Repeal the Ban on Drugs in Sport for Fairer Contests and Reduced Health Risks

Terry Black

The International Olympic Committee banned from sporting contests certain stimulants and analgesics in 1971, and anabolic steroids in 1974. Since then, an army of sport administrators and medical personnel has become actively involved in attempting to ensure that sporting contests are drug-free. Yet despite two decades of effort, at the cost of millions of dollars, they have not achieved their objective.

Is it worth the effort to try to stop the use of drugs? Only, surely, if the arguments for the ban are compelling. But are they?

Drugs and Fairness

One of the two main reasons advanced for the ban is that it is necessary to ensure that sporting contests are fair. But, before the ban, any advantage gained from artificial devices, including drugs, was ‘competed away’, and would be similarly ‘competed away’ if the ban were removed.

There is little doubt that, if the ban were lifted, the use of drugs would increase, particularly in physically demanding sports. But the greater the number of athletes that use a new training technique, or a new diet, or drugs, the less chance each of them has of gaining an edge on their competitors. Before drugs were banned, it is very likely, particularly at the highest level, that the benefits of training, diet and drugs cancelled out among the athletes, leaving the athlete with the greatest natural ability as the winner. Take training. At the outset, athletes who train do benefit relative to athletes who do not train. But, as they improve, the probability that they will compete against athletes that also train increases until, at the elite level, it is likely that all competitors are maximising their performance through training. At the limit, if all athletes are using a performance-enhancing device, then the only difference between athletes is natural ability.

Because the rewards from success in high-profile events such as the Olympic Games are large, athletes have strong incentives to maximise the use of performance-enhancing devices. Prior to the drug ban, artificial devices such as training, coaching, diet and drugs cancelled out and equality of opportunity prevailed. Every athlete had a free choice whether or not to train, be coached, and use vitamins, amino acids and drugs, with the result that sporting contests were as fair as they could be. So the ban

Terry Black is Senior Lecturer in Accountancy at Queensland University of Technology.
on drugs could not be justified on the grounds that drug use made for unfair contests. Conversely, the ban on drugs introduced unfairness between drug users and non-users: since not all athletes abide by the rules, the drug ban benefits drug users, at least those that are not caught. The minority of athletes who continue to use drugs gain a significant unfair advantage over non-users.

The drugs ban would result in fair contests only if it could ensure that no contestant was taking drugs. But no drug-testing procedure is comprehensive and reliable enough to enable officials to provide an absolute guarantee that no contestant is on drugs. It is unlikely that such testing procedures could be devised or, even if they could, that they would remain reliable in view of the strong incentives to come up with new undetectable drugs and masking drugs. No one in the drug-detecting industry could ever give such a guarantee.

Arguably, an absolute guarantee is unnecessary, since the public would accept a reasonable degree of certainty. But the point is that, if the tests are less than foolproof, some cheating, and therefore unfairness, can result. So, rather than making sporting contests fairer, the drug ban in fact has turned sporting events into unfair contests between users and non-users of drugs. By restricting the majority of athletes, the ban acts as a barrier to entry and thereby provides monopoly-like rewards to drug-users who are protected from performance-enhanced competition from non-users.

Drugs and the Health of Athletes

The second major argument advanced in favour of the ban on drugs in sport is that it protects the health of athletes. However, it appears that there is no unambiguous answer to the question whether banned drugs are harmful to health. Various submissions to an Australian Senate inquiry in the late 1980s also indicated doubt. For example, the Health Department of Western Australia claimed the long-term effects of the substances were unknown (Senate Standing Committee on Environment, Recreation and the Arts, 1989:52).

Even if the use of drugs such as anabolic steroids did harm the health of athletes, the ban could not be justified on that basis alone. The ban itself exacerbates health risks, in several ways. It reduces the incentives for research into safe doses and ways to overcome harmful side effects; it restricts medical monitoring; it encourages athletes to acquire black market drugs; and it contributes to excessive consumption of drugs by users.

