How social fear of drugs in the non-sporting world creates a framework for doping policy in the sporting world

Abstract

Doping policy is usually presented as though it sits separate from other societal issues and yet in part, it is clearly a reflection of the broader concerns and historical responses to drug use in the non-sporting world. This is an under-researched aspect of doping policy formation and continuity. With reference to a number of key 'drug myths' and a broad discursive framework of fear and 'othering' in the non-sporting world this article will attempt to show how the 'drug problem' has been essentially framed in that arena so that comparisons can be made to the development of doping policy. It will be argued that the broader social context has long inflected upon doping administrators and doping policy and that this has resulted in a relative mirroring of policy formation discourses and trajectory found in the non-sporting world. It will be further argued that this mirroring is reflected in a number of key drug myths and discursive positionings that have emerged in the sporting world: e.g. that efficacious performance enhancement is a simple issue; that the health risks are like playing Russian Roulette; that doping undermines sport/morality to a degree that other forms of cheating do not; that doping policy is rational. It will be argued, that a fear based approach to drugs policy can result in policy that neither protects those it is supposed to, and results in a disproportionate and uninformed response.

Keywords: Drug problem; PIEDs; PEDs; history; fear; policy; moral panic; mirroring; myths; performance enhancing drugs; sport

Introduction

Issues around doping and performance enhancing drug use (PED) are normatively presented as separate from the issue of drug use in the non-sporting world by sporting bodies, the media, politicians and PED users themselves (Evans-Brown et al 2012). The substances involved are (mostly) different; the motivations for using those substances are distinct to motivations to the use of controlled drugs outside of sport (for that of performance / image / status / financial gain, rather than for relaxation / hedonism / self-medication); the policy objectives are about maintaining the moral integrity of competitors, of specific competitions and sports and competitors' health rather than about preventing the demise of individuals, communities and society as a whole. Although sport also penalises recreational use (and there are blurred boundaries at times in this respect) by and large doping is set apart from 'drug use' in the non-sporting world and the nature of the activity is seen differently whilst still frowned upon (Coomber 1998). In reality however there are numerous overlapping aspects and discourses around health and moral risks and responsibilised behaviour in particular that are prominent in both arenas (O'Malley 2008; Rhodes 2002; Evans-Brown et al 2012).

Despite this preference for seeing the issues as separate and a tendency to emphasise the differences, it is the underlying and largely pre-existing discursive frameworks of drugs as a social problem in the non-sporting world (see below) that have then bled into the sporting world that have helped frame the responses and views there that we are concerned with in this article. This has not gone completely unobserved but reference to it has been largely in

passing. Thus we find that some commentators on doping history have noted how discourses around the use of illicit drugs such as opium and cocaine at the end of the nineteenth century and then in the formative years of doping policy in the 1960s were being framed as social problems (cf. Dimeo 2007a; Waddington 2001; Hunt 2011). In a sense, following much analysis in the non-sporting world about how drug policy was formed, this is passing acknowledgement that policy is infused by politics, power and circumstance rather than it being simply a rational response to an objective problem. By way of illustration, Beamish (2011: 50), following Dimeo, notes in relation to the International Olympic Committee's deliberations over PED use how:

‘...its policy was not simply a response to the use of drugs in sport but the product of a particular time and place...[and that] The policy was framed more by entrenched beliefs, peer and social pressures, and personal and emotional responses to issues of “drug use” in the late 1960s than it was by carefully considered, rational argument and dispassionate decision making.’

There has however been little work (e.g. Coomber 2011b; 1993) that has suggested that it is these early non-sporting world discourses, around opium and cocaine in particular, that provided an important foundational framework or reference point for emergent doping discourses and ultimately provided sport with a broader context within which to effectively mirror anti-drug, prohibitionist policy in the sporting world. Perhaps this relative absence and disconnect is the result of academic activity that is overly focussed either within the research ‘fields’ of opiates and other ‘street drugs’ or that of doping research and results in a strong familiarity with one area but with far less familiarity with the other and as such has produced

a context where apparently discrete histories that are in fact heavily interwoven ‘pass like ships in the night’.

Situated drug problems

A focus on morality and health as to why drugs are problematic is the long-standing focus of concerns around drugs in both worlds. In the non-sporting world these foci were established long ago, but how and why concerns were manifested in the way they were is perhaps of greater interest and as we shall see later that this also has resonance for the emergence of such focus in the sporting world. Drugs have long been feared for the myriad risks they present to individual physical and mental well-being as well as to the morality and cohesiveness of the body social (Berridge 1999; Goodman et al 1995; Courtwright 1995). As we shall see however many of the risks historically associated with various substances have both often been greatly exaggerated and/or misunderstood and can be seen to have varied over both time and geographical location (Coomber and South 2004). It is thus unsurprising that drug related policy will also vary depending upon how drug risks are framed and understood in different socio-cultural, political and economic contexts. This applies equally to drug policy in the sporting world as it does to that outside of it.

How and why specific phenomena become a social problem is not simply related to the supposed objective risks that they present to individuals, groups, communities or societies. Perceptions of risk relate not just to the potential for physical harm but also to the possible spiritual or cultural harm they are considered to present to individuals or groups (Douglas 1978; Tansey and O’Riordan 1999; Coomber 2004; Rolles and Measham 2011; Furedi 2004). Drug use for many thus suggests danger to the individuals involved but also to the moral and

social fabric of those it touches or ‘contaminates’ (Szasz 1998; Coomber 1998). It is well established that perceptions of riskiness often do not correspond particularly well with actual risk (Douglas 1978; Coomber 2004; Rolles and Measham; Jackson 2004; Jackson and Grey 2010; 2011; Furedi 2004), that fear of specific crimes usually outstrip their relative prevalence and that some things are feared disproportionately not because of the relative risks attached to them but because of the way they are understood as a wider ‘threat’ to normative culture (Douglas 1978; Kristeva 1982; Lloyd 2011). Just a few well known historical examples of objects of fear around which there was little evident risk but an exaggerated policy response are: witches in the 15th-17th centuries (Monter 2002; Levack 2006), the MacCarthy persecution of communists in 1950s America (Johnson 2005; Morgan 2004) and ‘Mods and Rockers’ in late 1960s England (Cohen 1972). The point in relation to risk is not that we always over-estimate, under-estimate or misconstrue risk but that ‘social debates about risks cannot be reduced to concerns about safety...they are inseparable from issues relating to power, justice and legitimacy’ (Tansey and O’Riordan (1999: 71).

