“You want to win, don’t you?”

The urgent need for a psychological model to curb performance enhancing drug use among athletes in developing countries.
The social, cultural, economic and demographic context of a country need to be integrated with a psychological paradigm for examining PED use especially in developing countries i.e. The models needed to help curb it have to be customized depending on where it is implemented.

Recreational drug use v/s PED use = relaxation v/s need for success.

Need to understand the driving force behind use. To what lengths do sportspeople go for winning?
Structure of Presentation

- The context and the problem.
- Evidence (or lack of) of use of PED and its epidemiology
- Data on substance abuse
- Specificity of PED use in developing countries
- Selected literature: psychology, sociology, and ethics
- What’s to be done?
- Conclusion
Why is this a critical issue today?

- Medal winning athletes tested positive for dope. Entire teams were disbanded.
- Evidence of more extensive drug use?
- Sports promoted as a development aid.
- Country governments are in the process of reformulating sports policies.
"I made many sacrifices during my career. I have never taken steroids in my entire career."

India reels under a fresh drug scandal

Five more athletes, including a Commonwealth and Asian Games gold medallist, flunk the tests conducted by National Anti-Doping Agency.
Why are developing countries different from others?

“…But our major issues of concern are different. Basic social causes: nutrition, education etc. are a priority.” [sic]

Growing disparity between rich and poor (social/econ) \( \rightarrow \) high aspirations \( \rightarrow \) desperation to achieve = what lengths?

“Young people use sports as a stepping stone to find jobs. They have to do well at any cost.” [sic]

Lack of education = lack of information about consequences of PED’s.
Evidence of PED use in India

Aside from the fact that athletes tested positive during off season random testing, the evidence of use in our case is anecdotal.

“At lower levels it’s not a big deal, everyone is on something or the other and no one’s going to do anything about it anyway, so why make a big deal about it?” (ex-national athlete)

PED use is assumed to happen because of athletes’ ignorance. When athletes test positive, they often put the blame on coaches.

Such complete faith in coaches may indicate wider use than recorded.
The widespread use at junior levels is now being recognised in official circles as well.

In 2003 a record 23 participants tested positive in a junior national weightlifting championship.

Between 2001-05 a reported 60 who tested positive in domestic testing were junior and sub-juniors.

In 2007, the first year of testing at university meets, 10 athletes returned positive.
Many small studies, both empirical and qualitative, on recreational drug use among youth.

First caught PED users only now reaching middle age → not enough data to study.

Models for predicting recreational drug use and methods to curb it have been researched in depth; both for developing countries and developed nations but not any large scale or large community studies.
PED’s aren’t the same as rec. drugs, but are completely opposite. The one is used for ‘recreation’, but PEDs are used to attain an unrealistically high standards of success at any cost.

PED users may not only have very different psychological profiles but they may come from entirely different social and economic sections.

5 factor model and risk factor models DO NOT work for PED because of no direct physical & psychological addiction.
PED use + developing countries =?

- Earlier evidence of doping because of social pressure to succeed at any cost.

- “Length v/s peak ratio”. Earlier use leads to a shorter athletic life.
Some literature, such as that of Bengt, Kayser et al have suggested applying the 5 factor model (experimental, recreational, misuse, abuse, dependence) used for recreational drug use for studying, PED use.

In another paper, Kanayama et al suggests that long term use of PED mimics the effect of opiates and so becomes a ‘hedonistic’ drug.
However this may not be appropriate for several reasons: For example, dependence is not on the drug itself, but on its long term effects.

Secondly, PED use in elite sports is not recreational, the stage doesn’t exist.

So even one dose is misuse and likely abuse.

In other words, physical dependence becomes non existent.

In sum the 5-factor model may not be sufficient for the purpose.
What do we know: psychology

- There is extensive literature on misuse of anabolic steroids. Anabolic steroids have been commonly recognized as triggers to early onset and as individual factors for psychological maladjustment.
- In sum, while treating some of these conditions it should also be recognized that they might be an outcome of the use of anabolic steroids.
- Absence of psychometrically valid self-reporting models.
- However, published literature on PED use in India or South Asia is thin on the ground.
Sociologists have used deterrence theory extensively to explore PED use. This sees drug use in sports as criminal behavior and may find new favor now.

Several theoretical approaches are used to examine deviance in sports: functionalist theories that see deviants as lacking in moral character; conflict theories see deviance as violating the interests of money and power; the constructionist approach puts emphasis on the agency of the athlete to act for change. None quite explains the sociological logic of PED use.
Poverty, residence, education etc. have a role to play in substance abuse. (Neufeld et al.)

Malcolm and Waddington’s exhaustive review of studies of PED use in football —> relationship between the kind of sports and PED use.

Sports sociologists Oakley and Pike contend that athletes use PEDs “not because they lack character or are victims of evil coaches, but because they uncritically accept and over conform to the norms of the sports ethic in an effort to remain in the sports and be accepted as athletes.”
An important textbook on sociology of sports (Oakley and Pike) lists, among major factors for PED use in sports the following that are of particular relevance to countries like India:

- Tendency to self-medicate;
- Aspirations of beauty and ‘good’ physique
- Winning as a means of continuing to compete.
- Pressure from clubs and coaches
- Competitive ethics in sports
What do we know: Ethics of Use

- Increased use of prescription drugs for growth deficiencies, pubertal issues etc.,

- Where to draw the line between using a ‘supplement’ and ‘unnatural methods’?

- Define ‘performance enhancers’ and ‘unfair advantage’?
There is a urgent need to evolve a framework to understand the psychology of PED use in a sociological context. Such a model would have, among others:

- Psychological triggers that prompt use of PEDs;
- Social circumstances and economic triggers an individual and national level;
- Impact of controls and regulation on behavior in competitive contexts.
Conclusion

- Develop country-specific models for regulation.
- Have broader terms for defining drug abuse and have national councils make them selectively more detailed.
- Implement a source of mandatory education at the grass roots levels.
- Not just strip medals but deal with it as a deviance and provide the necessary psychological and medical treatment needed.
Thank You!