

Damir Sekulić*

Why are we losing the war against doping? In fact, do we want to win at all?

ABSTRACT

Although the issue of doping substances is one of the very popular scientific topics in the world, these kinds of research are very rare in Croatia. This paper looks at some aspects of using doping and substances in sport and discusses the reasons which have been considered to be fundamental for the growth of this problem lately, based on the professional and scientific experience of the author. There is a separate analysis of the reasons for doping prohibition in sport; reasons that were considered by the author to be the key issues for the growth of the doping problem, as well as the position and results of Croatian science regarding the battle against doping in sport. The discussion is based on professional and scientific insights.

Key words: doping, substance, sport, ethics

Introduction

Today doping represents one of the main problems in sport. We all probably agree with the fact that sport has, besides elementary (improving motor and functional abilities, acquiring and advancing motor skills, transformation of morphologic characteristics and, as it follows from the mentioned, positive effect on health status), many additional, but not less important effects (educational, social, cultural, pedagogical and other functions of sport). Therefore, doping doubtlessly undermines core values of our sport because it attacks some of its basic social, cultural, pedagogical and educational values. There is no need to elaborate the fact that doping is, in

* Correspondence address: Damir Sekulić, Ph.D., University of Split, Faculty of Kinesiology, Teslina 6, 21000 Split, e-mail: damir.sekulic@kifst.hr.

fact, foul dealing no less serious than intentionally tripping one's opponent during a race or an intentional foul play with the aim of hurting the opponent in any sports game. However, if it is "nothing less", why should it be "more" than previously mentioned breeches of sports rules? The author of this article does not see the difference between the purpose to hurt the opponent and use of illegal substances and techniques in order to advance athlete's physical performance with the aim of winning a competition (again). Logic suggests that the first act is worse (to hurt the opponent in order to win) than the second one (use an illegal substance in order, again, to win). Naturally, the following question arises: why should sanctions against violators of doping regulations be any different from those against athletes who violate fair-play. Furthermore, would it not be logical that persons who seriously violate fair-play by hurting another athlete are more strictly sanctioned than those who violate doping regulations (they only hurt themselves). The practice is completely opposite. Those athletes violating doping regulations are sanctioned much more drastically than those who publicly and intentionally endanger both the health and careers of their opponents. Finally, nowadays sports news report on competitions in intentional hurting of the opponent. That is the aim of the competitions. The author of this article is aware that not everyone share his opinion and that this statement shall result in rage of the followers of these activities, but in his opinion, those are wars fought without weapons and the aim is money. Then, why do we get in such rage when it comes to doping and all of us (at least declaratively) fight it? The author of this article shall share some of his experiences regarding that issue, which shall be further elaborated through scientific insights and personal experience.

Why is doping so bad and why do we all "fight" it?

Main reasons for defining doping as "illegal technology" the following:

1. Direct damage to the health of the person using doping substances.
2. One's physical performances are unfairly biologically improved, thus giving the athlete advantage over his opponent.

The validity of the first reason shall not be discussed here because the author believes it belongs to the sphere of medical experts. In short, there is no doubt that in most cases doping substances directly damage athletes' health and can cause fatal consequences (Ueki 2007; Kayser et al. 2007). However, it is also the fact that there no evidence for certain doping substances to have negative effects on the health of their user, but it remains a theory (see Lippi and Banfi 2006; Saudi et al. 2006). There is something else that the author of this article considers to be hypocritical. It is clear that sport has long ago lost its reputation as the "protector and defender of

health" and doing some sports has become a greater risk than not being physically active at all. This statement does not mean that this article intends to defend doping and advocate its use, but, if we are all strict to doping due to this reason (damage to health), why do we not take the equal stand regarding phenomena in sport which also pose even greater damage to health than doping (disciplines of extreme endurance, automobile and motor sport, contact sports whose main goal is real, and not symbolic destruction of the opponent). To take it to extreme, let us take a look at fatalities, not only those which occurred at the Olympic Games. So far, five deaths have been reported. In 1912 Portuguese marathon runner Francisco Lazaro died at the age of 21 (sun-stroke and heart attack). In 1960 Danish cyclist Knut Jansen died during the race (sun-stroke and heart attack), in 1964 an Australian downhill skier Ross Milne (19 years old) who skidded off the path and struck the tree and during the same Olympics a British luge racer Kazimierz Kay-Skrzypeski died when his luge overturned. The fifth case of death involves Georgian luger Nodar Kumaritashvili, which also occurred because the luge skidded off the track during a training run at the latest Olympics held in 2010 in Kanada. Out of the five death cases mentioned, only Jensen's is believed to be related with using doping substances.

