

HED Matters

Theme: Enhancement Drugs and the
Criminal Justice System

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HUMAN
ENHANCEMENT
DRUGS NETWORK

Editorial

Dear Reader,

This issue focuses on the broad topic of criminal justice and legal issues relating to anabolic-androgenic steroids (AAS) and other enhancement drugs. Debates about criminalisation relating to enhancement drugs are often similar to debates concerning other drug use. They include evidence in areas such as law enforcement costs, the effectiveness of legislation, health risks, impact on access to healthcare and stigmatisation, and moral and ethical arguments. However, the role of anti-doping regulations and the prohibition of many enhancement drugs in sporting contexts provide an additional dimension to this debate. Globally, the legal picture is complex with variations in drugs legislation, the influence of anti-doping organisations and regulations, and the role of harm reduction services and healthcare.

We are fortunate to have six excellent contributions that present different international perspectives on this topic. Collectively, these pieces provide overviews of different legislative frameworks and reflect current international debates in this area. In a Q&A, attorney and legal authority on AAS Rick Collins discusses the legal framework in the United States and his experience defending clients charged with matters involving enhancement drugs. Author and journalist Antony Roberts provides a second US perspective, outlining the history of AAS legislation with a focus on the Designer Anabolic Steroid Control Act. Kanako Takayama, Professor of Law at Kyoto University, discusses the legal framework in Japan and looks at doping in sport as a criminal offence.

Three contributions reflect on current debates relating to (de)criminalisation of enhancement drugs and potential future changes to legislation in three countries. Nick Gibbs from Northumbria University draws on his PhD research to examine the regulatory framework in the United Kingdom and the impacts of this on the IPED market. Sena Hangartner from the University of Zurich discusses regulation in Switzerland and the need for criminalisation of self-doping. Niki Kiepek, Associate Professor at Dalhousie University, outlines how enhancement drug use is regulated through laws and organisational policies, and examines the debates around decriminalisation and legal regulation in Canada. We thank all six authors for their interesting contributions.

Finally, we would like to provide an update on some recent changes in personnel in the HEDN team. Sadly, Matthew Dunn and Alexandra Hall have decided the time is right for them to leave the team to focus on their other activities and priorities. On behalf of the HEDN we thank them both for all their time, hard work, and inputs to HED Matters and the wider activities of the network. Geoff Bates from the University of Bath in the UK has joined the team this summer.

We hope that you enjoy this issue,

Sincerely,

The HEDN Team



Dr Katinka van
de Ven



Dr Kyle
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Anders Schmidt
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Dr Matthew
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Dr Alexandra
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Dr Geoff Bates

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The Designer Anabolic Steroid Control Act: Confusion on Steroids

By Anthony Roberts, Author and Journalist

If at First You Don't Succeed

The Designer Anabolic Steroid Control Act (DASCA) began as a proposed amendment to the Food Safety and Modernization Act in 2009. The intent was to reduce the time between a steroid entering the market (black or otherwise) and the date by which it could be prosecuted. The Act (or, more accurately, the amendment that would evolve into the Act) was crafted in reaction to the positive doping test of J.C. Romero, of the Philadelphia Phillies. It was sponsored by Arlen Specter, a Senator from Pennsylvania (and Phillies fan). The amendment was not adopted but it found new life as a standalone bill introduced to the 111th Congress in 2010. Again, it failed to pass. Reintroduced in 2012, it again failed to pass. Nothing in the legislative history indicates the underlying cause for these failures.

It was next introduced in 2014 as two separate bills, one to the House of Representatives, one to the Senate, each with slightly different wording. The House Bill, H.R. 4771, eventually passed both chambers of Congress and was signed into law by President Obama on December 18th, 2014. As the primary difference between the bills that failed versus the bill that passed was verbiage allowing for the prosecution of unenumerated substances by proof at trial, the most reasonable assumption is that the four failed bills were unsuccessful due to that provision. Despite the lengthy incubation period, DASCA remains an inartful modification to the Controlled Substances Act (CSA).

Prior Attempt to Schedule Anabolic Steroids

The CSA was not designed to accommodate anabolic steroids, much less designer steroids. As the name implies, designer steroids are those anabolic steroids that have been designed to circumvent doping tests (through an undetectable structure and metabolites) and/or criminal prosecution (through avoiding the definition of “anabolic steroid” found under the CSA). The first attempt to add an anabolic steroid to the CSA was in 1988 when legislation was proposed to make Dianabol (methandrostenolone) a Schedule I controlled substance. This immediately followed the Seoul Olympics where Canadian sprinter Ben Johnson tested positive for the anabolic steroid stanozolol, triggering a wave of media attention. The proposed legislation, aimed at the most popular anabolic steroid in circulation, was a single paragraph of terse prose that succeeded only in misspelling the name of the drug.

A BILL

To amend the Controlled Substances Act to make the anabolic steroid methandrosterolone a Schedule I controlled substance.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*
3 **That section 202(c) of the Controlled Substances Act (21**
4 **U.S.C. 812(c)) is amended by adding at the end of Schedule I**
5 **the following:**
6 “(d) Methandrosterolone.”

The Drug Enforcement Administration testified at the subsequent Congressional hearing:

“The CSA was designed to encompass drugs that are abused exclusively for psychoactive effects and are characterized either as narcotics, stimulants, depressants, or hallucinogens. In this respect, the law is poorly suited to the steroid drugs. It is clear, based on the legislative history, that the Congress did not intend to encompass them within it.”

The bill failed to pass. The next effort to add anabolic steroids to the CSA was introduced to Congress in 1990, and opposed by the Department of Justice, the Drug Enforcement Administration, the Food and Drug Administration, and Health and Human Services. Anabolic steroids possess none of the attributes the CSA was designed to address. To put it bluntly, unlike every other drug under the CSA, anabolic steroids do not get the user “high” or “stoned.” Unencumbered by the purpose of the CSA itself, or the professional opinion of scientists, doctors, and law enforcement officials, Congress criminalized anabolic steroids through the 1990 Act.

The Anabolic Steroid Control Act of 1990 criminalized 27 specific anabolic steroids. The Anabolic Steroid Control Act of 2004 added various prohormones to the list, and paradoxically removed the requirement that anabolic steroids be defined through building muscle (e.g., anabolic steroids need not be anabolic to be categorized as such). Anabolic steroids, per the 2004 Act, need not be anabolic. The 2004 Act was crafted in response to the BALCO (Bay Area Laboratories Co-Operative) steroid scandal, through which dozens of elite athletes dominated their respective sports by using undetectable performance enhancing drugs. Other individual steroids were added to the list of controlled substances in 2009 and 2012, through scheduling powers granted to the Attorney General and delegated to the DEA. This scheduling process is typically how all drugs are added to the CSA, rather than by direct congressional action.



