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Abstract

Athlete support personnel (ASP) implement drug control policies for sport, such as anti-doping. Interviews with 39 ASP reveal how differences between policy and practice play out in their “lived experience” of anti-doping. While most ASP support the ideology underlying anti-doping at a “common sense” level (using popular drug and sporting discourses such as “drugs are bad” and sporting virtue), they are critical of anti-doping practice. Combined with no direct experience with doping, ASP saw doping as a rare event unlikely to emerge in practice. Most ASP took a *laissez-faire* approach to anti-doping, relying on managers to know what to do in the unlikely event of a doping incident. Despite broadly supporting the ideas of anti-doping, ASP raised concerns around implementation with regards to Athlete Whereabouts and recreational drug use. In response to hypothetical doping events, a number of ASP would seek to persuade the athlete to discontinue doping rather than meet mandatory reporting obligations. Part of this extended from conflicts between professional and anti-doping obligations (e.g. mandatory reporting and patient confidentiality). ASP demonstrate anti-doping policies are in tension with a practice that systematically normalises substance based performance enhancement early in sporting careers. Anti-doping agencies need to do more to engage with ASP as the “front line” of drug management in sport, including resolving contradictions across policies and in practice.

Keywords: anti-doping; athlete support personnel; qualitative; Australia

1.0 Introduction

Despite evidence athlete support personnel (ASP) are influential actors in the doping and anti-doping *milieu*, there is little evidence of how ASP understand, interpret or experience their role. The World Anti-Doping Code (WADC) (WADA, 2009) establishes a framework designed to help ASP meet their obligations to support the aims of the anti-doping ideology. National Anti-Doping Organisations (NADOs) develop policies designed to give effect to the WADC in local contexts. However, evidence suggests that there is a gap between anti-doping policies and the practice of anti-doping in sporting communities (cf Hanstad, Skille & Loland, 2010). In practice, evidence indicates anti-doping education policies fail to give sufficient knowledge about WADC obligations among sports physicians and coaches (e.g. Backhouse & McKenna, 2011, 2012). More broadly, an Australian survey of knowledge (awareness of rules), attitudes towards doping in sport, and ethical stance around anti-doping practice indicated ASP have a very different experience of anti-doping than might be expected under policies giving effect to the aims of the WADC (Mazanov, Backhouse, Connor, Hemphill & Quirk, 2013).

This paper reports the second qualitative stage of a sequential, qualitative dominant mixed-methods project exploring ASP experience of anti-doping reported by Mazanov *et al* (2013) (see Section 1.2). More specifically, this qualitative interview study sought to explore and contextualise the relationship between policy and practice in ASP experience of anti-doping.

1.1 The Role of ASP in Doping and Anti-Doping

Historically, ASP have been implicated in athlete doping. ASP were central to the systematic doping observed in the German Democratic Republic (Spitzer, 2004) and 1998 Tour de France (Lentillon-Kaestner, 2013). ASP have also been shown to have a role in

doping among non-elite athletes (Donati, 2004; Laure & Binsinger, 2005). The first version of the WADC (WADA, 2003) focussed on athletes for sanctions rather than ASP. As awareness of the scope of doping grew, so did calls to define the role of ASP in anti-doping under the WADC (British Medical Association, 2002). The second version of the WADC (WADA, 2009) included responsibilities and sanctions for ASP. The third version of the WADC scheduled for 2015 retains the responsibilities and sanctions (WADA, 2013).

Under the WADC, ASP are defined as any person involved with an athlete preparing for or engaging with sports competition (WADA, 2009. p. 128). Among the nominated roles are medical, allied-health, administrative personnel and parents. The responsibilities of ASP are established under Article 21.2 of the WADC; namely to be aware of and comply with responsibilities, co-operate with athlete testing, and influence athletes towards the anti-doping ideology (p. 113). ASP who fail to meet their obligations and are found to have committed an anti-doping rule violation (ADRV) are subject to sanctions, including life bans from professional involvement in sport. As noted in Mazanov *et al* (2013), there are few cases of ASP being sanctioned and no recorded cases in Australia. Even following the Australian Crime Commission Report “Organised Crime and Drugs in Sport” (ACC, 2013), which claimed widespread use of prohibited substances in Australian elite sport, no Australian ASP has been formally sanctioned by the Australian Sports Anti-Doping Authority (ASADA).

The WADC gives anti-doping and sporting organisations responsibility for educating ASP about their responsibilities (Articles 20.1.9, 20.2.8, 20.3.9, 20.4.9, 20.5.7, 20.6.7 and 20.7.6). NADOs such as ASADA expend significant resources on anti-doping education; in 2011-2012 ASADA delivered anti-doping information to 11,395 participants across 80 events (e.g. on-line education packages, forums or face-to-face training). While the evidence indicates participants are satisfied with this education (ASADA, 2012), there is limited evidence indicating the effect it has on doping-related behaviour among athletes or ASP. The

Cycling Australia (CA) Review (Woods, 2013) is perhaps the only evidence around how education responsibilities are met. Still, Woods critiques CA for taking a “compliance” approach to anti-doping, which includes a failure to provide ASP with education beyond the standard ASADA packages. For example, there was no evidence of education that augmented the ASADA packages with information specific to cycling. This lack of cycling-specific information left ASP feeling unprepared to respond adequately or effectively to doping related issues. This suggests that the experience of anti-doping by ASP may be different to that intended by the WADC.

1.2 The Survey of Australian ASP

The overarching project to which this study belongs sought to explore the experiences of ASP using a sequential, qualitative dominant mixed-methods design; the first phase of the project was a quantitative survey designed to inform the second phase reported here. The survey attracted n=292 ASP responses, including coaches, nutritionists, parents, soft tissue therapists, sports trainers, sports administrators, physicians, psychologists and chiropractors. The sample had an average 16.8 years of practice, with 44% being former elite athletes. The results were mediated by an unexpectedly low response to the survey from ASP organisations and ASP themselves. Serendipitous questioning of some non-respondents indicated they felt anti-doping had nothing to do with them. This is telling, given that WADC applies to all ASP.

