Chapter 12: Deviance

# 12.1. Using deviance to create commercial personas in sports

When sports become commercial activities, success is determined in terms of name recognition, creating a “rep” or brand, and sales that generate profits. If it makes money, it is successful. Under these conditions, athletes have opportunities to be entrepreneurs – unless there are rules prohibiting it as in the NCAA and college sports generally, even when they generate billions of dollars to be shared by others. But in Major League Soccer, beach volleyball, professional tennis and gold, and the major men’s sports leagues including the NFL, MLB, the NBA, and NHL athletes have varying amounts of freedom to sell themselves in ways that can increase their commodity value in terms of their contracts and possible endorsements.

The extent of this freedom is usually negotiated in the Collective Bargaining Agreements that are signed by team owners and the players’ unions/associations. For example, most professional athletes may make deals to endorse particular products as long as the deals do not conflict with the interests of league sponsors.

With this freedom, is it possible for athletes or even coaches to engage in deviance for commercial purposes? ***Deviance*** can be defined as the fact or state of departing from usual or accepted standards, especially in social behavior. For instance, an NBA player may stage actions that deliberately violate norms for the purpose of entertaining spectators and creating name recognition that would lead to certain kinds of endorsement deals and the possible creation of a personal brand.

Early in his professional soccer career (1998), David Beckham wore a sarong (skirt) to match the dress worn by his wife, Victoria (Posh Spice) at a public event. This was a classic case of ***consumptive deviance*** *involving action or appearance that can be identified as deviance without producing negative consequences for anyone* (Blackshaw & Crabbe, 2004).

Other male athletes have worn extreme fashions, inked their bodies full of tattoos, or created a “bad boy” persona to create a fan base that attracts endorsement deals and benefits future contract negotiations. Female athletes can also do this, although their options are more limited because fans expect them to conform more closely to established social norms. For example, creating a “bad girl persona” is less likely to pay off for a female athlete*.*

Athletes in professional boxing, wrestling, and mixed martial arts frequently use forms of deviance to create public personas that attract fans and endorsements from companies that sell products to those fans.

These personas are constructed around a particular physical appearance and a presentation of self that is non- or anti-conformist. Athletes today can also use social media to the same effect as they communicate directly with the public and build media followers that attract corporations wanting access to consumers with an emotional attachment to an athlete.

The use of consumptive deviance, trash-talking, and ego-screaming to construct marketable personas occurs in many sports, although it is most effective in sports where a player’s full physical appearance is readily observable – basketball and wrestling are good examples.

Athletes today want to establish themselves as “brands,” and one way to do this is by creating an appearance and persona defined as deviant and attracts attention without hurting anyone in the process.

Blackshaw, T., & Crabbe, T. (2004). *New perspectives on sport and ‘deviance’: Consumption, performativity and social control*. London/New York: Routledge.

# 12.2. Deviant overconformity and underconformity: Is there a connection?

***Deviant overconformity*** – deviance based on accepting and conforming to norms without question involves "supranormal" actions and, in some cases, leads to fascism.

***Deviant underconformity*** – deviance based on ignoring or rejecting norms; involves "subnormal" actions and, in extreme cases, leads to anarchy.

The relationship between deviant overconformity and rates of deviant underconformity has not been studied in the sociology of sport. Figure 1 below presents a set of hypotheses about this relationship. These hypotheses are based on the following questions:

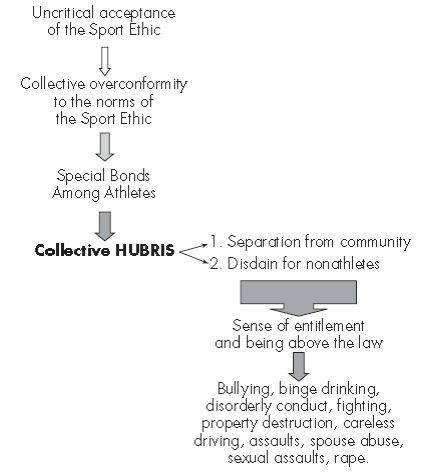
* If the social bonds created in sports are powerful enough to normalize deviant overconformity that jeopardizes health and well-being among athletes, are they powerful enough to foster other forms of deviance in and by groups of athletes?
* When the dynamics of high-performance sports separate athletes from the rest of the community, does this lead athletes to view nonathletes as outsiders undeserving of respect and likely targets to demean, harass, or assault?
* If athletes develop hubris, might they feel entitled to the point of assuming that community laws don’t apply to them?
* If fans and others in the general community view with awe and fascination athletes who engage in entertaining forms of deviant overconformity, are they less likely to enforce laws and other community standards when athletes engage in deviant underconformity?