With this in mind it needs acknowledging that how and why people fear particular things is complex and for any one issue it will be both historically, culturally and politically located. The social fear of drugs in particular, as stated above has a long history that is now centuries old and in this respect the drugs field literature revolves around consistent themes. The historical literature on how drugs and drug use came to be perceived and the policy resultant from these perspectives however is also consistent in its critique that the drug problem, as popularly conceived, is overly simplistic, largely based on moral positioning, has been for the most part weakly evidenced and is in many cases a fearful response to substances and peoples that were (and are) poorly understood (Berridge 1999; Musto 1987; Courtwright 2001; Reinerman and Levine 1997; Lloyd 2011).

It is the contention of this article that doping policy in sport is, and continues to be meaningfully shaped by older, wider drug discourses and policy in the non-sporting world, that there are direct discursive and policy parallels that cannot be ignored, and that much policy development and underlying policy rationale in the sporting world is similarly less evidence based and consistent than its supporters would like to believe. This is not to suggest that *all* doping policy has emerged from or is inflected with policy formation and discourses from the non-sporting world. Rather, the argument being put forward is that there exists a long-standing, broad discursive framework based on a range of myths and misconceptions that have meaningfully shaped policy in the non-sporting world, and that these have had a significant if not fundamental impact on the discursive understanding of ‘drugs’ in the sporting world and the trajectory of anti-doping policy there. Thus there is a distinction being made between broad discursive frameworks and specific policy and specific discourses.

Some drug policy analysts in the non-sporting world (Goode and Ben-Yehuda 1994; Reinerman and Levine 1997) and the sporting world (Goode 2011; Møller 2008; 2010; Beamish and Ritchie 2006; 2011; Dimeo 2007a; Reinold 2012; Ritchie and Jackson 2011) have likened aspects of drug policy as influenced by moral panics and irrationality. Common journalistic and lay use of the term moral panic is to suggest something has been blown out of proportion, that people/the press or whomever, are responding (or looking to respond) and worrying at a level disproportionate to the ‘real’ problem, issue or event (Murji 1998). Moral panic in this sense has entered into the lexicon of everyday discourse. It can be a useful short-hand way of encapsulating how an event or issue might be seen but rigorous, analytical or academic use of the term applies particular criteria to be fulfilled for something to attain the status of a moral panic proper. In recent years the concept has been subject to a range of

critiques (Murji 1998; Hall 2012; McRobbie 1994; France 2007; Cowling 2008) and it is a further aim of this paper to extend the analytical approach to how drug ‘scares’ might be understood that is both discursively more historical and inclusive than the framework provided by moral panics alone. As such it will be argued that moral panics (if and where they occur) are more a *symptom* of pre-existing frameworks of fear rather than explanatory on their own and that a fear framework provides a fuller explanation for policy formation over time. By way of illustration of this it will be argued that the resilience of various *key myths* in both worlds enable particular discursive positions juxtaposed around the morality of drug use to generate and maintain the policy trajectories (harsh prohibition utilising disproportionate punishments) that are currently used. A drug related myth in this context is a negatively focussed discourse about what drugs or drugs users *do* that is widely assumed to be true and indicative of the drug problem as it stands (e.g. drugs damage/kill and/or alter personalities in very specific ways; drug users do immoral and/or anti-social things as a consequence of drug use, particularly addicted drug use). Some of these myths have greater resonance than others in helping frame common perceptions. As will be shown a number of myths are also effectively sustained through reference to, and belief in, certain other misconceptions or myths. One myth can thus ‘prove’ the credibility of another and (in circular fashion) vice-versa. They are ‘myths’ because their essence is either untrue or mistaken and they have power – as did traditional myths (Cohen 1969) – because they help structure thinking around what is good and bad by way of narrative disseminated widely. They are ‘key’ myths because individually or together they have attained a status of providing a meaningful discursive framework for understanding the problem (Coomber 2006; 2011a).

The development of non-sporting drug control

To understand the development of doping policy in the sporting world and how it is meaningfully framed by wider drug policy and discourses it is important to understand the way that drug policy developed historically in the non-sporting world. In the 18th and 19th centuries, ‘drugs’ such as opium were not seen as a problem – quite the opposite in fact. For hundreds of years opium, almost alone as an available and effective medicine and palliative, was seen almost as a wonder drug, and as with numerous other natural substances, was integrated into the day-to-day life of people in many nations throughout the world (Berridge 1999; Dikötter et al 2004; Goodman et al 1995; Courtwright 2001). Opium for example was used medicinally, but also in tea or as a tonic among other uses such as (as today in the fields and villages in parts of rural India) a help in providing extra energy or endurance to workers or as part of traditional day-to-day ritual (Ganguly 2004). Opiate use was accepted and was, by almost all measures, and in the relative absence of medical care for the poor, considered not a problem but a huge benefit to society. Opium only became a problem over some considerable time and after it had become subject to a range of professional, moral and social concerns that saw its standing in society transformed. This transformation included a shift in the associations made with the drug from something that was ordinary and every day and medically positive to ones related to ‘others’ (predatory and/or unscrupulous Chinamen or the ‘dangerous classes’) and largely misconstrued or misrepresented health risks (Berridge 1999; Kohn 1992; Musto 1987).

For drugs and drug use not previously viewed as problematic to become so a *process* of problematisation has to occur. In the non-sporting world this was less a development of reasoned evidence gathering about health harms and drug related risks but related to a convergence of specific forces that created a climate of fear around what these drugs were capable of doing and what kind of persons drug users were turned into. Drugs were attributed

with exaggerated powers they didn't possess and drug users became condemned as out of control and capable of almost any heinous crime (Musto 1987; Woodiwiss 1998; Anslinger 1937; Coomber 1997a; Dikötter et al 2004; Kohn 1992).

The history of drug control literature is almost unanimous in its appraisal of this process – from mythmaking around the supposed ravaging of China by opium (Dikötter et al 2004), the misconstrued belief in 'stimulant' opium use by the 'dangerous classes'; of predatory Chinamen, in the UK and US in particular, seeking to lure innocent white women into opium dens (Berridge 1999; Kohn 1992; Musto 1987); of black men marauding wild, killing and robbing and raping white women whilst high on cocaine supposedly impervious to pain and police bullets; middle-class opprobrium of working class use of opium to quieten children (that was also common in middle-class families), to Mexicans high on cannabis being turned almost instantly into madmen, rapists and murderers ((Musto 1987; Woodiwiss 1998; Anslinger 1937; Berridge 1999; Courtwright 1995). Although the emergence of uninformed, grossly exaggerated or often simply untrue, and fearful, assumptions about those that used drugs such as opium and cocaine had some specific focus emanating from discourses located in fears of 'others' (race, 'dangerous' classes) and unknown substances it did not do so in a socio-political vacuum. The anti-opium movement itself was heavily inflected by the longstanding and influential discourses of the anti-alcohol, mostly religious, temperance movement and was subject to the public health movement where medics and pharmacists (a significant number of whom were also temperance supporters) were trying to establish their emergent professions by taking control over drugs such as opium (otherwise sold freely) by making their use and supply come under their control (Harding 1988; Berridge 1999).