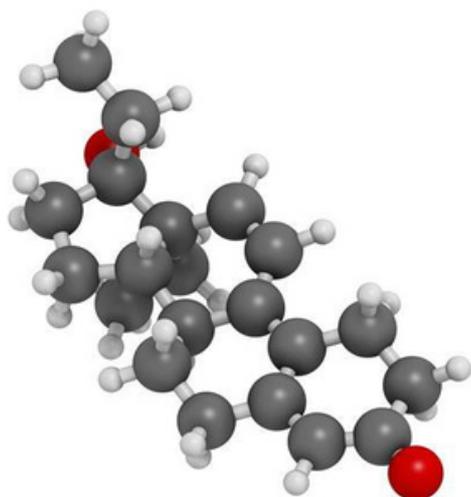
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Designer Steroids Enter the Market

The premise for DASCA was to give law enforcement agencies new enforcement powers to more rapidly address and add to the CSA new anabolic steroids, created by chemists who “slightly modify existing molecules.” Since being granted these powers in 2014, purportedly to streamline the scheduling process, the DEA has failed to add a single anabolic steroid to the CSA. Not one.

With a base structure of 19 carbons, and the limited number of alterations that can be combined to produce an active variant, the threat of clandestine steroid chemists synthesizing unheard of variants, is simply not realistic. Nearly every steroid on the market (whether black or legitimate) has been previously described in the seminal “Androgens and Anabolic Agents, Chemistry and Pharmacology” (1969). From the infamous Superdrol to the first three substances ever prosecuted under DASCA (Methylstenbolone, Dimethazine, and Methyl-1-etiocholanolol), they can all be found in this book.

A notable outlier was Tetrahydrogestrinone, the new designer steroid from the (in)famous BALCO case—but its use was limited to a handful of world class athletes. Oddly, as this drug was more appropriately a progestin, the 2014 Act would as likely exempt it as ensnare it. When the Government prosecuted BALCO, their experts defined the phrase “designer steroid” to mean something wholly unique and never described in the literature. Contrast this with the initial DASCA prosecution (five years after enactment), which targeted “designer steroids” first described in 1969.



Designer Steroids & Analogues

The phrase “designer steroid” fails to appear in the text of DASCA; it is only found in the title of the act and subheading. The phrase isn’t defined within the Act itself, yet it purports to make the sale of designer steroids illegal. The Government’s former definition, used to secure the conviction of cyclist Tammy Thomas for perjury, now stands inapposite to the Government’s current position. Lacking a definition, courts have allowed purported “designer steroids” to be prosecuted in similar fashion to street drugs criminalized under the Controlled Substance Analogue Enforcement Act (“Analogue Act”). Hence, a chemical bearing substantial similarity to a listed controlled substance may be prosecuted as one. But the word “analogue” also fails to appear in DASCA.

The Analogue Act was crafted to deal with substances otherwise legal for sale (so-called “bath salts,” for example) that can be ingested to produce a high. Sold for their legitimate purpose, they are legal, but sold to produce a high, they are illegal. Anabolic steroids are never sold for any purpose other than to build muscle, so the kind of deceptive marketing used with bath salts and synthetic cannabinoids is not an issue.

Built on the CSA, a foundation unsuited to support anabolic steroids, and buttressed with wholly inappropriate reference to the Analogue Act, DASCA is unstable and legally unsound.



Anthony Roberts spent five years as a member of the first trial team to ever defend a case brought under the Designer Anabolic Steroid Control Act. He is an author and journalist specializing in the field of performance and image enhancing drugs. He has been widely published both online and in print and has been quoted as an expert by outlets including The New York Times, The Associated Press, The New York Daily News, Yahoo News, Vice News, Drug Testing and Analysis, The Federalist, Washington Examiner, The Miami New Times, The San Diego Union Tribune, Virginia Quarterly Review, ESPN, Sports Illustrated, SF Gate (The San Francisco Chronicle), and Bleacher Report. His work has been cited in peer-reviewed journals such as Drug and Alcohol Dependence, Substance Use and Misuse, Hormones and Behavior, and the International Journal of Drug Policy.



YOU CAN READ MORE ABOUT THIS TOPIC [HERE](#)



Photo by Marco Chilese on Unsplash

Criminalization of Doping in Switzerland

By Sena Hangartner, PhD student, University of Zurich, Switzerland

Origin and definition of the term doping

Etymologically there exist two theories as to the origin of the term doping. The first one finds it in the word 'dop', which describes an alcoholic beverage used at religious rituals in southeast Africa. The second theory sees the term derived from the Dutch word 'doop', the name of a viscous performance-enhancing mixture which was consumed by the Dutch colonialists. However uncertain the origin, it is undisputed that the term doping was first used in the context of fraudulent activities at horse racing at the turn of the 20th century and then expanded to other sport events.

The definition of doping in Switzerland is regulated in article 19 paragraph 1 of the Sport Promotion Act (SpoPA) of 17 June 2011. According to this article, doping is a 'misuse of substances and methods to increase physical performance in sport'. The definitions of the World Anti-Doping Agency (WADA) differ slightly in that it provides a list defining occurrences of anti-doping rule violations.

Where is doping regulated in Switzerland?

Doping is regulated in the SpoPA which is the only act in Switzerland containing criminal law provisions applicable to doping cases. Its ordinance, the Sport Promotion Ordinance (SpoPO), specifies the SpoPA. Through the revision in June 2011, the criminal provisions against third parties in the SpoPA were intensified and a legal basis for the exchange of data with national and international anti-doping organizations was established.

The main criminal provision is article 22 SpoPA. The basic offence criminalizes the manufacturing, acquisition, import, export, conveyance, distribution, sale, prescription, market, delivery, or possession of any doping substances to third parties with a custodial sentence not exceeding three years or a monetary penalty.

The wording shows that neither consumption nor possession for personal use is prohibited. The goal was to target those supplying doping substances to athletes to make access to these substances more difficult. Furthermore, the application of the rule is not limited to professional sport but includes amateur sport as well. Serious cases are regulated in paragraph 2 where a custodial sentence not exceeding five years may be imposed and where the monetary penalty shall be combined with the custodial sentence. A serious case is given when the offender acts as a member of a group, seriously endangers the health or the life of athletes, administers substances to children or by commercial trade with a considerable profit.



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Protected legal interest

Legal scholars hold various views on the legal interest protected by anti-doping regulations. The three most common ones are the protection of the athlete's health, maintaining fairness and equal opportunities for all athletes and the protection of national health. In the newest report of the Swiss Federal Council from December 2021, the 'Integrity of Sport Competition' is viewed as the main protected legal interest. The protection of honest competition is the main goal, and athletes should be able to trust in their competitors' rule compliance.

Is self-doping criminalized in Switzerland?

Self-doping is excluded from criminal liability in Switzerland. However, there are still consequences according to association law if an athlete consumes doping substances. National Anti-Doping Organizations (NADOs) are responsible for the punishment of athletes and if individuals test positive, they are disqualified or even banned from competition. Switzerland's NADO is the Swiss Sport Integrity (SSI) which is responsible for the private fight against doping. Since January 2021 the SSI deals not only with doping cases but handles ethical violations as well. The Disciplinary Chamber for Doping Cases (DC) oversees all Swiss doping cases as a court of first instance. As a court of second instance an appeal to the Court of Arbitration for Sport (CAS) is possible. In a recent case of 28th June 2022, the DC sentenced sprinter Alex Wilson for deliberate doping with trenbolone to a 4-year suspension and to a payment of 13'750 Swiss Francs. The decision was based on an out-of-competition doping control conducted by the SSI. The decision is not binding yet, an appeal to CAS within 21 days is still possible.