Research is needed to answer these questions and develop these hypotheses more clearly. It is possible that long-term overconformity to the sport ethic creates social conditions and group dynamics that encourage certain forms of deviant underconformity such as binge drinking, academic cheating, group theft and property destruction, drunken and careless driving, sexual harassment, physical assault, spousal abuse, and sexual assault.

Statements by athletes indicate that this connection may exist. For example, it’s common for male high school and college athletes to maintain group silence after witnessing teammates gang rape a woman. At a less-extreme level, groups of athletes from certain school teams have taunted and harassed other students, whom they defined as “unworthy” of respect because of how they looked or dressed – a practice that can irritate, frustrate, and anger other students.

As outlined in Figure 1, when athletes in a sport or on a team accept without question or qualification the norms of the sport ethic, there is no moral basis for setting limits on their conformity to them; in fact, overconformity comes to be connected with a sense of moral righteousness.

**Figure 1. Hypothesized relationship between deviant overconformity and underconformity**



When athletes collectively overconform to these norms by being extremely dedicated to the game, striving for distinction, risking injury and playing in pain, and following sport dreams no matter the cost, they develop special social bonds with each other. These bonds may then serve as a foundation for developing hubris, or pride-driven arrogance.

Hubris supports social dynamics that separate athletes from the general community and lead them to look with disdain on outsiders who cannot understand or appreciate their commitment and sacrifice. This creates among athletes a sense of entitlement to the point that they feel free to ignore the laws governing the general community.

The adulation accorded to athletes who entertain others as they push limits and overconform to the norms of the sport ethic has, in some cases, interfered with the enforcement of laws and community standards off the field. This has occurred when boosters and fans who express “get-tough-on-crime” attitudes apart from sports actually threaten women who report that they have been assaulted or raped by one or more athletes. The examples of this are reported multiple times in any given year.

Community perceptions of athletes (and women) make these cases difficult to prosecute. Law enforcement officers have sought autographs from and have posed for photos with athletes charged with these crimes, and judges who have season tickets to the athletes’ games may rule on these cases without declaring a conflict of interest. In the end, many people marginalize or condemn the alleged victim rather than the athlete.

In light of the seriousness of these forms of deviant underconformity, it would be helpful to know if and how they are connected with deviant overconformity.

# 12.3. Is sport participation a cure for deviance?

We often hear that sports keep kids off the streets and out of trouble and build character in the process. And then we hear about athletes who are living proof that years of playing sports don’t make people into models of character. How do we make sense of this conflicting information?

Fortunately, research can help. A classic study by sociologist Michael Trulson (1986) suggests that *only certain types of sports and sport participation* can lower delinquency rates among young people. Trulson worked with thirty-four young men, ages thirteen to seventeen, who were identified as delinquents. He tested them for aggression and personality adjustment and divided them into three groups matched on important background characteristics.

For six months, each group met three times a week for training sessions with the same instructor. *Group 1* received traditional Tae Kwon Do training, taught with a philosophy emphasizing nonviolence, respect for self and others, physical fitness, self-control, patience, perseverance, responsibility, and honor. *Group 2* received a form of martial arts training that emphasized free-sparring and self-defense techniques—and the coach provided no philosophy during the training. *Group 3* received no martial arts training but engaged in regular sessions during which they jogged and played basketball and football under the instructor’s coaching and supervision.

Trulson’s findings indicated clear changes in Group 1. After six months, the young men in this group had fewer delinquent tendencies, less anxiety and aggression, improved self-esteem and social skills, and more awareness of commonly held values. Those in Group 2 had more pronounced delinquent tendencies and were more aggressive and less adjusted than when the study began. Those in Group 3 showed no change in delinquent tendencies or on most personality measures, but their scores on self-esteem and social skills improved over the six months.

## The Moral of the Story

Sport participation is most likely to keep young people out of trouble when it emphasizes (1) a philosophy of nonviolence, (2) respect for self and others, (3) the importance of fitness and self-control, (4) confidence in physical skills, and (5) a sense of responsibility.

When these five things are absent, sports participation does little except to keep young people under adult control for the time that they play. Simply taking young people off the streets is just the beginning. If they play sports that emphasize confrontation, dominating others, using their bodies as weapons, and defining masculinity and success in terms of conquest, we *cannot* expect rates of deviance to decrease.

Personal change is a complex process, and it doesn’t occur through sports unless participation is accompanied by strategic efforts to teach young people how to make positive moral, economic, and social choices outside of sports. This doesn’t mean that all sports should be designed as treatment programs, but it does mean that playing sports can’t be expected to keep young people out of trouble unless it facilitates connections with adults who support them, advocate their interests, and provide them with opportunities to make positive choices in their lives.