Early drug control policy in the non-sporting world was thus produced within a context of distorted and often untrue information about the phenomena it was trying to control (about both the drugs and the drug users); of burgeoning professions problematising the uncontrolled nature of the drugs; of anti-excess temperance groups that linked substance use to immorality and to basic fears and prejudices around ‘others’ (foreigners and/or the ‘dangerous classes’) and the unknown (new drugs or new ways of using them) and a fear of basic humanity being distorted into something profane and ‘other’ by excess and intoxication (Coomber 1998; Musto 1985; Kohn 1992; Shapiro 2000;). Drug control policy in the non-sporting world emerged from such discourses in the nineteenth and twentieth centuries and current policy – although more informed in many respects remains essentially the same as when it was first formulated. In the current era, as we shall see, there remain numerous fundamental myths and misconceptions about drug risks and the transformative powers they supposedly contain that replicate earlier discourses, that have proven resilient to new evidence that confounds their credibility, and as such continue to provide a framework of fear on which to justify and substantiate controls continuing as they are.

Key non-sporting world drug myths

The broad discursive framework just outlined provided both a general way of thinking about drugs and drug users and drug markets (they are bad and should be feared) but it also provided a number of specific notions about what should be feared and why. These specific notions about how drugs, drug users and risks pertaining to both should be understood, I have argued elsewhere (Coomber 2011a), constitute key myths that provide a general perspective on how the drug problem should be understood and as a consequence help to legitimate the continuation of extant drug control policies. This paper is not the place to repeat or go into

detail around these specific myths other than to briefly relate for the non-specialist what they are, to show how they are situated in discourses around illicit drug use and supply, and how they contribute to the discursive framework. The key areas of belief I have focussed on are: the dangerous adulteration ('cutting') of illicit or street drugs; the predatory 'hooking' of non-drug users (particularly the young) on e.g. heroin by evil dealers through the initial giving away of free drugs; the widely held perception of addiction to drugs such as heroin, crack cocaine and methamphetamine as almost instantly addictive; the beliefs that 'once an addict always an addict' and/or that addiction to drugs such as heroin (likely) leads to death, and the idea that drug markets are an essentially violent milieu populated by essentially violent and/or evil individuals.

Despite there being extensive and growing evidence that drugs such as heroin or cocaine are not cut with dangerous substances such as rat poison or scouring powders (Coomber 1997a,b,c,d,e,f; 2006a; Coomber & Maher 2006; Cole et al 2011) or that drugs such as ecstasy are cut with heroin or indeed that cutting substances are routinely dangerous, the idea continues relatively unabated (Cole et al 2011). As regards instant addiction – real-world experience of those exposed to heroin or other drugs of addiction shows a much slower process with individuals commonly taking many months or even years to become addicted to heroin or cocaine (Kaplan 1983; Zinberg 1985; Bennett 1986; Krivanek 1988; Coomber and Sutton 2006) simply because addiction is also a social and psychological *process* and much more than a simple, rapid, bio-chemical interaction between substance and genetic organism. Despite this however it is not uncommon for drug field 'experts' and the media to present addiction to drugs such as heroin as almost immediate (cf. Coomber and Sutton 2006) and for this to remain a bedrock on which other drug related fears can be built. One such related fear is that surrounding the provision of free drugs by dealers to uninitiated and innocent young

people with the aim of ‘hooking’ young new users as long term clients. This belief is in part predicated on the previously stated idea of instant (or nearly so) addiction and as such is both empirically difficult to realise and is also (unsurprisingly) unsubstantiated in the research literature (cf. Coomber 2003; 2006a). Not unrelated to the idea of instant addiction (because of the ‘power’ of the drug) is that of addiction, especially to drugs such as heroin, as a downward spiral to degeneracy and likely death. The evidence base however shows that many addicted users are able to leave their addictions behind regardless of how chronic their condition has been (Hser et al 2005; O’Malley 2005) and the growing aging population of both former and currently addicted users (Hatton and Coomber 2012) is testament to the longevity of many.

In a similar vein ‘drug markets’ are not the simple entities they are thought to be yet they are nearly always referred to as though this were the case. *The* drug market or *the* drug dealer is confounded by the fact that drug markets are populated by sellers that are e.g. ‘friend’ sellers (Dorn et al 1992, Blum et al 1972; Murphy et al 2005); nonviolent and/or predatory middle-class (and otherwise law abiding) sellers (Murphy et al 1990; Pearson and Hobbs 2001; Coomber 2006); women drug sellers (Dunlap and Johnson 1996; Green 1998; Denton 2001); opportunist sellers (Lewis 1994); young social suppliers (Coomber and Turnbull 2007) with varying levels of involvement (passing on a phone number, passing a joint at a party etc.) as well as ‘junkie’ dealers and sellers that work criminally in a more organised fashion (Curtis and Wendel 2000; Natarajan and Hough 2000). Likewise drug markets vary enormously and display widely varying characteristics that can be at odds with the violent, predatory, male, gang/criminal organisation, tightly controlled ‘turf’, stereotypes that predominate (Coomber 2010). In other words much that is thought to be simple and true about drugs sold on the

street, the dangers they present and how they are sold and why is either far more complicated than the picture generally presented or – as is often the case – untrue.

The point about these beliefs is that the broad assumption that they are common and ‘true’ is so embedded in popular (and many professional) views that they are relatively unquestioned. Dangerous adulteration especially is an almost unquestioned ‘truth’ (Coomber 1997c; Cole et al 2011) and it has a central role in how it makes many of the other misconceptions so much more believable: if drug dealers are routinely cutting heroin and other drugs with poisons; ground glass and the like then it is immediately proven that drug use is like playing Russian Roulette, it demonstrates the likelihood of an early death and similarly, for such a practice to be routine it proves the drug market is populated by heinous individuals capable of anything including the purposive and predatory pursuit of children in order to ‘hook’ them as clients. It demonstrates an inherent violence within the drug market per se. These ideas are all built around fearsome images of powerful evil substances or evil predatory and immoral pushers/suppliers and together they present a very specific image of what the drug problem *is*. Take away many or all of these ideas then an understanding of what constitutes the drug problem (and how you might deal with it) suddenly looks very different (Coomber 2011a).