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Should self-doping be criminalized in Switzerland?

The question of whether self-doping should be criminalized in Switzerland remains a controversial subject. On the one hand you could argue that the existing anti-doping regulations, especially with the association rules, are sufficient to combat doping effectively. Criminalization of a field of law should always be 'ultima ratio' and a new rule should only be enacted if there are no other proportionate measures in place. On the other hand, criminalization of doping would enable procedural measures, which are currently only possible in serious cases (article 22 paragraph 2 SpoPA). In addition, other European countries are increasingly introducing the criminalization of self-doping. The problem Swiss authorities are facing now is that numerous doping cases remain undetected. The criminalization of doping could be a step towards solving this problem. However, if Switzerland criminalizes self-doping, there must be a limitation to the applicability of the rules to avoid conflict with the protected legal interest of the integrity of sports competition. One could, for instance, limit the rules to professional sport, as Germany has done. In order to strengthen the fight against doping globally, the criminalization of self-doping in Switzerland is favorable. The introduction of new rules, however, will take time since the topic is not prevailing at the moment and there is still the problem of lack of resources.



Sena Hangartner is a research assistant and a PhD student at the chair of Prof. Christian Schwarzenegger, professor of criminal law and criminal procedural law at the University of Zurich in Switzerland. Her research interest lies in sports law, especially in the field of doping from a criminal law perspective. In her doctoral thesis Ms. Hangartner analyses the need for criminalization of self-doping in Switzerland.



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The regulation of anabolic–androgenic steroids in the UK: Priority, provision, and problems

By Nick Gibbs, Lecturer in Criminology, Northumbria University, United Kingdom

Introduction

The regulation of anabolic androgenic steroids (AAS) is a contentious and contradictory field which is often overlooked in the public health literature on image and performance enhancing drugs (IPEDs). In the UK, AAS are categorised as a class C controlled substance but, rather confusingly, personal use is legal, meaning that possession and importation (but not via freight services) is permissible so long as it can be proven that there is no intent to supply. This means that a consumer may be in possession of a heavy twelve-week AAS cycle perfectly legally, but the act of selling these substances is criminalised under the Misuse of Drugs Act 1971 and could result in a fourteen-year prison sentence. Consumers therefore find themselves in a bind where, although what they are doing is legal, most are involved in an illicit criminal market.

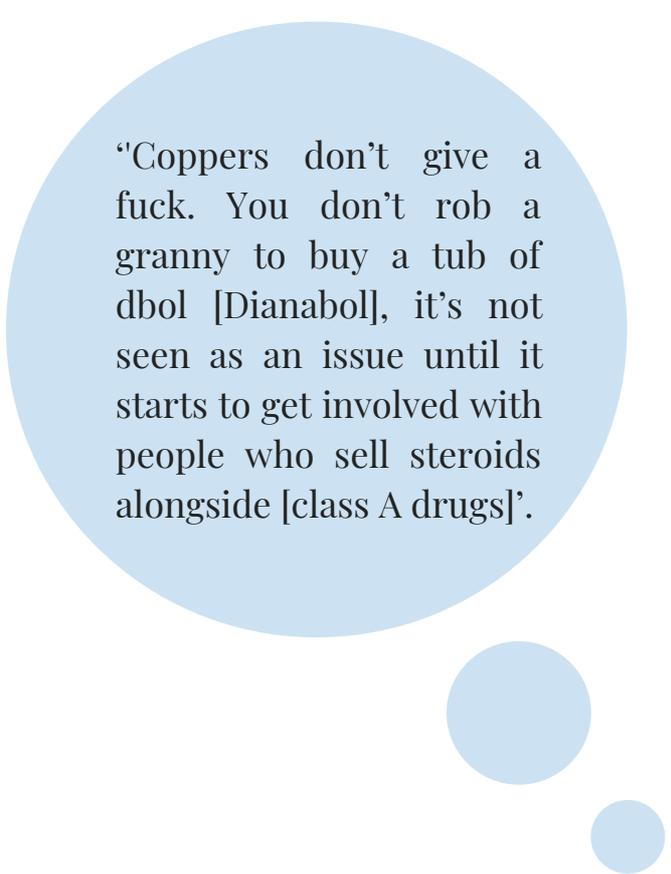
This article will draw from my PhD research to examine the regulation of AAS in the UK, first examining the role of the agencies involved and the apparent lack of impetus to police AAS supply, before identifying the attendant harms. I will then conclude with a few personal reflections.

Whose responsibility is it?

The legal regulation of AAS predominantly falls within the police's rubric to disrupt and prevent the trade of illicit drugs. The UK Border Force also play a key role in regulating AAS supply and are responsible for the bulk of seizures of incoming products. More broadly, the wider IPED market is regulated in part by the Medicines and Healthcare products Regulatory Agency (MHRA), who hold jurisdiction over any medicinal products. However, the large-scale seizures that we have seen in the UK result from a multi-agency approach, with bodies like the National Crime Agency and Interpol also playing their part.

'You don't rob a granny to buy a tub of Dbol': Relative harm and MoRiLE

Sources both within the AAS-using community and the police themselves note that regulating the AAS market is a low priority. During my fieldwork in 2020/21, bodybuilder Sam contended 'I just honestly don't think that [the police] care about it', whilst serving police officer Luke stated, 'I've never seen anybody get done for steroid use or even steroid dealing'. Leaving aside Luke's lack of comprehension of the current UK laws on AAS, these quotations illustrate the lack of impetus to regulate the AAS market and, to contextualise this ethos, it is worth examining how policing priorities are established.



'Coppers don't give a fuck. You don't rob a granny to buy a tub of dbol [Dianabol], it's not seen as an issue until it starts to get involved with people who sell steroids alongside [class A drugs]'.

Within UK policing, a model called the Management of Risk in Law Enforcement (MoRiLE) is employed, whereby the response to a crime is calculated based on threat, risk, and harm. This complex risk assessment tool considers aspects of victimisation, community and environmental impact, frequency, and vulnerability to ensure a standardised multi-agency response.

With this in mind, there was a consensus across my sample of AAS consumers that the police do not prioritise AAS offences due to the lack of violence and vulnerability in the market. As David shared, in rather robust terms, ‘coppers don’t give a fuck. You don’t rob a granny to buy a tub of dbol [Dianabol], it’s not seen as an issue until it starts to get involved with people who sell steroids alongside [class A drugs]’. AAS users are generally employed and are ostensibly ‘non-deviant’ members of society. Therefore, unlike other injecting drug users, their consumption is less associated with vulnerability and risk, and we tend to address the myriad harms of consumption through a public health approach (McVeigh and Begley, 2017). However, does the current approach address the harms of the AAS market?

Consequences of light touch policing

My research has identified a rapidly evolving IPED market, characterised by a move from community-embedded supply to more of a ‘market-orientated’ approach (see Fincoeur et al., 2015). Whereas supply was previously contained within subcultural communities, the increased demand for the market has seen an influx of non-community members, who are often polydrug sellers.