Research into safe doses. An explanation for the uncertainty about the long-term effects of drugs such as anabolic steroids is the lack of identification of dose quantities. It is only when the quantity consumed exceeds a particular level that it constitutes a danger. For example, even known poisons are ineffective below a certain quantity. The Senate Inquiry’s 1989 Report expressed the view that “substances such as amino acids do not pose any health risk” (p. 24). However, amino acids, vitamins and steroids are all dangerous to health if consumed in excessive quantities. To protect the health of users, it is unnecessary to ban drugs; what is needed is knowledge of safe doses. This is the case with vitamins, which are sold with clear instructions on how
they should be consumed. When vitamins were first discovered, they were hailed as the wonder cure; but some consumers suffered health problems because of lack of advice on safe doses. Subsequent research has solved that problem, allowing consumers to purchase safe doses. Should the ban on drugs in sport be removed, pharmaceutical firms would have huge incentives to establish safe doses for steroids and other drugs.

Of course, information about safe doses would not in itself prevent athletes from overdosing. But it would probably significantly reduce overdosing, particularly overdosing due to ignorance. Research into the effects of excessive doses would enable those athletes who wanted to take risks to do so in a more informed way.

**Medical monitoring.** Some athletes currently obtain advice from unqualified sources, such as black market suppliers and anecdotal evidence from other users: hardly reliable advice.

The ban denies athletes access to medical advice on the side effects of using steroids. The Senate Report pointed out that 'All the dangers associated with drugs used to enhance performance are made much greater by the fact that athletes using these drugs are likely to be doing so without medical supervision, in uncontrolled doses' (p. 52). If the ban were removed, the health of athletes would be medically monitored, probably resulting in fewer and less serious medical problems.

Against the legalisation of drugs in sport, it could be pointed out that a number of athletes have died from drug usage. Examples include American footballer Lyle Alzado, who died in 1992 apparently from excessive quantities of steroids, and a 23-year-old Australian body builder, Maurice Ferranti, who died in 1989 of a heart attack attributed to steroids and a masking drug. But the significant point about such deaths, along with the harmful side effects that innumerable athletes suffer, is that they all occurred under the drug ban. The ban has not only failed to protect the lives and health of athletes, but has contributed to such deaths and illness because it has denied athletes access to medical advice.

If drugs were legalised, they could be taken under strict medical supervision, significantly reducing the health risks that athletes are exposed to at present. Removal of the ban would increase the dissemination of information, allowing athletes to become informed about health risks and to have access to the best medical advice.

**Black market drugs.** The ban encourages athletes to obtain from the black market anabolic steroids that were produced for use with animals. These are unlikely to be fit for human consumption; they may be contaminated and cause diseases. The Senate Report pointed out that 'Drugs obtained on the black market and not from a registered medical practitioner will always be suspect... [involving] the dangerous possibility of contaminated material. This may lead to AIDS or Hepatitis' (p. 54). The high prices that black-market suppliers command reflect the high costs that the ban im-

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1 It is true that reliable scientific information about banned substances can be found on the internet. Yet the fact that athletes have died from the effects of drugs suggests that many users are not fully informed.
poses on drug traffickers; for example, pharmacists who dispense steroids face a lifelong loss of their licence to practise. The opportunity to earn large profits attracts hardened criminals into the black market. Athletes pay high prices for black-market drugs that are unhygienic.

A parallel can be drawn with alcohol prohibition in the US in the 1920s. Prohibition famously failed to stop the supply and consumption of alcohol; but it did result in a black market in which criminals, lured by high prices and large profits, supplied alcohol to consumers. When the ban was removed, the criminals left the industry. In the same way, removal of the drug ban would allow reputable pharmaceutical manufacturers to produce hygienic products, pursuing the huge potential economic rewards from supplying low-risk drugs.

**Excessive consumption.** An argument for retaining the ban on drugs in sport is that, athletes would otherwise use excessive doses of steroids, to the detriment of their health.

In fact, athletes who are currently using drugs would benefit from the removal of the ban, since this would reduce the risks they currently face from using black-market steroids. Further, access to pharmaceutical companies producing safe-dose quantities with warnings against excess use is likely to reduce the health risks faced by these athletes. For these reasons, removal of the ban would save the lives of some of these athletes and reduce the health risks of others. This is not to say that all deaths and all health risks that occur under the ban would be eliminated. But they are likely to be greatly reduced.

One version of the excessive-use argument against lifting the ban holds that the ban prevents long-term harm to athletes in the same way that regulations administered by referees exist to prevent boxers harming themselves when they want to keep fighting despite the risk of severe injury. But the analogy is not precise, since, unlike punch-drunk boxers, athletes are able to make reasoned decisions. Further, in the absence of regulations requiring the referee to intervene, the boxer’s trainer or manager has an even stronger incentive to do so if necessary, since their incomes are dependent on the boxer’s health.

