Issues Related to Drug Abuse in College Athletics: Athletes at Risk

Ray Tricker and David L. Cook
University of Kansas

Rick McGuire
University of Missouri, Columbia

In recent years drug abuse by college athletes has received greater attention. Because of the recognition of the growing problem of drug use in athletics, the new NCAA drug testing policy, and recent deaths of elite athletes, the sport psychologist should be prepared to deal with this issue. In many college settings the sport psychologist may be expected to provide support with counseling or participate in the development of a drug abuse prevention program for student athletes. Therefore sport psychologists need to closely examine the factors that may predispose athletes toward using drugs, understand the role of prevention, and develop a thorough knowledge of positive, viable alternatives to drugs. This article addresses five important issues that relate to drug abuse in college athletics: (a) why athletes are at risk, (b) athletic leadership and its relationship to substance abuse, (c) the role of the sport psychologist, (d) issues related to the effectiveness of drug education for athletes, and (e) recommendations for athlete drug education programs.

The issue of drugs in sport poses important questions that must be addressed by those who are involved in athletics. Drugs that have been used to enhance athletic performance as well as those used for recreative purposes have commanded growing attention due to the recent NCAA drug testing policy, International Olympic Committee drug related disqualifications of world class athletes, and drug related deaths of a few prominent sports figures. Several studies have attempted to determine the degree of drug use among American college athletes (College of Human Medicine, 1985; Heitzinger et al., 1986; Tricker & Cook, in press). The results of these studies indicate that between 3 and 20% of college athletes may have used drugs illegally. Regardless of which study provides the most accurate assessment of the situation, the issue remains that some athletes are putting their sport careers and lives in jeopardy whenever they make irresponsible or uninformed decisions about the use of drugs.

Ray Tricker is Director of Drug Education and David L. Cook is Director of Sport Psychology at the University of Kansas, 160 Robinson Ctr., Lawrence, KS 66045. Rick McGuire is Head Track Coach with the Athletic Department, University of Missouri, Columbia, MO 65201.
It is the purpose of this article to explore some of the important underlying factors that may place athletes at risk regarding drug use and to examine some viable ways of dealing with the problem. A large portion of this article is written from an experiential point of view based upon our own involvement in collegiate athletics. The ideas expressed are intended to provide a focus on some important considerations regarding student athletes' drug use within a theoretical framework for future study in this area. The major issues for consideration in this paper include: (a) why athletes are at risk, (b) athletic leadership and its relationship to substance abuse, (c) the role of the sport psychologist, (d) issues related to the effectiveness of drug education for athletes, and (e) recommendations for athlete drug education programs.

Why Athletes Are at Risk

When considering issues related to an athlete's performance, it is important to examine the "affects," pertaining to why athletes use drugs to enhance performance, and the "effects," or how athletes try to manipulate the outcome (injury, disappointment) of drug use in sport. Obviously athletes are highly motivated and want to succeed, but in trying to achieve their goals some have turned to drugs (College of Human Medicine, 1985; Heitzinger et al., 1986). Unfortunately, the pressure to succeed has caused some to go beyond using acceptable and appropriate methods to do their best. Instead of relying upon legitimate training techniques and developing a better psychological approach to their sport, some athletes have chosen to rely upon drugs to improve their level of performance. Using drugs also represents an opportunity to overcome some of the drawbacks and frustrations experienced in competition.

Athletes may also turn to the use of drugs in an attempt to cope with the effects of sport, including pressures created from stress, injury, frustration, dejection, exhaustion, and so forth (Ogilvie, 1981). These outcomes may often result from a burned-out feeling, when drugs seem to assist in recovery from physical strains and pains as well as psychological pain and fatigue.