## A word of caution

A study by sociologist Eldon Snyder (1994) suggests that when athletes form special bonds with each other, become arrogant about their unity and uniqueness, and become subjectively separated from the general community, sports participation can be positively associated with deviance.

Snyder did a qualitative analysis of a case in which nine college athletes at a major university were arrested after committing dozens of burglaries over two years. Seven of the athletes were on the men’s swim team, one was on the track team, and one was a former member of the women’s swim team (and dating one of the men). They all came from middle-class families.

Snyder examined records, testimony, and court documents in the case, including statements by athletes, parents, lawyers, and others. He did *not* conclude that sports participation had *caused* these young people to be deviant. Instead, he concluded that playing sports had created the social bonds and dynamics out of which the deviance of this group emerged.

Snyder could not explain the criminal acts of these young people, but he noted that sports participation certainly did not deter deviance in their case. This conclusion is consistent with Peter Donnelly’s (1993) research showing that certain forms of binge deviance sometimes occur among elite athletes, especially after major competitions, at the end of their seasons, and immediately following retirement.

## A final note

These studies show that neither virtue nor deviance is *caused* by playing sports. But sports offer young people the possibility of powerful and exciting physical and social experiences that can be organized so that participants receive thoughtful guidance from adults who can help them develop self-respect and become connected to the general community. When this occurs, good outcomes are likely. However, when playing sports separates athletes from the general community and fosters overconformity to the norms of the sport ethic, good outcomes are unlikely.

The social bonds formed among athletes can take them in many directions, including deviant ones. Sports programs are effective only when they enable people to live meaningful lives in the world beyond sports; simply taking young people off the streets for a few hours a week so that they can bounce basketballs or kick soccer balls does little more than provide a temporary distraction.

Donnelly, Peter. 1993. (with E. Casperson, L. Sargeant, and B. Steenhof) 1993. Problems associated with youth involvement in high-performance sport. In B.R. Cahill and A. Pearl (eds.), (pp. 95– 126). Human Kinetics, *Intensive participation in children’s sports*, Champaign, IL.

Snyder, Eldon E. 1994. Interpretations and explanations of deviance among college athletes: A case study. *Sociology of Sport Journal* 11, 3: 231–48.

Trulson, Michael E. 1986. Martial arts training: A novel “cure” for juvenile delinquency. *Human Relations* 39, 12: 1131–40.

# 12.4. Defining performance-enhancing substances

Runners over the age of 30 often take ibuprofen pills an hour before they run. This helps them reduce inflammation and pain in joints so they can start the race fast and get an edge on their age-group opponents. High school football players have also been known to take ibuprofen pills before practices and games to dull pain associated with previous injuries. This enables them to give 100 percent on the field. Should these athletes be sanctioned for using performance-enhancing substances?

Defining ***performance-enhancing substances***is difficult. They can include anything from aspirin to heroin; they may be legal or illegal, harmless or dangerous, natural or synthetic, socially acceptable or unacceptable, commonly used or exotic. Furthermore, they may produce real physical changes, psychological changes, or both. This means that sports organizations face challenges whenever they develop anti-doping programs and must define what they mean by doping.

Most anti-doping policies are justified by saying that drugs are *foreign* to the body, *unnatural, abnormal, artificial, unfair,* and/or *dangerous* to use. This sounds like a reasonable approach, but there is little agreement about what these terms mean. For example, what is a substance *foreign* to the body, and why are the *foreign* substances of aspirin and ibuprofen not banned, whereas blood taken from an athlete’s body cannot be transfused before an event because it is “foreign”? Similarly, ibuprofen is unnatural but allowed whereas marijuana is natural but banned.

What is an *abnormal* quantity when mega-doses of vitamin B12 are okay, but small doses of decongestants are banned? What is *abnormal* and *dangerous* when athletes are legally rehydrated with intravenous needles inserted into their veins but are stripped of medals for swallowing a prescribed medication for chronic asthma?

With an explosion of scientific discoveries that are now used in sports, anyone would struggle to define what these terms mean in light of the following questions:

