Doping in sports

**Definition:** doping from *Merriam-Webster's Collegiate(R) Dictionary* (1900): the use of a substance (as an anabolic steroid or erythropoietin) or technique (as blood doping) to illegally improve athletic performance

Summary Article: Doping/Drugs
From *Key Concepts in Sports Studies*

In sport, as in the wider world, these terms carry a specific meaning which is both pejorative and misleading. People who are said to 'take drugs' or, worse still, to 'deal drugs' are invariably thought to be an affront to decent society. Sociologists who have investigated the 'drug culture' are thought, for the sake of their research, to have walked, however briefly, on the wild side. But modern societies are, in effect, drug cultures. Most of us visit the doctor and, when we do, we can expect to be prescribed drugs. Huge trans-national companies exist to deal drugs. This is respectable, however, because it is done for medical purposes – to eradicate illness, injury and discomfort and to ease pain. Some drugs are permissible, and some are not. A medical case can be made for cannabis, for example, although it is illegal in most contemporary societies. But drugs, per se, are not an issue. Sports culture reflects this. Athletes of the modern age take a great many substances into their bodies in pursuit of excellence and success. Sociologists such as Ivan Waddington now speak of the 'medicalisation of sport' and Waddington cites the observation of Sir Arthur Porritt, President of the Royal College of Surgeons and a former Olympic sprinter, in the early 1960s that 'those who take part in sport and play games are essentially patients' (Waddington, 2000: 123–4, emphasis added). But, as in the wider society, sport authorities proscribe some of the substances that may be administered to these 'patients' and permit others.

A report on drugs in sport by the British Medical Association in 2002 quotes the IOC definition of doping as follows:

*the use of an expedient (substance or method) which is potentially harmful to athletes' health and capable of enhancing their performance, or the presence in the athlete's body of a prohibited substance or evidence of use thereof, or evidence of the use of a prohibited method. (BMA, 2002: 2)*

A cursory glance at this definition shows: (a) that it applies not only to drugs, but to 'methods'; (b) that it is based partly on the notion of enhancing performance; (c) that it rests also on the criterion of potential harm; and (d) that, in the main, it states 'doping' simply to be practices which are banned. Indeed, the BMA go on to suggest that a universally accepted definition of a 'performance-enhancing' drug remains elusive. The term may be potentially misleading or restrictive in scope. Sports people may use drugs for a number of reasons other than for performance enhancement, including for legitimate therapeutic use, performance continuation or recreational/social use. Those who fail drug tests may not have intended to cheat. Hence, the IOC list of banned substances and methods includes prohibited substances and methods...
That is to say, the distinction between practices defined as doping and practices defined as permissible in the day-to-day business of being an athlete is quite arbitrary and, thus, difficult to make. Moreover, official discourse about doping assumes that there is such a thing as a 'natural' body and not, as sociologists are inclined to argue now, that the body is an 'open text', constantly being reconstituted by fitness regimes, training programmes and the like.

The BMA report, like much of the literature on doping/drugs in sport, concentrates on the efficiency and possible improvement of antdoping procedures. This constitutes one of the main emphases in the literature, the other being to 'set out the facts', be it in the realm of the 'hard science' of doping (see e.g. Mottram, 2005), of the legalities of the matter (see e.g. O'Leary, 2001) or its politics (Wilson and Derse, 2001). Sociologists, in continuing to question the concept of doping itself, have contributed considerably to literature and debates in the latter category. Questioning of the concept, in turn, draws on the history, in particular, of the Olympic movement but also of stimulants in sport more generally. These historical accounts seem agreed, regardless of their provenance, that the consumption of substances by athletes in the hope of a consequent improvement in their performance goes back to ancient times – certainly to ancient Greek games (see e.g. BMA, 2002: 5–6; Waddington, 2000: 98–9). We can say, then, that the taking of 'performance-enhancing drugs' is older than modern sport and, in effect, as old as sport itself. For the greater part of that time, these ingestions have not been seen as a problem – social, political or legal.

The emergence of 'drugs in sport' as an issue in these terms did not occur until after the Second World War when it began to be discussed among physicians who were attached to sporting bodies and teams. It seems to have surfaced in the Olympic movement – undoubtedly its main theatre – around 1960. Certainly, in their chronology of the drugs issue in the Olympic movement, the American academics Jan Todd and Terry Todd begin with the session of the International Olympic Committee in San Francisco that year, when the use of 'pep pills' was debated (Todd and Todd, 2001). The same year Danish cyclist Knud Jensen fell off his cycle during a road race in the Rome Olympics and died of a fractured skull. He was found to have used a blood stimulant. This was the first death in the Olympics since the tournament of 1912 in Stockholm and, as the Todds and other writers have shown, official concern about doping grew in IOC circles through the 1960s. Random testing took place for the first time in an Olympic tournament at Mexico City in 1968. Since that time other sports organisations have followed suit, testing has in general become more rigorous and the dominant discourse on the topic of doping has been on whether it is killing this sport or that and whether testing procedures can be strengthened. But sociologists are more concerned to ask why these tests were introduced in the first place.

