

Drugs in Sport

2000

Preamble

The AMA and many other international medical organisations and sporting bodies are concerned about the non-medical use of drugs in sport.

About one quarter of all Australians play some kind of sport. Of those who play sport, most are aged between 15 and 24, with over half of all young Australians participating in sport.

The pressure to win, or to perform better physically, may lead a participant to drug-taking, either to enhance performance or to make it easier to cope with the stress of competition. Expectations from parents, coaches, peers and team-mates may cause a participant to aspire to a radical improvement in their sporting ability, beyond their natural physical capacity.

While some participants deliberately use drugs to enhance performance, others inadvertently incur significant risks associated with the innocent ingestion of prohibited substances contained in over-the-counter medicines.

Participants who take unorthodox medicines should be made aware that some of these preparations can be injurious and may contain prohibited substances.

Elite and aspiring participants need to be fully informed of the effects of all medications, whether prescribed or obtained over-the-counter, on their performance, their health and their sporting careers.

Medical practitioners have an important role in attempting to deter any patient from using drugs for non-medical purposes. In the sporting context, this may include advice to junior gymnasts against taking diuretics, to young men against experimenting with steroids at the gym, or to older recreational sports participants against taking excessive analgesics in order to continue playing when injured. The doctor's role should also extend to advice to participants of all grades on illicit drug use.

The AMA:

1. Recognises that doping in sport is part of the overall problem of drug abuse and misuse in society and condemns the non-medical use of prescription medicines by participants.
2. Condemns as unethical the prescription or administration of medically unnecessary substances or the employment of medically inappropriate practices, including those intended to enhance performance in sport or body image.
3. Recommends that, when prescribing for participants, care be taken to avoid medications which are banned for that particular sport, unless there are no suitable alternatives and if so, advising the patient accordingly.
4. Advocates that sports administration organisations should take note of expert medical evidence, when assessing the use by a participant of clinically necessary medications.
5. Recommends that additional caution be exercised by health professionals and participants when using unorthodox medicines and supplements.
6. Supports the development of educational material on the dangers of the non-medical use of substances which enhance performance in sport, and on disturbances of body image, and its distribution to the public, in particular to medical practitioners, pharmacists, legislators, sporting organisations, educators and young people.

7. Supports the development and distribution of specific educational material concerning the adverse health effects of alcohol, tobacco and illicit drugs on those involved in sport.
8. Recognises the need for further research into the use, availability and effects of drugs in sport.
9. Calls for adequate funding of research into the area of drugs in sport.
10. Advises medical practitioners of the existence of body dysmorphic disorders and other mental disorders in a sub-group of people using substances to enhance performance in sport or body image.
11. Calls on the Federal Government to distribute information about drugs in sport to all Australian doctors.

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