

Doping in Denmark

A WHITE BOOK

1999

English summary

The essential task set by the White Paper Committee is to review the extent to which doping substances are used by the Danish population and in various sports milieus in Denmark; and, moreover, to examine the character of the doping phenomenon by providing the historical, sociological, medical, legal and ethical perspective of the various issues actually related to the use of doping substances. Based on the work conducted by the committee, a number of recommendations for key concentration areas are advanced, which should be considered by relevant parties and organisations with reference to the use of doping substances in Denmark.

Doping is highlighted in the report by posing the questions What? How Much? How? Whom? Why? Why not? And answers are not easy to arrive at. Thus, the concentration areas chosen must be guided accordingly and if the use of doping substances within fitness and sport is to be avoided, efforts must focus equally on every level, right from parental responsibility to the international political arena.

The definition of doping adopted by the White Paper Committee is in accord with that of The International Olympic Committee, (IOC):

“Doping is defined as the presence in the human body of substances which are prohibited according to the list published by the International Olympic Committee and/or the international organisation of the member organisation in question.

The use of such substances, their presence in urine or blood samples, and the use of methods with the purpose of altering the result of an analysis of a urine or blood sample are prohibited.”

Drugs and methods defined systematically by the IOC as doping substances are adjudged performance enhancing thereby generating unfair competition between those who partake of doping substances and those who refrain. All substances, doses and methods catalogued on the IOC list may not appear particularly performance enhancing, at least not for all athletes and not in all disciplines. Concurrently, several other substances are available which could be considered performance enhancing without for this reason appearing on the doping list. The question of health injurious impact is an element that in like manner is taken into account in determining what constitutes a doping substance, an element that can be as diffuse as the issue of performance enhancing impact.

The committee identifies several grey areas but has chosen to distinguish between doping substances and what are termed performance enhancing substances, which are substances that do not appear on the doping list and are consequently not prohibited. These are categorised in this document as substances taken by active sportsmen and sportswomen with a view to perfecting or realising their fitness or sporting potential.

In the introduction, the committee points out that doping in itself is not a new phenomenon but rather a phenomenon that in the past decade has become a public issue and by all accounts is more widespread among athletes, than a mere fifty years ago. However, assessments of prevalence rest on numerous tests that were not conducted with anything like the same intensity of a few decades ago. It can be difficult to determine therefore whether apparent signs of more widespread use of increasingly refined substances within various sports and fitness environs are the result of heightened focus on doping and a strong ethical position against it.

There is a body of evidence to suggest, however, that people actively involved in fitness training and sport are faced with many and new milieus that could generate conditions which predispose individuals or groups to experiment with various types of medication. Social trends towards increased commercialism and professionalism within elite sport, and the emergence of a so-called fitness milieu are influential in this regard. Concurrently, general developments have taken place within medicine and the pharmaceutical industry that, in a degree not hitherto witnessed, involve life processes that were previously considered fixed

or that should not be altered with the aid of pharmaceutical substances, notably pregnancy, birth, menopause, sexuality and old age, but also tobacco, alcohol and euphoric substance dependency. Furthermore, in recent decades some sports physicians and other experts have concluded that hard physical activity in the form of athletic performance has physiological outcomes legitimising medical intervention.

In a subsequent chapter dealing with what in reality constitutes doping, the definition of doping is set in the perspective of political and sporting bodies that have had an impact on what should be termed doping. Moreover, significance is attached to the various effects of different doping substances and the question of dosage. Most doping substances are intended and developed as medicine for the sick and concurrently, in this context, the administered dosage, as a rule, is far less and possibly more isolated from the consumption of other pharmaceutical substances than usual in a doping context. In cases of doping, dosages can be 10-100 times greater than in a clinical context and in many instances involve multi substance intake. Clinical trials on the precise impact and particularly the long-term effects involved with respect to the intake of large dosages, as well as synergy with other substances, are not extensive. The issue of dosage is therefore thought to be fraught with tremendous risk, as is synergy with respect to how the various substances reinforce and act upon each other.

The grey area surrounding the definition of doping is illustrated by drawing attention to various effects on the blood's oxygen content and by three substance examples: caffeine, salbutamol and creatine, as well as intravenous injection compared with oral intake of liquids and nourishment. The various effects of common methods and substances raise some relevant questions with respect to criteria determining which substances and methods appear and should appear on the IOC's recognised doping list.

Finally, the chapter on what in fact constitutes doping tackles in its final section some future scenarios. What could doping become? This is thought to be the pertinent question with respect to aspects of potential future medication and genetic engineering. The section concludes the chapter by stating that although new knowledge is emerging constantly, its application can be highly varied. Thus genetic doping could, with the purpose of compelling the body to produce relevant "doping" substances itself, become a possible alternative for some active athletes in ten, twenty or thirty years time. And sports organisations and other relevant bodies cannot avoid taking a position now or in the future on where the ultimate limits for aids designed to enhance athletic performance should be fixed.