The low response rate biased the survey results. Mazanov *et al* (2013) argue that respondents were more likely to be actively engaged by and aware of anti-doping, with the survey representing a “best case” scenario in support of anti-doping. While respondents appeared to have at least passing knowledge of anti-doping as it applied to athletes, they were far less aware of ASP obligations. The bias in the sample implied the general population of

ASP may be vulnerable to inadvertent ADRV through lack of knowledge. Respondents took only a slightly negative attitude towards doping in sport, suggesting a more diverse sample may have been, on average, neutral. This suggestion needs to be followed up by exploring *how* ASP think about doping in sport in forming such attitudes.

Finally, there seemed to be a diverse set of views on what constituted ethical behaviour among ASP in relation to doping and anti-doping, and the extent to which ethical behaviour was practised. The bias in the sample only exacerbated the implications of this result, suggesting that the role of ASP in anti-doping is systematically under-supported in terms of both professional ethics and professional practice. The lack of support has since been corroborated by the Australian Senate Report on the practice of sports science in Australia (Senate Report, 2013). As a result, it becomes relevant to ask ASP about the nature and meaning of their experiences in relation to doping and anti-doping.

1.3 Aims for the Current Study

The aim for the current study was to investigate the relationship between anti-doping policy and practice as experienced and understood by Australian ASP. This was achieved through semi-structured interviews informed by Mazanov *et al's* (2013) survey. The semi-structured approach enabled issues absent from the survey to emerge. In the first instance, the interviews sought to elaborate on the survey results by exploring how Australian ASP engage with anti-doping, and the basis for their attitudes and ethical approach to anti-doping. In the second instance, the interviews identified issues and context influencing the lived experience of anti-doping.

2.0 Method

2.1 Sampling

The sample was developed using a combination of convenience, snowball and purposive sampling. ASP responding to the Mazanov *et al* (2013) survey were asked to consider participating in the interviews. If so, survey respondents provided contact details separately to their survey responses to ensure there was no way to link responses to any individual (e.g. an independent web site to on-line survey responses). The convenience sampling in the survey meant part of the sample for the interview study was also convenient. After interview the convenience sample participants were asked to forward the contact details of the research team to other ASP they felt might be interested in the study (snowball sampling). As the sample took shape, the research team was more purposive in sampling particular ASP roles and varying levels of engagement with anti-doping. This included contacting ASP at sporting organisations, such as the academies and institutes of sport around Australia.

This sampling strategy resulted in 39 interviews being conducted. Participants were categorised by the primary role they identified, although the majority held multiple roles (e.g. coach and parent) or had experience in different roles (e.g. administrator and trainer). A minority (n=6) indicated multiple primary roles (e.g. coach/club manager or administrator/athlete chaperone). The sample profile included the following target groups: Coach (18), Administrator (5), Psychologist (4), Trainer (4), Medical Practitioner (3), Sport Scientist (2), Physiotherapist (1), Lawyer (1), and Parent (1). The number of coaches in the sample reflects the dominance of the coaching role among ASP. The potential bias was taken into account through the analysis. For example, the analysis sought to preserve the diversity of views across ASP roles when developing themes (see Section 3.0). The sample

demonstrated experience providing support across the Australian States and Territories, and internationally. Participants generally had experience across multiple sporting contexts (e.g. administration experience across several sports).

The interviews were conducted during 2010. Since the interviews were conducted, a number of doping events have occurred, including the Lance Armstrong case. The ACC (2013) report and ensuing investigations into the Australian Football League and National Rugby League temporarily raised the profile of doping and anti-doping in Australia. In both cases, doping is seen a systemic matter, with ASP implicated in one form or another.

2.2 Semi-Structured Interview Schedule

The study's aims, benefits, risks and safeguards were explained to participants before commencing the interview. As part of informed consent ASP were asked to avoid using names and to anonymise vignettes. This was due to concerns the interview records may become part of investigations into potential ADRV creating a potential ethical harm arising from participation in the study. Participants were also advised that audio recordings of the interviews would be destroyed following transcription. Transcription was undertaken by a specialist private company with contractual protocols to preserve the integrity of sensitive material. Transcripts were reviewed by the interviewer removing identifying names and events before dissemination for analysis.

The opening questions, designed to focus participants, probed general opinions and experiences around drugs in sport. In order to probe anti-doping knowledge and its acquisition, participants were then asked about their experiences with ASADA, and their experiences of anti-doping education both with ASADA and through other delivery modes.

Questions around how participants would respond to hypothetical doping situations (athletes thinking about doping, athletes who dope, and junior athletes who dope) were used to tap into attitudes towards doping in sport. Finally, ethical stance around doping in sport was assessed by asking participants about what they would do if they knew an ASP was supplying prohibited substances, their thoughts on permissive, harm minimisation models of doping control and the role of “recreational” drugs in sport. The direction of the interview was flexible in order to explore in a more in-depth manner issues as they arose for participants and account for new issues that emerged through the research process.

The interviews were conducted by a single member of the team to minimise interviewer subject position bias effects. The interviewer regularly debriefed with another member of the research team to manage evolving subject position bias as the data collection proceeded. The different disciplinary backgrounds of the interviewer and debriefer (sociology and psychology, respectively) helped mitigate paradigmatic acceptance.

2.3 Data Analysis

The interviews were analysed following an iterative process. The iterative process involved multiple interpretations and reinterpretations towards a stable understanding of the core meanings or salient “themes”. These themes became the basis for confirmatory evaluation of the interviews. It is important to note that the aim of the process was to find coherent explanations of the data rather than achieve consensus. This process is underpinned by the ontological view that there is no single irrefutable “truth” to be revealed or discovered (see Hardcastle & Hagger, 2011, p. 316). Instead, there are different interpretations of what others have said that, when taken together, enrich the understanding of anti-doping as it is experienced by ASP.

For this project, initial thematic content analysis was undertaken by the interviewer (first iteration), followed by confirmatory thematic reviews by the other team members (second iteration). This process indicated divergence with the initial interpretation of the data. The third iteration involved independent review using a frequency/content analysis method by a reviewer with expertise in sport and a thematic analysis of content by a reviewer who had no prior contact with sports-related research. The fourth iteration involved the team reviewing and reconciling the variation in results towards achieving explanations of the data. The fourth iteration is presented here.