Fear and drugs

The concept of fear is one that is of growing importance in the social sciences and is increasingly being applied as an analytical concept central to understanding various aspects of the social/cultural, economic and political spheres (Tudor 2004; Furedi 2007a; Bourke 2005). Tudor (2004: 239) has noted how the concept has been ‘...central, though sometimes silently so, in several of the general themes that have marked modern social and political

theory' but is now emerging as central in its own right. Familiarity with the historical literature around drugs – and indeed contemporary reporting as well - reveals that fear is a potentially meaningful organising concept for issues around drugs. Although references to various fears and anxieties (of drugs, their powers and risks; of users and their morality, and of suppliers and the nefariousness of their character) are replete in this literature, the 'silent centrality' alluded to by Tudor means that there has been little by way of *explicit* attempts to understand drug policy in this way (Coomber 2011a). By extension, there has been even less by way of attempts for understanding drug policy in sport similarly (Coomber 2011b) although I would argue that it has been central to both developments.

New fears are said to be everywhere and they mix and merge to create varying degrees of cultures of fear (Furedi 2007; Altheide 2002; Bauman 2006; Glassner 1999; Denney 2009; Bourke 2005). Whether it be fear of crime or fear of climate change or fear of airborne chemicals it has been argued that we now live with more fear(s) than ever before (Bourke, 2006; Walklate, 2007; Furedi, 2007; Bauman, 2006). There are also a complex of ideas emerging around fear and how we think about it sociologically. Fears, it is recognised, are culturally mediated (Furedi, 2007a; 2007b) and as such fears are experienced and produced distinctly within specific communities and cultures, they are also (following a similar line of thought around how risk is understood) socially constructed (Douglas, 1978; Fitzgerald and Threadgold, 2004) in the sense that 'which' fears gain prominence reflect various political machinations and concerns and as such some risks get prominence whilst others, of seeming equal or greater 'risk' do not. The media of course also plays a strong role in how risks are understood and presented and thus in the production of fears around them (Glassner, 1999; Altheide, 1999, 1997). Fears are also said to be subject to the 'cultural script' (as are many other things) – i.e. that each of us have learned about the types of thing that we should be

fearful of (e.g. an intoxicated drug user but not an intoxicated alcohol user) and equally the script guides us on how we will respond to particular fears (Furedi, 2007a; Garland 2001). So, although fears are experienced individually and complexly they are also contextually – i.e. socially, culturally and historically - mediated. As a principle, the extent to which the individual or group fears something will vary due to these conditions and vary between phenomena and groups. Late modern fears however, because they have many sites of origin (climate change, airborne disease/toxins, food, crime, disasters etc) and science reveals new risks all the time our risk and fear experience is fragmented and confused as compared to pre-modern conceptions. New fears are inextricably related to risk calculation about what is known and what is possible to allay the risk. Because of this the current fear of drugs (including PEDs) tends to be – *supposedly* – about risks and harms related to drug use and the individual and cultural calculus applied to that. This resonates clearly with much of the discourses around drugs (including that of doping), what their risks are assumed to be and thus how and why they are assumed to be best controlled with prohibition and harsh punishment. This, I would suggest, is not the whole story. Drug fears, empirically grounded historical research suggests, have a much, much older foundation and contemporary drug related fears are a heady mix of old fears and new ones both.

When we consider older fears – natural disasters, famine, and so on, ‘policy’ (if we might call it that) to assuage such fears often meant assessing how and why these events occurred – this was commonly considered to be the wrath of God – or the Gods - and approaches to resolving both fear and trying to insure against future disasters in many early groups and societies produced forms of scapegoating (Douglas 1995). Scapegoating was a response to the belief that an ill or sick society was being punished for its sins. Scapegoating took a range of forms but common to many of them as Tom Douglas (1995) has shown was the belief that

an act of purification was possible by ritually transferring the individual or group's sins to e.g. a goat, or someone diseased or disabled and casting them out.

Concerns with purification of sin relate to old fears. Previously, as religious ideologies developed in their specific contexts over time, doctrine or attitude towards purity or what we might understand as agreed norms, develops. The danger to society emanating from those that were seen to be as morally corrupt and practising sinful 'outsider' behaviours seemed self-evident to the majority and practices to reduce the harms from those behaviours also developed. Those seen as polluting the social were demonised and where possible the pollution was cleansed (which in the case of witches for example meant they were executed).

In relation to drugs – 'others' – usually in the form of foreigners/barbarians often had different beliefs that questioned or confronted those of the home group (simply by their presence) and brought with them different ways of behaving. Many brought new foods and spices and of course various psychoactive drugs. This provided a fertile ground for seeing and fearing the unknown (Coomber 2006a).

Mistrust of others and the drugs they used is a common theme throughout history and exaggeration of risks these people brought and the powers of the substances in question has been a common response (Berridge 1999; Kohn 1992; Musto 1987; Dikötter et al 2004; Goodman et al 1995; Courtwright 1999, 2001; Woodiwiss 1998).

These basic exaggerations – often to extreme degrees – of what alien and unfamiliar drugs are and what they turn users of them into (as already mentioned above: black men transformed into violent rapists able to withstand bullets; unscrupulous Chinamen turned into

predators of white women luring them into opium dens of vice and degradation; murderous Mexicans, made mad on cannabis and so on) have framed discourses around drug use for hundreds of years. These exaggerations produce societal fear of pollution by both substance (i.e. what it can *do* to unwary and unknowing individuals i.e. transform their personality to something other) and by outside culture – two things often misunderstood and ultimately able to produce fear and fear based responses.

So, for me, it is the fear of drugs and the othering that surrounds specific substances that produces an understanding of how drugs become understood and related to and these fears are both old (fear of other/transformation/ignorance and demonisation) as well as modern (concerns with risk, an infused calculus of harm and fears that authority is helpless to prevent it). A contemporary understanding of fears around drugs then, as alluded to earlier, I would suggest are in reality a combination of modern fears strongly suffused if not primarily framed by older more visceral fears around pollution, othering and scapegoating to protect that which makes individuals and groups feel secure. Modern concerns involving risk calculus and a locating of drug fears as one fear among many also thus merge with these older fears that are well established in relation to drugs and the kinds of risks (pollution) they bring to individuals and the body social. I have argued elsewhere (anonymised for review) that it is this broad historically located discursive framework that provides both the bedrock on which entrenched ideas about drugs and drug users are permitted to continue *and* the means through which they prove resilient to evidence that undermines their substance. It is important to see certain contemporary fears in this entrenched historical way as it provides a much easier way of understanding how at certain times ‘events/phenomena/groups’ can be attributed with presenting a social risk that appears exaggerated and excessive. Some drug scares for example have been argued to be the result of moral panics (Reinarman 2000; Goode and Ben-

Yehuda 1997) and indeed the drugs in sport literature, like that of the literature in the non-sporting world, that considers such issues is not particularly divided on whether such exaggerations and scares have occurred the issue is whether these are free-floating moral panics or something more. If they are something more then to better understand and locate policy trajectories we need to better understand the forces that impact them. It is my contention that regardless of the usefulness of the concept for providing an approximation of the short-term origins of a drug scare and suggesting a model for seeing how these sometimes play out in terms of societal response it is limited in understanding the longer, deeper origins of such scares. This is also important because if we are to assess why there are particular policies or desire to change current policy we need to know what it is that has brought those policies to bear and makes them resilient.

