

Editorial

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Doping in Sport, Doping in Society

It seems that the elite sporting hegemony has turned its back on doping as the number one scandal in sport, preferring now to promote the impact of organised crime. However, doping is making a valiant stand against the corruption onslaught with the UCI “suspicion list”, and questions about Lance Armstrong once again in the media. Behind all of this, there has been little discussion about the doping scandals that plague other aspects of society. Doping may well be a big deal in sport, but doping is also a big deal in society.

The construction of the doping debate has necessarily focused on sport, largely because that’s where the research money is. A nagging problem has always been the paradox between the acceptability of doping in broader society, or rather the absence of scandal that comes from doping in broader society, and the unacceptability of doping in sport. The paradox is that the *übermensch* is denied access to performance enhancement whereas the ordinary person has free access. At this point readers may reject the characterisation that the doping society is ubiquitous on the premise that the problem is confined to sport. If doping in sport requires a fairly sophisticated social support network, part of that support network comes from broader society. So it becomes a good idea to look to where doping occurs in broader society.

Hoberman’s seminal work, *Testosterone Dreams*¹, points to testosterone’s central role in humanity’s attempts to overcome the degradation in the performance of the body through “rejuvenation therapy”. According to the rules around doping in sport, there is some question about the legitimacy of doping to overcome a performance decrement rather than doping to

¹ Hoberman, J. (2006). *Testosterone Dreams*. University of California Press, USA.

enhance performance. For example, it may be appropriate to medicate an athlete to overcome an anxiety disorder that otherwise prevents them from competing. Instead, then, Hoberman offers the example of anabolic steroid use in emergency services. It is unclear what kind of scandal might erupt if a fire fighter decorated for feats of strength to save lives is found to have used anabolic steroids, if at all. For example, this fire fighter may have literally held up a falling roof to enable their colleagues to escape, or carried two or three people from a burning building. In this context, the negative connotations of “doping” might be reconstructed as “self-sacrifice”. The fire fighter is sacrificing their health and longevity to do good deeds.

Another aspect of society engaged in self-sacrifice is the military. Historically, advances around doping in sport emerged from World War 2 where soldiers were given cocktails of drugs to keep them fighting. It is naïve to think that this aspect of the military has given way to social mores around doping in sport. It makes sense to monitor and manage pilot consumption of stimulants rather than banning their use, on the understanding that banning might push consumption out of military control and potentially catastrophic consequences. For example, a self-medicating pilot could shoot down a passenger plane. Ensuring pilots get the right kind of “dope” prevents problems and could give them the edge in combat. The same goes for soldiers on the ground. When my colleagues and I talk about doping over a socially acceptable cup of tea, we have speculated whether micro-doping would be functional for soldiers. For example, micro-doping of anabolic steroids may help soldiers overcome small muscle tears or micro-doping of erythropoietin might decrease fatigue and increase survivability. In this context, the negative connotations of doping might be reconstructed as a duty of care to front line soldiers.

Emergency and military service can represent abnormal contextual extremes where doping can be reconstructed in life or death terms. Doping occurs in other elite contexts that fall far short of being life or death. For example, Brantigan and colleagues reported the use of beta blockers by classical musicians.² Doping in the context of classical music helps calm musicians down and steadies hands, enabling better delivery of a piece more likely to receive positive reviews and larger audiences. Given the cut throat nature of classical music, one might argue that a classical musician who dopes has an advantage at being given first chair or achieving a lucrative career as a soloist. The scandal is whether this becomes an industry standard required to get into an orchestra or win a conservatorium scholarship. That is, aspiring musicians, already indentured to their instrument from an early age, could also be required to develop a pharmacological repertoire to ensure they fulfil their “potential”. The parallels with the furore that surround the fairness arguments in sport are clear. Yet there has been no similar scandal in classical music leading to celebrated performers being banned. There has been no scandal around audiences feeling deceived or cheated because of a “drug tainted

² Brantigan, C. O., Brantigan, T. A. & Joseph, N. (1982). Effect of beta blockade and beta stimulation on stage fright. *The American Journal of Medicine*, 72, 88-94.

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performance". In fact, despite Brantigan's work being published in 1982, there has been little investigation of doping in classical music.

There is a gulf between the rarefied world of elite classical music and the experiences of the general public. Doping also occurs in more normalised contexts. In the January 2011 INHDR Editorial, Kimergård raises doping at universities.³ Doping in the academic context is very real. For example, a law student could be using a combination of modafinil and methylphenidate to study (train) longer and harder in pursuit of an internship at a prestigious law firm. While this may be as rare in universities as WADA would have us believe doping is in sport, these represent prescription drugs that are harder to get. The supply lines for more traditional stimulants like amphetamines are more mature and therefore accessible. The well developed field of amphetamine use among university students gives us an idea of the recreational use, although no insight into use to improve study performance outcomes. The normalised use of substances specifically for the purposes of enhancing performance at university is perhaps best reflected in the use of caffeine. While people may be concerned about the proliferation of highly caffeinated "energy drinks", the doping occurs when students pop a couple of caffeine pills before walking into an exam. In this context, any advantage from doping leads to direct harms to others. For example, the student may win a scholarship or a prestigious internship over another, "clean" student. Yet drug assisted performance among university students has received no attention, despite this being the age group at which most doping in sport occurs. What influences university students to dope represents a social foundation to what influences athletes to dope.

Finally, the ubiquity of doping is seen in the mass consumption of "supplements". Marketing of supplements largely focuses on enhancing effects, whether health (e.g. preventative immunological doping with Vitamin C), alertness (e.g. ginkgo biloba) or memory (e.g. Omega 3). Like most of the therapeutic drugs adapted to doping, supplements are pharmaceutically processed and concentrated to levels simply unachievable in nature. The medicalisation of society leads to a culture of doping that athletes are simply part of, rather than responsible for.

Møldrup and colleagues⁴ argue the penetration of doping into a society can be explained by "medically enhanced normality", where marketing and other social pressures constantly reinforce that people are inadequate or missing out and that doping can help people achieve these norms. So, in practice, limiting our understanding of doping to sport obscures wider social issues

³ Kimergård, A (2011). *Policy recommendations to deal with —academic dopin in Denmark — A successful transfer of a doping control framework?* INHDR editorial. January. www.doping.au.dk

⁴ Møldrup, C., Traulsen, J. M., & Almarsdóttir, A. B. (2003). Medically-enhanced normality: An alternative perspective on the use of medicines for non-medical purposes. *International Journal of Pharmacy Practice*, 11, 243-249

around doping. If we want to resolve doping in sport, we need to resolve doping in society.

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