Importantly, the approach taken by the frequency method represents a positivist approach to the interpretation of the data, one which reduces data to discover generalisable outcomes. Thematic content analysis, however, is based upon an interpretivist approach, one which explores the variation in understanding without regard for generalisability. The use of both approaches is seen to be complementary in the construction of narratives of anti-doping knowledge and practices.

The process of independent identification and cross-checking of themes served as an important reliability check, and attempted to minimise intrinsic bias in the data analyses that emerges from the inability of the interpreter to separate themselves from the process (Patton, 1990). As Hardcastle & Hagger (2011) note, the collection and interpretation of the data is influenced by the researcher's prior knowledge. Epistemologically, this "researcher" bias occurs in all research, as the decision of what question to ask or how to ask it derives from the researcher's accumulated experience rather than being something that occurs outside (independently of) the researcher.

Each interview was analysed to identify patterned content (categories) (Patton, 1990). By corollary, this approach misses un-patterned content, which can be captured better by using the interpretivist approach. Categories were identified in terms of their overall valence;

'yes'/'no', 'positive'/'negative', or 'pro'/'anti' or mixed. The specific type of categorisation and number of categories depended on the nature of the question or issue posed to participants. A frequency count (across participants) was undertaken for each of the primary categories, and then re-analysed for "meaningful response units" which fell within each of the primary categories. Where data could not be put into primary categories, secondary themes only were identified and a frequency count undertaken on these secondary themes. Direct quotes from respondents provide context to the observed variation in the patterned content.

Frequency counts are taken in terms of valid responses. Variation in valid responses is due to the relevant questions being omitted from the interview due to time constraints, evolution of the interview or interviewees being unable to express themselves meaningfully in response to questions even with additional probes (e.g. rephrasing the question).

3.0 Findings

3.1 Anti-Doping Knowledge

ASP were asked about whether they had participated in ASADA led anti-doping education in the last 12 months, yielding 35 valid responses. Of the 18 who had, this involved almost exclusively attending presentations or viewing a DVD for/with athletes. Some augmented these presentations with on-line training packages through coaching courses and self-education. Those ASP who had not undertaken anti-doping education in the past year (n=17) explained that they either no longer worked with elite athletes or noted limited opportunities to receive anti-doping education at sub-elite levels of sport. Only three interviewees reported receiving ASP specific training with ASADA content, although 17 indicated they did receive ASP specific information through coaching courses.

The response to ASADA education was generally positive (13/21) and pointed to efforts by ASADA to upgrade presentations from standardised didactic (video) to more “hands on” approaches. Where negative comments emerged (4/21), they focused on the standardised nature of the presentation detracting from the key messages and a failure to go beyond a single doping scenario (elite sport). One mixed comment pointed to a tension in anti-doping education:

Sport Psychologist: ...[ASADA training] carries two messages. One is that we're here to help... But, there's definitely another message that comes through implicitly, and that is that "Big Brother" is watching... they will catch you if you step out of line either deliberately or inadvertently.

The practice of anti-doping education appears to focus on elite athletes, so it is unclear whether ASP are expected to infer their role and responsibilities from the athlete-centred approach.

3.1.1 Knowledge of WADC and ASP Responsibilities

When asked to assess their level of knowledge about the WADC and their responsibilities under it, 20 of the 34 responses indicated some knowledge, with equal numbers reporting none (n=7) and a reasonable level of knowledge (n=7). Those in the majority explained that they had general knowledge (e.g. testing procedures) rather than specific knowledge (e.g. process for reporting known cases).

Coach: In general, yes, but I could be more on top of it. I have a fair idea of the type of drugs that are to be banned, what level athletes will be tested, what the testing process is and that sort of thing, but I guess because I don't have any athletes at the

moment who are likely to be tested, I'm not keeping right up-to-date on the latest. But I do read quite extensively in that area – more sort of media things.

Some ASP self-identifying as having 'reasonable knowledge' indicated that being knowledgeable had to do with knowing how to access information, if needed. However, there was also a view that there was no urgency (or need) to be familiar with the WADC, as doping was so rare that it was unlikely that they would ever be in a situation where they needed to act.

Sports Administrator: I suppose we're all a little bit bullet-proof because we never think it's going to happen to our athletes, so we don't probably really deal with [find out what to do] the whole situation until it does occur.

Coach: I've got access to them [the rules] but no I don't know them. I do have a sheet in my file that outlines all that sort of stuff. Realistically, that's not gonna happen with me as a coach. I have no interest in progressing further.

One reason ASP take this approach may be a function of having had experience with athletes who engage in doping. Only 8/34 ASP reported 'some' experience with athlete doping, and 26/34 had no experience. Among those with no experience, many indicated witnessing physical changes in athletes, which was attributed to doping. Several participants reported awareness of an athlete and ASP engaging in practices to avoid athlete testing or to mask drug use. When ASP with 'some' experience were asked to give examples, they reported it as a function of illicit drug use rather than doping, and usually outside of competition at the junior levels. Half of the ASP (n=4) with direct experience of drug-taking by athletes said that it occurred more than 10 years ago and did not have recent experiences.

Thus, the sample reported almost no experience with any form of doping in sport, or drug use more broadly.

The disinterest in anti-doping and drug related activity in sport may arise from its perceived distance from, and irrelevance to the day-to-day responsibilities of Australian ASP. This agrees with a report into athlete and ASP perceived threats to the integrity of sport (Colmar-Brunton, 2010), which put drug use in sport as a tertiary issue relative to other threats. This stands in contrast to the report by the ACC (2013), which implied doping was endemic in Australian sport, and to the Senate Report (2013), which placed ASP as central to doping and anti-doping practices in Australia.

3.1.2 Specific Knowledge: Athlete Whereabouts and Two-Year Sanctions

ASP were asked about two aspects of anti-doping with which they are expected to be familiar. The first is the Athlete Whereabouts system, which enables out-of-competition testing; the second relates to standardised 2-year sanctions for a first ADRV.

