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Is Unintentional Doping Real, or Just an Excuse?

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Abstract

There has been increased attention on athletes’ intentions and motives for doping. However, the majority of studies on doping intentions to date have assumed that doping is a consciously-controlled, goal-directed behaviour, and neglected the possibility that athletes could be unwittingly and unintentionally exposed to doping. Unintentional doping is often regarded as an excuse given by athletes caught doping, but it could happen in circumstances where athletes are unaware that the food, drinks, supplements, or medications they consume contain banned performance-enhancing drugs. Research into unintentional doping is in its infancy, but debates persist about the importance of this controversial topic. In this article we discuss the importance of unintentional doping as an issue in sport. We discuss the relevance of this research area based on statistics, reports, and recommendations (e.g., anti-doping codes) offered by WADA, together with the evidence from recent empirical research. We also outline the importance of formative research on effective interventions to manage unintentional doping.

Keywords: Doping; prohibited substances; supplements; accident; drug use.
Although some athletes who engage in doping do so willingly in order to gain an unfair advantage (i.e., “to cheat”), the possibility of athletes doping inadvertently or unintentionally cannot be discounted. In this article, we aim to address common misconceptions of the notion of “unintentional doping”, and discuss the relevance of this area based on statistics, reports, and recommendations (e.g., anti-doping codes) offered by World Anti-Doping Agency (WADA), together with the evidence from recent empirical research.

Unintentional doping (also known as “inadvertent” or “accidental” doping) refers to the accidental consumption of performance-enhancing substances on WADA’s banned list. It often occurs when an athlete uses a product (e.g., nutritional supplements, ‘energy’ drinks or products, medication, herbal or ‘natural’ products) that contains the banned substance or is exposed to the banned substance in routine situations (e.g., drug smoke, hormone-tainted meat), whilst being unaware of the presence of the banned substance. It is acknowledged that unintentional doping is often used as an excuse by athletes to explain adverse analytical findings in doping controls. WADA has adopted a near zero-tolerance policy when it comes to athletes claiming unintentional use. The relevant WADA statute notes that positive tests claimed to be “… attributed to the misuse of supplements and taking a poorly labelled dietary supplement is not an adequate defence in a doping hearing”. Only strong, non-circumstantial evidence would be sufficient to exonerate an athlete claiming accidental doping during the post-transgression disciplinary process. Otherwise they would be considered to have violated anti-doping rules and be served with the requisite penalty. Although WADA does not have an exact figure of the incidence of unintentional doping, their anti-doping rule violation statistics indicated that 6% and 10% of cases of doping considered in 2014 eventually led to “no sanction” and
“therapeutic use exemption (TUE)” decisions, respectively. The major reason for a “no sanction” decision is that athletes unwittingly consumed certain products containing the banned substance. Indeed, unintentional doping could still lead to sanction. Similarly, athletes who take banned substances for therapeutic or medical purposes could also lead to adverse analytical findings in doping controls and would be considered to have breached the anti-doping rule unless a TUE is applied for beforehand (exempt in case of emergency or other exceptional circumstances). Thus, WADA’s percentages of “no sanction” and “TUE” may provide an illustration of the extent of accidental or unintentional doping.

Another possible situation where an athlete may consume banned substances is from self-medication and supplement use. It is important to note that trained physicians and coaches are not always present to safeguard athletes from consuming medications, supplements, or other food and drink products that may contain banned substances. Analyses of a wide range of dietary supplements available for purchase via the internet found that over 17.4% of the products either contained, or were contaminated with, performance-enhancing substances banned by WADA (e.g., anabolic steroids, metadienone, and hormones/prohormones). These prohibited substances could also be present in drugs for medication purposes (e.g. certain common cold and influenza remedies, asthma inhalers) that may be obtained via the internet or in pharmacies and drugstores without a medical prescription.

The risk of unintentional doping is omnipresent in an athlete’s daily life, and can be exacerbated by a lack of awareness placing athletes at high risk. A recent experimental study on athletes’ awareness of unintentional doping revealed that less than half (40.6%) of adolescent athletes refused to take or eat an unfamiliar food
product provided, and only 16.1% read the ingredients table prior to consumption. Even if athletes do pay attention to the risks, questions remain as to whether or not they receive sufficient and correct information with regards to the banned substances that may be present in food, supplements, and medications. A recent qualitative investigation revealed that athletes tend to seek advice about the use of dietary supplements from either parents or coaches rather than qualified sport physicians or dieticians who have received training from authorised bodies on anti-doping procedures (e.g., WADA and its regional branches).

The omnipresence of banned substances in the food, drinks, supplements, and medications, that athletes encounter on a daily basis coupled with athletes’ low awareness of the risks may lead to unintentional doping, and may be the reason why some high-profile athletes claim that they have tested positive in doping controls due to the presence of banned substances in their diet of which they were unaware. Such anecdotal cases and research findings are consistent with WADA’s statement in that a significant number of positive analytic findings have been attributed to the misuse of supplement and medication. Therefore athletes should be extremely cautious of unintentional doping when using supplements, herbal or natural products, and non-prescription medication, or being in situations where exposure to unintentional doping (e.g., drug smoking, consuming food/ drink products that are contaminated with banned substances) is more likely.

In conclusion, unintentional doping should be considered an important consideration in the prevention of doping cases and transgression of WADA rules on banned substances. WADA’s policies make it clear that the onus lies largely on athletes and their support teams to be aware of the potential for banned substances to be present in athletes’ diets and take appropriate precautions. However, there is a
dearth of evidence on how to effectively manage unintentional doping prevention.

Formative research is needed to develop effective interventions to safeguard athletes from the risk of unintentional doping. These interventions, ultimately, should involve all stakeholders (e.g., athletes, coaches, sport managers/organisations, practitioners of sport medicine, sport dieticians, and doping control officers/ agencies) to offer a collaborative educational and preventive program for the prevention of unintentional doping \(^3, 10\).
References