Situating drug scares within a fear framework

Although the concept of moral panics has been problematised of late conceptually and empirically (Hall 2012; Cowling 2008; Jewkes 2004; Murji 1998; McRobbie and Thornton 1995; Critcher 2006; Lumsden 2009; Ungar 2001) it has also enjoyed some relative resurgence. The latter is mainly due to the way it helps usefully frame certain types of 'scare events' and the scapegoating of particular groups and in the way that as a general concept it is attractive to those beyond the discipline of sociology who care less about its essential theoretical validity and those from within it attempting to make the most of its potential (Bonn 2010; *The Guardian* 2011; BBC 2011; Yoemans 2009; Critcher 2006; McRobbie 1994; Miller 2006). In that sense it has continued salience for many at the very least as a broad explanatory concept. However regardless of the extent to which moral panics do or do not actually 'fit' social phenomena the underlying essence of the theory is that they exist to

scapegoat folk-devils for the *immediate* political benefits of the incumbent powerful or are attributed with (again, short-term) being a mechanism of capitalism to distract populations away from crises – to create a kind of false consciousness (Reinarman 2000; Cowling 2008; McRobbie 1994; Hall 2012). France (2007) and Herdt (2009) in particular have alluded to the ahistorical essence of moral panics. Moral panics thus largely explain things by their immediate function to extant power whereas a longer term view that considers on-going anxiety to longer-term entrenched beliefs can provide an explanation for how particular scares (fears) can be amplified without being held hostage to notions of causality resting in the short term.

Having a historically informed framework of fear (moral panics are arguably short-term fear frameworks) that can point to on-going anxiety towards drugs and drug users we can offer a discursive framework that acts as fertile ground for drug scares and other fear related events to emerge, explode and/or prevail over time. In relation to the world of illicit drugs, using the fear framework explicated above that suggests there is an on-going bedrock framework for drug use to be understood from it is no surprise that drug scares; the stigmatisation of drugs and drug users in on-going and particular ways occur and recur. Regardless of whether any one scare or so-called moral panic is meaningful in its own merits the argument posited here is that it cannot be divorced from the facilitative context of fear surrounding drugs that is ever-present, always bubbling away, and is deep-rooted in exaggerated fears of moral and health (to individual and society) risks. Indeed it is argued that it is this very context that is meaningfully *productive* of such events and enables them to emerge and flourish. In this sense such events sit within a fear framework and should not be seen as separate from it. Language and discourse is important and can inflect on policy decisions. Drug policy discourse and rhetoric in the non-sporting world has stayed similar for over one hundred

years. In the sporting world, in just one specific instance Møller (2009) has argued that adoption of the term *doping* was instrumental in the introduction of testing and regulation in ordinary public gyms in Denmark, on a wider reference the borrowing of a great deal of the drug war rhetoric from the non-sporting world (Hoberman 2005: 181) will have arguably also had its own effects in the sporting world.

The emergence of doping controls in sport

So what of the emergence of doping controls in the sporting world? Many scholars of doping policy will already be alert to a number of parallels to those outlined for the non-sporting world: a process of problematisation that had dual concerns with the ‘others’ and outsiders that used them (and their morality); a non-too-dissimilar exaggeration and acceptance of the powers attributed to the drugs both in terms of performance but also in terms of physical and psychological ‘transformations’ (with a similarly lacking evidence base); exaggerated representation of health related risks and widely publicised deaths assumed to relate fairly non-problematically to the substances ingested; a strong concern with pollution of individual and culture/society. These are parallels however that were arguably able to occur much more easily because of the process that had already come to pass and was long established in the non-sporting world. Although there are obvious differences, especially around detailed analysis of particular concerns *within* these broad discursive frameworks, none-the-less a template of sorts already existed, inflected ways of thinking about drugs and drug use in general, and provided effective guidance to the sporting community as to their management.

Initially, and for many years the use of performance enhancing drugs in sport was what we might call a ‘qualified issue’. The earliest doping concerns over performance were more

common around doping to *prevent* performance, to ‘nobble’ e.g. horses or greyhounds being bet on (Hoberman 1992). Similar to the problematisation process for opium in the previous century however the use of various substances in the sporting world slowly became inflected with doubt caused by the use of substances increasingly coming under professional control, (strychnine, opiates, cocaine and amphetamines) that were being worried about and demonised in the non-sporting world (heroin/cocaine/amphetamines) but also because of the ‘others’ (i.e. professional athletes, Nazis and Communists) that were seen to use them (Hoberman 2005; Beamish and Ritchie 2006), each in their own way a societal threat and important associational image.

Shared social and discursive context

The late 1950s through the 1960s is for many a pivotal moment in time for the development of doping policy (Møller 2006; Rosen 2008; Dimeo 2009; Hunt 2011; Hunt et al 2012; Christiansen 2010). Prior to this period there was more ambivalence about the use of PEDs and this was evidenced in various ways: by the vacillation of the International Olympic Committee to act on it, by the inconsistent adoption of PEDs by coaches, competitors, national sporting bodies, individual sporting bodies and even ‘state sponsored’ programmes such as those found (albeit in different form) in the Eastern European Bloc and the United States (Barhke and Yesalis 2002; Dimeo 2007c; Hunt 2011). Hoberman (2005: 181) has referred to how, ‘Until very recently, sports officials around the world wrestled ineffectively, and sometimes dishonestly, with the problem of how performance enhancing drugs should be regulated’. Earlier perceptions of the ‘problem’ are also mixed, for whilst Hoberman (1992) for example, refers to a ‘unique’ stigma related to doping from the 1920s this was applied differentially with professionals (such as cyclists) whose ‘right to take drugs was taken for

granted' (Hoberman 2005: 183) but who were none-the-less 'despised' for doing so. Hoberman (2005) has described this division as operating like an effective cultural apartheid between drug-free amateur sport which was seen to embody all values good for individuals and society and professional sport which was, in oppositional terms, seen as undermining these values. Early elite amateur values that helped define what sport was (what it 'ought' to be) and what was 'other' (Christiansen 2010) thus ensured that doping had its early association with behaviour and morals that sat outside the norms and values promoted as normative. Other associations, those with the Nazis post-World War II, and then with Communist countries during the Cold War era, further added to the othering of PED users and the negative imagery attached to PEDs themselves. With imagery resonant of the racial images attached to cocaine use by black men at the start of the century (Musto 1985) Beamish and Ritchie (2006: 778) have related how associations with the Nazis invoked images of Germany creating:

'... hypermasculinized, ultra-aggressive combat soldiers by injecting the Schutzstaffel (SS) troops with steroids.'

