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Regulating the use of performance enhancing drugs and related technologies is the most contentious issue in sports today. People who believe that athletic success is based on training, character, and motivation want sports to represent human excellence in pure and natural terms. They favor policies and testing programs that permanently ban drug users from sports. Others say that such an approach is unrealistic and impractical. They favor alternative approaches such as developing testing policies that measure if an athlete is healthy enough to compete safely in a sport regardless of what substances they have taken, and developing education programs to teach athletes how to make informed decisions about including technologies into their sport training and including sports into their overall lives.



In 1928, the International Amateur Athletic Federation (IAAF), the governing body for track and field, became the first sport organization to ban drugs because track athletes regularly took stimulants and other performance enhancing substances. Other organizations followed but none performed testing, so the rules had little effect. In 1966, the international cycling federation and FIFA, the governing body for soccer, became the first international governing bodies of sports to administer drug tests.

The International Olympic Committee (IOC) first defined and banned doping in 1967, mostly in response to deaths among cyclists and soccer players and rumors that drug use among athletes in Eastern Europe was routine. The IOC began testing in 1968, but they, like other sport organizations, have lagged behind in their testing technologies. This is because research has been slow to document and acknowledge the performance enhancing properties of particular drugs, researchers cannot ethically do studies using the high doses of substances often taken by athletes, and the negative side effects of many drugs are so serious that researchers could not ethically give them to participants in experiments. As a result, developing valid and reliable tests for multiple forms of anabolic steroids and other substances took over 30 years and the IOC still does not have tests for human growth hormone and others substances athletes are rumored to be taking. As quickly as tests are developed to detect a performance enhancing substance, athletes have switched to other drugs, learned how to mask drugs with other substances, take performance enhancing substances only during their off-season training, or take only those substances that rapidly exit their bodies in the hours before they suspect a test.

Most sport organizations have been slow to make serious attempts to control the use of performance enhancing substances because the people running the organizations knew that drugs enabled their athletes to play more effectively and recover faster from injuries. Athletes who took drugs helped the organizations win games, sell tickets, sign large media rights contracts, and generally make handsome financial profits. As a result, the administrators in the organizations are not eager to develop policies and tests that would disqualify the very athletes that put money in their pockets. For example, Major League Baseball did not take drugs and drug testing seriously until 2005, after dozens of players admitted to using performance-enhancing drugs or were identified as users.



To counteract the ineffectiveness of most "internal" drug control policies there is a trend to develop independent drug

testing organizations. The World Anti-Doping Agency (WADA) and the U.S Anti-Doping Agency (USADA) are two examples of these organizations. But WADA and USADA test only Olympic athletes. All other sport organizations continue to do their own testing despite built-in incentives to not identify and punish those who take performance enhancing substances.

Controlling drug use in sports is also difficult because the lines between natural and artificial, normal and abnormal, and fair and unfair are fuzzy. For example, why is it considered unnatural when you inject oxygen-rich units of your own blood into your veins before a distance event, but it is considered natural to use an IV to pump a saline solution into athletes' veins so they can continue to play in the heat? Why is it considered abnormal to take steroids to heal injuries and maximize training outcomes, when it is considered normal to take multiple shots of pain killing drugs to play or stay in a game or match? Why is it unfair to take modafinil, a relatively safe and highly effective stimulant, when it is fair for the same athletes to chew large amounts of harmful tobacco to maintain a nicotine high during a three-hour baseball game? The issues raised by these questions make it difficult to define doping, drugs, and substances in logical and consistent terms.

Another factor interfering with the control of performance enhancing substances in sports is that many people in society regularly use substances, including caffeine, vitamins, hormones, protein drinks, and drugs such as Adderall, Ritalin, Viagra, and dozens of others so they can enhance their performances in classrooms, boardrooms, court rooms, and bedrooms. For example, when voters in California elect as governor a person who admits he used steroids for over a decade to win bodybuilding contests and become a wealthy and popular film star, is it fair to ban the record setting home run hitter Barry Bonds because he allegedly took the same substances to enhance his career as an athlete? Similarly, there are over two million American men legally taking one or more of the same hormones that athletes have been severely punished for taking. A CEO can take HGH to counteract the affects of aging and be an effective competitor in the business world, but an athlete cannot do the same thing to be an effective competitor in the world of sports. The inconsistencies illustrated by these examples cause many people to question certain drug policies in sports.

Those who favor drug testing in sports also face the practical issue of cost. When the USADA does a basic drug test on an American Olympic athlete it costs about \$150 for the test alone. There are additional costs for arranging the test, closely observing the athlete urinate, and keeping track of and caring for the two fluid samples taken in each test. If a large school district wanted to do effective testing for performance enhancing drugs, the costs of the tests could surpass the cost of the sport programs. Furthermore, to test for many of the most powerful drugs today it is necessary to draw and analyze blood samples—a very costly procedure.

All of these factors have led many people to re-examine the goals of drug policies and testing programs. They argue that if safety is the issue, we should test athletes to see if they are healthy enough to compete safely or we should develop programs to educate athletes so they can make informed decisions about incorporating technologies, including drugs and other substances, safely into their lives.

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Further Reading

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