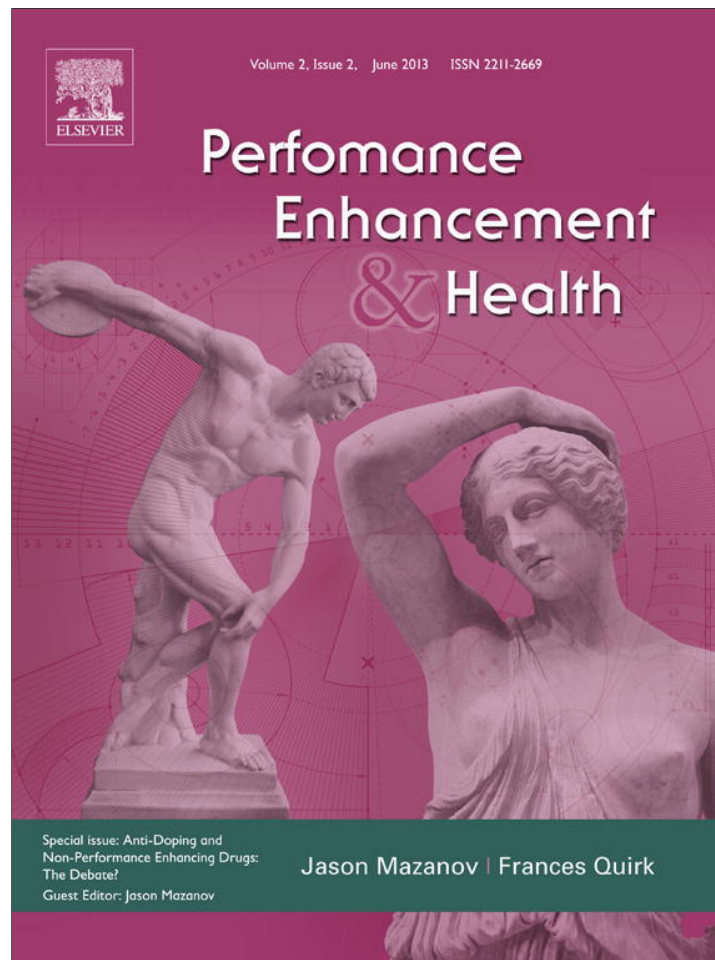


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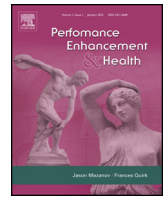
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Commentary

Comment on Henne, Koh and McDermott



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We welcome the paper by Henne, Koh, and McDermott (2013) as a thoughtful contribution to the debate surrounding the WADA prohibited list and WADA policy more generally. We find ourselves in agreement with most of, though not all, the points made in their article.

Henne et al. are not the first to draw attention to the need for more consistent drug classifications in sport and they correctly point to problems both in WADA's approach to evaluating scientific evidence and in the way in which scientific evidence is mixed up with subjective views. Like us, they are critical of the 'arguably nebulous concept of the "Spirit of Sport"' which, as we argued in our paper, is a poor basis for putting non-performance enhancing drugs, such as marijuana, on the prohibited list. We agree with Henne et al. that 'The Spirit of Sport . . . is . . . poorly defined', that it is 'difficult to operationalise in terms of policy implementation' and that in 'utilising it as a criterion for prohibiting a substance, the lack of clarity around its definition makes its application particularly problematic'. We therefore support their argument that the 'Spirit of Sport' should be removed as a criterion for deciding whether or not drugs should be placed on the prohibited list. In these respects, their arguments are entirely consistent with the main thrust of our paper.

There are also other key aspects of their argument which merit serious consideration. For example, they point to the need to consider 'whether or not current rules actually promote health in relation to sport' and, in this regard, they note that some aspects of anti-doping policy actually constrain athletes to use more dangerous but less easily detectable drugs, a process which the former Chief Medical Officer for the US Olympic team, Dr Robert Voy, has called the 'sad paradox' of anti-doping policy (Voy, 1991). They also note that some scholars have proposed a harm reduction approach to drug use in sport and that this approach has already proved both feasible and cost effective in countering illicit drug use in other spheres. Though we did not address this specific question in our paper, it is something for which we have argued elsewhere

(Waddington & Smith, 2009: 220–30, Christiansen & Bojsen-Møller, 2012) and which we support.