The third and most comprehensive chapter attempts to reveal the prevalence of doping substance intake among the population in general and within sport and fitness specifically. To shed light on the issue of prevalence, and as no systematic examination of doping has hitherto been undertaken in Denmark, the White Paper Committee conducted a number studies. Chapter 3 therefore deals mainly with these studies, as follows:

- Confederation of Denmark (DIF).
- A questionnaire distributed among members of Danish gyms and fitness centres
- A questionnaire distributed among gymnasts on respective representative teams of county associations affiliated to the Danish Gymnastics and Sports Associations (DGI).
- A questionnaire distributed to runners in the Copenhagen Marathon 1999, conducted by the National Health Board in cooperation with the White Paper Committee

A questionnaire distributed among authorised cyclists conducted by Denmark's Cycle Union

Likely deliberation on the use of doping substances in the future concentrates mainly on the issue of speedy treatment of injury; otherwise over 90 per cent of respondents consider such deliberation irrelevant.

There is thought to be widespread use of other performance-enhancing substances notably ginseng, creatine or schizandra, in some fitness and sports milieus.

Notable findings on the issue of doping and doping substances pervading the above studies are:

- Men
- Users of gyms and fitness centres, and cyclists
- Elite athletes within disciplines demanding strength
- Sportsmen and sportswomen who engage in sport five times a week or more
- Sportsmen and sportswomen who use other performance-enhancing substances and have:
- Experience of doping substances
- Been offered doping substances at one time or another

Know where to procure doping substances and would consider using doping substances if legal, if they did not entail side effects or if their competitors used doping substances. The final question on the influence of competitors applies particularly to respondents in the elite sport category.

In analysing the above studies the question of underreporting, an unreliable element that must be computed in studies of fields shrouded in various kinds of taboo and prejudice, or involving crime, was discussed. There is no failsafe method available by which to avoid under-reporting or overreporting of doping, and thus the figures presented entail a degree of unreliability. Figures for the respective studies suggest underestimation of the actual use of doping substances, although not necessarily because respondents failed to answer to the best of their knowledge. In all probability, those who did complete the questionnaires did not have first hand experience of doping. Conversely, the responses suggest that many respondents know doping users personally and admit that doping substances are fairly accessible, which probably explains the degree of detachment. Accordingly, in the assessment of the White Paper Committee, the responses to the direct question on doping intake, which appeared in all studies, do not necessarily reflect the actual extent of doping in Denmark but rather are skewed to the low side of actual magnitude.

Chapter 4 addresses Danish doping cases detected by the police, the Inland Revenue and the Doping Control Commission of the Sports Confederation of Denmark (DIF). The cases dealt with include smuggling, distribution and possession of doping substances detected by the police and Inland Revenue officials, and doping within sport detected by doping control tests conducted by the Danish Doping Control Commission.

Controlling the observance of legislation prohibiting the distribution and possession of certain doping substances is the jurisdiction of the police and Inland Revenue. This task has been coordinated with the other Nordic countries since 1995 through an inter-Nordic Police and Inland Revenue Unit, PTN's Project Doping. Drug seizures by the police occur mainly by chance during searches when investigating other crimes. Postal and shipping inspections, and crossborder control are the main sources of seizures by the Inland Revenue. In 1998 the police and Inland Revenue together made 242 seizures, involving the confiscation of 220,747 doping substances in tablet or ampoule form. 200 were charged with violations of doping legislation in 1998. In comparison, 8,800 were charged with violations of narcotics legislation.

No definite conclusions can be reached on the prevalence of doping substances based on these figures, as the police force to date gives less priority to doping than, for instance, to narcotics. The same applies in the other Scandinavian countries, where seizures of doping substances are mainly arbitrary and estimates on actual prevalence are difficult to arrive at. It is anticipated, however, that legislative measures in Scandinavia, notably Sweden's legislation criminalising use in addition to possession of and dealing in doping substances, will heighten awareness of doping as a crime.

The Danish Doping Control Commission conducted a total of 979 tests in 1998 in 38 sports associations and clubs, 62 per cent of which were conducted outside the competitive arena. About one per cent (ten tests) proved positive, corresponding approximately to the percentage detected in recent years. Most positive tests, both in relative and absolute terms, were detected among weight lifters. The Danish Bodybuilding Union, which is not a member of Sports Confederation of Denmark and thus not subject to the jurisdiction of the Doping Control Commission, conducts its own doping tests. A 50 per cent positive rate was usual in the past decade. Positive test results reveal anabolic steroids as the main substances. This also applies at the international level. At International Olympic Committee laboratories, one to two per cent of conducted doping tests proved positive in the past decade. In 1997, for instance, 1,779 positive tests were authenticated at a global level, equivalent to 1.67 per cent of conducted doping tests.