Often it may be difficult to fully understand athletes' motives for using drugs, especially when their health and career may be at stake; however, it is also important to realize that athletes form a unique group. Some sources of information indicate that elite athletes in particular have special characteristics that set them apart from the normal population (Gould, Weiss, & Weinberg, 1981; Morgan & Pollock, 1977). Perhaps the fact that they are constantly expected to maintain exceptional standards, often while under great mental stress, also contributes to these characteristic differences. Therefore as we look at the issue of drugs in sport, it is important to consider the degree of relationship between drug abuse and the many demands and challenges involved in winning, losing, and being injured (Murphy, 1986). These factors can change for the worse, especially when an athlete is injured. Fear and uncertainty about recovery often translates into frustration and impatience (May & Sieb, 1987); and chronic or severe injuries in particular may lead to depression. For some this mental state may facilitate drug abuse as a convenient release from the pressures that build during periods of inactivity and physical rehabilitation from injury (Ogilvie, 1987).

Athletes are under constant scrutiny, especially from the media, and much public attention is focused on sport and intercollegiate athletes. Hero worship is a by-product and reinforces the status of athletes as exceptional individuals.
in a society that offers increasing social opportunities for the successful competitor. As a result, student athletes are invited to many different social functions and consequently may face unfamiliar situations. A variety of new social settings increases the opportunities for using alcohol, marijuana, cocaine, and other social "facilitators." While in unfamiliar new social circumstances, the athlete's good judgment may weaken and drug use may follow without the athlete being aware of the possible negative consequences. Some may choose to participate simply to relax and escape from their problems and the pressures they experience in sport or their personal life (Ogilvie, 1981). The emotional highs and lows associated with euphoria, elation, despair, and disappointment create a variety of emotional responses. The challenge of dealing with these frustrate some athletes to a degree that presents drug abuse as an outlet for unresolved personal problems. Unfortunately, some of them reason that the temporary relief experienced outweighs the risks involved.

The risks of drug abuse may present little threat to some athletes, especially since to them risk-taking seemingly is a natural part of sport anyway (Thibault, Lambert, Rivard, Brodeur, & St. Jacques, 1984). As risk-takers and thrill seekers, some athletes may be prone to a delusion of invulnerability, a sense of indestructibility that readily translates into the belief that as athletes no harm will come to them. This delusion perhaps leads them to believe that drugs will not hurt them and therefore they see no harm in experimenting with drugs. Tragically, the deaths of prominent athletes from drug abuse have provided clear examples of what can happen when anyone, even the most fit of athletes, disregards the risks associated with abusing drugs (Chappell, 1987). Unfortunately, athletes continue to use drugs in spite of this, which only emphasizes that some individuals still do not seriously see the potential risks as a threat to their health or as an early termination of a sporting career.

For many athletes, the end of their athletic career presents another set of problems (Ogilvie, 1987). A large part of an athlete's identity and daily activity is connected with a special life style that involves hours of practice and preparation. So it is easy to understand that when a season ends or an athletic career is finished, a void is created. The athlete must establish something to fill the void that was previously filled by excitement and thrilling fulfillment. Unfilled voids often create serious problems for some ex-athletes (Svoboda & Vanek, 1982). When a life of sporting competition is replaced by boredom, nostalgia, and a continuing craving for intense, short-lived excitement, drug abuse may be the simplest way to remedy the situation.

**Athletic Leadership and its Relationship to Substance Abuse**

The role of athletic leadership is a significant factor in the life of a student athlete (Carron, 1980). Positive leadership involves taking the responsibility for setting clear sanctions and guidelines for drug use in athletics. It is a task that should be carefully considered, with clear and open communication being the basis for interaction between athletes and their leaders in matters relating to drug use and abuse. Some leaders, lacking a clearly formulated philosophy about the use of drugs, may confuse athletes and even downplay the seriousness of the problem. Not that they would openly encourage their athletes to use drugs; on the con-
try, few leaders would do so. However, leaders do not serve the purest ideals of athletics when they ignore the fact that athletes are using drugs and do not confront those athletes involved. For example, this could involve unwittingly accepting unusually rapid strength gains in athletes without questioning whether the progress was achieved from using drugs.

If an athlete uses a steroid supplement or some other substance and the coach ignores the situation, perhaps it is understandable why other athletes are led to assume that using drugs to make gains is acceptable behavior. Even though a coach may not be directly involved, denial of the situation merely provides a form of passive encouragement (Wegsteder, 1982). Athletes may be placed at risk by such leadership in sport, especially when they perceive the means for achieving a competitive edge are more important than their health and well-being. Leaders who deny the existence of drug use by student athletes fail to acknowledge the seriousness of the situation, and consequently contribute to the health risk for those athletes.