The idea of 'super-soldiers' is fear inducing and relies on exaggerated depictions of how steroids work and the power they have. Thus for Beamish and Ritchie (p778):

'The symbolic power of the Olympic Games, in association with larger historical events stretching from the 'Nazi Olympics' of 1936 through to the late 1960s, have forged haunting images of 'drug use' in high performance sport which frighten many people in the west.'

Given the way that drugs like heroin and cocaine have mistakenly been seen as causally producing out of control, violent drug users (cf. Coomber 2006b) the leap for an uninformed public to associate other new uncontrolled substances with similar images would not have been a large one. Despite protestations from various corners such as Pope Pius XII who declared the use of 'noxious' substances in sport as 'deplorable' and those organisers that permit such use to be effectively encouraging it (Hunt 2011: 9) the Olympic Committee did not establish a medical committee to manage doping until 1967 and it wasn't until a year later that saw them bring in the first Olympic urine tests (Hunt 2011).

Thus it is not the case that doping was not seen as a problem before this period merely that by 1960 and thereafter there was a willingness to define and act on the issue as never before. This is perhaps no surprise as by the 1960s the non-sporting world was already immersed within, and dealing with, all sorts of drug scares around amphetamines; LSD; heroin and cocaine and media reporting to a relatively drug ignorant population by relatively ignorant journalists/media was sensationalist and fear inducing (Reinarman 1994; Coomber 2006a). Moral panics or scares around young groups such as mods and rockers that were seen as a threat to the fabric of society were also seen as being drug fuelled (Cohen 1972; Young 1971) as were earlier concerns around Jazz artists and other 'hipsters' (Becker 1963; Young 1971). Drugs were increasingly seen as a social problem and associated with problematic social behaviour that undermined traditional values and social structures. This complex discursive background: othering around drugs in general but also around doping; exaggerations of risks and the threat to the moral fabric of society and the purity of sport; contradictory views on PEDs and an absence of any real disasters meant that change was neither quick nor decisive. It did however provide a fertile framework for shifting perceptions away from tacit, control based values (as prior to the introduction of control in the non-sporting world) towards that of

enforcement. In 1960 the Danish cyclist Knud Enemark Jensen died at the Olympic Games in Rome. Jensen's death (attributed to amphetamine use at the time but consequently questioned) has been seen as one of the key catalysts to the justification and rationalisation of doping policy from that moment (Møller 2006; Rosen 2008; Dimeo 2007a,b; Hunt 2011; Christiansen 2010). Jensen's death seemed to confirm for many the inherent dangers in doping (a number of high profile cases had hit the headlines over the years) and increased discourse around controlling legislation. At the same time as this was being debated in the sporting world a whole set of discourses, many of which were directly descended from anti-temperance and anti-drug discourses of the 1920s and 1930s reverberated around the non-sporting world. Sporting world officials however were not (and are not) 'outside' the non-sporting world nor were/are they immune to the general mood surrounding 'drug use' or the risks perceived to be inherent in it. Whilst sporting discourses were partly separate (athletes were not looked upon as a problem group per se as were particular youth subcultures outside of sport) 'doping' was like drug use in that it undermined morality and presented (supposedly) clear and highly elevated risks to the users health. The way/s that the sporting world in part responded to threats to 'drug use' had thus already been rehearsed and played out ad-nauseam in the non-sporting world. Inflections of how to respond in like ways by a relatively uninformed sporting administrators, themselves not insulated from widely held stereotypes and discourses around drugs was but one short step in reality. The widely publicised non-sporting world drug related concerns, events and discourses thus provided a framework for the specific PED related health concerns in the sporting world (that were also inextricably fused with the moral concerns around cheating and performance gain) to be understood (Dimeo 2009). However, as in the non-sporting world, a set of specific ideas – a set of key 'myths' buttressed the credibility of emergent doping control policy.

Key sporting world ‘myths’

Earlier in this article it was suggested that controls on illicit drugs in the non-sporting world were in part a result of broad discourses of fear of ‘others’ and perceptions of the power of those drugs that greatly exaggerate or misunderstand their effects. It was suggested that this broad framework persists and has proven resilient because of a range of key drug related myths that provide continued legitimization of the policy. If, similarly, as has been argued, the emergence of doping policy can also be understood to emanate from discursive frameworks that produce fear of PEDs through association with the threats they bring and represent to individuals and society we might look also to see how this framework has been, and continues to be supported by key sporting world drug myths.

In the sporting world the ‘myths’ (or misconceptions) I am outlining relate to how an issue has been presented. The style of approach: exaggeration and unhelpful distortion, takes its lead from the non-sporting world and the position taken here is not one that denies e.g. health harms and PED efficacy but is one that suggests that *how* these and other issues have been presented produced an accepted image of the sporting world drug problem that is in reality different to that on the ground.

Health harms and risks

Health harms and the risks therein from PEDs have been, and are, constantly exaggerated and distorted (Coomber 1993; López 2011; Dimeo 2007a) and/or there is a history of firstly assuming and then almost confidently presenting sporting deaths as likely to be doping related when the evidence is in fact either missing or equivocal (cf Møller 2006; Dimeo

2007a; López 2011). It is worth noting that in 2011/2012 alone there have been a number of high and low profile deaths (or collapses/near deaths) of sporting competitors from sports not traditionally or strongly associated with doping and as such doping has not been suspected and tests have not confirmed banned substances to be present (BBC April 14, 2012; *The Guardian*, September 6, 2011). The sudden and unexpected death of fit athletes, whilst comparatively rare, is thus far from anomalous (*Independent*, Monday March 5, 2012) and certainly is not exceeded by the rare deaths equivocally associated with doping. As in the non-sporting world the levels of mortality and morbidity related to PED use has always been relatively small in comparison to the assumed prevalence of use and the mooted epidemic of deaths has never surfaced nor matched the fear related to it. Some media none-the-less continue to present this view as unproblematic:

‘A ticking timebomb: Abuse of steroids is rivalling heroin use in Britain... But users, often teenagers, are playing a deadly game of Russian roulette, which can result in violent rages, severe health problems and even death.’
(*Mirror*, June 24, 2012).