The section dealing with probable distribution routes establishes that no analysis has been conducted to date on how doping substances are distributed in Denmark or for that matter in other countries. Chance

seizures and questionnaire results suggest that doping substances enter Denmark by way of postal traffic, especially via trade on the Internet and cross border traffic. Doping substances are then distributed by middlemen and among athletes in certain sports environs, similar in style to trade in narcotics. Minor and occasional large confiscation of doping substances found in the possession of narcotic users and dealers suggest that to a certain and as yet undetermined extent, organised crime is involved.

The overall evaluation in the last section of Chapter 4 contends that there is no indication that legal medication administered through normal medical channels in Denmark is a supply route for doping substances. If such activity occurs, for instance if doctors should prescribe non-subsidy medicine for doping purposes, the committee's evaluation is that it is limited to a few individuals.

Chapter 5 comments on the provisions of doping legislation, which focus primarily on regulating the use of doping substances outside the realm of organised sport. Sports federations, associations and clubs embraced by the Sports Confederation of Denmark (DIF) control and sanction the misuse of proscribed substances within sport. The organisation and role of the police and Inland Revenue, respectively, with respect to guaranteeing observance of the law, is also a subject of this chapter. It is noted that there are certain jurisdiction differences in the scope open to the police to investigate and prosecute breaches of doping legislation, as compared with violations of narcotics legislation. The chapter details a number of convictions for violations of doping legislation. To date verdicts range from minor fines for possession for personal use to long-term prison sentences for dealing in large quantities of doping substances. In 1978 the Sports Confederation of Denmark (DIF) established a special doping commission authorised to conduct doping tests during training sessions and competitive events held by DIF associations and clubs. The legal framework for doping control within sport is put forth in the doping control regulative (regulative III) of DIF's constitution. DIF is the only nationwide sports organisation empowered to conduct doping control. DIF and Team Denmark have set up a joint Doping Control Commission responsible for doping control within clubs/teams/associations organised under the auspices of Team Denmark.

The doping laboratory at Copenhagen University Hospital (Rigshospital), which is officially accredited by the IOC and which conducts its own analyses, supplements the commission. The Doping Control Commission brings positive doping tests before the DIF Doping Board, which rules on violations of the Doping Control Regulative. The doping laboratory's reception procedures and analyses methods are outlined in more detail in a separate section in Chapter 5.

Information and preventive campaigns to date have mainly been the responsibility of the Doping Control Commission. The commission publishes information material on a regular basis and works in cooperation with the National Health Board on such campaigns as "Doping, don't do it". The Doping Control Commission collaborates with Copenhagen University Hospital (Rigshospital) on manning a Doping Line, which allows members of the public to anonymously contact doctors attached to the National Health Board on doping related issues. Magazines and periodicals issued by sports organisations carry regular articles on the issue of doping. Notable publications include DIF's magazine *Idrætliv*, Team Danmark's magazine for trainers *Puls* and DGI's *Ungdom & Idræt* and *Krumspring*. DGI also focuses on doping and is in the process of setting up a steering committee to promote initiatives designed to prevent and combat doping.

Viewed from the perspective of various athletes the question "Why doping"? is addressed in Chapter 6. Denmark has, not as yet, conducted major research into the motives put forward by athletes with experience of doping to explain why they and others use doping. Sporadic, foreign research, notably in the body building milieu, may help to highlight that more and other than the performance motive constitute grounds for using doping substances. Key motives like developing a certain body shape to win the respect of a peer group, physical attractiveness, boosted self confidence and self esteem are thought to be important factors among athletes who do not necessarily compete in competitions.

Research conducted abroad suggests that identity and life style can be generated in certain body building milieus characterised by discipline, hard training and dietary planning, and in some cases intake of doping substances. Several interviewees reason that identity and self-confidence depended on muscularity and some researchers note similarities between the body attitude of the extreme body builder and the anorexic. Some users of muscle-enhancing hormones are thought to suffer from what is termed reversed anorexia, the unrealistic perception of oneself as too small or too weak. A perfect body (large or small) can signify that one is in control. Contemporary research suggests that fasting as a method to reduce body weight is most widespread among girls and young women, whereas the intake of muscle-enhancing hormones to enlarge the body is mainly a male domain.

Research conducted by the White Paper Committee suggests that the issue of diet and weight plays a significant role for many people active in various sports, within various disciplines and at various levels of performance. Slimming agents seem more prevalent among female respondents to the gym and fitness centre study (16 per cent use or have used slimming products) than among male (8 per cent). This correlates well with findings that female respondents generally, (88 per cent) train essentially to reduce body weight, whereas the majority of male respondents (62 per cent) train to develop muscle.