We have also seen domestic producers, often termed ‘underground laboratories’, selling directly to end consumers because ‘they realised that the police aren’t particularly active on pursuing them’ (Rob). This has made the production and sale of AAS an attractive, lower risk means of making money. Besides the proliferation and profitability of the market, the openness of the space is also a direct result of minimal policing. Discussing the communication platforms commonly favoured by suppliers, Rob noted that non-specialist apps like WhatsApp are relied upon, whereas ‘if the police [were to] pay more interest, then you’ll see encryption become more important but because police involvement and investigation is minimal [...] then there’s not really been the need.’ Similarly, the sale of AAS is rife on social media platforms like Facebook, Instagram, and TikTok due to the lack of regulation. Given the widespread use of these sites, the presence of brazen advertising potentially exposes a wider demographic to this illicit market.



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What next?

As a harm reductionist scholar, I am reticent to advocate for any further criminalisation or regulation of the AAS market. As has been proven time and time again, criminalising rhetoric and policies like the much-maligned US ‘war on drugs’ disproportionately penalise users and do little to tackle those causing most harm and making the profit. However, our current hands-off approach has given rise to an evolution of AAS supply, making it an attractive low-risk alternative for profit-driven drug sellers. So, what can be done? One approach might be to target domestic producers under the Proceeds of Crime Act (POCA) 2002. By employing this legislation, which allows the police to seize money that has been made illegally, intervention could be targeted at those who profiteer from AAS rather than criminalising the users themselves, and the perception of the AAS market being low risk and high profit could be dispelled. Although not the perfect solution by any means, POCA perhaps represents a productive step forward. In any case, we must learn lessons from the past and avoid stigmatising users, and instead should target the supply chain and associated criminality.

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Dr Nick Gibbs is a Lecturer in Criminology at Northumbria University, where he completed his PhD in 2021. Prior to this, Nick attained his undergraduate and Masters degree in Criminology at Birmingham City University. His research concerns the consumption and supply of image and performance enhancing drugs (IPEDs) and the intersection of social media, contemporary gym culture and late-capitalist subjectivity. He values interdisciplinary collaboration as well as emerging research methodologies, including connective ethnography and visual methods. Nick works within the schools of ultra-realist criminology and deviant leisure, and is particularly interested in exploring IPEDs in relation to the current late-capitalist epoch.



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NEWCASTLE

Enhancement drugs and (de)criminalisation

By Niki Kiepek, Associate Professor, Dalhousie University, Canada

In this commentary, I briefly discuss topics related to the criminalisation of enhancement drugs. First, drawing on my own research, I examine the question of ‘what is an enhancement drug?’ Second, I explore how drug use is regulated. Finally, I situate these discussions in relation to calls for decriminalisation of drugs.

What is an enhancement drug?

Drugs are substances that “act on biologic systems at the chemical (molecular) level and alter their functions” (Katzung et al., 2019, p. 2), encompassing a variety of substances (i.e., medicines, poisons, foods, drink) used in everyday life (South, 1999). A focus of my research on licit, illicit, and pharmaceutical substances has been to understand the ‘effects’ as experienced by Canadian professionals and students. People tend to deliberately use substances to maximize effects, regardless of the type of drug, to enhance mood, cognition (e.g., focus, concentration), performance (e.g., sports, studying, work, parenting), and quality of experience (e.g., pleasure during mundane tasks), while minimizing adverse effects (Kiepek & Beagan, 2018; Kiepek et al., 2022; Kiepek, Beagan, et al., 2018). It becomes nearly impossible to untangle ‘enhancement drugs’ as a unique classification; rather, the degree of enhancement is an outcome of the interaction between the person, the substance, the amount used, the context of use, the activities engaged in at the time of use, and so on. Naturally, drug effects will be more or less conducive to enhancement, depending on the psychoactive properties of the substance alongside various attributes of the person, context, and activity.



Image by Joey Genovese from Unsplash

Regulation of drug use

In general, laws can be categorized as regulatory or criminal. Regulatory laws are intended to protect society as a whole and infractions are associated with a penalty. Drug use is highly regulated through regulatory law, which includes laws around the legal age for purchasing substances and the legal hours for sales. Crimes are defined by a criminal code. In Canada, for instance, drug use, per se, is not a crime, but ‘possession’ of illicit drugs is a criminal offence.

Alongside regulatory and criminal laws are institutional and organizational policies and codes of conduct. For instance, the World Anti-Doping Agency (WADA) developed The World Anti-Doping Code, with principles prohibiting the use of enhancement drugs and processes for monitoring and responding to violations (World Anti-Doping Agency, 2021). Although this code can directly impact athletes who are competing under complying organisations, this code does not supersede national drug laws or international drug conventions.

Thus, legal possession of a legal substance may result in an athlete being ineligible to participate in a sports competition, but does not constitute a crime. The legal status of enhancement drugs may nevertheless be impacted by sports organizations who leverage political and economic influence to lobby for laws to align with anti-doping principles. In 2016, INTERPOL launched Project Energia to “uncover connections between trafficking in performance-enhancing drugs, pharmaceutical products and narcotics, and the criminal organizations operating in sport” (INTERPOL, 2016, para. 8). This project is supported by WADA and focuses on drugs (i.e., anabolic steroids, growth hormones, peptides, erythropoietin) typically associated with enhanced physical fitness and improved athletic performance (INTERPOL, 2016).

Decriminalisation and legal regulation

I conclude by exploring contemporary discussions around the decriminalisation and regulation of drugs. In Canada, calls for decriminalisation or legalisation of drugs have gained traction with public and political support (Aziz, 2021; Government of Canada, 2021; Health Canada Expert Task Force on Substance Use, 2021a, 2021b; Special Purpose Committee on the Decriminalization of Illicit Drugs, 2020; Toronto Public Health, Jan 4, 2022; Zimonjic, 2020). Canada is not alone; more than 30 countries have adopted some form of decriminalization (Eastwood et al., 2016) and the United Nations Office on Drugs and Crime has declared that “decriminalizing drug use and possession for personal consumption is consistent with international drug control conventions and may be required to meet obligations under international human rights law” (United Nations Office on Drugs and Crime, n.d.). The International Centre on Human Rights and Drug Policy validates state decriminalization of drugs while concurrently honouring obligations under international drug control conventions (International Centre on Human Rights and Drug Policy et al., 2020).

The Global Commission on Drug Policy (2021) recommends an end to prohibition through legal regulation, which involves laws and policies that govern a supply chain for responsible access and quality control. The Health Canada Expert Task Force on Substance Use (2021b) similarly calls for regulation and expansion of safer supply under a public health framework.



Image by Tingey Injury Law Firm from Unsplash

Decriminalisation and legal regulation are, essentially, harm reduction approaches that will not eliminate adverse effects or harms associated with use of a substance. Harms are expected to be reduced, due to access to unadulterated substances of reliable dosages and potentially reduced social stigma. Societal benefits include reductions in violence, illegal trafficking, and financial enforcement costs. Perhaps the largest impact will be a reduction in ‘harm’ that arises from criminalisation. Criminalisation of drugs has reduced access to harm reduction approaches, has not reduced supply, restricts access to medicinal use of illicit substances, perpetuates untaxed and unregulated financial markets, restricts experimental research, can increase violence, weakens respect for the law, gives otherwise law-abiding citizens a criminal record, and normalises criminality (Nutt, 2020).

