University Avenue, Mailcode C3300, Austin TX 78712-1802, USA

ARTICLE INFO

Article history:
Received 1 December 2012
Received in revised form 23 April 2013
Accepted 23 April 2013

Keywords:
WADA
Recreational drugs
Fair play
Health
Marijuana
Performance enhancement

ABSTRACT

This paper examines current policies towards drug use in sport to evaluate their appropriateness. The focus is on the World Anti-Doping Agency's (WADA's) attitudes and policies towards athletes' use of recreational drugs. Since recreational drugs such as marijuana are not performance-enhancing, one of the most frequently used arguments to justify doping controls – that those involved in drug use derive an unfair advantage over other competitors – cannot be used to justify controls on the use of such drugs. Given this, it is suggested that the attempt to control the use of marijuana within a sporting context is best understood in terms of the growing concern about drug 'abuse' within the wider society. The paper further suggests that the WADA has used the 'spirit of sport' argument to reach beyond traditionally accepted sporting concerns. In this regard, WADA is using anti-doping regulations to police personal lifestyle and social activities that are unrelated to sporting performance. On this basis, it is concluded that WADA's focus and resources should return to enforcing sporting values related to doping rather than policing athletes' lifestyles, and it is therefore suggested that the ban on marijuana and similar recreational drugs should be lifted.

1. Introduction

The use of performance-enhancing substances within the sporting context is a very longstanding phenomenon, for people involved in sport and sport-like activities have used performance-enhancing drugs for some two thousand years (Donohoe & Johnson, 1986, pp. 2–3; Houlihan, 2002, p. 33; Verokken, 2005, p. 29). It is only very recently – specifically since the introduction of anti-doping regulations and doping controls from the 1960s – that this practice has been regarded as unacceptable. For all but the last five decades, those involved in sports have used performance-enhancing drugs without infringing any rules and without the practice giving rise to highly emotive condemnation and stigmatization. The juxtaposition of these two facts – the acceptance of the use of drugs within the sporting context for almost two thousand years, and the fact that anti-doping policies only developed from the 1960s – highlights points of fundamental importance: that current attitudes and policies towards drug use are very recent and do not represent eternal and unchanging sporting values, an 'essence' of sport; rather, they were developed under specific social circumstances and expressed particular concerns at that time.[1] Given this situation, it may be appropriate to re-examine our current attitudes towards drug use from time to time to see whether they are still appropriate. That is the object of this article.

2. The rationale for doping control

As several authors (e.g. Black, 1996; Kayser, Mauron, & Miah, 2005) have noted, since anti-doping controls were introduced from the 1960s, the two major justifications for the ban on the use of drugs in sport have been those relating to the protection of the health of athletes and to the maintenance of fair competition, the so-called 'level playing field'. These were, for example, the two key arguments against doping which were cited in the Olympic Movement Anti-Doping Code (IOC, 1999). More recently, the same two arguments were recited in the Anti-Doping Policy adopted by the Australian Sports Commission (ASC) in 2004, which stated that the Commission was opposed to the use of prohibited substances or

* Corresponding author at: Norwegian School of Sport Sciences, Department of Culture and Society, Sognsveien 220, 0806 Oslo, Norway. Tel.: +47 44 116 2730066.
E-mail address: ivan.waddington@ntlworld.com (I. Waddington).

[1] The broader social circumstances, including the growing public concern about drug use within the wider society in the 1960s, are analyzed in Waddington and Smith (2009, chapter 3).

2211-2669/$ – see front matter © 2013 Elsevier Ltd. All rights reserved.
http://dx.doi.org/10.1016/j.peh.2013.04.003

methods since this was 'contrary to the ethics of sport and potentially harmful to the health of Athletes' (ASC, 2004, p. 4). The same two arguments are also cited in the preliminary words to the Danish 'Act on Promotion of Doping-Free Sport', and they thus serve as the juridical base for this Act (Evald, 2009; Retsinformation, 2004).

These two key arguments had, a few years earlier, been set out particularly clearly in a 1996 policy statement on doping by the Great Britain Sports Council:

> The Sports Council condemns the use of doping substances or doping methods to enhance artificially performance in sport. *Doping can be dangerous*; it puts the health of the competitor at risk. *Doping is cheating* and contrary to the spirit of fair competition. (Sports Council, 1996, p .7, emphasis added)

These two arguments – that drug use may damage the health of athletes and that it is a form of cheating – have, ever since the introduction of anti-doping regulations in the 1960s, been consistently cited as the major justifications for the ban on the use of drugs (Dimeo, 2007, p. x).[2]

These arguments, it might be noted, have not met with universal acceptance. Several authors have argued, for example, that the 'fair play' argument is fundamentally flawed since athletes do not compete on a level playing field; for example, the access which athletes have to key resources – such as financial support, training facilities, the support of experts in exercise physiology, biomechanics, nutrition, and sport psychology – varies enormously between rich and poor countries.[3]

Critics have also pointed to several inconsistencies in the health based arguments: that there are many drugs on the banned list which appear to have few, if any, side effects; that many drugs which are legally used within sport have well documented and potentially serious side effects; and that there is a powerful argument which suggests that elite sport, because of the intensity of modern training and competition, is itself damaging to the health of athletes (O'Leary, 2001; Savulescu and Foddy, in House of Commons, 2007; Waddington & Smith, 2009). Many scholars would not disagree with Houlihan's considered judgment, in his book for the Council of Europe, that the 'rationale for banning drugs constructed around fairness fails to provide the desired watertight basis for policy', while 'relying upon health-related arguments to provide a basis for anti-doping policy . . . is not possible' (Houlihan, 2002, p. 132).