The Australian version of Athlete Whereabouts requires athletes to nominate, three months in advance, a location and a guaranteed one-hour window to be available for testing. Failure to comply can result in an ADRV. ASP were often given administrative responsibility for submitting Athlete Whereabouts information, or checking athletes have met their obligations. While ASP were aware of Athlete Whereabouts in general terms, there was little direct experience, with the interviewer having to explain Athlete Whereabouts to several participants. The positive comments focused on the need for a system to enable drug testing (either Athlete Whereabouts or another system) (11/24), followed by negative (n=3) or mixed responses (n=8).

Positive comments focussed on the need for rules to promote the level playing field. There was a sense that it was part of the constitutive rules of sport to which athletes submit in order to compete.

Sport Administrator: *The athletes want this stuff [Whereabouts system; strict testing] to happen. They, more than anyone, want the level playing field. Even when it does – from our perspective – impinge on their personal freedoms, they don't seem to be too worried about that part. They're just hungry for the level playing field.*

Negative views focused on the reach of anti-doping into private lives, which is consistent with literature questioning the implications of anti-doping for freedom of movement and the presumption of innocence (Hanstad & Loland, 2009; Houlihan, 2004; Malloy & Zackus, 2002; Mazanov, 2013a).

Athlete Lawyer: *The Whereabouts [System] is totally absurd... it turns the presumption of innocence on its head. So everywhere else, I mean human rights generally, people had a presumption of innocence. With ASADA, it is the presumption of guilt... People need to have a certain amount of freedom and just because you're a good athlete, doesn't mean that you should give that up.*

The common mixed view saw value in the principle of Athlete Whereabouts to enable out-of-competition testing, while questioning its ability to treat athletes on an equitable basis. That is, while the principle was seen to be sound, ASP raised concerns over implementation; included in this was concern over sport club complicity to help athletes 'dodge' tests.

The second specific area of knowledge discussed was the two-year sanction. Responses focused on the general principles behind sanctions and assumed consequences rather than the administrative mechanisms associated with ADRV and sanctions.

Coach: *As it's always clearly identified to athletes that they are responsible for substances in their body, it ultimately comes down to them and a hard-line in the case of banning from their sport is appropriate. I haven't given much thought to the duration of the ban, but I think at this stage, it's probably a fair enough punishment of an offence, whether it was intentional or not.*

There was strong support for sanctions associated with doping; what remained in question was the severity of sanctions. Positive comments (n=14) tended to focus on sanctions being severe enough to act as a deterrent, with some pointing out that a two-year ban allows sufficient time for drug rehabilitation. The negative comments (n=7) varied around the severity of sanctions. Mixed comments (n=15) indicated a need for a more nuanced approach, one which took context into account.

Sports Medical Practitioner: *The hard part is then not over-penalising people who have made a genuine mistake and there was no intent to cheat.*

Coach: *I've got really mixed feelings about it. I feel if you have ever used drugs on purpose to get a performance enhancement, in some ways, you carry that advantage forever... That makes me think it should be a life ban, but, on the other hand, you know people do make mistakes and have remorse and change their ways and perhaps rehabilitated people should be given a change to try again.*

3.2 Attitudes

Attitudes towards doping were assessed by how ASP would respond to three hypothetical events: athletes contemplating doping, adults doping, and minors (<18 years old) doping.

3.2.1 Attitudes to Athletes contemplating doping

When asked how they might respond to an athlete contemplating doping, the views were varied. This aspect of anti-doping practice is crucial according to social cognitive models, as contemplation is a key point for ASP intervention towards or away from doping. The varied ASP responses are outlined in the Table 1, with some ASP responses fitting into more than one category.

INSERT TABLE 1 ABOUT HERE

The most frequent response was first to provide guidance to the athlete emphasising health and welfare implications, and then the career and punitive consequences of anti-doping rule violations. Some ASP were willing to discuss alternatives to doping, while a number of ASPs would report the athlete. This sees ASP meeting their obligation to either use their position of authority to discourage doping or to report cases of doping.

Sport Physiologist: It's actually happened and I've explained all of the potential hazards of doing it. And that's not just the physical or medical hazards, but also the psychological hazards and the effects of their own confidence and self-esteem, their ownership of their results, and things like that. And usually that was enough. So, it's all about them – relating to them in such a personal, intellectual, emotional and physical level is usually enough to discourage them.

Beyond the guidance and reporting responses, some ASP would simply tell athletes to abstain, while others would refer the issue to a higher authority for advice or action, or would stop working with the athlete altogether.

3.2.2 Attitudes to Athletes Doping

When asked what they would do in response to an hypothetical athlete who admitted to doping, ASP focus on the issue of reporting (see Table 2), with some ASP giving more than one response. That is, the majority of responses had to do with reporting the athlete directly to ASADA or reporting to a higher authority in the sport for advice or action. This suggests ASP expect managers to have greater awareness of anti-doping than “rank and file” members.

Coach: I would probably go to my manager first and if my manager said “Ring ASADA, that’s your responsibility”, then sure, I would. But my first stop would probably be my manager because I don’t know if I’m obligated to ‘dob’ them in straight away.

A number of responses (19) indicated unwillingness to report at all, to ASADA or to a higher authority in the sport. Failure to report athlete doping to ASADA could constitute complicity in covering up a doping offence (Article 2.8). On this basis, a non-trivial proportion of the 34 participants who answered this question would violate their obligations under the WADC.

INSERT TABLE 2 ABOUT HERE

An insight into why an ASP would be unwilling to report can be gleaned from the following:

Sports Physician: I would point out the risks of the medication that they had chosen to use and I would try to put a balanced picture on it... I would point out that the risk of primary hematoma from steroid use is actually quite low, however, that the changes it [steroid] will make to the bones, to their hormonal function, may be irreparable and

things like that. So I would point out that I don't think that it's a wise thing to do, however, I would offer to monitor them for obvious things [health effects]...

This response indicates the tension that might exist for some ASP who have to deal with the tension between elements of their professional code of conduct (e.g., duty of care, confidentiality) and their anti-doping obligations. The conflict between professional codes and anti-doping obligations represents an ongoing issue (McNamee & Phillips, 2011).