Besides the questionnaires, the White Paper Committee conducted a number of qualitative interviews with elite athletes from Team Denmark's competitor lists and with other key individuals. Some motives for doping can be implied from these interviews and interviewees suggest some possible explanations for doping within elite sport. However, these implied motives cannot in any way be construed as representative of elite sport, as such. However, they can act as indicators of those factors elite athletes consider significant for doping within elite sport. Unlike the motives foreign studies could deduce from interviews with body builders, the issue of professionalism and commercialism is pertinent among elite athletes. Several interviewees were of the opinion that doping is most prevalent in sports with "money involved". In such contexts, good performance gives immediate returns in the form of contracts and handsome salaries. Money solid sports, or maybe more accurately, teams, often have a more refined network of experts that can supply information on the feasible use of doping substances and contacts to dealers. Such experts may also assist in determining dosage and monitoring physical condition, both to protect the health of athletes and control permitted limits to avoid detection.

The winner mentality among individual athletes and more systematically in teams, among sponsors, in specific sports and even the State is also highlighted as a factor pertinent to deliberations on and the actual use of doping substances. Doping is highlighted as a possible agent capable of breaking a pattern of poor performance or for speedy rehabilitation after and treatment of injury, but also as a more arbitrary and perhaps suddenly presented opportunity. The interviews illustrate generally that if doping is to be combated in elite sport it is not merely a question of taking initiatives at the athlete level. Efforts must also focus on those who "service" elite sport at the individual team, association and state levels.

"Why not?", the theme of Chapter 7, refers both to arguments in favour of and against doping, specifically with respect to competitive sports and the world of sport generally. Arguments for and against are reviewed under four main headings: the issue of 1) health, 2) the principle of Fair Play, 3) image and 4) the naturalness of sport. The chapter works towards a conclusion that contends that doping promotes supposed mimic rivalry. A type of rivalry familiar in contemporary social spheres in which people attempt to emulate each other and fight for each other's positions, using a variety of methods, while no one at any point has the "right" to occupy his/her position. In fact, in its conceptual basis, mores and rules, sport attempts to exclude rivalry from its sphere of activity.

Sport is a singular institution and not intended as a direct reflection of society but rather as a sphere in which people can play and perform, subject to some specific conditions. This does not mean that sport is isolated from developments within society, but it is built on some unique conditions characterised at one and the same time by principles of equality and variance. The equality principle applies under the following premise: "Aren't we equal, can't we play", the variance principle in: "Don't you want to win, can't we play".

Sport is unique in that within the logic of equality it establishes a mode to tackle difference via the competitive system's guarantee of producing the right winner. In other words, the winner that displays an "inexplicable" difference with respect to certain fundamental mental and physical attributes related to strength, coordination, stamina, speed or mobility. Can difference be illustrated by cheating? That is, a form of corruption in which non-adopted rules, substances and methods are brought into play in the competitive arena, spawning a new game that does not deal with sport and which must be sanctioned. If sport is not to amount to what the totally modified body can achieve by mimic rivalry, legalised doping is hardly the solution. Consequently, sports organisations must decide what a worthwhile activity described as sport actually means.

Recommendations

The White Paper Committee's recommendations outlined under headings are as follows:

Premises

- Minimising if not completely eliminating the use of doping substances within organised sport and substantially reducing the use of doping substances in other training milieus are realistic propositions
- The use of doping substances in organised competitive sport violates fundamental principles and conflicts with public opinion

The use of doping substances in training environments such as gyms, and fitness and weight training centres is a health issue

Public authorities

- The police and Inland Revenue should attach greater priority to enforcing the law on and investigating doping
- Greater emphasis should be placed on information, awareness raising and preventive campaigns at different levels and aimed at various target groups

Reducing accessibility abroad to medication that could potentially be used in doping (EU)

Sports Organisations

- Tightening the doping list combined with heightening awareness
- Tightening control within competitive sport, possibly by employing blood tests at a future date
- International efforts
- Consistently influencing opinion and how opinion is expressed (active leadership)
- Authorised doping control in professional boxing

Doping control in organised fitness sports (DGI, DFIF)

Fitness centres

The introduction of the “green card”

Schools and institutes of higher education

Systematic information and preventive campaigns at all levels of the educational system from higher classes at primary & lower secondary schools, upwards, parallel with heightening awareness of euphoric substances

Research

- Exposing what determines prevailing opinion among athletes
- Prospective studies of sports cohorts
- Developing methods of analyses in cooperation with other countries

Doping laboratory

The doping laboratory will be upgraded to an independent unit with its own steering committee responsible simultaneously for coordinating information campaigns