We may ask, is the issue of drugs in college athletics really as serious an issue as some would suggest? Although the answer is open to conjecture, current information certainly suggests that closer attention be focused on this issue (Burt, 1987; College of Human Medicine, 1985; Heitzinger et al., 1986). Since 1981 Heitzinger and associates (1986) have worked with athletes to provide drug education, assist those who have drug problems, encourage athletes to confront abuse situations on teams, and assist those with family backgrounds of drug abuse. The results of their survey from 1981 to 1986 with 9,891 college athletes indicated that 80% of the athletes were not serious drug abusers. Of the remaining 20%, drug education and effective policies deterred about 5% of the regular users from experimenting with drugs; drug testing and knowledge of punishment deterred 5% of the social users; and 5% of the regular abusers were helped by counseling and penalties. The remaining 5%, the addicted athletes, needed residential treatment, rehabilitation, and periodic checks. Other information related to substance abuse has emphasized the need for further efforts to educate athletes, coaches, and others involved with college athletes about the truths, myths, and risks related to drug use in sports (Burt, 1987; Chappell, 1987; Ryan, 1984).

The risks and problems associated with drug use in college sports will not be adequately addressed by focusing only on student athletes. Attention must also be given to the role of positive leadership for enhancing the health and total well-being of athletes. In addition, the success of existing and future programs of drug abuse prevention and intervention will rely particularly upon the cooperative and collective efforts of athletes, coaches, trainers, team physicians, athletic administrators, health educators, and sport psychologists.

The Role of the Sport Psychologist

As an area of leadership, the field of sport psychology can make a significant contribution to keep athletes from misusing drugs. Two major functions the sport psychologist can offer involve sharing insights and techniques that can help athletes enhance their performance, and helping athletes acquire new psychological skills that will enable them to cope with the effects of sport. However, sport psychologists face a major challenge in promoting these strategies. Can these approaches compete with the drugs athletes are choosing and which they hope will help them succeed? Can psychological methods achieve the degree of improvement sought by athletes without them turning to drugs? Much depends on the
skill of the sport psychologist to use techniques that can help athletes develop alternatives to drugs.

Many well-documented psychologically based techniques have been recommended for enhancing performance. Some have provided athletes with effective mental skills for coping with the demands of sport (Desiderato & Miller, 1979; Griffiths, Steele, Vaccaro, & Karpman, 1981; Morgan & Brown, 1983; Silva, 1983; Weinberg, Gould, & Jackson, 1980; Weinberg, Seabourne, & Jackson, 1981). Sport psychologists must continue to refine and teach these skills as healthy and self-fulfilling alternatives to drugs.

For some student athletes, drug use offers a temporary solution to the problems emanating from the challenges experienced in college athletics (Chappell, 1987). Those athletes may argue that drugs such as steroids can produce quicker results and therefore save them time in training. However, the sport psychologist’s contribution in such a situation involves helping the athlete to understand what happens when drugs are used as a crutch for success. The sport psychologist can also help others to understand the athlete’s needs in his or her quest for success and contribute to a support system that can help an athlete to decide not to use drugs.

Sport psychologists are knowledgeable in many areas of athletics and therefore can serve as a mediating influence between the different groups involved in an athletic organization. This could take the form of helping professionals on a college campus—pharmacologists, health educators, drug abuse counselors, team physicians, and others—to understand the psychology of the athlete who uses drugs. Such a nucleus of professionals can form a sound framework for developing more effective drug abuse prevention and intervention programs for athletes. As Ryan (1984) has emphasized, athletes need a substantially better awareness of the myths and risks associated with drugs than they have received from many drug education presentations. By participating in a more comprehensive approach to drug abuse prevention, sport psychologists can help athletes to recognize the positive alternatives and in particular the risks involved in using drugs. Since proponents of drug use in sport generally pay little attention to the risks, this may be a pivotal point in developing the athlete’s ability to say no to drugs while seeking healthy, viable alternatives.