However, if these relatively longstanding arguments underpinning the ban on the use of drugs are less than watertight, the waters have become considerably more muddied by the addition, from the late 1990s, of a third and much more contentious argument which provides a rationale for the ban on the use of recreational drugs such as marijuana. Let us examine changing attitudes and policy towards the use of recreational drugs by anti-doping organizations.

3. Changing policy towards recreational drug use

It is instructive to note that, at least until fairly recently, many sporting bodies, including the IOC, took a relatively tolerant attitude towards the 'social' use of drugs such as marijuana and cocaine, the latter of which may have potentially dangerous side-effects and both of which – unlike many of the drugs on the list of banned substances – are illegal in many countries. From the mid-1990s, many sporting bodies began to take a less tolerant attitude towards the use of 'social' drugs. This policy shift is examined in more detail later; for the moment, we wish to examine the debate around the use of 'social' drugs in sport in the period up to the 1990s, for this debate was in some respects very revealing about the underlying rationale for banning the use of some drugs but not others.

The recent history of marijuana use within the sporting context is particularly instructive. There was no testing for marijuana at any Olympic Games before 1988. However, prior to the Seoul Olympics of that year, the IOC was asked by several countries to test for marijuana 'to see whether there was a problem among top-class competitors'. A small number of competitors at those Games were found to have smoked marijuana recently. The possession of marijuana is a criminal offence in Korea, but the names of the athletes involved were not released because the use of cannabis was at that time neither banned nor restricted by the IOC. Moreover, the rationale for this was perfectly clear; in the words of the then-president of the IOC's Medical Commission, Prince Alexandre de Mérode, 'Marijuana does not affect sporting performance'. A similar position was expressed by Professor Arnold Beckett, a leading member of the IOC Medical Commission, who stated quite unambiguously that 'If we started looking at the social aspect of drug-taking then we would not be doing our job' (*Times*, 14 September 1988).

Some sporting bodies at the time took a similarly tolerant position in relation to the use of cocaine which, although technically a stimulant and therefore on the list of prohibited drugs, has seen its performance-enhancing value markedly decrease as other more powerful substances have taken its place. Moreover, studies of cocaine's ergogenic effects in humans 'provide little reproducible evidence that cocaine in any of its tested forms improves performance' (Conlee, 2002, p. 286). Given this situation, it is not perhaps surprising that in today's sporting world, cocaine is used mainly for 'recreational' purposes. It was presumably this latter consideration which, during the 1980s, led the tennis authorities at the Wimbledon Championships to adopt a similarly tolerant attitude towards tennis players found to be using cocaine. Thus when tests for cocaine were introduced for male tennis players at Wimbledon in 1986, it was revealed that no action would be taken against those who tested positive; instead, psychiatric help would be offered (*Times*, 14 September 1986).

However, in 1989, the IOC signaled a change in its position in relation to one of the most widely used recreational drugs, marijuana. The result of this policy shift was that, while marijuana was not at that time added to the list of drugs which were banned by the IOC, it was added to the list of drugs which were 'subject to certain restrictions', and different governing bodies in sport specified different regulations in relation to marijuana (Council of Europe, 1989; IOC, 1989). This was a significant change, not least because it opened the door to the monitoring of the non-sporting lifestyles of athletes.

This shifting attitude on the part of the IOC was also reflected in changes at the national level. In Britain, for example, athletes have since the early 1990s been tested for marijuana and in 1996 the Sports Council expressed concern at the growing number of athletes testing positive for marijuana. In 1992–1993 and in 1993–1994 there were just two positive tests each year in Britain for marijuana use, but in 1994–1995 the figure increased to ten and there were a further ten positive tests in 1995–1996. In the

[2] We might note that those within the sporting world have for many years made efforts to regulate the safety of play for athletes and fairness as sporting issues. From regulations on equipment and eligibility, to pre-contest qualifying requirements, regulatory bodies within sport have passed rules designed to promote fairness. At the same time, health concerns have led to the introduction of helmet rules and other regulations designed to protect athletes' health during competitions. Thus the two rationales for banning doping – health and fairness – are firmly situated within the ethos of sport.

[3] Many authors have argued that the 'fair play' argument is inherently circular and have suggested that fair play is not a rationale for having the bans but, rather, for enforcing the bans once they exist. Given the previous point that athletes do not start on a level playing field, it is not clear that allowing athletes to use drugs would make the field more unlevel than is the case in the current situation, in which athletes with financial and other means are allowed to access key resources which may not be available to other athletes.