The second reason, improper and unethical aspects of doping, are of more interest for the author of this paper. Doping is unethical because it gives an unfair advantage over the opponent. The author of this article is unable to provide a reason as to why is that more improper and/or unethical than, for example, design a new material for swimming suits or sails, or new shape of oars or higher quality running shoes, or, after all, a better training program. Taking a more detailed look leads us to the conclusion that all of the above mentioned examples involve improving performance. The only difference is in the manner and I do not believe that it makes any sense to discuss the fairness of one over the other because the final aim is the same with trying to avoid illegal method in the process. Let us review simple examples found in practice. The first example. In some classes in sailing it is allowed to build a sail from never before used material, but it is not allowed to construct a hull in a way to transfer the weight of the boat on "towards the back". Second example. In high jumps it is allowed to do "anything" but if you try jumping the bar by bounding off with two legs, you are disqualified. Do you know why the first think from the sailing example is prohibited? Because that would probably disturb the lobby of the boat producers who are at the moment dictating the rules and manage the market. Do you know why the second think relate to high jumping is prohibited? Because an average gymnast would attend the competition, go through the stages of the procedure and with bounding off with two legs he would jump over three meters and jump over the world record. The author cannot say who made that rule, but he is sure it was not an objective body or organization.

Finally, what does that have to do with ethics. Probably as much as the following fact from the "world" of doping control. Great Britain has in one sport two or three (minimally) athletes in the top twenty athletes in all individual categories of a certain sport (according to international lists). So, out of all doping controls in that sport, the British athletes should be tested 10 to 20% more than other athlete in a year (2 athletes out of 20 is 10%). Do you know how many tests were conducted on them? 0.5% of all doping control test in one year. Do your own math and see how much is that compared to the expected number.

There is a series of explanations that can be offered for explaining this hypocritical phenomenon, but one is considered of utmost importance by the author. Interest lobbies (mostly "western") push doping forward as the main issue of the contemporary sport and persistently and continually try to present this as a problem deriving from the ex communist countries. This is based on the fact that at the 1952 Olympics Soviet weightlifters won most medals so it is considered that they were taking anabolic steroids (testosterone derivates). This story of the "Eastern sin" does not hold water and it is not even worth a comment because (1) anabolic steroids are just one of the doping substances and (2) at the time steroids were not prohibited (just like today food supplements are allowed), and the prohibition was introduced some time after this event. Besides, it should not be neglected that some of the doping substances are even today a problematic issue, which shall be explained through the following examples. In the 1998 Weiler et al. study, the American representatives who participated in the 1996 Olympics were examined. Out of 699 respondents who participated in a questionnaire, 107 (15.3%) had previously been diagnosed with asthma and 97 (13.9%) were taking the asthma medications. Naturally, the only concerning thing about that is the health status of the athletes because the percentage of the asthmatics in the national USA team was highly above the average in the normal population. This is "obviously" even "bigger problem" with the athletes because the same study showed that over 50% of the cyclists suffered from asthma and were taking asthma medications (?!). However, things are not that bad because the researcher have not recorded any cases of asthma in divers and weightlifters (what a miracle!). However, nothing is as shocking as one of the conclusion of that study: "This study has shown that there is an increase in asthma and that it appears in some sports more frequently than in other." The same first author made sure that this was not an isolated case so in 2000 he published a paper on asthma incidents in the US 1998 Winter Olympics national team. In this paper asthma was discovered (as well as taking medications against it) in 61% of the respondents competing in Nordic combined, 24% competing in figure, speed and tour skating, and 3% competing in bobsledding, biathlon and ski jumping. It is not familiar what was the ba-

