A doping sinner is not always a cheat

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The doping rules these days are really tough. The basic principle is: first offence gets a 2 year ban, second offence a lifetime ban. Everyone seems to agree that doping is cheating, and those who cheat should be sanctioned, so if an athlete provides a positive sample in any sporting situation, the inference must be that they are cheating. Unfortunately, both for the athlete and the anti-doping system, that is not always the case.

The International Tennis Federation (ITF) is very open and transparent about all their past positive doping cases and publishes them on their anti-doping website (www.itftennis.com). There were 40 positive findings in the 5 year period 2003–2007, but it appears that in only 13 of the 40 cases was a prohibited substance taken to enhance performance. In all the other cases (67.5%) it was accepted at the independent hearings that there was “no intent to enhance performance” (19) or “no (significant) fault or negligence” (8). The breakdown is shown in table 1.

Let us look at these findings more closely.

SUBSTANCES FOUND IN THE TESTS

Anabolic agents and refusals

These cases (n = 6; 15%) were mostly found at the start of the review period (2003–4), although one refusal was reported in 2007.

Social drugs

Social drugs made up 40% of the cases (n = 16: 11 cases of cannabis, 5 of cocaine). The general discussion here is not about performance enhancement but about the potential damage to health. What most people do not know, however, is that the use of cannabis is not banned outside competition. As the active metabolites are fat-soluble, they are stored for a lengthy period in the body, and tetrahydrocannabinol, the active component of cannabis, can be detected in a urine sample up to a month or more after use. Hence, even if an athlete strictly adheres to the World Anti-Doping Agency (WADA) rules, and only consumes cannabis outside competition, they can still test positive if they provide a urine sample at a competition a month later.

Stimulants

Stimulants made up 15% of cases (n = 6). When we look at the results, three cases are striking.

Case 1

A player was prescribed modafinil for jet lag by his doctor. The athlete and the doctor checked the trade name, but not the generic name of the product on the WADA Prohibited List. The player was banned for 14 months.

Case 2

A player took isometheptene, a common over-the-counter medication in his home country, for headaches. The National Olympic Committee of his country had issued a booklet in which it stated that isometheptene (known as neosaldina) was permitted, but it was in fact on the WADA prohibited list. The strict liability rule was applied, and the player was banned for 2 months.

Case 3

A wheelchair tennis player took a stimulant (adrafinil) in combination with valium and oxybutinin. This had been prescribed by her general practitioner for a prolonged period before she started to play wheelchair tennis. It was accepted at the hearing that any performance-enhancing effect of the adrafinil would have been counteracted by the valium and oxybutinin, and that there was no intent to enhance performance. The player was banned for 2 years.

Table 1 Breakdown of drugs in the 40 positive findings 2003–2007

<table>
<thead>
<tr>
<th>Substance found</th>
<th>Cases, n</th>
</tr>
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<tbody>
<tr>
<td>Social drugs</td>
<td>16</td>
</tr>
<tr>
<td>Stimulants</td>
<td>6</td>
</tr>
<tr>
<td>Anabolic agents</td>
<td>4</td>
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<tr>
<td>Beta-2 agonists</td>
<td>4</td>
</tr>
<tr>
<td>Diuretics</td>
<td>3</td>
</tr>
<tr>
<td>Corticosteroids</td>
<td>3</td>
</tr>
<tr>
<td>Finasteride</td>
<td>2</td>
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<tr>
<td>Refusals</td>
<td>2</td>
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</tbody>
</table>

Corrections

Corticosteroids

Corticosteroids were present in 3 cases (7.5%). These drugs are commonly prescribed all over the world. In the Netherlands, 9.2 million prescriptions are written each year for corticosteroids alone.1 These prescriptions are used by 14.7 million people (excluding patients in hospitals), a ratio of 626 corticosteroid prescriptions/1000 people. Furthermore, four double-blind, placebo-controlled studies have shown that there is no performance enhancing effect of corticosteroids in healthy, elite athletes.19–20 Only in one study on recreational cyclists was a small increase in endurance time noticed when the study group was performing at a submaximal level (70–75% VO2max).19

Beta-2 agonists

Beta-2 agonists were found in 4 cases (10%). Two of these are particularly noteworthy.

Case 1

Beta-2 agonists were used by a wheelchair tennis player, who had previously been hospitalised for asthma. She took all her medical papers to the tournament with her, but because she had faxed the original therapeutic use exemption (TUE) application to the wrong address, she had no valid TUE in place. The player was banned for 1 month.

Case 2

The player had a TUE for the use of salbutamol, but that TUE had expired on 31 December. When he played the Australian Open 2 weeks later, he consulted the tournament physician, for shortness of breath during a match, and was given another inhaler. At the time, the player was under the mistaken impression that his TUE was still valid. He was banned for 1.5 months, and had to forfeit approximately US$13 500 in prize money.

CONCLUSION

The main problem is that the WADA prohibited list has increased to such an extent that if members of the general public were subject to dope testing, a considerable proportion would test positive and be branded as cheats. With the number of false-positive doping cases steadily increasing, we should critically review the products that are on the list of prohibited substances and focus on those that are truly performance-enhancing and damaging to health. Using evidence-based medicine as our aid will help prevent unnecessary branding of athletes as
cheats, when they are in fact guilty of nothing more than administrative errors. That’s what I call fair play!

Competing interests: None declared.

REFERENCES


