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## WHY LEGALISING DOPING UNDER MEDICAL SUPERVISION CREATES NEW PROBLEMS RATHER THAN SOLVING EXISTING ONES

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Synopsis:

Abstract:

AIM: Today 'doping' is prohibited in sport mainly to secure a level playing field, to protect athletes' health, to preserve the integrity of sport, and to set a good example. However, some researchers argue that legalising 'doping' under medical supervision would be a better way to protect athletes' health and secure fair competition. This paper investigates how elite athletes might react if 'doping' was permitted under medical supervision and athletes' considerations about side-effects in this situation. The paper answers the following questions; i) how may elite athletes (hypothetically) react if 'doping' was legal and provided under qualified medical supervision? ii) Would athletes consider side-effects? If so, what side-effects would they fear and what influence would such fear have on their deliberations about trying the substances? iii) Do athletes of different gender, age and sports type react differently to legalised medical supervised 'doping'?

LITERATURE REVIEW: The legitimacy of current anti-doping policy is contested. Criticism has been targeting various elements, for example, the need to clarify rationales to justify aims of the current anti-doping policy (e.g. Mazanov & Connor, 2010); the difficulties in detecting some prohibited substances; the unintended consequences of anti-doping and the very extensive, yet too ineffective, and too costly anti-doping regime (e.g. Kayser, Mauron, & Miah, 2007; Kayser & Broers, 2012). Consequently, researchers argue that the current 'zero tolerance' to doping is inappropriate and that a harm reduction approach would be better to protect athletes' health and fair competition. An example of such a strategy is to permit 'doping' under medical supervision (e.g. Kayser, Mauron & Miah, 2005,2007; Smith & Steward, 2008). No studies have investigated how a larger group of elite athletes might react to medical supervised 'doping' nor explored athletes' deliberations about side

effects of 'doping' if supervised by medical practitioners.

**RESEARCH DESIGN:** A web-based questionnaire was emailed to Danish elite athletes representing forty sports (N=775; response rate 51%). First the athletes were asked to imagine the situation: that currently prohibited substances were legal and could be provided to them under qualified medical supervision. Subsequently a list of substances/methods (e.g. AAS, EPO) was presented and the athletes were asked which substances they would be interested in trying. The degree of interest in trying a specific substance/method was reported by answering either: 'yes', 'most likely', 'most likely not', 'no' and 'no, because I do not think it has an effect in my sport'. A follow up question assessed if the athletes' considered side-effects of the substances. Athletes who reported they feared side-effects were subsequently asked how this influenced on their answers. In addition they were asked, in an open-ended answer category, to elaborate on what type of side-effects they worried about.

**RESULTS/DISCUSSION/CONCLUSIONS:** Detailed results will be presented at the conference. The results show that most athletes would not be interested in trying out different substances even when being legal and provided under qualified medical supervision. However, the interest varied according to the specific substance and was often related to gender, age and type of sport. The fear of side-effects kept many athletes from wanting to try out a substance. However, some athletes also reported that they – despite their fear of side-effects – would like to try a substance if it was legal and provided under qualified medical assistance. An important limitation of the study is that it does not integrate 'the competition logic' in its design, e.g. if a competitor decides to use 'doping', the athlete might need to react if he/she wants to remain his/her position. Hence, it seems likely that more athletes would feel urged to use 'doping' if it was legalised. If so, the situation would place great pressure on the large group of athletes, who today do not wish to try out the drugs and/or who are afraid of the side-effects even when the drugs are provided under qualified medical supervision. Moreover, legalising 'doping' would create a larger gap between athletes who might want to try out for example AAS or EPO and those who do not wish to or are afraid to do so. Therefore, it is concluded that although the current 'zero tolerance' model is faced with a great variety of challenges, the solution to permit 'doping' under medical supervision would create other types of harms for athletes, and that this trade of harms would be unwanted from the perspective of elite athletes. Therefore, if the aim is to protect health and secure a fairer competition for athletes in general, the legalising of 'doping' under medical supervision seems to be an inappropriate strategy.

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