And,

‘A TOP wrestler has told how most of the people he trained with in Canada - including double-murderer Chris Benoit and British Bulldog Davey Boy Smith - are now dead, mad or crippled due to steroid abuse.’ (*The Sun*, August 4, 2012)

Deaths directly from heroin and/or cocaine use for example are far lower than might be commonly expected and as already related above actual deaths from dangerous adulteration – whilst widely believed are practically non-existent (Coomber 2006a; Cole et al 2010). In

reality there has long been ambivalence around evidence on PED use and health outcomes (Hauptand Rovere 1984; Donohoe and Johnson 1986; Dimeo 2007a; Evans-Brown and McVeigh 2009) although scaremongering that extrapolates from either unproven deaths or from specific health scare events (proven death of an athlete) has been accepted as reasonable and for some it is justified as a form of prevention. Some of the most highly publicised deaths upon which the perspective of PED health risks are based have been either later disproved or where the evidence is equivocal – have been chosen to be reasonable assumptions of evidence (López 2011; Dimeo 2007a; Møller 2010). So-called ‘Roid-Rage’ is a perfect example of an attributed behaviour widely reported as simply resultant from steroid use yet individual experiences are decontextualized from pre-existing violent dispositions and/or pre-existing mental instability. This is also common in the non-sporting world where the link between drugs and violence is poorly understood and correlation is mistakenly confused with causality (Coomber 2006b). As in the non-sporting world it is often the case that this position (the assumption of worst case scenario/outcomes from use) is reversed when prescribed medications are used i.e. that prescribed medication of so-called ‘enabling’ substances assumes a lesser and managed risk that attracts little by way hype or exaggeration. The point here is not that PEDs do not present meaningful health risks to athletes but that these risks have been unreasonably exaggerated. Further, just as in the non-sporting world ‘drugs’ are often presented as having a relatively homogenous level of risk attached to them (despite the risks being *very* different) PEDs risks tend to also be presented in a relatively homogenous way with, arguably, historic risks from one set of substances (such as e.g. older, now removed steroids that affected the liver significantly) providing the discursive framework for health risks to PEDs per se.

Drug powers and efficacy

The assumed and attributed ‘power’ of drugs (to addict, to kill; to turn people degenerate or violent) in the non-sporting world has been historically exaggerated and thus they have been greatly feared. In the sporting world similar parallels are evident. For many years the efficacy of PEDs to actually, never mind consistently, enhance performance was questioned due to lack of reliable or equivocal/convincing scientific evidence (Haupt and Rovere 1984; Donohoe and Johnson 1986; Coomber 1992; Deyssig et al 1993; Frisch 1999; Mottram and George 2000; Kraemer et al 2002; Evans-Brown and McVeigh 2009). In relation to anabolic steroids in 2000 Mottram and George were still able to state (p55):

‘The majority of ‘evidence’ concerning the efficacy of anabolic steroids as performance enhancing agents is anecdotal. In the main, experimental investigations have been poorly designed scientifically, clinically and statistically’.

Policymakers, the media and the public are not swayed by: ‘it may help a bit but we’re not really sure’. In relation to drugs, society has always taken the ‘it *could* result in [exaggerated x] and therefore we had best act as though this is likely’ approach. Although there is (slightly) more evidence in 2012 of certain types of performance enhancement (although proof for steroids and human growth hormone remains equivocal) none of it is at the kind of level of popular representation (Evans-Brown et al 2012). The widespread image of PED efficacy is one of significant, not marginal or negligible gain. The image is also one of the ‘magic bullet’ where gain is not only almost guaranteed but fairly straight-forward. In the London Olympics it was those achieving outstanding feats that were focussed on as possible drug cheats, such as the Jamaican sprinters (*The Telegraph* Friday 10 August 2012) and a 16

year old Chinese swimmer (*The Guardian*, Tuesday 31 July 2012). Would the common image be quite the same if it was known that some of the purported benefits of using steroids was not a straight-forward growth of extra healthy, lean muscle that simply adds to that already available (many novice ‘body-image’ steroid users even today believe they can build muscle simply by taking the drug and not training – Korkia & Stimson 1993; Evans-Brown et al 2012) but that the main advantages may in fact be helping the athlete recover more quickly and train harder – hardly outcomes that suggest the same kind of moral vacuity involved in popping a pill to get extra easy gains, nor are they so easily divorced from other legitimate approaches to achieve the same outcomes.

For many years the scientific evidence was either equivocal or in some cases suggested that PEDs could in fact hamper performance (Haupt and Rovere 1984; Donohoe and Johnson 1986; Evans-Brown and McVeigh 2009). Hard evidence however has always been less essential in policy formation around drugs (sporting or non-sporting world) than in many other arenas – despite the chimera of science/pharmacy that surrounds it. The *assumption* that PEDs worked and worked significantly was sufficient to not only produce a policy framework of prohibition but also one of excessive punishment. The point here is not whether PEDs do work or not it is how much, to what extent and how reliably because the picture painted has not been one of an obscure, unsure or hazy mural but of clarity, sureness and the need to prevent a definite crime. Even the oft used example of East German success and highly structured doping programmes is in reality less evidential than usually presumed because the level of attention and encouragement provided to the athletes, intensity of incentive and motivation, attention to life-style detail, advanced dietary and training programmes and placebo knowledge that they were been given everything (including drugs) from the earliest of ages is unparalleled and any sensible person would have expected success

from such a programme and relative failure from ‘abandoned’ athletes in its demise – regardless of drug use. Even today (if do we accept that a range of enhancements to performance can result from various forms of doping approaches) the view of significant and otherwise unattainable improvements is far from what the evidence suggests. As stated above the conventional (media based, athlete assumed and lay assumed) position on PEDs is that they ‘boost’ performance significantly. Discourses around it do sometimes relate to notions of ‘even if it makes the difference of a hundredth of a second then it has made the difference’ but generally the idea is that dopers will surge ahead of others who have tried to do it naturally. There are however many, many examples of athletes that make huge proportional gains in their performances (sometimes late in their careers and ‘out of the blue’) who are not suspected of doping. Jonathan Edwards’ exceptional (at the time) triple jump record of 18.29m achieved in 1995 still stands in September 2012. Such accomplishments often go beyond existing records that the normative argument against doping would suggest isn’t possible without the aid of drugs. These athletes not only manage to beat the cheats but stay ahead of them and extend records and achievements. Over time as well whole athlete populations (many of whom must be ‘clean’) in particular sports or events easily and comfortably surpass performances once only believed achievable with the aid of drugs. Sometimes of course this is with the aid of shoe, swimsuit, swimming pool or running track (to name just a few) technological advances but that is a different issue (although perhaps not to those who have their records taken away from them!). The role of PEDs and the level of their performance boost thus remains confusing, rife with misconception and is certainly not as simple as the picture (upon which policy and moral vehemence rests) is painted. As with drugs in the non-sporting world (see key myths above) an exaggeration and distortion of what effects are likely as opposed to possible helps to provide an important background discourse for doping policy continuing as it does.