* Why are needles permitted to drain fluid from the knees of NFL players and inject their bodies with cortisone, Toradol, and other painkillers, but the same needles are considered *dangerous* and *artificial* when used to inject into a cyclist or distance runner their own *natural* red blood cells that have been carefully stored for them (blood-boosting)?
* Why is a knee replacement considered *natural,* whereas a prosthetic foot is considered *unnatural?*
* Why are biofeedback and other psychological technologies defined as *natural* and *fair,* whereas taking certain naturally grown herbs is classified as *unnatural* and *unfair?*
* Are vitamins, amino acids, caffeine, Gatorade, protein drinks, creatine, eyeglasses, and sunglasses *natural* or *artificial*, and why are none of these banned?
* Why is it considered *fair* to wear contact lenses that enhance visual acuity and block selected wavelengths of light so that athletes can see more clearly a fast-moving ball in baseball, tennis, lacrosse, or soccer?
* Is it *normal* when athletes deprive themselves of food so they can make weight or meet the demands of a coach who measures body fat every week?
* Why aren’t athletes stripped of medals when they engage in abnormal strategies such as purging or wearing rubber suits to lose weight?
* Why is the electronic stimulation of muscles not banned, even though it is *unnatural* and *artificial?*
* What is *natural, normal,* or *fair* about any of the social, psychological, biomechanical, environmental, and technological methods of manipulating and changing athletes’ bodies and minds in today’s high-performance sports?
* Is it *natural* and *fair* when college football players are hydrated with IVs so they can play when the weather is so hot that heat strokes become likely?
* What is *normal* about twelve-year-old gymnasts taking multiple anti-inflammatory pills every day so that they can train through pain? Are they different from hockey players who pop multiple Sudafed pills (containing pseudoephedrine) to get “up” for a game, or baseball players who have long used nicotine (in chewing tobacco) and various amphetamines to stay alert during 4-hour long baseball games?

There are unending questions about what is *foreign* to the body, *unnatural, abnormal, artificial, unfair,* and *dangerous.* This creates endless debates about the definition of *doping* and its technical and legal meaning.

This is why the International Olympic Committee (IOC) has revised its definition of doping at least three times since 1999 and why the policies of sports organizations are so diverse. As WADA (World Anti-Doping Agency), USADA (U.S. Anti-Doping Agency), the IOC, and decision-makers in professional, college, and high school sports all debate drug and drug testing policies in their respective organizations, there are uncounted physicians, pharmacists, chemists, inventors, and athletes who continue to develop new and different aids to performance—chemical, *natural,* genetic, and otherwise.

This game of scientific hide and seek continues today despite new definitions and policies. It will become more heated and controversial as scientists manipulate the brain and nervous system and use genetic therapies and genetic engineering to improve athletic performance. With new performance-enhancing technologies, we are approaching a time when defining, identifying, and dealing with doping and drugs will be only one of many strategies for manipulating athletes’ bodies and improving performance.

Antidoping policies are further complicated by disagreements about the effects of various substances on athletic performance. Ethical constraints prevent researchers from doing studies that measure the impact of mega-doses and multiple combinations of substances that are “stacked and cycled” by athletes. Additionally, the participants in drug studies don’t work out with the same intensity and regularity as dedicated elite athletes.

This means that athletes learn things in gyms and locker rooms faster than scientists learn them in the lab, although the validity of locker-room knowledge is often questionable. Furthermore, by the time researchers discover valid information about a substance, athletes have moved on to others, which are unknown to researchers or insufficiently tested. This is why most athletes ignore “official statements” about the consequences and dangers of doping – the statements are outdated compared with the statements of “inventors” who supply new substances and the athletes who have already used them.

As the wealth of athletes and the market for substances have grown, so have the labs that are dedicated to “beating the system” with “designer drugs,” undetectable substances, and masking agents that hide certain molecules in the testing process. For example, IGF-1 (insulin-like growth factor-1) is a muscle builder that is undetectable with current tests. The same is true for dozens of other “designer substances” rumored to be available for the right price. The Internet has made information about and access to hundreds of substances immediately available to athletes worldwide. Muscle, fitness, and bodybuilding magazines provide dozens of references to these sites.

Despite antidoping policies in sports, most athletes know that those who control sports organizations are not eager to report positive tests because it jeopardizes the billions of dollars that corporate sponsors and TV networks pay for events that are promoted as “clean and wholesome.”

The lack of effective anti-drug enforcement in Major League Baseball (MLB) has led the U.S. Congress to become involved in at least two cases since 2003 when it was discovered that anabolic steroid and amphetamine use was widespread among players. After identifying steroid use by athletes and young people as a national public-health crisis, Congress passed the *Anabolic Steroid Control Act of 2004.* As a result, both anabolic steroids and prohormones used to stimulate the “natural” production of testosterone were added to the list of controlled substances so that possession, as of 2005, became a federal crime. This law and the threat of additional legislation led MLB to initiate a drug-testing program with clear-cut penalties for first, second, and third violations. But even this policy has not curtailed drug use among baseball players.

Effective testing and control have not been achieved even with new federal laws. Testing has become increasingly expensive as it expands to detect more substances, and it does not guarantee the detection of all performance-enhancing substances. To test effectively, it would cost billions of dollars because all athletes at all levels would have to be tested randomly at least four times a year. This is not feasible, and existing tests fail to detect a number of key substances.