In advocating alternatives to drug use, sport psychologists should educate athletes about psychological skills training and also be prepared, when necessary, to refer them to suitable counseling programs or other professional assistance. An athlete’s appraisal of the viable alternatives, with the sport psychologist’s help, should essentially promote self-dependent and health enhancing ways of achieving athletic goals. This is an ideal opportunity to inspire athletes to make healthy choices. Sport psychologists are important facilitators of an athlete’s physical/ emotional development and can constructively educate athletes, coaches, and others about the goal of eliminating drug abuse in college athletics.

Educating athletes in colleges about drug abuse is not a simple task. It requires careful attention to the educational process as a whole including program design, organization, implementation, and the evaluation of the program’s impact upon student athletes. Establishing an effective drug prevention program requires a commitment to planning and execution in some ways similar to any well organized athletic event. Sport psychologists can play a particularly important part in the process of educating athletes by helping them effectively examine their feelings and perceptions about drug use.
The Effectiveness of Drug Education for Athletes

Drug education can make a valuable contribution as an important component of drug abuse prevention programs in colleges. However, the impact of programs upon athletes is contingent upon how efficiently they are designed, implemented, and evaluated. The following seven points are discussed in relation to some important programming issues that are based upon conclusions drawn from a growing body of research in drug education (Franklin, 1985; Gonzalez, 1982; Goodstadt, 1986; Heitzinger et al., 1986; Lenhart, 1984; Schaps, de Bartolo, Maskowitz, Pulley, & Churgins, 1981; Tricker & Cook, 1989; Tricker & Davis, 1987). The issues discussed in this section include the following: the need for greater attention to drug education for athletes, the importance of adequate implementation of athlete drug programs, the nature of drug education programs that will adequately meet the needs of athletes, establishing more realistic expectations for program success, evaluating outcomes by differentiating between athletes who abuse drugs and those who do not, the importance of providing a supportive prevention framework for drug education programs, and realistically assessing what a comprehensive drug education program for athletes should provide.

Comprehensive Drug Education

Although the majority of colleges throughout the country recognize the need for drug education for athletes, few institutions have actually designed and implemented comprehensive programs of instruction (Ryan, 1984; Tricker & Cook, 1989). In most cases drug education has been infrequent, as little as once or twice a year, and presented in a predominantly information-based lecture format. This approach differs widely from the structure of currently recommended comprehensive drug education programs. During the past 6 years researchers have increasingly emphasized the importance of behavior-oriented interactive sessions that encourage the development of life skills: coping techniques, stress management, good judgment, enhancing self-esteem and self-responsibility, and creating opportunities to examine viable alternatives to drug use. As Gonzalez (1982) and Goodstadt (1986) have reported, a comprehensive approach to drug education, which is based upon the knowledge-attitudes-behavior change model, needs to focus upon more than just providing information. Besides facilitating opportunities for decision-making, information should provide more than reports of negative outcomes from drug abuse. It should be reliably accurate, clearly interpreted and nonbiased, and form a sound basis for athletes who will be involved in closer personal examination of the problems related to drug abuse.

Adequate Implementation of Drug Education Programs

Effective implementation is primarily a function of both the quality of instruction and the length and frequency of time the target group is exposed to the information and strategies that are designed to develop appropriate decision-making skills and behaviors about drug abuse (Tricker & Davis, 1988). Drug education programs for college athletes should be fully implemented to ensure that the content is well diffused and adopted into the athletic program as a whole. Schaps et al. (1981) reported that 57% of 127 drug programs in a variety of educational settings were too brief. It was concluded that drug programs in general are allocated too little time to be implemented effectively. Goodstadt (1986) also reported
that the time allowed for drug education implementation is frequently too short. Tricker and Cook (in press) reported that similar circumstances exist in the majority of NCAA Division I colleges throughout the United States.

