



## Does one play with the athletes' health in the name of ethics?



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### ABSTRACT

The anti-doping policy is based on three institutional pillars of varying importance and officially relies on two major motives: the defense of sports ethics and the protection of athletes' health. However, behind these official grounds, other considerations – i.e. moral, political and financial concerns – appear to shape anti-doping policy. Furthermore, the current trend of anti-doping efforts is to develop activities that tackle the supply-side of the doping market. In this article, we consider the possible impact of the emphasis on supply-side anti-doping on sport. The project focuses on Belgian and French elite cycling and relies on a multi-method instrumentation set, including the realisation of 77 semi-structured interviews among policy-makers, cyclists and their medical and technical staff as well as the administration of an online survey among competitive cyclists.

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The link between elite cycling and doping is common. Much evidence supports the belief that doping has been, and may still be, rampant in the sport. Indeed, numerous cyclists have tested positive and have confessed their practices in an act of atonement (e.g. Gaumont, 2005; Hamilton & Coyle, 2012; Millar, 2012). After the stir caused by the Armstrong affair, different commissions published reports documenting the matter (Commissie Anti-Doping, 2013; Sénat français, 2013). Additionally, the scholarly community has helped elucidate the hidden side of a profession in serious crisis (e.g. Brissonneau, Aubel, & Ohl, 2008; Christiansen, 2005; Hoberman, 2002; Schneider, 2006). Faced with these problems, several actors of elite cycling made efforts and levelled self-criticism in hopes of regaining credibility. But their investigations, paradoxically, brought more scrutiny as they often revealed new scandals which only reinforced the opinion that sport is contaminated. Numerous reasons to fight doping may actually be given. They can be structured around two main justification patterns which officially drive the anti-doping policy at both the international and national level: defending the spirit of sport and protecting athletes' health. It is however difficult to define accurately these two inspiring principles. Indeed, the 'spirit of sport', the 'fair-play' or the 'sport ethics' (hereinafter jointly referred to as 'sport ethics') are "concepts that mean no more in sport than they do in the world outside sport. (...) To talk of the spirit of sport is, in other words, to talk of a notion that apparently has no foothold

in reality, one that describes what idealists might wish it to be" (Møller, 2010: 14). Defining accurately what is 'protecting athletes' health' may also be difficult as most of performance-enhancing drugs (PED) which are used in the sports context are medicines developed to improve human health and as debates about human enhancement may confuse medical and moral considerations.

Since the 1960s, there has been increasing concern about (anti-) doping in sports. As early as 1965, Belgium and France were the first two countries to enact anti-doping (criminal) legislation. Their involvement in anti-doping, however, remained largely symbolic as few athletes were prosecuted for a doping offence. Moreover, from the 1970s onwards, the sporting movement claimed the setting-up of sporting courts to judge its members directly. The Ben Johnson doping scandal at the 1988 Olympics raised public, media and policy attention for the doping problem. France (1989) and Belgium (1991) then enacted new anti-doping legislation focusing more on a disciplinary approach (Hendrickx, 2008). However, the legitimacy of the sports world to curb its problems was seriously called into question after the Festina affair (1998), which progressively revealed a widespread system of doping among elite cycling (e.g. Bassons, 2000; Roussel, 2001; Voet, 1999). The Festina affair then led to a reappraisal of the role of the public authorities in anti-doping affairs (Sallé, Lestrelin, & Basson, 2006). As a consequence, the World Anti-Doping Agency (WADA), composed and funded equally by the sports federations and national governments, was established in 1999 to unify the anti-doping rules and to coordinate the efforts of sports organisations and public authorities (Demeslay & Trabal, 2007; Hanstad, Smith, & Waddington, 2008). WADA soon produced the World Anti-Doping Code (WADC) and promoted a

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surveillance programme which is far from being uncontroversial due to its restrictions to the athletes' privacy (Hanstad & Loland, 2009; Kayser, Mauron, & Miah, 2007). Although the international anti-doping regime that has developed since the 1960s has squarely focused on elite athletes and their testing, there is a growing consensus among policy makers, scholars, and even sportspeople and fans that this approach is not sufficient and should be complemented by additional strategies to tackle the supply-side of the market (Dunn, Thomas, Swift, Burns, & Mattick, 2010; Engelberg, Moston, & Skinner, 2012; Paoli & Donati, 2013).

Today's anti-doping policy therefore leans on three institutional pillars of varying importance: the sports organisations, the public authorities and the law enforcement agencies. The setting-up, the functioning and the activities of the WADA have been analysed (Demeslay & Trabal, 2013; Hanstad, 2009). Several researchers have also studied the anti-doping policies in general (e.g. Dimeo, 2009; Houlihan, 2002; Trabal et al., 2010). However, the implementation and the impact of the three pillars of the anti-doping policy have received little scientific attention. In this article, we will thus provide insight into the impact of anti-doping policy on the market for doping products and we will show how anti-doping policy may inadvertently increase health risks for athletes.