Seeing the failure of anti-doping policies, the U.S. Congress intervened again in 2006 through 2008 with a series of committee investigations and grand jury hearings. But these efforts were ineffective because people in Congress knew little about the extent or variety of substance use. Athletes resisted their questions or withheld the truth in their testimony, and leaders of sports organizations, including the players’ associations in professional sports, hesitated to approve new testing protocols in the face of incomplete and contradictory evidence.

This has led some people to ask why performance-enhancing substances should be banned in sports when they are widely accepted by the general public in the United States. The use of tranquilizers, pain controllers, mood controllers, chemical stimulants, anti-depressants, decongestants, steroid inhalers, diet suppressants, fat burners, vitamins, creatine, insulin, caffeine, nicotine, muscle builders, prohormones, hormones, cannabis, and cannabinoid oil (CBD), among dozens of other substances is pervasive.

Drug companies market these products as necessary for social and career success, sexual performance, health maintenance, strength building, and counteracting the negative effects of aging. For example, many men use, legally or illegally, thyroid hormone, testosterone, amino acids, anabolic steroids, human growth hormone (HGH), HGH stimulants, androstenedione, DHEA, and creatine. These products generate billions of dollars of annual sales worldwide, and millions of men in the United States are now using patches, gels, injections, and pills to stimulate the production of testosterone, and thousands are using HGH as doctor-approved hormone treatment.

The list of widely used substances changes and grows longer as new discoveries are made and new supplements, including dozens of new compounds are produced and sold. When people learn that millions of 40-plus-year-old men take testosterone and HGH to stay productive in their jobs, it is reasonable to ask, “Why is it wrong for a 35-year-old athlete, dedicated to a sport and concerned with keeping the only job he’s ever known, to use the same substances?”

These issues lead to an important question: Why control athletes in ways that other people are not controlled? Is this because people believe the great sport myth?

Do colleges ban caffeine and cognition-enhancing drugs that students use to study all night and be mentally primed to take final exams? Do teachers make students sign an oath to avoid drugs that might help them improve their grade in a course?

Do employers tell executives not to use hormone therapies that keep them fit to work productively?

Do wives tell their husbands not to take Viagra, Cialis, Levitra, or other substances that improve sexual performance?

Does a person condemn a surgeon for taking 200 mg of Provigil (modafinil) to stay alert and focused during a successful emergency operation that saved her son’s life after a serious skiing accident?

Did the people of California elect Arnold Schwarzenegger as their governor even though he used steroids for twelve years to gain and retain the Mr. Olympia title and become a bulked-up action film star?

Why should athletes be tested and denied access to substances, when others competing or working for valued rewards and serving in powerful positions are allowed and even encouraged to take them?

As these questions are asked, it remains difficult to define drugs, doping, and substance abuse in sports.

# 12.5. Why is the challenge of substance control so great in sports today?

Many factors influence athletes to seek substances that help them pursue their dreams and stay involved in the sports they love and the jobs for which they are paid. These factors include the following:

1. *The visibility and resources associated with sports today have fueled massive research and development efforts, and this has dramatically increased the number and availability of performance-enhancing substances.* Entrepreneurs and corporations have developed performance-enhancing substances as forms of “alternative medicine” that make them substantial profits. Aging baby boomers (the massive population cohort born between 1946 and 1964) see these substances as health aids and tools for preserving youth. This market of 70 million Americans is an incentive for the supplement industry to produce and distribute an ever-expanding array of substances.
2. *People in postindustrial societies are deeply fascinated with technology and want to use it to extend human limits.* Advertising messages that promote hyperconsumption as a lifestyle encourages this fascination. Athletes, because they live in these societies and seek to excel in their sports, hear those messages loud and clear. Like many of us, they use consumption as a tool to pursue their dreams. Consuming substances is simply another manifestation of their overconformity to the norms of the sport ethic, and they see it as part of their dedication and willingness to pay the price to stay in the game.
3. *The rationalization of the body has influenced how people conceptualize the relationship between the body and mind.* People in postindustrial societies see the body as a malleable tool serving the interests of the mind. Separating the body from the mind is common in cultures with Judeo-Christian religious beliefs, and it leads people to objectify their own bodies, view them as machines, and use them as tools for doing what the mind commands. Using substances to improve the body and what it can do fits with this orientation and is consistent with the way that athletes use their minds to ignore or redefine physical pain and injury (Grant, 2002a, 2002b).
4. *There is a growing emphasis on self-medication.* People in wealthy postindustrial societies increasingly seek alternatives to mainstream medicine. They obtain medical information online and from friends, and they’re willing to try substances they purchase online and over the counter without a doctor’s advice or approval. In the United States, the Dietary Supplement Health and Education Act of 1994 deregulated “nutritional” and performance-enhancing substances and allowed them to be produced, distributed, and consumed without testing and approval by the U.S. Food and Drug Administration (FDA). This was great for business, but it flooded the market with untested products that people bought out-of-pocket because health insurance companies don’t pay for untested therapies.
5. *Gender relations are changing in contemporary society.* As traditional ideas about masculinity and femininity have changed, some men seek to develop a physique that reaffirms an ideology of male strength and power. At the same time, changes have led many women to revise their notions of femininity and do whatever it takes to achieve strength, power, and physical ability and lose weight at the same time. Therefore, men and women define performance-enhancing and body-shaping substances as valuable aids in their quests to preserve or challenge prevailing gender ideology.
6. *The organization of power and performance sports encourages overconformity to the norms of the sport ethic.* Continued participation in these sports depends on competitive success, and this fuels the search for training strategies that can provide athletes with “the edge” that enables them to succeed. New technologies, including performance-enhancing substances, can provide such an edge.
7. *Coaches, sponsors, administrators, and fans clearly encourage deviant overconformity.* When athletes make sacrifices and put their bodies on the line for the sake of the team, the school, the community, or the nation, they’re defined as heroes. The duty of heroes is to do what it takes to get the job done. For example, a former NFL player who had twenty-nine surgeries during his career, including twenty on his knees, explained that he took anything he could to play the game he loved: “You name it, I’ve taken it—in excess. Too much at times. But that’s the way you get through” (in Schefter, 2003, 6J).
8. *The performance of athletes is closely monitored within the social structure of elite sports.* Elite sports are organized to emphasize (a) control, especially an athlete’s control over her body; (b) conformity, especially to the demands of a coach; and (c) shame, especially when an athlete lets down teammates, parents, schools, communities, clubs, and corporate sponsors. This creates a powerful incentive to do whatever it takes to succeed on the field.

When these eight factors are combined, it’s easy to see that access to substances and the willingness to use them are high. These conditions exist today, and this makes it more difficult than ever to control substance use.

# 12.6. Sport doping in recent history

Angella Taylor Issajenko had trained to be a sprinter. Jamaican born, but now a Canadian citizen, she was 20 years old and running on Canada’s team in major international events. Her opponents, including the record-setting American, Florence Griffith Joiner, were among the best sprinters in track history. To run with them she trained intensely.

When her teammate and training partner Ben Johnson was disqualified for a positive drug test after winning the 100-meters in the 1988 Seoul Olympics, Issajenko was summoned as a witness in the investigation of Johnson’s case. Her testimony was shocking.

Between 1979 and 1988 she had regularly taken massive doses of ten different anabolic steroids, three forms of human growth hormones (HGH), and numerous other substances, including anti-inflammatory drugs, diuretics, and mega-doses of B-12 and other vitamins. She was banned from competition but returned to sprinting after being reinstated in the 1990s.

Performance-enhancing drugs have been used by athletes for centuries. Top athletes in Greece and Rome ingested various potions and substances, including hallucinogenic mushrooms, believed to improve physical performance. Strychnine and brandy was the “compound” of choice among European athletes in long-distance events during the 1700s and 1800s (strychnine is a dangerous “upper” used to stimulate the nervous system).

Heroin was used as a painkiller by boxers before 1900, and in 1886 a cyclist died after using a mixture of heroin and cocaine. The athletes who took this mixture called it a *speedball*, because it boosted their energy and endurance.

Other drugs, including opium, alcohol, caffeine, strychnine, ethyl ether, and nitroglycerine, also were used between 1880 and 1920. Cyclists in the 1930s and British soccer players in the 1950s used amphetamines in combination with cocaine to enhance their performance in grueling races and matches.

The availability and use of performance-enhancing drugs increased dramatically in the 1950s. The U.S. military experimented with amphetamines during World War II, and many young soldiers learned that the “uppers” that enhanced their performance on the battlefield could also be used on the playing field.

Advances in biology and medicine during the 1950s allowed researchers to isolate human hormones and then develop synthetic versions of them that could be used to foster physical growth and development.

News about the availability of these new substances has always traveled fast among athletes in certain sports, especially those involving strength or endurance. As athletes in many sports began to use weight training and strength conditioning programs in the 1980s, they quickly learned from peers and bodybuilders that they could build muscle and lean body mass through specialized weight training, planned diets, vitamin supplements, and a variety of newly developed chemical substances. Many of these substances enabled them to train longer and more intensely, increase strength and size, extend their endurance, and recover more quickly from fatigue and injuries, especially sore and torn muscles.