Effective planning should predicate a reasonable allocation of time and resources and also make administrators aware that results may not demonstrate significant and immediate behavioral changes. Tricker and Davis (1988) and Williams (1978) have emphasized the need for long-term expectations about the outcomes following implementation, otherwise conclusions based on initial findings could result in premature termination of a drug program due to the mistaken belief that the program was unsuccessful when it was instead only inadequately implemented (Goodlad, 1981).

**Drug Education—Too Short and Too Generalized**

Many NCAA colleges have used a one-shot approach to drug education, with isolated presentations (Tricker & Cook, 1989). Although often well intended, this method of instruction overlooks the importance of providing athletes with follow-up sessions to reinforce positive insights and encourage further analysis of the issues surrounding drug abuse in college athletics. Presentations delivered to large groups of athletes in open forums are somewhat of a disservice because such generalized lectures about drug abuse overlook the special circumstances and motivating factors that predispose athletes to using drugs. The reasons athletes use drugs require greater understanding (Ryan, 1984). Visiting speakers, albeit with considerable experience perhaps from a legal, clinical, or law enforcement background, may also overlook integrally important factors that lead athletes to misuse drugs.

Drug education for college athletes can target those who are using or have used drugs and help them more clearly understand that their problem need not be stigmatizing and that they do need help. Well designed drug education programs can also help teammates of drug users feel more comfortable about approaching a fellow teammate who is using drugs, to encourage him or her to seek help from a qualified health professional.

From a theoretical standpoint, one-shot drug presentations would be like coaches or sport psychologists hoping to maximize an athlete’s potential with one introductory practice session. Yet this is in effect what most colleges are attempting to do with solitary drug education presentations, and little if any impact upon athletes can be expected. One exposure might at best kindle some degree of interest in a few individuals, but this is the most that can be expected from irregular and random drug education presentations. The most recent models are much more extensively structured and involve attitude development and behavioral components within the context of the social environment (Franklin, 1985; Goodstadt, 1986; Lenhart, 1984).

**Expectations Based Upon the All-or-Nothing Approach**

Problems occur when the criteria for judging the effectiveness of drug education are based mainly upon demonstrating reduced incidence of abuse. Goodstadt (1986) has stated, “Behaviors are notoriously difficult to change and are associated with the most problematic outcomes for drug educators” (p. 279). When expectations for the success of a drug program are based only on behavior change, there is
little opportunity to illustrate the partial successes inherent in raising athletes’ awareness about the problems of drug abuse. Through facilitation of a climate for inquiry into drug abuse issues, athletes have ideal opportunities for raising their consciousness to help them and fellow team members when difficult situations arise in relation to drug abuse. Therefore it is important to recognize the progress that can be achieved by developing the precursors to behavior change: heightened awareness, improved attitudes, and decision-making skills.

**Evaluating Drug Education**

Reports of drug education programs in general reveal that few have been evaluated to any extent (Schaps et al., 1981). Because drug education programs for athletes are relatively new, even for colleges that have programs, it is perhaps premature to try to ascertain what impact these programs have had. This presents an excellent opportunity to develop a reliable data base that reflects how drug education programs can help athletes make intelligent decisions about drugs. Therefore it is important, from the early stages, to be able to form conclusions relating to those athletes who *have* used drugs, those who *now* use drugs, and those who have *never* used drugs. The validity of the conclusions reflecting the outcomes for these discrete groups naturally depends on the establishment of baseline data, comparison groups, and randomization (Goodstadt, 1986). Administrators of athletic programs can contribute substantially to the process of evaluation by ensuring that adequate time and resources are allocated in order to avoid any delay in observing both the early formative effects of the programs and the later summative outcomes.

**Drug Education is Not Enough**

Drug education is an important and viable mechanism for addressing significant issues related to the problem of drug abuse, but it is essentially only one of several important components and therefore should be regarded from this perspective. Tricker and Cook (1989) have stressed the need to integrate drug education into a total program for the well-being of the athlete, and Goodstadt (1986) has emphasized the importance of linking with other resources. Given the many resources available on college campuses, athletic department administrators and directors of drug education programs should seek opportunities to combine the abilities of sport psychologists, health educators, counselors, team trainers, coaches, physicians, and administrative personnel to support and reinforce the important elements of a comprehensive drug education program.