**Would Legalising Drugs Force Non-Users to Become Users?**

A further health-related argument against deregulation is that it would force non-users of drugs to start using them. For example, countries like the former East Germany might require their athletes to take steroids. In December 1994, eleven female Chinese athletes were stripped of their medals from the October Asian games for testing positive to drugs, thus raising suspicions that the communist regime in China has adopted a similar drug-use policy. But such countries will adopt such policies whether the ban exists or not. The ban has not deterred them, but it has given their athletes a huge advantage.

Without the ban, would athletes who had not previously used steroids be forced to use them so as to be able to compete with established drug users? Not necessarily. Steroids are not beneficial in all sports. As well, in free societies athletes may choose
to use steroids, to adopt high-altitude training, to train abroad, or whatever. Each ath­
lete will assess the costs and the benefits of different courses of action and some will
reject steroids.

Those who claim that athletes would be forced to use steroids tend to have in
mind the high-risk steroids that are currently in use. But these steroids are harmful
because of the ban itself, which, as has already been observed, promotes a black mar­
ket in drugs, prevents doctors and pharmacists from giving advice and monitoring the
effect of consumption on users, limits information about safe doses, encourages users
to consume dangerous masking drugs, and generally inhibits the emergence of a safe
drug market.

While drug taking would unquestionably be safer if it were legal, it would also be
much more widespread. This raises the question of whether a reduction in the
harm done to athletes who currently take drugs would translate into a reduction in the
aggregate level of harm. For the existing high-risk drugs, the answer is unknown. But
since lifting the drug ban would bring forth new, researched, hygienic drugs, adminis­
tered under doctors’ supervision, it is likely that the consequent reduction in average
harm would lead to a reduction in aggregate harm.

Authenticity

The final argument for the ban on drugs in sport is that it promotes ‘genuineness’ in
sporting contests. According to this argument, the sports-watching public (and many
sport participants) have a clear idea of what constitutes a genuine sporting contest. For
example, a race among drugged runners could be fair in the sense that all participants
had the same opportunity to use drugs; but it may offend against the public’s desire for
authentic sporting behaviour, as a swimming contest would if the contestants were al­
lowed to wear flippers.

Yet the rules and equipment used in sport are constantly changing, and improve­
ments in technology are widely adopted. Consequently, the idea of what makes for a
genuine contest evolves over time as athletes constantly search for performance im­
provement. During the 20th century, sport has left amateurism behind and today is
dominated by professional athletes who earn their living from playing and promoting
sport. Records continue to fall as a result of the increase in competition. Athletes
resort to every possible device, such as coaching, high-altitude training, videos, vita­
mins, amino acids and drugs. Governments assist by funding training facilities, trips
abroad, and sporting scholarships. The day of the ‘natural’ or ‘genuine’ athlete no
longer exists, if it ever did. Instead, all athletes improve their performance ‘artificially’
with training, diet, coaching and so on. In this sense, performance-enhancing drugs
are just one device among many. Steroids and other drugs are performance en­
hancers just as the use of graphite is in pole vaulting and tennis. The general public
has accepted the use of technology as part of contemporary sport, and has not turned
away from it on the grounds that it is not ‘genuine’. 
Since sport is a commercial enterprise, it has to be responsive to public tastes. Would removal of the ban and any subsequent increase in the use of drugs make sports contests less popular? In the case of steroids, probably not, since the major effect of using steroids is to increase physical strength. After all, the athletes on public display are already strong by virtue of natural endowment and training, particularly weight-training, making it difficult for the public to identify any increase in strength due to steroids. The public is more interested in performance standards and the breaking of records. For example, it is doubtful that the public would welcome professional golfers using equipment from the early 20th century rather than up-to-date balls and clubs.

Drugs in sport are little different from the many other devices that athletes employ to improve their performance. They reflect humanity's unceasing drive for improvement. Athletes follow this genetic imperative and the public demands it.

Reference


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2 One suggestion is that sports be divided between those that allowed drugs and those that banned them. But, as happens today, some athletes would undermine the no-drug sports by covert drug-taking.