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Testing Times

Drugs, Anti-Doping and Ethics

Introduction

‘If it takes ten to kill you, I’ll take nine.’

This quote, with reference to amphetamines, has been attributed to the British cyclist Tom Simpson and highlighted Simpson’s obsessive search to improve his performance. In 1967, during the Tour de France, Simpson died on Mount Ventoux. Following an examination of his body, traces of amphetamine were found in his blood. Tom Simpson did not die solely because of the dose of amphetamine he took, however, his death became associated with drugs and for some this has tainted his memory ever since.¹ Over thirty years later the British magazine *Cycling Weekly* named Chris Boardman as the best British cyclist of all time in its 2001 poll. Simpson was second. A debate ensued in the magazine’s pages over the choice of Boardman instead of Simpson in which the main issue revolved around Simpson’s association with drugs. One contributor who supported Simpson posed the question, ‘Why not Tom?’ answering it rhetorically, ‘We know why, don’t we?’ Another contributor argued that, ‘Chris Boardman deserves his accolade as the top British rider, if for no other reason than he was, by general consensus, the cleanest rider in the peloton’. On his reasons for not selecting Simpson, he added that he ‘was a man of a particularly black time in the history of our sport. He died as he had lived, with amphetamine coursing through his veins and a selection of pills in his racing jersey pocket’.²

In Chapter 4 the focus was on how the athletic body was shaped by developments within medicine and science. Here, while acknowledging how the use of drugs has also contributed to the enhancement of performance, this chapter is more concerned with the ethical reaction that drugs in sports has evoked, which has led to an anti-doping discourse and ideology.³ The aim is not to provide a polemic on the use of drugs in sport, which has been the main focus for much of the literature on this subject. Instead, the chapter aims to show that as much as a scientific process, medicine – through drugs in sport – is also a social and cultural construction that has been shaped by wider political and economic factors such as the rise of the pharmaceutical industry and the influence of governments.

The emergence of an anti-doping discourse

No topic in modern sport has been more emotive than the use by athletes of performance-enhancing drugs nor provoked as much debate or as much literature.⁴ As Paul Dimeo has shown, this debate has largely taken place within a moral and ethical framework that has tended to see drugs 'as a problem' and a form of cheating, which has led to an anti-doping discourse throughout sport.⁵ As a result, there has been a tendency to evoke value-laden terms such as 'civilization' and 'dehumanization' when discussing the impact of drugs in sport on modern society. Even John Hoberman, perhaps the leading historian in this field, has tended to place the issue in these terms.⁶ More emotive accounts⁷ have highlighted how the debate has been a product of late-twentieth-century modernity. Invoking moral and ethical terms implies that contemporary society is, or is becoming, more civilized than in past eras. Instead, it could be argued that the notion of civilization is a very thin veneer. Moreover, this approach, when looking at the history of sport and drugs, can lend itself to teleological tendencies. In particular, the debate is judged against sporting values and standards of fair play and sportsmanship from a mythical Golden Age of sport.

Why then has drugs been such an emotive issue? First, it invokes wider cultural implications. The issue of drugs in sports, for example, has reflected human fears of the unnatural. In this case, the spectre of athletes taking on the appearance of muscle-bound mutants 'drugged up to the eyeballs'. Throughout history there have been anxieties over scientific developments, which have created myths and been reflected in literature such as the legend of Prometheus, Mary Shelly's *Frankenstein* and *Brave New World* by Aldous Huxley. More recently through innovations such as IVF, genetic engineering and cloning, familiar tropes within the media have questioned how 'natural' these discoveries are, further highlighting humans' ever-evolving definitions of life and as a result, what is 'normal'.⁸ Mike McNamee, one of the most ardent academic opponents not just of the use of drugs in sport but also other biotechnologies, has admitted he finds 'the unfettered use of technology to augment human nature utterly repellent'.⁹ Of course, perceptions of what are either 'natural' or 'unnatural' are conditioned by wider cultural ideas.