The market for performance-enhancing substances has increased as there has been growth in the

1. Investments into sports by sponsors and media companies
2. Financial stakes associated with participation and success in sports
3. Resources and knowledge available to athletes

This growing market has inspired scientists and provided money to laboratories dedicated to “beating the drug testing system” by developing “designer drugs,” undetectable substances, and new masking agents that cover certain molecules that drug tests are supposed to identify. For example, IGF-1 (Insulin-like growth factor-1) is a new muscle builder injected directly into the bloodstream. It significantly improves strength development and increases size, and it cannot be detected through current drug tests. In fact, approved drug tests cannot detect many of the newer performance-enhancing substances, including human growth hormone (HGH) and dozens of expensive “designer substances” rumored to be available to athletes.

Many performance-enhancing drugs have serious negative side effects. But athletes, even those in their teens, often think they can avoid them by alternating drugs and taking them on scheduled intervals. The fear of negative side effects is also muted because most athletes, from youth leagues to professional sports, learn to dedicate themselves to their game above all other things, strive for achievement, accept risks and play through pain, and ignore all obstacles in their pursuit of athletic dreams. Therefore, they often are willing to pay the price and sacrifice their bodies to be accepted by fellow athletes and, therefore, maintain their identities as athletes.

Dedicated athletes accept the risk of negative side effects just as they accept the risk of breaking bones, sustaining concussions, damaging brain cells, and blowing out knees during practices and competitions. In this sense, athletes using performance-enhancing substances are different than people who use street drugs: *most athletes use drugs to embrace and deal with the reality of their sports; most people who use street drugs do so to escape or redefine reality*.

The dynamics associated with using performance-enhancing substances in sports is unique, and this makes it especially difficult to control substance use through testing or with arguments based on morality, safety, or fairness.

Finally, if drug testing were really effective and widespread, many scientists and athletes’ people would turn to genetic engineering and other procedures that could significantly enhance sports performance without being detectable except, in some cases, through complex and expensive DNA tests. This makes performance-enhancing technologies the most serious issue faced in sports today.

# 12.7. Arguments for and against drug testing as a deterrent

Drug testing is controversial. There are powerful arguments for and against it.

## The arguments in favor of testing are these:

1. *Drug testing is needed to protect athletes’ health and reduce the pressures to take substances to keep up with competitors.*

In elite cycling, the blood-boosting drug EPO was implicated in the deaths of about twenty riders from Europe between 1988 and 2000, and seven of the eight elite cyclists who died over a thirteen-month period in 2003 and early 2004 were victims of heart attacks, often caused by circulatory problems. EPO causes a person’s blood to thicken and clot, and it can be fatal when taken in high doses. In professional wrestling, steroids are suspected in at least 65 deaths among wrestler-performers under the age of forty-five between 1997 and 2007. Furthermore, the use of steroids and other substances may partially account for the rising injury toll in certain sports in which severe muscle and tendon tears and bone fractures are common. Other serious health risks are associated with various substances, including ephedrine; steroid precursors, such as androstenedione; diuretics; Epogen; and beta-blockers.

1. *Drug testing is needed to achieve a level playing field where competitive outcomes reflect skills and training rather than access to substances.*

Many athletes and spectators believe that some of the most visible and talented athletes today owe part of their success to drugs. This damages the essential integrity of sports and jeopardizes sponsorships, television rights fees, and the willingness of spectators to buy tickets and pay cable fees so that they can see games.

1. *Requiring people to submit to drug tests is legally justified because athletes influence young people.*

The U.S. Supreme Court ruled in 2002 that schools may conduct drug tests on all students involved in sports and other extracurricular activities because drug use by young people is a serious national problem, and schools have “custodial responsibilities” for their students. When the U.S. Congress discussed the Professional Sports Responsibility Act of 2005, its goal was to mandate uniform testing and sanctions partly because it would protect children who use athletes as role models.

1. *Drug testing is part of normal law enforcement because drug use is illegal and must be controlled, just as other criminal acts are controlled.*

This means that punishments must be clearly explained, fairly administered, and severe enough to deter future substance use.

1. *Drug tests must be expanded to preserve the current meaning of sports and athletic achievements.*

According to a member of the World Anti-Doping Agency (WADA), if doping and other technologies cannot be controlled, it will destroy sports as we know them. Unless drug testing succeeds, there will be no precedent for controlling future technologies, such as genetic manipulation, that will turn sports into circus-like spectacles in which genetic engineers compete against each other to produce the most superhuman bodies. These technologies already exist, and many athletes are eager to try them. There already are reports of top professional soccer players storing stem cells from the umbilical cords of their newborn children so the cells can be used in future treatments to restore the players’ bodies and brains after serious injuries. Testing is the way to discourage the use of dangerous technologies.