Principles of criminal law include criteria that “No law should give rise to social or personal damage greater than that it was designed to prevent” and “No act should be criminally prohibited where its incidence may adequately be controlled by social forces other than the criminal process” (Ouimet, 1969, p. 12). In the past 60 years since 1961 Single Convention on Narcotic Drugs was passed, extensive research has been undertaken about potential harm of substances, the effectiveness of harm reduction approaches, and the ‘harms’ resulting from punitive drugs laws. Options such as legal regulation, administrative penalties, and social norms may be more appropriate in a context where the harms from the laws outweigh the unsubstantiated aspirations of prohibition. Beyond this, it said that decriminalization is consistent with people’s right to enjoy the highest attainable standard of physical and mental health. States should prevent “arbitrary and unlawful interference with the privacy, family life, home, and correspondence of people who use drugs” (International Centre on Human Rights and Drug Policy et al., 2020, p. 14).

Final thoughts

There is little consensus about the legal status of drugs in society. Research around enhancement drugs might shift social understandings of drug use to hold the potential for individual and social benefits alongside (and perhaps more so than) the potential for individual harm and risk. Such tradeoffs are widely accepted when considering the adverse effects of clinically monitored pharmaceuticals and licit substances like alcohol, but use for enhancement effects remains problematised.

Dr Niki Kiepek is an Associate Professor at Dalhousie University School of Occupational Therapy. She applies critical theories to explore substance use and investigates the social construction of acceptable and unacceptable ways of acting and ways of being. This research has implications for understanding processes of social justice, inclusion, oppression, and marginalisation.



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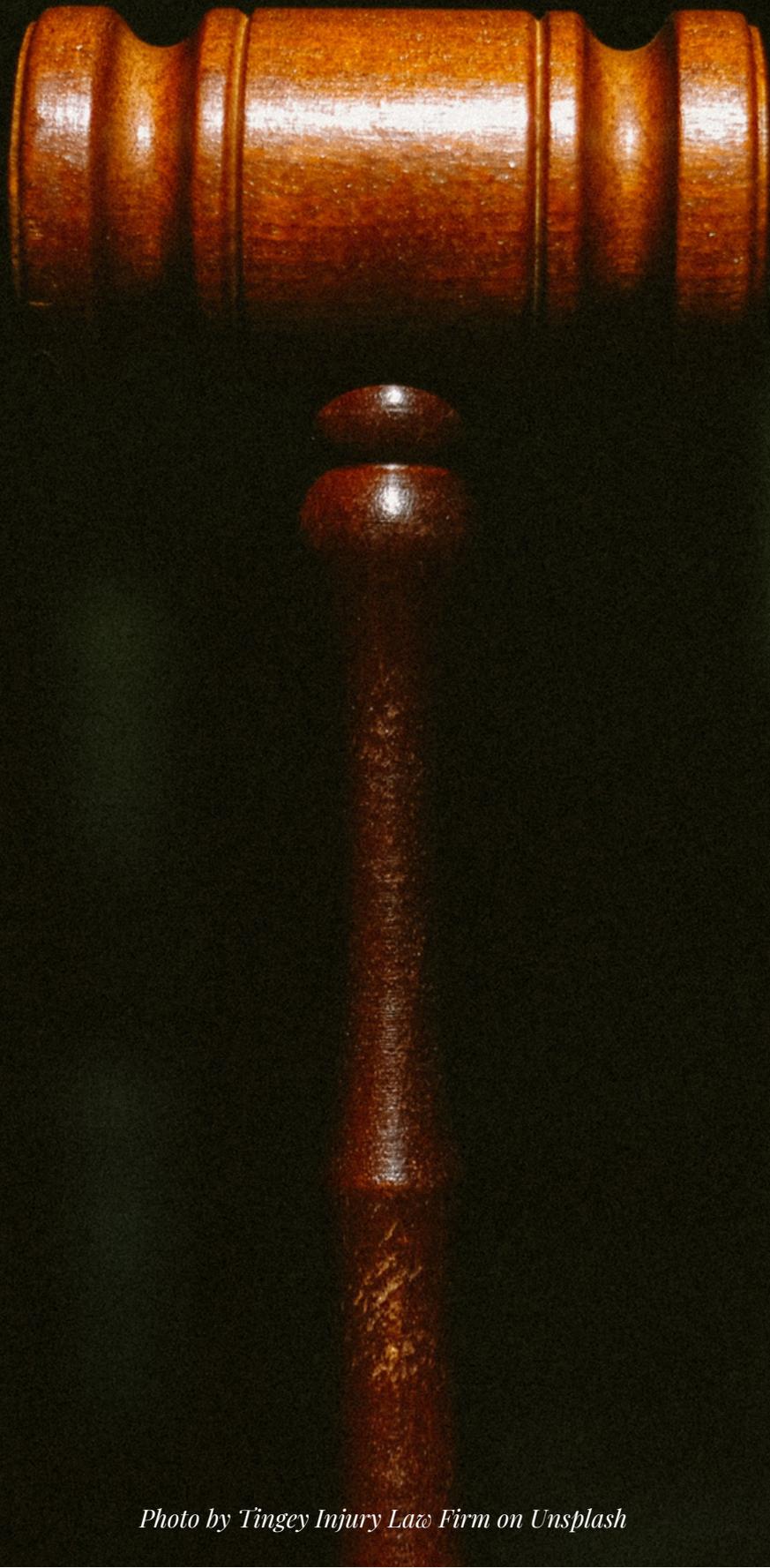


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Q&A with Rick Collins: Defending clients charged with matters involving AAS and other PIEDs

Q: Why did you become interested in criminal cases involving AAS?

A: I entered the private practice of law in 1990, which was the same year that the U.S. Congress passed a law adding anabolic steroids to the federal schedule of controlled substances. Many individual states followed suit. These laws criminalized AAS possession without a valid prescription for a medical purpose, such as by individuals seeking muscle growth for athletic or aesthetic enhancement. Congress passed the Anabolic Steroid Control Act of 1990 (ASCA). At that time, my professional background was as a former criminal prosecutor with extensive courtroom experience, but my personal background was as a longstanding member of the gym culture. I had many connections within the fitness industry, and still do. So, as recreational weightlifters began getting arrested pursuant to the new laws, I became the national “go to” lawyer for criminal defense. Unlike other lawyers, I understood that the typical profiles, motivations, and acquisition/administration patterns for non-medical AAS users were markedly different from those who use narcotics and traditional drugs of abuse. Most defense lawyers, prosecutors, judges, and law enforcers were, and still are, clueless on the subject. Over the years, this area of my practice grew, and it has been almost exclusively what I do. I am grateful to be able to combine my legal training and courtroom skills with my bodybuilding background to uniquely defend my clients. I truly love what I do. I’ve gotten to see much of America defending my clients, and I’ve consulted on matters outside the U.S. and lectured all over the world. If you want to follow some of what I do, I’m active on Instagram at @RickCollinsEsq.

Q: Can you tell us a little about the laws around AAS in the United States?