3.2.3 Attitudes to Underage Doping

When asked about their attitudes to doping if the athlete was underage, half the sample indicated that age made no difference to their response. This was predicated on a belief all athletes must abide by the same rules or policy irrespective of age.

Coach: If you're knowingly using and know that it's a performance-enhancing, illegal substance, it's a breach – whether they're over-age or under-age.

By contrast, the other half of the sample argued that the major difference in their response to the underage doping scenario would be first to inform parents. There was expressed concern about the capacity or maturity of minors to make decisions, which made it necessary to treat young athletes differently.

Coach: You'd have to take into account that they were younger... You'd have to look at how they arrived to be in that situation, whether it was personal [choice] or whether it was media or whether it was peer pressure... because you're talking about the age of the person and the decision making processes. You'd have to bring their parents in and sit down in consultation with the parents.

3.3 Ethics

Ethical stance was queried by asking participants their thoughts around ASP supplying doping substances, the “rightness” on harm-minimisation approaches to drugs in sport and the inclusion of illicit drugs on the prohibited list. These represent contentious issues that give insight into how ASP rationalise anti-doping.

3.3.1 Views on ASP supplying doping substances to athletes.

Many responses fit more than one category, although they leaned heavily toward reporting (see Table 3). There was a reluctance to go to ASADA initially with the majority referring the case to their sport organisation’s hierarchy. Reporting was typically justified in legalistic and moral terms.

Sports Trainer: I would probably go straight to the Senior Director of Programs... have a conversation with them and say this needs to be dealt with, suggest that the person be taken off the program. I would probably report them to ASADA because medical professionals and [athlete] support professionals should not be condoning the use of doping in sport because it’s an illegal substance, it’s performance-enhancing and it’s something that’s taking away from the true spirit of the sport.

INSERT TABLE 3 ABOUT HERE

Several ASP appeared to lack knowledge (and maybe confidence), as indicated by the need to seek advice from colleagues, the ASADA hotline, or legal professionals.

Sport Psychologist: That’s an interesting question. I’d probably... go to someone more experienced... to check what the responsibilities and obligations are, because I

haven't had any sort of exposure or training in what to do with that particular situation. The policy we've got here is directed at athletes... rather than support staff, coaches, sport physicians...

3.3.2 Views on the Harm-minimisation Model

ASP were asked their views on the harm-minimisation model, which in a sport doping context, means performance enhancing drug use supervised by an appropriately qualified professional (e.g. sports physician) (see Mazanov, Huybers & Connor, 2012). Of the 36 comments, the majority were negative (n=28), with some mixed (n=5) and a few positive comments (n=3).

Negative comments centred on the issue of harms, with a repeated theme that even supervised drug use can compromise athlete health. The issue of exploitation also emerged, with concerns sports programs would require or pressure athletes, especially young ones, to use substances in unsafe ways. There was also concern about the effect of a doping “arms race” on the “level playing field”.

Administrator: I think the guide really is community standards... community expectations are that performance-enhancing drugs are definitely out... People like to believe that real champions are clean.

Coach: It still wouldn't be a level playing field because those with more money will be able to have a better pharmacist and a better doctor and a better monitoring system than those who come from less privileged backgrounds who would still probably use to keep up and end up being harmfully affected.

The few positive comments suggested that supervised doping may enhance athlete health and welfare from medical and administrative (e.g. easier to implement) perspectives. There was a sense supervised doping might reduce the impact of organised crime in relation to the supply of doping substances. It was also suggested supervised use stops doping from being “cheating” and makes competition more equitable. Participation was resolved by letting people choose between “clean” and “dirty” competitions; the pejorative language implying supervised doping would still lead to morally inferior versions of sport.

Sports Trainer: I have no problems with that [system]. It might even level the playing field... as long as there's no long-term health impacts... If you can do it legally, and it can be shown "This is the way to do it properly", and you kill the underground trade, then that would be a good thing. Open and honest seems to be the best way to go...

3.3.3 Recreational Drugs Ban

Responses to the ban on recreational drugs was slightly more variegated, with 13/30 supporting the ban, 6 opposing and 11 offering mixed views. The rationales supporting the ban focused on drug harms discourses around illegality, health and role modelling. One deviation from common drug discourses was the notion that recreational drugs can be performance enhancing. This led to a view that doping and recreational drug use was equally “bad”. There were also comments suggesting athletes needed to be protected from themselves.

Coach: ...athletes should be role models and live cleanly and, if they can't give up recreational drugs for the period of time for which they're trying to be the best, even if it's not performance-enhancing, I don't think it should be [taken off the banned list]... I think there's an obligation to protect athletes from themselves... So I don't have a

problem with them [recreational and performance-enhancing drugs] being treated the same.

Those opposing the ban argued that it might be an administrative convenience for NADOs, as it would be “too hard” to treat the classes of substance differently; plus, the intention behind recreational use meant it was outside the remit of anti-doping, a view supported Waddington, Hoberman, Christiansen, Gleaves & Moller (2013).

Athlete Lawyer: Competition has no interest in where someone goes out and uses recreational drugs on a Saturday night. It doesn't do anything, it's not performance-enhancing. It's no-one's business, and to call it a matter of health is bogus.

Again, the mixed views tended to juxtapose the arguments in support of, or opposing the ban, acknowledging that there might be competing issues at play and that sanctions of a lower order might be more appropriate.

3.4 Summary of Findings

The results show that ASP have a general knowledge of WADC and generally support the health and fairness-type rationale of anti-doping policy and practices in sport. However, there was variation in the attitudes and beliefs about disclosing doping infractions, ranging from direct reporting to ASADA, reporting/referring the matter to one's sport organisation, to not reporting. Despite clear policy around reporting obligations, the attitudes and beliefs of ASP about what they would do in practice was often inconsistent with policy.

The data demonstrate that ASP failed to engage with the WADC due to a lack of contact with doping behaviour, the perceived irrelevance of anti-doping to junior sport, and an

assumption information was readily available should a doping event emerge. Moreover, the data was generated from ASP attitudes to largely hypothetical situations. Since most ASP in the study were found to have little or no direct experience with athletes who dope, it makes it difficult to ascertain a clear link between ASP understanding of WADC policy and their willingness or ability to act on it in concrete situations.

