



Alcohol is a drug – TOO!

drug
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ALCOHOL AND OTHER DRUG USE IN SPORT

Drugs and sport are both integral parts of our society. There are many instances in which the two might be combined - for performance enhancement, during after game celebration or commiseration, or to enhance enjoyment and relaxation.

Alcohol may enhance a person's interest in recreational sports, particularly aquatic leisure activities such as boating, fishing and swimming. However, alcohol can increase risk of accident and death during sports, particularly where water is involved (Driscoll, Harrison & Steenkamp 2003). Drinking while playing sports can also affect the body's ability to repair itself from any injury and can lead to dehydration, disturb sleep patterns and delay soft-tissue injury repair. (Dillon, Cox & O'Connor 2004)

Spectator sports are often associated with drug taking behaviour, which is emphasised by the association created through advertising and sponsorship of sports by alcohol and tobacco companies. The Commercial Television Industry Code of Practice still allows alcohol advertisements "as an accompaniment to the live broadcast of a sporting event on weekends and public holidays" even though advertising alcohol is generally only allowed during adult classification times (Free TV Australia 2004). A study from 2003 found that sponsorship of international sporting events by tobacco companies equated to viewers being exposed to cigarette company messages 1.4 times per minute (CBRCC 2003).

Young People who are involved in sporting or community activities are at a lower risk of early drug use, and involving at risk youths in sporting or community groups can provide a protective factor (Loxley et al 2004). However, community based sports clubs can be a place where young people learn to drink alcohol and are introduced to binge drinking behaviour. Sporting clubs depend on revenue from alcohol sales for finance, and so in some cases they can promote excessive drinking and can provide inappropriate role models for young people. Problematic drinking is widespread within amateur sporting clubs in Australia (Snow & Munro 2006).

A culture exists in Australia of after-game celebrations or commiserations, particularly within team sports (Dillon Cox and O'Connor 2004). Until recently, the culture of drinking in sporting clubs has never really been challenged. Sporting clubs are now beginning to understand the duty of care they owe to their members and supporters. With better alcohol

management and a focus on creating a culture to include young people and families, clubs can be much more viable, both financially and with a larger pool of members and volunteers to assist in the operation of the club (Good Sports 2007).

Performance enhancing drugs are substances which are used by athletes to improve their physical ability. Because of the competitive nature of sport, athletes will always try to increase their performance, sometimes to the extent where they are willing to risk their health and careers by taking banned substances.

Performance enhancing drugs include substances which can significantly improve a person's stamina (EPO, insulin, growth hormone), muscle growth (anabolic steroids), mask pain (narcotics), increase alertness and aggressiveness (stimulants like adrenaline), and increase oxygen in order to work the muscles harder (blood doping, plasma expanders) (Healey 2003).

In the last few years the first international standards for prohibited substances in sport have been developed by the World Anti-Doping Agency. For a substance to make the Prohibited List, it must meet two of the three following criteria:

1. the substance is performance-enhancing
2. use of the substance poses health risks to the user, or
3. using the substance violates the spirit of the sport.

This criteria means that non-performance enhancing drugs such as cannabis are banned while social drugs such as caffeine, which may produce a minimal performance-enhancing effect, are allowed (WADA 2003).

THE FIGURES ARE OUT

Alcohol contributed to around 21% of all drowning deaths in Australia over a 12 month period in 2000-2001. Nearly half of all drowning deaths occur in relation to aquatic water activity, and of these, alcohol contributed to almost a third (Driscoll, Steenkamp & Harrison 2003).

The Australian Water Safety Council's 2004-2007 national water safety plan identifies males 16-35 as one of the populations most at risk of drowning because of their risk taking behaviour, such as alcohol use (AWSC 2004).

Findings from studies examining the attitudes and behaviours in relation to alcohol use in community sporting clubs throughout Australia showed:

- 34% of respondents drank at their club two or more times per week
- 32% of males and 58% of females reported drinking at levels that placed them at risk of long-term harm
- 74% of respondents indicated they believed drinking was "an important tradition" at their club (Duff, Scealy & Rowland 2004)
- 84% of male Victorian Amateur Football Association club members reported spending up to three hours drinking at their club
- 48.6% drank up to four standard drinks at their club each visit and 40% consumed five or more each visit, and
- 60% of respondents socialised at their club three or more times per week.

Those aged under 30 accounted for 95% of drinking that was high risk of short term harm (13 or more standard drinks) (Snow & Munro 2006).

Australians aged 20-29 are the most likely of all age groups to drink at levels that are risky or a high risk of harm in the short-term (AIHW 2005). This age group is also the population most likely to participate in sport or physical recreation (75% of 15-34-year-olds) (ABS 2007).

The average age of initiation for use of steroids for non-medical purposes in Australia has increased in recent years from 19 in 1995 to 25 in 2004. In 2004, 0.3% of the Australians aged 14 and over had ever used steroids for non-medical purposes and 58% of those sourced the drug from a friend or acquaintance (AIHW 2005).

A total of 3822 samples for doping testing of elite athletes were collected between 1 July 2006 and 1 February 2007 by the Australian Sports Anti-Doping Authority. Registered violations of anti-doping laws numbered 18 within that period (ASADA 2007).

FOR MORE INFORMATION

Australian Water Safety Council www.watersafety.com.au

Good Sports Program www.goodsports.com.au

Performance Enhancing Drugs – Human Growth Hormone Fact Sheet www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/fs-hgh

Australia's Anti Drugs in Sport Strategy, Australian Government Department of Communications, Information and the Arts www.dcita.gov.au/tough_on_drugs/content.htm

Australian Sports Anti-Doping Agency www.asada.gov.au

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Department of Health and Ageing