A: The ASCA placed AAS in the same legal class as ketamine (Schedule III), between OxyContin® (Schedule II) and Xanax® (Schedule IV). But the 1990 ASCA was so inadequate that Congress had to revise it twice, in 2004 and again in 2014. Today, those caught illegally possessing AAS even for purely personal use will face arrest and prosecution. It is a federal crime for any person knowingly or intentionally to possess an anabolic steroid unless it was obtained directly, or pursuant to a valid prescription or order, from a practitioner while acting in the course of professional practice. A simple possession conviction is a misdemeanor punishable by a term of imprisonment of up to one year under federal law. Illegally distributing AAS, or possessing them with intent to distribute, is a federal felony (a higher level crime), punishable by up to ten years in prison for a first offense. Individual states also have their own AAS laws. In New York State, for example, anabolic steroids are classified as Schedule II controlled substances (a bizarre deviation from federal law and all other state AAS laws). In certain states, the simple personal use possession of AAS without a valid prescription is classified as a felony. .



So, readers should understand that here in the U.S., unlike in many countries where personal use possession isn't a crime, being involved with non-therapeutic AAS use subject you to the risk of arrest or even imprisonment.

Q: Why did the U.S. Congress categorize AAS in the same legal framework as cocaine and heroin?

A: Great question! Anabolic steroids are the apple in the orange crate of the controlled substances law. They're the only hormone in there. Testosterone is the primary AAS and it's naturally present in all our bodies. Why, then, did Congress criminalize possessing it? The primary catalyst was a Canadian sprinter named Ben Johnson who beat the American Carl Lewis in the 1988 Olympics in Seoul, before being disgraced for failing a doping test for AAS. The American sports media went ballistic, and members of Congress were terrified that growing reports of AAS doping in various sports would destroy public confidence in the integrity of athletics or trickle down to use in high schools. Congressional hearings were held to determine the extent of the AAS problem. Many witnesses who testified at the hearings, including medical professionals and representatives of regulatory agencies – including the Food and Drug Administration (FDA), Drug Enforcement Administration (DEA), and National Institute on Drug Abuse – recommended against classifying AAS as controlled substances. Even the American Medical Association repeatedly and vehemently opposed it, maintaining that AAS misuse does not lead to the physical or psychological dependence required for scheduling under the Controlled Substances Act. But Congress went ahead and did it anyway. The records from the hearings suggest that any “psychologically addictive” properties of AAS were secondary considerations to Congress. The majority of witnesses called to testify at the hearings were representatives from competitive athletics. Their testimony, and apparently the main concern of Congress, focused on legislative action to solve an athletic “cheating” problem.



ADDICTION

Photo by Annie Spratt on Unsplash

Q: Who's using AAS for non-medical reasons?

A: Well, if you were to believe most mainstream media reports, it's all professional athletes and misguided teenagers. Of course, there are some teens who use AAS, as well as athletes who use them to cheat in sports. But ironically, despite the original “doping” focus of the ASCA, the vast majority of non-medical AAS users are neither teens nor competitive athletes. Those interested in the demographics and motivations associated with non-medical AAS use can check out a ground-breaking [research project](#) I was involved with. Our study, and others, show that non-medical AAS use is typically about aesthetic or “cosmetic” enhancement. Put simply, most users are adult males seeking a leaner, more muscular appearance in a tee shirt or on the beach. Yes, these users subject their bodies to the risks of adverse health effects, including serious ones, and the risk of being arrested, simply to feel better about how they look. In that way, non-therapeutic AAS use is far more analogous to getting breast implants or liposuction than it is to heroin or cocaine abuse. However, cosmetic surgery is medically and socially acceptable and legal, despite the very real risks. Cosmetic AAS use is not.

Q: Do you think the medical community is knowledgeable about AAS?

A: The short answer is no. In the U.S., the criminalization of AAS usage frightened doctors away. Involvement with non-therapeutic AAS use subjects both the patient and the doctor to the risk of arrest and criminal prosecution. So, such use is relegated to the shadows of the black market, making it much more dangerous. The chasm between the medical community and non-therapeutic AAS users started even before the ASCA of 1990. In the 1980s, in an effort to discourage PIED doping in athletics, sports medicine authorities lost their credibility by wildly exaggerating the health risks and by rigging studies to imply that AAS don't work. That lost credibility has never been restored. Obviously, there are behaviors related to AAS and other PIEDS that exacerbate the potential dangers. So, I applaud those clinicians, health workers and researchers focused on reducing the harms for those using AAS non-medically. I wonder, though, whether there's an inherent selection bias for those whose contact with AAS users is in the context of health care clinics. Those who show up at such clinics are likely suffering from adverse effects, or at least are worried about them. The more serious adverse effects generally result from a combination of higher dosages and longer durations of use. In my experience, having had in-depth and confidential conversations with literally thousands of members of this population over the span of decades, it's clear to me that many users have never sought medical guidance for various reasons, including that their adverse effects, at least to the extent that they were observable, were mild, transitory, or in some cases undiscernible and possibly non-existent.



Photo by CDC on Unsplash

Those convicted can face serious punishments. Another bucket of cases contains clients accused of selling peptides, prohormones or other PIEDS mislabelled/misbranded as either dietary supplements or “research chemicals.” These cases are mostly investigated by the FDA and are also usually brought in federal courts. Another bucket involves clients arrested for personal use possession. These cases are infrequent these days, due to government priorities focusing more intently on distribution, and are almost always brought in state courts. I've handled all these types of cases all over the country. Overall, most of my AAS clients are adult recreational bodybuilders or weightlifters. Most do not sell or use narcotics and very few have any connections to traditional organized crime. Most are gainfully employed, and many are married. Those who sell usually start out as users themselves. Most are fairly knowledgeable about AAS and believe that the health risks associated with AAS use have been overstated.

Q: What has been the most spectacular case you have ever been involved in?

A: I've had many high-profile cases. I've defended large-scale steroid traffickers who were the subject of mainstream media reports due to the size of their operations.

Q: What are the most typical criminal charges you deal with?

A: My caseload could be divided into a few different buckets. One bucket contains clients charged with AAS importation and distribution. Often, they are accused of ordering raw steroid powders from China, turning the powders into either injectable oil-based liquids or pressed tablets in makeshift “underground labs,” and then selling them online, usually on social media. Some are clandestine operations with a single owner. Others involve conspiracies with multiple distributors and “remailers” who help lower the risk of government detection by either serving as the receivers of the raw powder or by mailing out the finished product at the direction of the owner. The investigation of large-scale operations is typically handled by the DEA, with the help of other agencies, and prosecuted in federal courts.

I've also defended professional athletes wrongly accused of cheating with banned substances, such as former middleweight boxing champion Sam Soliman from Australia. Sam was accused of doping after his victory over Felix Sturm in Germany. I was part of the team that contested the finding. I sent Sam's urine sample for retesting and issued a press release proclaiming his exoneration based on the results. We were ultimately able to get his ranking reinstated, and he went on to beat Sturm yet again and then move on to a million-dollar purse before retiring. But most of my cases are not "spectacular" at all. Most never make the news, which is how the clients like it. One great example involved a woman, we'll call Jane (not her real name), who owned a small personal training studio in a city in western America. Jane was accused of selling a single vial of testosterone to an undercover informant. Although she had never had as much as a parking ticket, let alone a prior arrest, due to a bizarre torturing of the state's "three strikes law" by the prosecutor, Jane was threatened with a whopping ten-year prison term. In a most unusual legal proceeding, I was able to expose the informant as a liar who had faked a sale that never took place! The prosecutor was stunned when his witness's perjury was exposed and dismissed the case. It was a stark reminder that just because a person is charged with a crime doesn't mean they're guilty – or even that the crime actually occurred! Jane's "spectacular" exoneration remains one of my proudest career moments! Like many of my clients, Jane remains my friend on social media to this day. You can read more about this incredible case at <https://steroidlaw.com/2013/01/when-an-innocent-person-is-framed>.

