



The historical roots of today's problems: A critical appraisal of the international anti-doping movement

Thomas M. Hunt^a, Paul Dimeo^{b,*}, Scott R. Jedlicka^a

^a University of Texas at Austin, USA

^b University of Stirling, Stirling FK9 4LA, UK

ARTICLE INFO

Article history:

Received 16 September 2011

Received in revised form 18 April 2012

Accepted 20 May 2012

Keywords:

Drugs in sport

Doping

Anti-doping policy

ABSTRACT

Embarking from the position that the past offers potentially useful insights into contemporary policy problems, this article traces the international anti-doping movement from 1960 to today. In doing so, it argues that today's problems can be traced to a decision made in the 1960s by the International Olympic Committee (IOC) to portray performance enhancement as an existential threat to the ideals of sport. Not surprisingly, that position resulted in a moral crusade in which the IOC's Medical Commission sought to protect athletes from making "evil" decisions to seek pharmacological assistance. Given the likelihood that they would fail to pass ideological muster under this focus, policies based on other considerations, including health, were given inadequate attention. The regulatory framework based on laboratory analysis and judicial punishment that was instead put in place has failed in multiple dimensions. This article concludes, however, that little progress will be made until anti-doping authorities become more flexible in their thinking.

© 2012 Elsevier Ltd. All rights reserved.

1. Introduction

Contemporary anti-doping policy features a set of weaknesses resulting from the inadequate harmonization of its two foundational principles: (1) that "artificial" performance-enhancement threatens the unique moral purity of sport and (2) that athletes merit protection from significant threats to their health. Though its true point of origin remains unclear, ideological conviction on the former gathered momentum and institutional support after the Second World War. Medical researchers concerned with the latter during that period, on the other hand, focused on understanding what pharmacological substances did to the human body as well as the extent to which they were actually used by athletes.

The IOC's attention to performance-enhancement was sharpened by the death of Danish cyclist Knud Enemark Jensen in the 1960 Rome Games (Hunt, 2011), assumed to be linked to amphetamine use (though unsupported by evidence, see Møller, 2005a). Though it said nothing on the specifics of doing so, the IOC Executive Board stated after the tragedy that "the responsible parties ought to be penalized" (IOC, 1960, p. 3). Concerned that the case might presage a broader medical crisis, IOC President Avery Brundage asked for the input of physicians. In a January 1962 letter to a colleague, he thus wrote, "The problem of 'doping' is not a simple one and we must have professional advice on where to draw

the line [against the practice]. This is a difficult problem" (Wrynn, 2004, p. 218).

By 1964, however, the stance towards doping within the committee had evolved from one based on medical safety to one centred on a perceived need to protect the virtuous public image of the Olympic movement. In January of that year, committee delegate Bo Eklund asserted in this regard that drug screens should be put in place at athletic competitions as a way of insulating the Olympic name from ethical questions. "In order to stop Press reports about athletes doping", he argued, 'blood tests could be taken in suspicious cases' (IOC, 1964, pp. 12–13). At the same time, from a jurisdictional standpoint, Olympic leaders were able to convince governmental officials that sport differed from the rest of society in terms of its purity—and that this characteristic merited special treatment (Keys, 2006). It was not appropriate in the minds of sports authorities for them to have to follow public criminal laws; instead they established criteria for wrongdoing and punishments for their violation outside the boundaries of state legal systems. Due to these efforts, the idea that disputes should be resolved within the governance structure for sport rather than by public bodies became a fundamental tenant of anti-doping policy (Hunt, 2011; Koller, 2008).

In the decade after Jensen's death, the idea that performance enhancement in sport was somehow inherently dishonourable grew stronger. A number of leading campaigners argued from this perspective that 'artificial stimulation' was immoral, that it undermined the values of sport, and that it represented the sort of degradation commonly associated with 'deviant' drug use in society

* Corresponding author. Tel.: +44 1786 466499.

E-mail address: pd4@stir.ac.uk (P. Dimeo).

(Dimeo, 2007). In a representative statement of these beliefs, the first IOC Medical Commission Chair, Arthur Porritt wrote in a 1965 issue of the *Journal of Sports Medicine and Physical Fitness* that ‘Doping is an evil – it is morally wrong, physically dangerous, socially degenerate and legally indefensible’ (p. 166).

These ideas evolved from processes of social construction rather than from discoveries of absolute truth, of course (see Beamish, 2011). But they were nevertheless powerful enough to compel Olympic leaders to seek the complete elimination of drugs in sport—a goal that precluded consideration of alternatives better designed to protect the health of competitors (Beamish & Ritchie, 2006; Waddington, 2000). In contrast to those in the anti-doping system for international sport, these featured different responses for different substances. Alcohol, amphetamines, morphine, heroin and antibiotics, for instance, were each treated differently by medical personnel (see Stoker, 2007a, 2007b, 2007c). In comparison, little scope for flexibility existed in sport. Athletes caught taking amphetamines, using alcohol during events, and so on, were uniformly treated as immoral. In accordance with this principle, the IOC Executive Board adopted in July of 1965 a position that, regardless of their form or effect, “if drugs and artificial stimulants have been used, the athlete or the team should be disqualified” (IOC, 1965, p. 4). In short, irrespective of their intent, athletes who failed a test were considered to have acted unethically and to have contravened the values of sport.