Demonisation and stigmatisation

Once drugs are attributed with exaggerated powers to change individuals for the worse and to present serious health risks the users themselves are subject to stigmatisation (Lloyd 2010). There are many examples of individuals in the sporting world having been demonised for behaviour considered deviant and undermining of the morality and ethics of sporting endeavour but there is no clearer historical example than that which relates to clashes of political and moral culture by those labelled as having pioneered (and therefore to blame) for early PED use - The Soviet Union, the Eastern Europeans (and with echoes some years later, the Chinese). A re-writing of history has meant that they were demonised and attributed with an immorality that supposedly undermined the purity of sporting endeavour and as such one of the bedrocks of decent society. Communism could not be trusted, drugs could not be trusted and the West could condemn despite the fact that equally problematic behaviour was being practised internally to those nations doing much of the consequent demonising (Dimeo 2007c; Wagg and Andrews 2007; Waddington 2001; Voy 1991). Othering and drug use has however, as was related earlier, a much longer history than that of doping in sport. It is a different kind of stigma but the label that being a doping cheat carries with it in terms of both stigma and punishment rivals that of the heroin addict in their relative contexts.

As in the non-sporting world where penalties for even recreational drug use can result in long prison sentences and even death, controls and penalties over one form of cheating – that of PED use - were disproportionately applied when compared to other forms of cheating where the level of cheating and its outcome could actually be seen, evidenced and measured

(Coomber 1998). This is normatively only be achieved if the problem and the perceived risks therein are politicised beyond what might be considered proportionate (Douglas 1978).

Policy consequences for doping related policy that mirrors non-sport drug policy

From this researcher's perspective, it is likely that any shift in attitudes and policy towards a more evidence based position, to a more tolerant (less 'othered' or stigmatised) and forgiving and thus liberal policy trajectory in the non-sporting world would have an eventual knock-on effect on policy and attitudes in the sporting world too. Such a shift in trajectory is indeed happening in many countries with decriminalisation a reality in a number of European countries as well as a shift away from punishment towards treatment and harm reduction (EMCDDA 2011; 2005) and in the UK there is even a softening of policing/penalties for some individuals prosecuted for drug supply (Sentencing Council 2012). The sporting world does have options beyond strict prohibition but they will be unpalatable for many even if they are more pragmatic for a context in which prohibition is unlikely to win. If however, as suggested by this article, the drug problem in the sporting world is in reality not that which has been assumed (i.e. highly significant health risk as associated with sensationalised reporting and scaremongering; PEDs that act like magic bullets on performance and produce a level of cheating far in excess of other forms of cheating - justifying punishments far in excess of those other forms of cheating) then perhaps alternative policy approaches are less difficult to comprehend and justify?

Conclusion

This article has argued that how perceptions of drugs and drug use in the non-sporting world developed historically and the resultant policies used to deal with them has been shown to be less related to evidence based and reasoned policy but more to fear, prejudice, morality and poorly informed assumption. Moreover, that a number of long-standing key drug myths supporting notions of exaggerated health risks, transformative powers and an othering of those that use and supply them help to provide a popular discursive framework that – despite evidence to the contrary – effectively justifies and substantiates simple prohibition against illicit drugs. It was further argued that it is this historical macro framework and climate of fear around ‘drugs’ that bled and/or transmuted into the sporting world and provided a further operational framework for sporting administrators and the general public to conceptualise the problem of doping in sports. By the time the Olympic Committee finally decided to introduce testing in the late 1960s drug related discourses and policy approaches around ‘drug use’ had been developed and rehearsed extensively. Furedi (2007a) has spoken of how we (individuals / groups / communities / nations) have ‘cultural scripts’ to respond to certain types of fearfulness depending on the specific historical circumstances in which any one set of fears arises. In relation to ‘drugs’ the cultural script is one where people do not need to be informed of the immorality of use, of the inherent health risks, of the dangers they present to society because these fears, based largely on exaggerated and/or distorted beliefs are ever-present and assumed. This is a cultural script already in place in the 1920s and 1930s through to the current day, but meaningfully, also covering and peaking during those important periods of doping policy formation from the 1960s. The cultural script around drugs is one fearing something more than simply calculations on risk, it is ‘old’ fear, fear of pollution of individual, of community, of the body social and fear of the unknown. Because doping administrators, lobbyists and other policy makers are no more enlightened than the rest of the population around ‘drugs’ their position on doping/drug use in sport would have inevitably

been infused with their positioning and fearing on drug use outside of sport and the adoption of 'drug war' rhetoric at times within the anti-doping lobby is clearly supportive of this position. So it has been argued that how the problem was represented in the broadest of senses mirrored how the problem was and is represented in the non-sporting world – as presenting extensive health risks from drugs that were both powerful (in terms of enhancing competitiveness) and in their riskiness to individual and society. The broad discursive framework as well as the guidance provided by the policy approach of punitive prohibition may have signalled an approach through which to partly interpret doping issues and concerns but it has also been argued that continuation of this approach in both worlds has been reliant on certain key myths, resilient despite an evidence base that undermines them. These historically based ideas and assumptions about the drugs in question and those that use them help us to understand that fear around drugs and policy responses to them are located in a lengthy historical process of fearfulness. By adopting an approach to understanding policy formation in this way we can better understand how and why drug/doping concerns developed in the way that they did, understand specific 'events' or moral panics as part of this broader historical process and the extant discursive framework as constantly bolstered by the key myths discussed in each of the two worlds. In both worlds it is argued, on-going *assumptions* about the nature of the drugs taken and the likely outcomes for those that use them have resulted in excessive and disproportionate punishment when compared to other forms of criminality or cheating and as such retain effective resilience against change when these assumptions are challenged by the evidence. It is these assumptions and fears that help define what the drug problem is. As long as those key myths contribute to dominant policy and lay discourses in the ways they have since the 1960s shifting the direction of policy will prove challenging. In this sense it is argued that the sporting world will continue to be affected by, and to mirror (albeit in distorted fashion) the more weighty macro context of the

non-sporting world. Clearly however there is nothing inevitable or deterministic about this. What has been suggested so far is that the sporting world has been subject to and adopted much of the (pre-existing) anti-drug positioning of the non-sporting world. If the weight of discourse in the sporting world shifted meaningfully against current policy and did so successfully in terms of policy then we might find doping policy influencing drug policy in ways unexpected. Doping policy and sport regulations are a world-wide phenomenon in a way that illicit drug use and drug policy is not. A meaningful shift in doping discourse and policy would affect discussion and activity worldwide as a matter of course whereas currently dissenting voices in small or less-developed nations around prohibition in the non-sporting world are drowned out by larger more powerful forces. Perhaps there is a chance that future doping policy rather than mostly mirroring broader policy can inflect upon it in ways previously thought unlikely?

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