Q: How do you think AAS should be regulated in the United States?

A: Well first, it's important to reiterate that all drugs can have adverse side effects, even including lethal ones. While the dangers associated with non-medical AAS use have been overstated in mainstream media reports, using AAS for cosmetic enhancement, especially in high doses, for prolonged periods, and without medical screening and oversight, can be dangerous. For example, there are potentially serious risks to both the heart and liver, the latter specific to oral steroids. The hardcore bodybuilding community has become acutely aware of the role that AAS may play in premature death due to cardiac issues, having lost dozens from its ranks in just the last couple years. All that said, there is a question as to whether the current regulatory policies reduce those potential harms or make them worse. All too often in our society, we think there are simple solutions to complex problems. Often, we "over correct" problems by using a bludgeon rather than a scalpel. The U.S. launched a draconian "War on Drugs" over 40 years ago. Many experts now realize that it has failed miserably in that it didn't stop drug abuse while at that same time creating a whole host of other social problems. If the overall war on drugs failed, why would it have succeeded for AAS?

Despite the ASCA and its successor laws, illegal AAS use has increased. The prohibition-style policy approach has subtracted physicians, pharmacists, and legitimate pharmaceutical companies from the equation, ballooning a black market of often substandard underground products and a criminalized user base reluctant to interface with health care professionals. Certainly, as with cosmetic surgery, some AAS enthusiasts go too far. Some users suffer from muscle dysmorphia, a kind of reverse anorexia in which individuals see themselves as smaller and punier than they really are. I see that in some of my clients. But using the criminal justice system, rather than the public health system, to deal with this issue seems to me to be both impractical and inhumane. Illicit AAS doesn't lead to the social problems associated with narcotics, such as street crime and homelessness. Treating AAS users like criminals is bad policy. I've witnessed firsthand the real-life effects of criminalization upon those arrested and convicted for illegal personal use possession. A criminal conviction can have devastating collateral consequences that last for decades or even a lifetime. These consequences can have profound effects on current or future employment, housing, education, licensing, immigration, and public benefits. The effects are especially significant since most non-medical AAS users lead otherwise responsible, law-abiding lives. Frankly, I don't see much good coming from this. I think, at a minimum, refocusing our policies to emphasize harm reduction would be a step in the right direction, especially those policies that would encourage and support the return of physicians into the mix. But until that happens, I'll be here standing up for my clients in the U.S. and beyond who get caught up in the existing legal frameworks.

Thank you so much for your time!



Attorney Rick Collins, Esq., FISSN, NSCA-CSCS, of Collins Gann McCloskey & Barry PLLC is internationally recognized as a legal authority in the field of anabolic-androgenic steroids (AAS), performance and image enhancing drugs (PIEDs), and sports nutrition dietary supplements. Over a span of 30 years, he has been consulted on thousands of legal matters involving these compounds and has defended countless individuals and corporate entities accused of AAS-related criminal or regulatory violations, including sports doping and PIED-based drug testing failures by police officers, military, or persons on probationary supervision. Rick also serves as legal advisor to the International Society of Sports Nutrition (ISSN). He was part of a working group of the United States Sentencing Commission tasked with revising the federal steroid sentencing guidelines in 2006. He has written a popular book and numerous peer-reviewed journal articles about the non-medical use and misuse of AAS. He has contributed chapters to three textbooks on sports nutrition, co-wrote a men's health and fitness book, is a frequent contributor to various health and fitness publications and writes a monthly column for Muscular Development magazine. Rick also served as a member of a research team that conducted an unprecedented survey of non-medical AAS use among over 2,000 respondents, published in the Journal of the International Society of Sports Nutrition. He was a consultant on the documentary film "Bigger, Stronger, Faster*" (2008), in which he was also featured on camera. He has appeared on many television shows, radio talk and news shows. He is also a nationally Certified Strength and Conditioning Specialist (NSCA-CSCS) and former personal trainer and competitive bodybuilder. You can reach Rick at Rcollins@cgmbesq.com and read more about him at www.RickCollins.com.



Low T?

Researchers from Deakin University, University of New England, and University of Queensland would like to talk to Australian men who have used anabolic-androgenic steroids ('steroids') as testosterone replacement therapy.

Our project aims to understand men's experiences in attempting to accessing testosterone replacement therapy, their experiences navigating the health system, and why they may choose to use steroids for testosterone replacement therapy.

Participation in the project involves a confidential interview, lasting about 30-60 minutes. The interviews are conducted via Zoom. As a thank you for your time, we will provide you with a \$50 Visa gift card at the completion of the interview.

If you are interested, scan the QR code to read more about the study and leave your contact details. We'll be in touch to arrange a time for an interview. Alternatively, click on this link:

https://researchsurveys.deakin.edu.au/jfe/form/SV_9Xrn295r7noEVh4



For more information and enquiries, please contact Dr Matthew Dunn m.dunn@deakin.edu.au; 03 5227 8372

This study has received ethics approval from DUHREC. Project number 2022-067.



Doping in Sport as a Criminal Offence in Japan

By Kanako Takayama, Professor of Law, Kyoto University, Japan

Japan's Attitude towards Tokyo 2020

When Japan started the preparations for the Olympic Games 2020 in Tokyo, there was no criminal offence for “doping in sport” either in the Penal Code nor in other special criminal laws. The Government set up a working group for comparative legal studies to decide whether Japan should introduce such an offence. I was the chair of the group.

We concluded that there were sufficient general criminal provisions to punish various conducts involving doping in sport and that it was not necessary to define a new criminal offence. Japan also decided to avoid imbalance between doping in sport and other infringement of competition. Instead, a new administrative body, “Japan Sports Agency,” was established to strengthen the regulation and control of doping-related conducts.



Photo by Bryan Turner on Unsplash

Criminal Offence of “Obstruction of Business”

One criminal provision already available was on the offence of “Obstruction of Business.” Article 233 of the [Japanese Penal Code](#) stipulates: “A person who damages the credibility or obstructs the business of another person by spreading false rumors or by the use of fraudulent means is punished by imprisonment for not more than 3 years or a fine of not more than 500,000 yen.” This offence is unique to Japan.

Originally, it was introduced into the former penal code under the influence of French law. But the scope of its definition was narrowly limited. When Japan made the current Penal Code, its definition was enlarged to become quite general to cover various activities of sabotage in business.

Further, the case law came to interpret the provision to punish not only conducts in private sectors but also disturbing public duties. In addition, according to the case law, to constitute this offence, no real damage is required and a disturbing conduct is enough.

In 2017, a canoe athlete put a prohibited substance (metandienon) into his rival athlete's drink and was charged with an "obstruction of business." Japan Anti-Doping Agency (JADA) imposed eight years of disqualification on him. The prosecutor refrained from the official indictment to continue criminal procedure. The same provision is used for criminal investigation in cases of cheating in entrance examinations.