sis of this categorization, but I dare to assume that in the case of logical sports categorization into the sports of aerobic endurance and "other sports", we would have the situation similar to the one in the previous work from 1998. To put in a few words, all asthmatic cases would have been in the first group, i.e. in sports which have direct benefits from asthma medications. The conclusion of the study is even more "brilliant" than the one from 1998. In short: "It is obvious that asthma varies from sport to sport. This suggest that environmental conditions in which competition and training takes place are of high importance in the reduction of exercise volume, thus influencing asthmatic incidences and damages of the respiratory system". It is not clear what constitutes the "identicalness of environmental conditions" in figure skating and Alpine skiing (placed in the same category) or what is the difference in environmental conditions in Nordic combined and biathlon (placed in different categories), but the data are probably correct – make your own judgment concerning the interpretation of data and the conclusion.

The author (D.S.) believes that the Olympic Committee is truly trying to fight this kind of misuse and in 2002 asthma control was introduced (Kindermann 2007), but the same problem arises – laboratories which carry out the testing have the license for testing and that is all.

Why are we "losing" the war against doping?

First and foremost, we are losing the war against doping because we are deceiving ourselves, which is best proved by the previously analyzed study. Here is the continuation. Probably everybody is acquainted with the technology of discovering doping substances in the athlete's organism. A doping substance is a doping substance only if it is listed as such. In other words, if you have a good laboratory, you will always be a step ahead of the anti-doping campaign. The International Olympic Committee has made a "romper stomper" so blood and urine samples are kept for a while and an athlete can be disqualified even after a few years if it is established that had been taking a doping substance which, at the time, had not been on the list, and was only later classified as a doping substance because showing all characteristics of doping. I shall not go into the purpose of that, but one does not have to be legal expert in order to conclude that most of those accusations and possible verdicts will be legally null and void (How can a person be found guilty of doing something which was not illegal at the time of doing it?). However, the question is what is the use of that. An athlete had already done what he was supposed to have done, achieved a result, made money on advertising and promoted all those that he or she was supposed to promote, those who had paid for the promotion obtained the glory

which they needed in order to penetrate the market and the "food chain" closed. Does anyone believe that after discovery of doping a corporation promoted by that athlete will find itself in a trouble which shall disturb its business and will the athlete who find himself in the middle of the scandal be accused of that problem. Of course not. What about the athlete? He will be punished by a prohibition of competing for year or two. During that time he will train (and probably use doping substances all the time) and make a big come back – probably even more superior than ever because nobody tested him during suspension. What about the person giving him a doping substance? That is a different story. An athlete usually gets a doping substance from somebody else, mostly from a professional he trusts. I believe that anti-doping campaigns regularly neglect the (lack of) knowledge of athletes regarding doping. Nowadays, athletes take less and less care about themselves, somebody else does it. Professional athletes are surrounded by a team of people who take care of their career, training, clothes, footwear, nutrition, supplements, even social life. It is clear that after a while of living like that, we have an athlete who knows nothing apart from his own sport. Young athletes nowadays literally do not know the rules of any other sport apart from theirs, which is not unexpected if we keep in mind that they train several times a day and they have neither time nor interest for other sports. With time trust is developed between an athlete and the team that take care of him and he loses his personality. If an athlete does not make any decisions at the time he starts taking doping substances, how can he or she be expected to know whether he or she is taking vitamin injections of anabolic steroids? What is the sentence for the one who was aware of giving doping to an athlete (for example sports physician)? Best case scenario – suspension! What is the difference between that person and a street drug dealer? In my opinion, there is no difference. If we take into consideration the fact that drug dealers are usually recruited from the addicts, it seems that sometimes they should be let off more lightly. Again, the opposite is true. "Doping dealers", who do it only for the profit, are let off lightly. Until that changes we will be losing the war against doping.