But if we agree with much of the paper by Henne et al. there is one key argument with which we disagree: their suggestion that, even if the 'Spirit of Sport' criterion were to be dropped, marijuana should remain on WADA's prohibited list on the grounds that it is both (a) performance enhancing and (b) dangerous to the health of athletes. Let us examine these arguments.

In relation to health, Henne et al. identify several disorders which, it is claimed, are associated with cannabis. However, whatever the health risks associated with cannabis use – and it might be noted that this is a medically contested area – the argument that cannabis should be prohibited by WADA because it may damage the health of athletes is fatally undermined by two considerations: (i) if WADA is convinced that cannabis is harmful to health and it wishes to protect the health of athletes, then why does it only ban cannabis in-competition? Is cannabis held to be less harmful to the health of athletes if it is consumed out-of-competition? (ii) If harm to the health of athletes is, on its own, sufficient grounds for banning a drug, then WADA would long ago have banned tobacco, a drug which has been described by the US Surgeon General as 'the chief, single, avoidable cause of death in our society', with 21 per cent of all deaths in the US and 19 per cent of all deaths in the UK being attributed to smoking (Waddington & Smith, 2009: 24–25). The key point here is that WADA is a sporting body and not a public health organisation and it does not ban substances merely because, as in the case of tobacco, they may be damaging to health.

The suggestion by Henne et al. that 'the prohibition of illicit drugs . . . is consistent with WADA's mission' not only ignores the fact that cannabis is not illicit in all countries but, even more disconcertingly, implies that WADA should be a law-enforcing body. In our view, law enforcement is best left to nation states where legal systems with proper checks and balances protect the rights of individuals. By the same token it is not clear on what basis WADA's particular conception of public health should override the public health policy of the Netherlands, for instance. Finally, if WADA were to ban substances simply because they were potentially harmful then the list of prohibited substances would be extremely lengthy. The key element then, is not just that a substance is potential harmful but that it also offers the possibility of performance

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enhancement. And it is here that the argument of Henne et al. really breaks down.

They argue that as 'a potential doping substance, cannabis is similar to opiates in enhancing sport performance through its analgesic and anxiolytic effects'. This claim rests on just one published paper, by Huestis, Mazzoni, and Rabin (2011) in which the authors note that marijuana has *negative* influences on coordination, movement and technical skills and leads to increased reaction times, all of which would *reduce*, rather than enhance, sporting performance. But Huestis et al. ignore the obvious performance-reducing qualities of marijuana and simply assert, in the statement on which Henne et al. rely, that cannabis can enhance performance since it 'is an analgesic that could permit athletes to work through injuries and pain induced by training fatigue' (p. 955). No scientific evidence is provided to indicate that marijuana is used by athletes in this way, and the authors do not cite any cases where athletes are alleged to have used marijuana as a painkiller.

Marijuana is widely used, and universally acknowledged, as a recreational drug and the unsupported assertion that it is used by athletes as an analgesic strains credulity too far, not least because

there are effective painkillers whose use is permitted under WADA rules.

In short, Huestis et al. provide no evidence to undermine the long-established view within sports medicine that marijuana is not performance enhancing. This is, of course, why WADA needs the 'Spirit of Sport' criterion to justify its inclusion on the prohibited list. If the spirit of sport criterion is dropped, as Henne et al. suggest, then the case for including marijuana on the prohibited list falls by the wayside.

References

- Christiansen, A. V., & Bojsen-Møller, J. (2012). "Will steroids kill me if I use them once?" A qualitative analysis of inquiries submitted to the Danish anti-doping authorities. *Performance Enhancement and Health*, 1(1), 39–47.
- Henne, K., Koh, B., & McDermott, V. (2013). Coherence of drug policy in sports: Illicit inclusions and illegal inconsistencies. *Performance Enhancement and Health*.
- Huestis, M. A., Mazzoni, I., & Rabin, O. (2011). Cannabis in sport: Anti-doping perspective. *Sports Medicine*, 41(11), 949–966.
- Voy, R. (1991). *Drugs, sport and politics*. Champaign, IL: Leisure Press.
- Waddington, I., & Smith, A. (2009). *An introduction to drugs in sport*. London: Routledge.