Although there has not been a self-doping case in which criminal investigation commenced, Japanese law enforcement agencies think that athletes' own use of doping substances can constitute the same offence as in cases of entrance examinations, because it "obstructs the business of another person," namely the organizer of the sports event, "by the use of fraudulent means."



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Other Offences

There are other criminal offences such as fraud (Article 246 of Penal Code) for which damage to property is not required, including forgery and destruction of documents/electromagnetic records and destruction of property (Articles 161bis, 259 and 261 of Penal Code). Causing damage to other people's health is a criminal offence in Japan but only without the informed consent of the person in question. In the Japanese Penal Code, there is no provision to punish physical injury with consent. The case law dictates that informed consent given for an illegal purpose is invalid.

However, no law declares doping in sport as illegal. Many academics in law have argued that, even though there is no provision to punish bodily injury with consent, informed consent to endanger someone's life should be invalid. According to this position, using doping substances that threatens the life of the athlete should be punished as a bodily injury. Still, it could cover only limited scope, since there are many more doping-related conducts that give damage to health but do not endanger life.

Conclusions

In sum, almost all doping cases other than gene doping would be covered by definitions of the existing criminal offences. Since Japanese law basically does not punish endangerment of health and bodily injury if the person in question gives consent, other general offences such as obstruction of business, forgery and fraud will be made use of. This approach which does not depend on the harm to the health, will have importance to Japan also in future discussions, because new types of conducts can emerge that do not give harm to the health but may have serious implications for the future of humanity, such as gene manipulation.

So far, Japan has not yet introduced criminal control of gene manipulation, but it is necessary. We must be aware that enhancement of human physical ability does not always mean a damage but may change the natural traits of human being in total. This necessity is not limited to doping control in sport and making a salient challenge to Japanese legislators.



Kanako Takayama is Professor of Law at the Kyoto University. Her research deals with questions such as the palliative medicine, regulation of research with human embryos, control of tattoos, and economic crimes. From 1998 to 2000, she carried out research at the University of Cologne, Germany. She has been a Deputy Secretary General of the International Association of Penal Law. She is also a member of the Science Council of Japan and the International Academy of Comparative Law. She has received several international awards including the Eugen and Ilse Seibold Prize in 2020, Doctor honoris causa of the University of Hamburg in 2019, the Philipp Franz von Siebold Prize in 2018 and the German Federal Cross of Merit in 2006.





Image by Victor Freitas from Pixabay

Researchers from the University of Birmingham are conducting a study looking at psychological factors accompanying the use of anabolic steroids within strength training communities. If you are **male/female, over the age of 18, have used anabolic steroids in the last 12-months**, and are interested, please feel free to click [HERE](#) to learn more and/or to take part.

The study involves **completion of three short anonymous daily surveys (2-3 minutes), across three independent 12-day periods**. The study will also require the **completion of a slightly longer survey (5-10 minutes)** at the beginning and end of each 12-day period.

Daily surveys will be sent out via a free mobile phone application, whilst the slightly longer surveys will be emailed to participants and completed anonymously online. The mobile application does not have a GPS device or any means of identifying you, therefore **your anonymity is maintained** throughout. No information will be collected that will enable responses to be traced back to you.

We understand that this is an intensive study, but we need to collect data frequently and in natural environments to properly understand psychological factors that influence – and are influenced by – anabolic steroid use. To make it less intrusive, we will send out notifications for the daily surveys at times that suit your day-to-day lifestyle. Participants with completion rates of 80% or more will be entered into a prize draw for a £50 Amazon voucher.

If you have any questions, please feel free to message the principal researcher on bxc869@student.bham.ac.uk

Thank you.



UNIVERSITY OF
BIRMINGHAM

Do you use substances for fitness and/or strength-training?



Researchers from Deakin University are conducting confidential interviews with women who use substances (e.g. steroids, clenbuterol, SARMs, growth hormones, thyroid medications and peptides) for fitness and/or strength-training.

We want to know more about your experiences to improve harm reduction advice and health information for women.

The study is open to anyone who identifies as a woman, is over the age of 18 and has used substances for the purpose of fitness and/or strength-training in the last 12 months.

Participation is confidential and anonymous. It involves an audio recorded interview of about one hour, **and you will be reimbursed a \$100 pre-paid visa credit card for your time.** Interviews may also involve discussion of your social media account if you provide additional consent. Interviews will be conducted in a location convenient to you.

For more information or to take part, please contact Renae Fomiatti on 0473080259 or at r.fomiatti@deakin.edu.au.

This study has received Deakin University ethics approval (reference number: 2022-150)



Upcoming Events and Conferences



Photo by Chris Montgomery from Unsplash

Conferences:

- 18–19 August 2022: **International Network of Doping Research Conference** (Aarhus, Denmark): <https://humanenhancementdrugs.com/events-and-projects/icpr-conference/>
- 9–12 Oct 2022: **Australasian Professional Society on Alcohol & other Drugs (APSAD) conference**: <https://www.apsad.org.au/apsad-conference>
- 22 Nov 2022: **International Society for the Study of Drug Policy (ISSDP) One-Day Side-Event Conference to Lisbon Addictions**: <https://www.issdp.org/>
- 23–25 Nov 2022: **Lisbon Addictions, European Conference on Addictive Behaviours and Dependencies**: <https://www.lisbonaddictions.eu/lisbon-addictions-2022/>
- 16–19 April 2023: **Harm Reduction International**. Theme: Strength in Solidarity: <https://hr23.hri.global/>



HEDN vodcasts!

We are going to start producing the Human Enhancement Drugs vodcast. The HED vodcasts will cover the latest develops in the field of human enhancement drugs. Have suggestions for topics or would like to be featured, feel free to contact us.

Contact Katinka van de Ven: K.vandeVen@une.edu.au

Achievements by HEDN members



The human enhancement drugs network represents a diverse group of productive scholars from different academic disciplines. Below you can find the most recent work published by the members of the network.

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PEER REVIEWED JOURNALS

- Bates, G., Ralphs, R., Bond, V.W., Boardley, I., Hope, V., Van Hout, M.C., McVeigh, J. (2022). Systems mapping to understand complexity in the association between image and performance enhancing drugs (IPEDs) and harm. *International Journal of Drug Policy*, 107, 103801. <https://doi.org/10.1016/j.drugpo.2022.103801>
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OTHER PUBLISHED WORK

- McVeigh, J., Bates, G. (2022). Stigma and the Use of Anabolic Androgenic Steroids by Men in the United Kingdom. In: Addison, M., McGovern, W., McGovern, R. (eds) *Drugs, Identity and Stigma*. Palgrave Macmillan, Cham. https://doi.org/10.1007/978-3-030-98286-7_6
- Van de Ven, K., & Walsh, A. (2022, August). Is it ethical to allow soldiers to take performance enhancing drugs such as steroids? *The Conversation*: <https://theconversation.com/is-it-ethical-to-allow-soldiers-to-take-performance-enhancing-drugs-such-as-steroids-180947>

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HEDN is an international group of multi-disciplinary researchers with an interest in human enhancement drugs from various universities. We seek to strengthen working relationships between academic sectors, governmental agencies, NGOs, users groups and others interested in human enhancement drugs, performance and image enhancing drugs, and doping substances.

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