Formally speaking, drawing both on the principal literature and on the above definition rendered by the IOC, tests were instituted for two reasons: to protect athletes and to ensure fair competition (Black, 1996, quoted in Waddington, 2000: 97). But, given that the activity today styled as 'doping' is, as we've seen, as old as modern sport itself, why the sudden upsurge of concern in the 1960s to protect athletes and ideals of competition? This question is given added impetus by recent arguments that Jensen's death was not doping-related, while accepting that it did act as a catalyst for the strengthening of anti-doping policy (Møller, 2005).
A number of factors provoked sport’s purported, and comparatively recent, ‘war on drugs’. First, there had been a shift in the scientific assumptions upon which the training of athletes was carried out. Until the 1950s, as Rob Beamish and Ian Ritchie (2005a) point out, the key assumption here was one of ‘fixed human capacities’. This meant that, when athletes used stimulants, it was assumed that they were making the maximum use of their capacities. From the 1950s, it was increasingly thought that such stimulants could enlarge these capacities themselves. Moreover, as the same two writers have observed, changes in scientific thinking fed changes in political ideology and propaganda. Leading politicians and spokespeople in the West believed that Hitler's Third Reich had used steroids to bolster the physique and aggressiveness of German troops during the Second World War. Once this war was over, and the Cold War between the United States and the Soviet Union had begun (circa 1950), these fears were transposed onto communists (Beamish and Ritchie, 2005b). A special anxiety centred on the muscular appearance of East European female athletes in the early Cold War Olympiads (the USSR participated for the first time at Helsinki in 1952) and another powerful impulse for drug testing at Olympic tournaments is likely to have come from the United States Olympic Committee, mindful of the national prestige at stake. The anxiety here can only have been heightened by the fact that the Rome Olympiad of 1960 was the first to be televised in the United States.

There was also an important gender dimension to this new political wrangle over sport and drugs. The American lesbian writer Patricia Nell Warren has written:

Unencumbered by 'decadent Western' notions that femininity meant being as beautiful, sexy and soft as a movie star, a Soviet woman could glory in her physical strength, her muscles, her sweat and manual skills, in a way that many American women were reluctant to do. The average American, however, lived in a system where religious beliefs that 'women are weaker', that 'women shouldn't do men's work' still had their own powerful influence. (Warren, n.d.)

In Warren's view these cultural anxieties powered the belief that East European governments were using drugs effectively to transform women into men. Thus, from 1968 onward, Olympic testing for drugs often now entailed testing for gender. This testing took various forms, but invariably involved examining an athlete's chromosomal make-up. Thirteen women 'failed' the test between 1972 and 1984. These tests were finally abandoned in 1999, prior to the Sydney Olympics. Warren's arguments were part of a vigorous critique triggered by dope-testing, in which writers argued that the testing not only affirmed narrow Western notions of femininity, but expressed a wider politics of the body: it enforced a shallow and misleadingly dichotomous model of the human body (insisting that it had to be straightforwardly 'male' or 'female') and it stigmatised lesbians. Rebecca Ann Lock, for example, wrote in 2003 that the politics of doping were such as to affirm what the American philosopher Judith Butler has called the 'heterosexual matrix' – a set of widely assumed links between sex, gender, sexuality and desire. Lock suggests that female athletes suspected of taking banned substances usually attracted the same range of stigmatising labels as lesbians and other women who don't conform to the ideals of heterosexual femininity. In a telling example, Lock points out that when the American athlete Florence Griffith Joyner ('Flo Jo') was suspected of taking drugs, her previously admired femininity was denied: 'In 1984 in Los Angeles', said one critic, 'Florence was an extremely feminine person. Today she looks and runs more like a man than a woman. She must be doing something not normal to break these records' (Joachim Cruz, quoted in Lock, 2003: 405). Conversely, at her death in 1998, obituaries seem to see Joyner's glamour as mitigation of her widely suspected drug offences (Lock, 2003: 407).
Powerful academic voices still speak out against doping. Most notable among sociological writers is the American cultural critic John Hoberman, whose book *Mortal Engines* (1992) is a critique not just of drugs in sport, but of elite modern sport itself. However, it seems likely that, sometime in the twenty-first century, the political and philosophical case for anti-doping may collapse. One reason for this is that athletes are increasingly inclined to refuse the protection that anti-doping is supposed to offer them. Dr Vivienne Nathanson, Head of Ethics at the British Medical Association said in 2004:

*There are some very frightening bits of research which show that if you talk to people aspiring to be elite athletes and you say to them 'If we could give you a drug which would guarantee that you'd win a gold medal at the Olympics but you'd be dead within five years, would you do it?', the majority would say 'yes'.* (Interview with Kenan Malik, *Analysis: Tainted Gold*, BBC Radio 4, 4 January)

Moreover, sociologists are increasingly of the view that there is no such thing as a 'natural' human body and that drugs are simply one of a long series of technological interventions in the matter of sport performance. British sociologist, Ellis Cashmore argues:

*If, for example, we turn the clock back and look at the time when spikes were introduced, for example, there was a hue and cry over it. People said hang on, you can't run in spikes, that's giving you an unfair advantage over the competitors who run in flats.* (Interview with Kenan Malik, *Analysis: Tainted Gold*, 4 January 2004; see also Cashmore, 2000: 189–218)

Thirdly, if major tournaments are increasingly perceived and consumed as a *spectacle* — and the assumption must be that they are — then public opinion may be decreasingly concerned with how that spectacle was contrived (see e.g. Møller, 2004).

**NOTE**

1. The BMA are quoting the IOC Medical Commission's *Olympic Movement Anti-doping Code* of 1999.

**REFERENCES**


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FURTHER READING
Sport in History (2005) Special Issue on Drug Use in Sport, 25(3) December.

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