

## Editorial

### Drugs and sport.

To many people, drugs and sport should not mix. The very idea, like sport and politics, may even be a contradiction, as though sport on the one hand was healthy, decent and worthwhile, whilst drugs and politics on the other were regrettable but necessary evils. Even readers of this Journal, who normally associate drugs with health-giving, life-saving properties, on hearing the phrase 'drugs and sport' will automatically think of their darker aspects—abuse of the body, giving some competitors an unfair advantage, acting contrary to the law of the land.

All these aspects can be debated, but like many such controversies the topic is complicated by matters of definition, by custom and practice in different sports, and even by different cultures.

The stated intention of the Medical Commission of the International Olympic Committee is to ban those drugs which are likely to be harmful if misused, a definition which would appear to encompass absolutely everything, and even seems removed from the average man's view that the use of drugs is a form of cheating.

We could take a purist point of view and simply ban the use of all drugs in all sport at all levels. Only those individuals functioning the way nature intended and untainted by chemical support would be allowed to compete on—to use the current jargon—a level playing field. Of course this would mean that asthmatics, say, would not be allowed to use inhalers, either in training, before, during, or after competition. Injured athletes would not be allowed pain-killers; athletes with toothache would not be allowed anaesthetics in the dentist's chair.

The purists would have to concede the exceptions. Allow the use of drugs for genuine medical reasons, they will say, but on no account must the patient obtain any other advantage over his opponents because of the drug. So no prescribing of  $\beta$ -blockers to riflemen with a heart condition if it helps them with a steady hand; no contraceptive pills for female athletes if such medication co-incidentally ensures their fitness on the right day.

And then what exactly is a drug? The two preparations that are the most widely used and universally accepted to be drugs of abuse are alcohol and tobacco. Universally, that is, except for the world of sport. Formula One Racing, admittedly does seem to draw the line at actually drinking champagne at the conclusion of every Grand Prix, apparently preferring the topical route, but even in mass marathons, many a competitor will have a last quick drag on a cigarette before the off, in company with those who will have a last quick puff on their inhalers. Mountaineers are not reviled for equipping themselves with a flask of brandy along with their compasses and whistles.

Motor-racing? Mountaineering? Sport? Well, that is just another problem of definition. The participants regard these activities as sport, as do participants in ice-dancing, show-

jumping and gambling on the outcome of a horse race. Nobody has yet suggested drug-testing for sportsmen engaged in gambling; in the Sport of Kings, it is the animal that falls under suspicion, and there are elaborate tests and comprehensive lists of drugs and drug categories that are tested for in horses. Horses are notoriously prone to lameness and the use of anti-inflammatory agents would seem a perfectly natural treatment; however, whether a horse is lame decides not only its value in winning races, but also often its value as a breeder and the use of such drugs to mask a hereditary disposition can be important. Thus we have a wholly different reason for banning certain drugs in horse-racing that does not arise in other sports. In show jumping, however, there is a certain leniency towards anti-inflammatory drugs, presumably out of deference to the feeling of the horse. After all, why shouldn't animals benefit from modern medicine like the rest of us.

And the rest of us, of course, includes athletes. Why shouldn't athletes benefit from modern drugs? Why should the asthmatic have to give up a sport he enjoys or risk exposing himself to the frightening breathlessness of an attack? A recent poetry competition in the United Kingdom stipulated that the poem had to be composed immediately after consuming a pint of a certain brand of real ale; why shouldn't athletes also be allowed such chemical stimulants, if that's what they want to do?

There is much talk about cheating by sportsmen who use drugs. But why is it called cheating? It is not as though the winner in a 100-metre race had used a motor-bike. However he did it, he is still the fastest man over the distance and he did it totally using his own muscle-power. For athletes in training it would appear to be perfectly reasonable to submit themselves to a carefully controlled diet taking foods known to contain the right vitamins and the recommended amount of carbohydrates and protein; but suppose some natural foods contain helpful little items like caffeine, cocaine and other alkaloids? Can some foods which are enjoyed by one cultural or ethnic group be justifiably banned by authorities from another culture? And if naturally-occurring products cannot be banned because of this argument, then what is the justification in banning the same compounds just because they have been synthesized in the laboratory?

This editorial has not set out to provide any answers to these questions. Indeed, the answer to one or two of them would probably raise even more questions. At this year's British Pharmaceutical Conference to be held in London in September, there will be a Symposium session on Drugs in Sport which will attempt to examine some of these issues. It is hoped that the Symposium, including scientists involved in different aspects of the subject of drugs in sport, will lead to a clarification of the questions, with some progress towards the elusive answers.

JOSEPH CHAMBERLAIN