4.0 Thematic Analysis

The thematic analysis revealed two key narrative themes that provide context and thus shed light on the gap between WADC policy and anti-doping attitudes and practices. The two themes are: 1) Contradictions between Policy and Practice, and 2) Performance Culture and Drug Use.

4.1 Contradictions between Policy and Practice

While the results have shown ASP have a general understanding of the WADC there was variation in the attitudes and beliefs around disclosing doping infractions to ASADA. Despite clear policy around reporting obligations, the practice of anti-doping is different to the policy. At a general level, ASP failed to engage with the WADC due to a lack of contact with doping behaviour, the perceived irrelevance of anti-doping to junior sport, and an assumption information was readily available should a doping event emerge. It appears ASP prefer to take a “common sense” approach to anti-doping.

Some ASP, especially physicians and psychologists working with elite athletes, indicated reluctance to report ADRVs from the outset and a greater willingness to engage with athletes who dope. However, these ASP were acutely aware of the tension between their obligations under the WADC and professional codes of ethics, especially around duty of care

and confidentiality. Several health professionals raised an ethical conflict between their professional obligations to athletes and mandatory reporting under the WADC, a conflict also demonstrated by McNamee & Phillips (2011). For example, psychologists in the study expressed concerns about the possibility of being disciplined by the Psychology Board of Australia for breaches of client confidentiality. If an athlete discloses doping use to the psychologist (e.g. anabolic steroid dependence disorder; Kanayama, Brower, Wood, Hudson & Pope, 2009), the psychologist is professionally bound to maintain confidentiality in breach of the WADC and, potentially, employment contracts.

Sport Psychologist: I think ethically, for me to maintain trust and rapport with an athlete... part of my role is that I need to keep that information confidential... They have that trust, they have that confidence, knowing that I'm not going to go and tell... At the end of the day, if I report [an athlete for doping], my reputation within the sporting industry and fitness industry would then be significantly damaged and the quality or amount of work that I would then get would be significantly impaired and reduced very quickly.

Without the capacity of professionals to attend to the health, and respond to the needs of the athlete, in a confidential manner, the anti-doping practices in sport were perceived to be incomplete by some ASP. The need to protect therapeutic relationships in the context of doping and anti-doping is highlighted in Mazanov (2013b).

4.2 Performance Culture and Drug Use

There appeared to be general support for the ethical rationale for anti-doping policy and practices, despite the gap between what ASP in this study knew about WADC, their limited or no experience with athletes who dope, and their ability or willingness to fulfil their WADC obligations in practice. A recurrent view, though, amongst ASP had to do with the high-

performance culture of sport and the impact it can have on doping use by athletes. This suggests that current anti-doping efforts, with its targeting of athletes and ASP, may be missing the mark.

This narrative theme sees drug use in the context of a sporting community's (e.g. ASP, fans and sponsors) expectations for continuous, if not super human performance.

Sports Trainer: ...people like big scores, as long as no one's getting hurt and everyone's being careful, I think people would rather see fast results than clean.

Sport Psychologist: ...whilst I agree with that idea of athletes being responsible for making those choices, they don't exist on their own. They're actually part of a broader system. And the power differential doesn't often, or isn't often, with the athlete.

Coaches were identified as the decision support point for athletes who had gathered information around drug use. The construction of doping at this point was translated into being a “necessary evil” of elite or professional sport. For example, there were reports of a “don't ask, don't tell” approach to drugs in Australian sport, a key concern in the practice of sports science (Senate Report 2013).

Part of the culture around drug use in Australian sport appeared to focus on acting in the interests of the sports program rather than the athlete, which is consistent with Mazanov & O'Reilly's (2012) observations around how sports programs manage doping. For example, with its premium on success, coaches and other ASP might be tempted to make decisions based on short-term performance goals over long-term health.

Sports Physician: ...I don't think that they're the people who are making the decisions there about what's okay for an athlete to take and what would have an impact on health, would really care about their health. It would be performance at all costs.

Despite WADA declarations that the athlete is responsible for everything that goes into their body, ASP questioned whether the athlete was able to make an informed decision.

Physiologist: ...to a large extent it was, it was generally considered that they weren't really capable of making good decisions, because they were just too focussed on riding the bike. And that sort of mentality is encouraged by the people in charge. That's how they want athletes, they want them malleable and obedient and unquestioning.

ASP suggest that athletes are taught to defer their decision making to "experts". This leads to what one psychologist described as the culture of 'grooming' around drug use. The implications of such claims suggest drug based athlete exploitation of the kind argued by Connor (2009).

The Australian focus on success in high performance sport was seen to drive a culture in junior sport that created vulnerabilities to doping. This is consistent with a study of junior athletes who were seen to be vulnerable to doping due to the increased performance expectations associated with the transition to senior sport (Mazanov, Huybers & Connor, 2011). The issues were exacerbated among those who failed to make the transition despite substance use; for example, adolescent males abusing protein supplements to increase weight for a chance at professional rugby (Munro, 2013; Sygall, 2013). Concerns were also raised that the practice of Australian sport meant young athletes were expected to sacrifice all-round development for sporting success. This resonates with results indicating retarding of elite adolescent athlete psychological development due to the multiple competing demands of sport, school and adolescence (e.g. sexuality) (O'Neill, Allen & Calder, 2013).

The culture around drug use in Australian sport also seemed to involve the acceptance of drugs such as caffeine or creatine, which some ASP thought of as "gateway drugs" (to other, perhaps banned substances), a view supported by Backhouse, Whitaker & Petroczi

(2013). Moreover, there was concern among ASP that such substances were widely used because they were considered “legal”, irrespective of safety or efficacy.

Physician: *...it's that idea of, "If I can take anything at all that might assist my performance, then I'll do it," without actually thinking, "Well, does it really?"*

4.3 Summary of Thematic Analysis

The first most salient theme or narrative from ASP comments had to do with the tensions between ASP obligations to WADC, but also to particular professional codes of conduct and the impact this can have on anti-doping reporting practices. The second most salient theme or narrative had to do with a high-performance culture in sport that may normalise or even encourage drug use. Both themes point to a gap between WADC policy and anti-doping practices.