## The arguments against testing emphasize the following points:

1. *Testing is ineffective because athletes are one step ahead of rule makers and testers.*

By the time substances are banned and tests are developed to detect them, athletes are taking new substances that tests cannot detect or are not calibrated to detect. The NFL policy, reputedly the toughest in pro sports, was described by the founder of a supplement company as having “numerous loopholes.” When the U.S. Drug Enforcement Agency (DEA) in 2007 identified thirty-seven Chinese factories shipping large amounts of HGH to doctors and pharmacists in the United States, it was clear that developing and selling performance-enhancing substances had become a global industry that is unregulated in many countries. To complicate matters, new performance-enhancing substances made from herbs and plants unknown in Western medicine may already exist. This creates an impossible challenge for sports organizations that want to ban them because English words for these substances don’t even exist at this time.

1. *Requiring people to submit to drug tests without cause violates rights to privacy and sets precedents for invasive testing that produces medical information that could be used against a person’s interest outside of sports.*

If protocols for future tests require blood samples, muscle biopsies, genetic testing, and DNA analysis, test results could lead some people to be stigmatized as “impure,” “contaminated,” or abnormal for medical or biological reasons. This is an unreasonable price to make a person pay to play a sport.

1. *Drug tests are expensive and drain resources that could be used to fund health education programs for athletes.*

To contact and test an athlete in Olympic sports costs well over $300 per athlete per administration—arranging the test, observing the athlete urinate, and caring for and tracking the two samples taken in each test. Testing 100,000 potential Olympic athletes around the world four times a year would cost about $120 million. Furthermore, athletes taking substances are unlikely to be deterred by a test administered only four times a year, especially if it is calibrated to detect only a limited number of substances. High schools face similar cost issues. In a school district with 10,000 high school students, in which 4000 students play sports, a basic test for illegal street drugs costs $15 to $20 per student or $60,000 for the district. A test for a limited range of popular performance-enhancing substances given once per year would cost the district at least $250,000, but it

would have little effect because athletes could take substances during the off-season while they train and then discontinue use prior to the time when they would be tested in season. This teaches athletes nothing about health or how to set health priorities as they play sports.

1. *Drug tests often cannot detect substances that are designed to match substances naturally produced by the body.*

EPO (erythropoietin), HGH(human growth hormone), IGF-1 (insulin-like growth factor-1), and testosterone are powerful performance enhancers produced by the body, and normal levels of these substances vary from person to person. This makes it difficult to determine the amount of each substance that would be considered illegal for all bodies. And, once legal levels are determined, athletes who test positive frequently use lawsuits to challenge the limits in individual cases.

1. *Drug tests provide an incentive for developing forms of genetic engineering that alters physical characteristics related to performance.*

When genetic engineering occurs, it will make steroids and other drugs obsolete. Gene therapies are seen as crucial treatments to deal with the negative effects of aging and to cure or reduce the symptoms of certain diseases. These therapies will make “gene doping” possible for athletes—therapies to enhance muscle size, strength, and resiliency. Gene doping and other forms of genetic manipulation will be difficult if not impossible to detect, and tests will cost at least $1000 per athlete.

In the face of arguments for and against drug testing, many athletes have mixed feelings about testing policies and programs. They realize that political and economic interests can cloud the validity and reliability of testing programs. They also know that drug testing is a complicated scientific and bureaucratic process and that mistakes can occur at many points. This has already provoked legal challenges to test results, and these are complicated because they often cross-national borders where judicial processes and definitions of individual rights and due process are inconsistent.

In the meantime, athletes know that fellow athletes continue to overconform to the sport ethic and seek creative ways to push their bodies to new limits in the pursuit of dreams.

When drug testing is done by the same organizations that promote and profit from sports, athletes have good reason to have mixed feelings. Promoting, profiting, and policing just don’t go together. To avoid conflicts of interest, international athletes in Olympic sports are now tested by “independent” agencies. WADA conducts random, unannounced tests around the world. The USADA conducts similar tests on U.S. athletes wherever they are training around the world. These two agencies work together. However, part of the funding for the USADA comes from the U.S. Olympic Committee, and this causes some people to wonder about how independent the agency is, despite its claim to be so.

Both USADA and WADA claim to have an educational emphasis, but many experts see their approach to doping control as repressive and punitive. Additionally, their educational programs won’t be effective until they understand deviant overconformity among athletes and the need to help athletes set limits as they make decisions and follow their dreams in the context of current sport cultures. But it’s unlikely that these organizations would use such an approach.