

## On Anti-Doping

The World Anti-Doping Agency (WADA) was formally acknowledged in 2001 as an international coordinated effort to identify prohibited substances/methods, create guidelines for athlete testing, and establish standards for biological analysis (Cadwallader & Murray, 2015; Fraser, 2004). Performance-enhancing drugs (PEDS) include anabolic agents, stimulants, erythropoietin (EPO), peptide hormones/growth factors, aromatase inhibitors, and diuretics; blood doping, sample contamination, and intravenous (IV) infusions are also considered illegal (Cadwallader & Murray, 2015; Dimeo & Taylor, 2013).

WADA governance also includes/defines: 'doping violation' are activities beyond direct drug use including trafficking, tampering with urine/blood samples, or missing drug tests; Therapeutic Use Exemption (TUE) allows legitimate use of certain drugs "for medical purposes", and the burden of proof is on the athlete; recreational/social drugs are banned; retrospective testing of biological samples is allowed; restrictions may be complicated due to substance half-life, etc.; biological passport system to identify long-term low-level drug use (Dimeo & Taylor, 2013).

The goals of anti-doping are to protect the athlete and protect both the fairness and spirit of the sports (Dimeo & Taylor, 2013). However, the process and/or tests for detection of banned substances need to be more accurate. Burke and Faber (2012) noted that WADA does not have any "reporting threshold" (i.e. only positive or negative but discounts the amount of substance found). Thresholds outside of sports-testing are standard practice in other domains such as drug-testing of federal employees and workplace drug-testing (Burke & Faber, 2012). Dr. Berry noted that the levels of confidence in WADA drug-test were too low, and that it was indeed possible (if not likely) that false-positives may result (as cited in Burke & Faber, 2012). One way to more accurately and fairly monitor an athlete is by using a "biological passport" which basically is a biological fingerprint that monitors athletes longitudinally (Burke & Faber, 2012; Cadwallader & Murray, 2015). Currently, WADA has a Hematological Module (detects blood manipulation) and a Steroidal Module (require urine sample and detects anabolic-androgenic steroids, AAS) (Cadwallader & Murray, 2015). However, biological passports may be invasive to privacy as an athlete must be able to test "at any time" (Cadwallader & Murray, 2015).

The author is against PEDS with the exception of clinical pharmaceuticals to address a diagnosed and proven medical condition. Drug-testing does need to improve accuracy. As for an "invasion of privacy", the lack of privacy goes along with the job/occupation as an athlete/entertainer/celebrity/movie-star, etc. There is a certain amount of "lack of privacy" that is inherent in certain occupations (being an athlete is a job). The readings in week 10 did not change the author's opinion on PEDS.

## References

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