5.0 Discussion

The overall results indicate how and why the lived experience (practice) of anti-doping varies from the policies designed to give effect to the WADC in Australia. To begin with, the interviews illustrate how the policy designed to meet responsibilities for educating ASP under the WADC falls short of expectations. The relative low levels of ASP knowledge about anti-doping occur as a result of a number of factors, including the athlete focus of anti-doping education content, the perceived irrelevance of the policy at the junior sport level, and the belief that anti-doping resources and support are available elsewhere, if needed. These particular results may also go some way explaining the low survey response rate (see Section 1.2). It is unclear to what extent this low knowledge level is simply complacency on the part of some ASP or the pragmatics of managing sport at the non-elite levels; but what is clear is

the fact that the relative low level of understanding of anti-doping policy can put the ASP, and perhaps the athletes under their supervision, at risk of an ADRV.

The gap between anti-doping policy and its uptake by ASP might be due to the efforts to achieve international harmonisation of policy at the expense of local implementation. That is, there may be lag time between the consolidation of international policy, the uptake and implementation, and local practice. For example, the CA Review (Woods, 2013) included an example where one part-time anti-doping officer was responsible for an organisation of 20,000 members, a situation which raises concern about the level of support for the implementation of anti-doping policy.

This suggests that sport administrators need to invest more resources to support anti-doping education. This is consistent with Woods (2013), who argues for changes in governance to transition from passive anti-doping (where WADC compliance is deemed sufficient) to active anti-doping. In other words, it is insufficient for ASP to be made aware of their compliance obligations under the WADC, or have anti-doping education resources made available; rather, it needs to be followed up with ongoing organisational support. For example, NSOs could require evidence of ASP-centred anti-doping education as part of annual accreditation cycles.

Put another way, there needs to be a structural basis to the Articles that direct support to be given to ASP. Future versions of the WADC (noting the 2015 version was confirmed before publication) need to incorporate stronger governance measures to ensure NADOs and NSOs meet their support obligations beyond compliance (Woods, 2013). This may include making anti-doping part of annual accreditation for ASP, NADO and NSO activity-based reporting (beyond volume exposure of the type reported by ASADA), and independent audits of knowledge and practice (Mazanov, 2013b).

The interviews suggest there are potentially conflicting attitude domains that can impact on practical implementation of anti-doping policy. One domain is general ASP support for the anti-doping ideology as consistent with espoused ethical beliefs about sport (e.g. health, fairness and naturalness). This would suggest that there is a fairly sound foundation upon which to implement anti-doping measures in practice. However, a second has to do with tensions that were shown to exist between ASP beliefs and attitudes and what they would actually do in practice, regardless of the hypothetical nature of the practical scenarios ASP were asked to respond to.

The tensions between beliefs/attitudes and practices were most noticeable in the area of anti-doping reporting. A proportion of ASP tended to avoid responsibility for reporting athletes who have committed an ADRV. In the interviews some ASP report either changing their behaviour (e.g., deferring responsibility to the managerial hierarchy) or their attitude to penalty enforcement (e.g., giving athletes a chance to atone through abstinence), or by appealing to their professional duty to ensure athlete health and confidentiality. This analysis suggests ASP are attempting to resolve the cognitive dissonance (Festinger, 1957) arising from the conflict between attitude and behaviour.

This also explains the slightly negative average attitude reported in the survey (see Section 1.2). It seems that ASP are able to separate their attitudes about anti-doping into support for the ideology, and mixed responses to how that ideology is enacted in practice. The negative attitude to doping is muted by the mixed attitude to implementation, leading to a slightly negative average. This has two implications. Firstly, ASP attitudes towards anti-doping could be strengthened if ASP were equipped with a coherent and robust justification for practice and better support to implement anti-doping practices. At the same time, attitudes against anti-doping could be bolstered if there continues to be shortcomings in practice. This is what most scholarship critical of anti-doping appears to do (e.g. Waddington *et al*, 2013).

Future research is needed to tease out the relationship between attitude and behaviour. For example, instead of using hypothetical scenarios, reanalysis of attitude scales (e.g. the Performance Enhancing Attitude Scale; Petroczi & Aidman, 2009) could be undertaken guided by the separation between attitude (positive) and practice (negative) of anti-doping. A second core issue is that the sample was dominated by ASP with no direct experience with athletes who dope, making it difficult to understand fully the degree of consistency between anti-doping attitudes and practices. Ethnographic research could provide much needed insight into the differences between what ASP say and what they do. Importantly, this must include what ASP say across natural contexts rather than formalised research or interviews.

Doping attitudes appear to be influenced by ASP perceptions of ethical practice. The majority of ASP interviewed constructed the ethical basis of anti-doping using conventional drug and sporting rationales, such as drug harms (e.g. health and career), rule following, and the perceived moral virtues of sporting practice (e.g. fair play, level playing field). It is yet to be determined whether these rationales are simply “truisms”; that is, fundamental beliefs about drugs and sport, rather than reasoned positions (Mazanov, 2013b). In other words, there may be insufficient depth to support the ideology beyond faith (cf Loland & Hoppeler, 2012). By contrast, the minority appeared to construct their opposition to anti-doping by discounting existing rationales (e.g. drugs can be “good”) or introducing different harms (e.g. organised crime).

The capacity to understand both arguments and counterarguments may represent a more sophisticated construction of the ethical basis of anti-doping. If the aim of anti-doping authorities was to move away from a belief- and compliance-based approach to a practice-consistent and value-informed commitment-based approach, then it might pay to consider how ethics and integrity-based education for ASP might contribute to this end. Support for anti-doping among ASP can therefore be strengthened by promoting conventional harms as

the primary consideration of any drug control policy for sport. Conversely, opponents of anti-doping should focus on establishing counterarguments drawing on conventional tropes rather than contradicting closely held beliefs about the nature of drugs or sport.