**What Should a Comprehensive Program Provide?**

Drug education programs for athletes are relatively few at present, but many college athletic departments are considering including a drug education program for their athletes (Tricker & Cook, 1989). Colleges that implement a series of instructional meetings for athletes must realize that a comprehensive examination of the issues related to drug abuse in college athletics involves more than the dissemination of information. It is important for athletes to examine the issues as they apply to their own values and to the norms of the organizations (NCAA and college) with which they are affiliated; this includes questions related to the athlete’s health, ethical considerations, and the rules governing the organizations to which athletes belong. In terms of the ethical considerations, a comprehensive
program of drug education should also address the needs and perceptions of athletes in relation to drug testing. Obviously there are opportunities for athletes to develop their knowledge about drug testing in the context of an educational format. Issues related to their rights and the confidentiality of results is an important part of the program. The National Collegiate Athletic Association ("Drug Education," 1987) has also recognized that this is an important aspect of the drug education process and has produced a videotape outlining the athlete's rights and issues related to the privacy and accuracy of the tests.

The process of education embodied in a comprehensive program should provide opportunities for a thorough examination of the problems arising from drug abuse, with athletes and coaches, administrators and trainers, sport psychologists and health educators interacting together to share athletes' perceptions of the drug education program. To be as effective as possible, drug education programs should also require the involvement of athletic departments as a unit working with experts from other areas of a college campus to establish a strong network of support for college athletes.

Recommendations for Athlete Drug Education Programs

In consideration of the seven issues discussed above, the following recommendations are based upon the experience gained from the University of Kansas drug education program:

1. Information should be current, accurate, clearly interpreted, and unbiased, and should examine the issues of drug abuse as they relate to athletes.
2. Opportunities should be taken to more clearly define the nature of the pressures that confront the student athlete.
3. Athletes should be involved in activities that challenge them to actively examine the issues of drugs in sport in a practical discussion setting that encourages the development of life skills, in particular decision-making and coping skills, stress management, good judgment, a sense of responsibility, and strong self-esteem.
4. Provide opportunities for group interaction involving athletes, coaches, trainers, administrators, sport psychologists, and health educators to encourage a climate for positive change.
5. Allow athletes to reinforce their developing personal perceptions by sharing their insights as positive role models (e.g., to peers, schoolchildren, and in the community).
6. Programs should include a longitudinal evaluation of both formative and summative outcomes.
7. Programs should devote attention to the important implementation issues in addition to program development.

Conclusions

There are no quick and easy ways to help athletes make informed and responsible decisions about drug use. The value of the process cannot and should not be strictly equated in a measured time span, with behavior change as the central criterion for success, because careful attention must also be given to the many individual and specific needs of student athletes. Chappell (1987) has said that
the educational process must include more than just giving information and employing aversive persuasion by threatening athletes with the negative consequences of drug use. One study in particular has illustrated that using sanctions and rules as a deterrent influences only a small number of athletes while the majority of drug users continue their drug use patterns unabated (Heitzinger et al., 1986). An earlier report by Ryan (1984) emphasized that the drug using behaviors of many athletes had been unaffected, due largely to inadequate efforts to educate them more thoroughly about the myths, risks, and facts related to drug abuse. This has also been substantiated in more recent research findings (Tricker & Cook, 1989). There is still room for improvement in drug education programs for athletes.

We agree with Chappell (1987) that the fundamental strength of any drug abuse prevention program for athletes is maintained through education. Many universities are developing programs that include drug education, drug testing, clear regulations and guidelines on drug use, and referral for treatment. A variety of approaches are needed because the many problems connected with athletes' use of drugs must be addressed with an equally diverse number of strategies. Future efforts should reach beyond the single goal of just deterring athletes from abusing drugs; such efforts should continuously seek to improve the overall health of athletes by educating them in the best way possible about the myths, risks, and facts related to drug use. Given this, we can be better prepared professionally to help as many athletes as possible avoid making decisions about drugs that they may regret for the rest of their lives.

References