A few IOC members were motivated by legitimate medical concern rather than by ideological fervour as to the inherently evil nature of doping. This focus was greatly amplified upon the July 1967 death of English cyclist Tommy Simpson as he rode on the slopes of Mount Ventoux during that year’s Tour de France. IOC Secretary General Westerhoff (1967) wrote in a letter dated the following month, for instance, that, “Recently . . . many disastrous things have happened, even death, and I do think we have to . . . [be] quite diligent in this matter” (p. 1). Moreover, the publication of media reports that Simpson’s autopsy found evidence of amphetamine in his system raised public awareness on the health dimensions of doping. The impact of the tragedy along these lines was limited, however. For one thing, it failed to convince a critical mass of athletes that the dangers associated with drugs exceeded the benefits of their use. At the same time, a consensus remained among the bulk of policymakers that the moral purity of sport deserved protection above all else—even physical wellbeing. With consequently little attention paid to how it might affect the health of athletes, a policy framework featuring a list of banned substances and drug tests at international events was put into place to combat doping in sport (see IOC, 1968; Todd & Todd, 2001).

By 1970, then, science and morality had converged around a discourse of fear whereby leading anti-doping authorities disguised their ideological campaign in medical terms in order to justify the continued expansion of their efforts. As a result in doing so, a socially constructed dichotomy took shape between those who supported drug-free sport and those who supported cheating. As Henne (2009) argues: “through testing and sanctions, doping platforms reiterate[d] divisions among athletes by categorically separating some athletes as doped, and therefore, artificial and dirty, while others emerge[d] as presumably pure, natural, and clean” (pp. 29–30). Yet, this dichotomy was false in that it masked a range of ambiguities—and in doing so obstructed the development of a medically responsible anti-doping policy.

The first of these was that anti-doping could never succeed, as the leading authorities did not possess sufficient economic or persuasive power to eliminate performance enhancement in sport. The use of steroids was actively promoted in East Germany and the Soviet Union during the Cold War (Kalinski, 2003; Ungerleider, 2001), and, in order to keep from falling behind, other countries turned a blind eye to doping among their athletes (Hoberman, 1986,

2005; Hunt, 2011; Todd, 1987; Ungerleider, 2001; Voy, 1991). A few perceptive observers saw, of course, that the rigid enforcement mechanisms put in place to deal with doping were undermining rather than protecting the health of athletes. As the prominent sports journalist Bil Gilbert wrote in a 1969 issue of *Sports Illustrated* magazine:

In spite of being—for the most part—young, healthy and active specimens, they [athletes] take an extraordinary variety and quantity of drugs. They take them for dubious purposes, they take them in a situation of debatable morality, they take them under conditions that range from dangerously experimental to hazardous to fatal. The use of drugs—legal drugs—by athletes is far from new, but the increase in drug usage in the last 10 years is startling. It could, indeed, menace the tradition and structure of sport itself. (p. 64)

Yet, despite the overwhelming evidence to the contrary, IOC anti-doping leaders regularly claimed that their side was winning the war on drugs (Dimeo, Hunt, & Bowers, 2011; Dimeo, Hunt, & Horbury, 2011).

The second ambiguity was that the rules designed to detect cheating produced several unintended consequences. The initial plan had been to stop athletes from using a limited range of substances (see IOC, 1968); however, one response to regulation was pharmacological and sales innovation within the black market that increased health risks while promoting doping. Though some athletes took pharmacological aids under the supervision of trained medical personnel (Hoberman, 2002), the vast majority of athletes obtained their supplies without prescription from unregulated sources within this market (Kohler et al., 2010). In addition, the list of banned substances grew so rapidly after the 1960s that athletes were rarely able to ascertain the various health implications of the chemical compounds they were forced to use as alternatives (many of which had not yet been subjected to rigorous human testing) (Chambers, 2009).

The fact that anti-doping rules have been inconsistently applied serves as a third ambiguity (Houlihan, 1999a, 1999b, 1999c; Wagner & Hanstad, 2011). As noted above, the GDR and USSR adopted formal programmes to dope their athletes in order to gain Olympic success. Other countries wanted to ensure that communist Governments did not achieve those symbolic victories and so took a passive stance on anti-doping (Hunt, 2011). Other countries, in contrast, possessed strong anti-doping policies (Houlihan, 1999a, 1999b, 1999c). Another problem was that of how developing countries could fund anti-doping education and internal testing while struggling to fund sport in general. There seemed to be an assumption that all countries would be able to make the same commitment to anti-doping.

The international policy framework for doping thus created a range of unintended variations that actually undermined the concept of a “level playing field” and which did little to protect the health of athletes. Indeed, by the 1970s the Olympics had become a battleground between physicians and pharmacologists, and thus the countries with the best labour forces in these areas possessed an inherent advantage. American weightlifter Ken Patera provided perhaps the best articulation of this point in describing his rivalry with the great Soviet lifter Vasily Alexeyev. “Last year,” Patera said, “the only difference between me and him was that I couldn’t afford his drug bill. Now I can. When I hit Munich next year . . . then we’ll see which are better—his steroids or mine” (Scott, 1971). Moreover, national governments with the highest levels of determination to succeed in on competition medal tables strategized to beat “the system.” Due to the sportive nationalism catalysed by the Cold War, neither side of the Iron Curtain wanted to cause a disadvantage to their athletes by pushing for an effective anti-doping regime. “Right now,” said U.S. discus thrower Jay Silvester, “the East Germans and

Download English Version:

<https://daneshyari.com/en/article/889608>

Download Persian Version:

<https://daneshyari.com/article/889608>

[Daneshyari.com](https://daneshyari.com)