Thematic analysis suggested that other factors that need to be taken into consideration in order to understand doping, and the policy and measures designed to control it. The gap between knowledge of WADC and the implementation of anti-doping practices is exemplified by the conflict some ASP had between their reporting obligations under WADC and their duty of care and confidentiality obligations under a professional code of conduct.

The passing of the ASADA Amendment Bill 2013 sees the expansion of investigative powers, including the ability to issue disclosure notices compelling persons of interest to produce evidence for investigations into suspected anti-doping offences; failure to comply risks significant financial or custodial penalties. Under the new powers, some ASP (e.g. medical doctors) may have a protected right to not self-incriminate, but an ASP could still be expected to produce evidence that could implicate others (e.g., athletes, other ASP). This has the potential to exacerbate the tension that some ASP in this study expressed between their reporting obligations under WADC and their obligations to patient/client health and confidentiality under professional codes of conduct. Research could be useful here to examine ASP understanding of the new ASADA powers and its perceived or actual impact on therapeutic relationships.

Despite having limited knowledge of WADC policy, ASP showed a nuanced appreciation of the structures in sport that were thought to encourage, support and even justify drug use. The experience of Australian ASP appears to be one where substance based performance enhancement is introduced and normalised to athletes early in their career, first through legal substances, agreeing with other research on the natural history of doping

(Lentillon-Kaestner & Carstairs, 2010; Ohl, Finocouer, Lentillon-Kaestner, Defrance & Brissonneau, 2013; Pappa & Kennedy, 2013).

According to the ASP Australia has a sophisticated system of “grooming” or socialising young athletes into a “performance culture”, of which substance use appears to be a part. The link between the high-performance culture of sport and doping is consistent with research (e.g. Houlihan, 1999) and with reports from other countries where a “win at all costs” approach is seen to make doping an inevitable part of sport (e.g. USADA, 2011).

The view that doping in sport is a “necessary evil” is telling. That is, it points to what appears to be a contradiction between the generally widespread ASP endorsement of the health and fairness values underpinning anti-doping policy, but also a recognition and acceptance that doping goes hand-in-hand with the high-performance ethos of elite sport. This apparent normalisation of doping in sport may pose serious problems for sustaining anti-doping efforts. It might also provide an opportunity to address in a more systemic way the (high-performance) cultural antecedents of doping in sport.

Prior to WADA, substance use was a normalised part of many sports, one that co-existed with a weak implementation of the anti-doping ideology. The weak implementation showed the IOC was aware that such substance use occurred, but was generally unconcerned (e.g. Hoberman, 2001). Following the political intervention in the 1998 Tour de France, which threatened to remove drug control from sport (Hanstad, Smith & Waddington, 2008), the creation of WADA exceptionalised certain forms of substance use using a set of international conventions, treaties and legislation (Houlihan, 2004). In effect, WADA has drawn the line on what performance enhancers are acceptable and those that are deemed illegitimate and subject to penalties. The anti-doping discourse gained ascendancy rather than replacing the performance discourse. The parallel discourses may therefore be a legacy of

how anti-doping evolved. Both discourses are still strong and more needs to be understood about the tension that remains.

The study gives an empirical basis to understand where and how the differences between policy designed to give effect to the WADC and the lived experience of ASP practice of anti-doping arise. In practical terms, anti-doping administrators need to achieve two main outcomes. The first is to resolve contradictions emerging across policy domains, such as reporting obligations for health professionals. Administrators need to consult with peak national sports medicine bodies to develop guidelines or procedures around prioritising treatment and reporting. Doing so may lead to a broader resolution of the competing and sometimes contradictory twin aims of health and performance in the WADC (cf Mazanov, 2013c; Mazanov & Quirk, 2012). The second is to develop policy frameworks that move beyond administrative compliance, reallocating resources to build an understanding of anti-doping ideology and administration among ASP. One way to achieve this is for administrators to force sports and ASP organisations to take responsibility for anti-doping by redefining WADC compliance to incorporate cyclical updates of sports-specific doping issues as part of ASP accreditation. This may include changes in the monitoring and prohibited lists relevant to their sport, anti-doping administration relevant to ASP (e.g. the administrative architecture of anti-doping including how to report an ADRV) and special issues (e.g. how to talk with children about doping, or exploring arguments for and against anti-doping). In conceptual terms, the two potentially contradictory discourses around anti-doping and the normalisation of performance enhancement in Australian sport point to a broader issue of how the role of drugs in sport is most effectively managed. Resolving the tension between the anti-doping ideology and the practice of substance use in sport remains a key challenge for sport.

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Table 1: Support personnel views on what they would do if any athlete told them that they were *thinking of using* a banned performance-enhancing drug.

Comment	n
Discuss why, and health, career and punitive consequences	25
Report the athlete	16
Advise them not to	16
Refer the athlete	8
Discuss rules and consequences	7
Discuss why and explore alternative, legal solutions	5
Would stop working with athlete	3

Table 2: Support personnel views on what they would do if any athlete told them that they were using a banned performance-enhancing drug.

Category	Comment	n
Reporting	Would report to higher authority in sport	21
	○ And would also report to ASADA	
	○ Abide by institute protocols for reporting	
	○ Pass responsibility to higher authorities in the sport	
	○ To explore my options and obligations	
	Would <u>NOT</u> report the athlete to ASADA	15
	Would or probably would report the athlete directly to ASADA	10
	Would <u>NOT</u> report the athlete at all, would keep the knowledge confidential	4
	Report to ASADA if advised by higher authorities in the sport	3
	Report to ASADA if athlete continued using after warning	2
Other actions	Would remind them about their (and/or my) obligations and counsel athlete as to consequences to their sporting career	12
	Would counsel athlete as to consequences to health	9
	Would seek advice as to what I should do from colleague or ASADA	7
	Would withdraw athlete from team/squad	4
	Would seek out information about the drug from medico or internet	3

Table 3: Views on awareness ASP supplying banned performance-enhancing substance

Comment	n
Report them to higher authority in the sport, employer	14
Report them to ASADA	9
Seek advice from a trusted colleague or senior person in the sport	6
If I knew them, would approach them directly and tell them to stop, ask them why	5
Seek advice from ASADA hotline	3
Report them to ASADA if they did not stop	2
Seek legal advice	2