When we the fact that the most effective doping substances (IGF, HGH) are impossible to discover (Tentori and Graziani 2007; Saugy et al. 2006) we are at the beginning of the mission impossible. It becomes even more impossible if we consider what is being created in laboratories for manipulation and modification of genetic structure worldwide (Baoutina et al. 2007; Foddy 2006). Ten years from now we will have super-champions created through genetic modifications from two (or perhaps more) surrogate parents and it will be impossible to prove the presence of any doping substance in the organism because there will be none. In that near future,

doping problems of today and funds spent on doping prevention and anti-doping campaigns will look like putting out fires with water guns.

It is clear that ethical norms play no role in doping prevention. The aforementioned examples prove that ethics "has not lived her in a long time" so they should not be sought in athletes themselves. In the end, is there anyone among us who had never thought that it would be useful to sometimes neglect "the game rules" and not any "game" (marriage, taxes, traffic, tariff,...). So, what gives us the right to seek from others what we might not be able to fulfill. Somebody might say that he or she never thought of taking doping and he is probably telling the truth. However, this does not mean that he or she would never think of that, only that he or she had not thought of it yet because there was no chance for it. Let us simplify the problem to the extreme. We cannot say what would we do in a situation we have never been in. A great study on this topic was published in 2006 by Strelan and Boeckmann. The authors have investigated the factors which might influence the possible taking or not taking of doping substances in top athletes. A very complex theory has been developed in two well-founded conclusions. First, if want to fight doping, we have to know the moral principles of possible users and not force the "general morality" and "health repercussions". Simply put, very specific ethical principles of individual athletes or teams should be aimed at and universal, inefficient ethical and health empty sentences should not be used. If religion should be aimed – let us do it: if family values should be aimed – let us use that argument. Second, it is clear that athletes are more afraid of the public reaction to his possible legal sanctions, that of sanctions themselves. So it is obvious that a media scandal will be a bigger problem for an athlete than possible sanctions, such as disqualification. Our studies have been proving this. It is almost certain that professionals and half-professionals can be without guilt be left out of doping campaigns (Kondrič et al. 2010). These people invested a lot into their sports career that they will do anything possible to achieve the desired result.

Finally, what are the possible solutions? It is probably too bold, but the author of this article believes that there are solutions but the "system organization" is the problem. Here is an example we might learn from. A few months ago there was a case of industrial espionage in Formula 1. The board in charge of establishing fact came to a final conclusion that one team (team A) carried out the industrial espionage of the other team (team B). We all know how it ended. Team A was fined by 100.000.000 USD and they denied the possible winning of the world championship in that year, which, according to some estimates, added up to additional 50-100 million dollars. What does that have to do with the "system organization"? Simply, this could be done in Formula 1 because it is clear who is in charge. In other

words, had the team A not agreed with the decision on the fine, it could have refused and then leave the Formula 1 competition system, but it is certain that it would be forever.

Where are "we" in all this?

Since we have not been considerate until now, let us not start being considerate now. "We" are nowhere in this or we have just started appearing. Why? Because we pretend it does not concern us. What is the foundation of this catastrophic thinking? The simple fact that the author of this article has found 3741 scientific articles that directly or indirectly cover the topic of doping while searching Elsevier's SCOPUS database for the terms "doping" and "sport". Try and guess how many were written by authors in this region. What am I trying to say? If the situation is that bad (and believe me – it is) we are losing the right to protest once one of our main player of a trophy national team is expelled from the team on the basis of positive A sample, and later freed of charge. It is simple, every "job" is like that – if you lack authority, somebody else is in charge of your destiny. And authority... it is not "God given" – it is acquired.

REFERENCE:

1. Cavar, M., Sekulic, D., Culjak, Z. (2010) Complex Interaction of Religiousness with other Factors in Relation to Substance Use and Misuse Among Female Athletes (2010) *Journal of Religion and Health*
2. Sekulic, D., Peric, M., Rodek, J. (2010) Substance use and misuse among professional ballet dancers *Substance Use and Misuse*, 45 (9), pp. 1420-1430.
3. Kondric, M., Sekulic, D., Mandic, G.F. (2010) Substance use and misuse among Slovenian table tennis players. *Substance Use and Misuse*, 45 (4), pp. 543-553.
4. Rodek, J., Sekulic, D., Pasalic, E. (2009) Can we consider religiousness as a protective factor against doping behavior in sport? *Journal of Religion and Health*, 48 (4), pp. 445-453.
5. Sekulic, D., Kostic, R., Rodek, J., Damjanovic, V., Ostojic, Z. (2009) Religiousness as a protective factor for substance use in dance sport (2009) *Journal of Religion and Health*, 48 (3), pp. 269-277.
6. Sekulic, D., Kostic, R., Miletic, D. (2008) Substance use in dance sport. *Medical Problems of Performing Artists*, 23 (2), pp. 66-71.
7. Avois, L., Robinson, N., Saudan, C., Baume, N., Mangin, P., Saugy, M. (2006) Central nervous system stimulants and sport practice. *British Journal of Sports Medicine*, 40 (SUPPL. 1), i16-i20.
8. Baoutina, A., Alexander, I.E., Rasko, J.E.J., Emslie, K.R. (2007) Potential use of gene transfer in athletic performance enhancement. *Molecular Therapy*, 15 (10), 1751-1766.

9. Fitch, K.D. (2006) β 2-agonists at the Olympic Games. *Clinical Reviews in Allergy and Immunology*, 31 (2-3) 259-268.
10. Foddy, B. (2006) The ethics of genetic testing in sport. *International SportMed Journal*, 7 (3) 216-224.
11. Foddy, B. (2006) The ethics of genetic testing in sport. *International SportMed Journal*, 7 (3) 216-224.
12. Kayser, B., Mauron, A., Miah, A. (2007) Current anti-doping policy: A critical appraisal. *BMC Medical Ethics*, 8, art. no. 2,
13. Kindermann, W. Do inhaled (2007) β 2-agonists have an ergogenic potential in non-asthmatic competitive athletes? *Sports Medicine*, 37 (2) 95-102.
14. Lippi, G., Banfi, G. (2006) Blood transfusions in athletes. Old dogmas, new tricks *Clinical Chemistry and Laboratory Medicine*, 44 (12) 1395-1402.
15. Morgan, W.J. (2006) Fair is fair, or is it?: A moral consideration of the doping wars in American sport. *Sport in Society*, 9 (2) 177-198.
16. Robinson, N., Giraud, S., Saudan, C., Baume, N., Avois, L., Mangin, P., Saugy, M. (2006) Erythropoietin and blood doping. *British Journal of Sports Medicine*, 40 (SUPPL. 1), i30-i34.
17. Saugy, M., Avois, L., Saudan, C., Robinson, N., Giroud, C., Mangin, P., Dvorak, J. (2006) Cannabis and sport. *British Journal of Sports Medicine*, 40 (SUPPL. 1) i13-i15.
18. Saugy, M., Robinson, N., Saudan, C., Baume, N., Avois, L., Mangin, P. (2006) Human growth hormone doping in sport. *British Journal of Sports Medicine*, 40 (SUPPL. 1) i35-i39.
19. Schneider, A.J., Friedmann, T. (2006) Gene doping in sports: the science and ethics of genetically modified athletes. *Advances in genetics.*, 51. 1-110.
20. Strelan, P., Boeckmann, R.J. (2006) Why drug testing in elite sport does not work: perceptual deterrence theory and the role of personal moral beliefs. *Journal of Applied Social Psychology*, 36 (12), 2909-2934
21. Tentori, L., Graziani, G. (2007) Doping with growth hormone/IGF-1, anabolic steroids or erythropoietin: is there a cancer risk? *Pharmacological Research*, 55 (5) 359-369.
22. Ueki, M. (2007) Doping in sports and methods for its detection. *Japanese Journal of Clinical Chemistry*, 36 (3) 228-235.
23. Weiler JM, Layton T, Hunt M. (1998) Asthma in United States Olympic athletes who participated in the 1996 Summer Games. *J Allergy Clin Immunol.* 102(5):722-6.
24. Weiler JM, Ryan EJ J (2000) Asthma in United States olympic athletes who participated in the 1998 olympic winter games. *Allergy Clin Immunol.* 106(2):267-71