Our research is based on empirical data from an ongoing project about the market for doping products in Belgian and French cycling and the impact of anti-doping policy on the organisation of that market. The research relies, with regard to its data collection process, on a multi-method instrumentation set, including qualitative and quantitative methods<sup>1</sup>: (a) the analysis of the policy documents and cases concerning doping use and trafficking in Belgian and French cycling that were initiated by the anti-doping law enforcement agencies; (b) 77 semi-structured in-depth interviews with: 14 policy-makers (representatives of national and international sporting federations, national and international anti-doping organisations), 17 law enforcement officers, 28 active and retired elite cyclists, and 18 other stakeholders (team doctors, sports physicians, team managers)<sup>2</sup>; (c) surveys administered online to competitive cyclists about the use and the supply channels of doping products, and the attitudes towards the anti-doping policy. Given that it is a very sensitive issue and there could be an important bias of social desirability, we partly used some of the most reliable research methods, i.e. the *Randomised Response Technique* (Lensvelt-Mulders, Hox, van der Heijden, & Maas, 2005; Pitsch & Emrich, 2012) and the *Randomised Count Technique* (Frenger, Pitsch, & Emrich, 2013). A first online survey has thus been administered between May and July 2013 to 2776 competitive Belgian Flemish cyclists, who received directly in their mailbox the announcement of the survey by the Flemish cycling federation. After three reminders, the response rate was 28% (767/2776).<sup>3</sup>

This article is structured into four parts. In the first part, we detail the three pillars of the anti-doping policy. In the second part, we show that the fight against doping officially relies on two main justification patterns – i.e. health and ethical considerations – but that behind the official grounds other considerations – i.e. moral, political and financial concerns – actually drive the anti-doping policy. In the third part, we analyse the development and the impact of the current trend of the anti-doping policy, namely the increasing focus on the suppliers of illegal PED. We therefore consider whether

the growing involvement in tackling the supply-side of the market does not have unintended and damageable effects on the health of athletes, who nowadays increasingly consider 'non-experts' as possible suppliers. To conclude, we speak in favour of the development of an evidence-based anti-doping policy and we ask whether the anti-doping policy should still be driven from an elite sports perspective, as it is today.

## 1. A policy based on three unequal pillars

The current anti-doping policy relies on three institutional pillars of varying importance: the sports organisations, the public authorities and the law enforcement agencies. Although the first two pillars still implement the major part of the anti-doping activities, the recent policy developments illustrate the increasing emphasis on the activities of the third pillar, namely the law enforcement agencies.

### 1.1. The sports organisations

In the case of cycling, the first pillar relies on the national and international cycling federations, the organisers of cycling races, and the cycling teams.

The International Cycling Union (UCI) is responsible for testing the elite cyclists, sanctioning their anti-doping violations and, more incidentally, organising training sessions in order to prevent or deter cyclists from using doping products. By far the major part of the anti-doping activities of the UCI is focused on testing the athletes (urine and blood tests for in- and out-of-competition testing) within the biological passport programme implemented by WADA since 2008 (UCI, 2014). However, one can question the effectiveness of the direct detection methods considering the percentage of positive tests (between 0.2 and 0.5% since 2008) compared to the total tests carried out (more than 12,000 per year since 2008).

The national cycling federations do not carry out any anti-doping test – only UCI and anti-doping agencies are responsible for testing the riders – but they may provide efforts to prevent doping practices such as the signature of ethical charters or information sessions about the alleged health risks of doping products. The attitudes of the national cycling federations are, however, typical of the difficulty for the sports organisations to deal with the doping issue.

I think the sports federations should be totally relieved from organizing such controls. For a good reason: one cannot judge his family. Moreover, I am happy not to have to test myself the riders anymore. Imagine we test (...) positive. I would be under pressure by a lot of people. It has already happened: I received calls from the team, the family... It's very uncomfortable. (André, director of a national cycling federation)

Finally, organisers of cycling races and, most importantly, cycling teams – although some of them played a major role in the development of a doping system in the past few years – are currently taking initiatives to prevent or deter riders from using doping. Nevertheless, the situations still vary from (elite) cycling team to (elite) cycling team (Fincoeur & Paoli, 2014).

### 1.2. The public authorities

The public authorities – i.e. the national anti-doping organisations (NADOs), which are required to be established for all countries ratifying the WADC – form the second pillar of the anti-doping policy. However, there seems to be considerable variance in the NADOs' institutional bases – i.e. they may be entrusted to the national Olympic committees or to the governments –, composition, and powers (Kamber, 2011).

<sup>1</sup> See Appendix A for further details about the methods used in this study.

<sup>2</sup> All the pieces of interviews have been completely anonymised. The names are invented. We indicate after each piece of interview the type of interviewee (cyclist, physician, etc.). All the interviews were carried out in French or in Dutch. We have thus translated each piece mentioned in this article.

<sup>3</sup> When this article has been submitted, the administration of the survey in France had not yet started.

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