Importantly, the ethical and moral dimension surrounding 'drugs in sport' has mirrored historical anxieties over addiction to social drugs and alcohol since at least the nineteenth century.¹⁰ As a result, the controversy over doping has displayed the characteristics of a moral panic, i.e., an hysterical (over) reaction from critics and the media leading to both national and international debates fuelled by politicians. At the same time the medical profession has been at the centre of debates in framing what is meant by addiction.

However, debates over athletes taking drugs and the emergence of an anti-doping ethos have also been located within a specific sporting context and as such it has been perceived as a type of 'sporting disease'. In particular,

this discourse has revolved around the notion that taking drugs is a form of cheating; that it is contrary to the principles of sport and can be seen through the continuous invocation of phrases such as ‘fair play’, ‘sportsmanship’ and ‘a level playing field’. As Dimeo has argued, a good-bad dichotomy emerged. Sports doctors and policy makers, working on promoting an anti-doping ethos, have been imbued with a Christian morality and self-belief that athletes who take drugs are ‘evil’ and that they are doing good work in protecting both the health of athletes and the integrity of sport.¹¹ In 1962, for example, an article in the *Olympic Bulletin* was titled ‘Waging War against Doping’. It read:

One of the plagues of modern times is the disastrous practice of doping which unfortunately has been adapted to sport. The use of drugs and artificial stimulants nowadays are the chief evils from which one must protect athletes.

Writing over thirty-years later in the *British Medical Journal* (BMJ), Domhnall MacAuley, a former rower and drug-sampling officer but then editor of the *British Journal of Sports Medicine* (BJSM), similarly proclaimed that,

Though an athlete’s motivation in taking drugs is understandable, we cannot condone it. Firstly, it can be dangerous to the athlete’s health and, secondly, it is against all principles of fair play.¹²

Similarly, in 2005 Yesalis and Bahrke simply stated that their concern over the use of anabolic steroids in sport was because ‘it is cheating – the use of these drugs violates the rules of virtually every sports federation’. This concern was also founded on a number of moral and ethical issues including harm to the health of the athlete, and that athletes who use drugs gives them an unfair advantage over athletes who do not.¹³

As we have seen though any notions of fairness in sport are themselves social and cultural constructs. Perceptions of cheating have been products of the values and beliefs of a largely self-selected sporting elite in which the ideology of amateurism has been central to this ethos. At one time even training and coaching, especially in rugby union, were deemed as a form of professionalism and therefore, cheating. This was partly because it was associated with the working classes but also because sport was believed to be who was the best on the day. Of course, amateurism itself is full of contradictions having mutated over the twentieth century. But if amateurism has declined as an ideology it is interesting that its legacy in the form of an anti-doping ethos has persisted. It is perhaps also unsurprising that leading amateur administrators and doctors in British sport were at the forefront of devising drug-testing policies. In addition, there was a wider political context at work. In particular, the growing sporting strength of communist countries during the Cold War caused a great deal of angst amongst Western nations that they were not ‘playing the game’. However, as Dimeo has pointed out, we should be wary of being drawn into any simplistic

narratives of West good, East bad, as it has been Western countries that have been at the forefront of the relationships between drugs and sport. Moreover, it was government intervention that led to the formation of the World Anti-Doping Agency in 1999 as international attitudes to drugs began to change.

Popular medicine and the quest for success

There has been a long history of athletes and coaches experimenting with various substances in their quest to find a cutting edge. The diet of early athletes, for example, was supplemented with various tonics and potions in an attempt to stave off the effects of staleness and to instill character. Professional endurance sport during the second half of the nineteenth century was characterized by the use of strychnine, caffeine, cocaine, nitro-glycerine, alcohol, ethyl ether and opium.¹⁴ Rather than seeing the use of these substances as akin to late twentieth century systematic doping, their application needs to be seen in their contemporary context. Alcohol, for example, was a particularly common part of an athlete's diet in the nineteenth century as it was thought to give strength and stamina. On occasions it was given to pugilists to give them extra 'bottom'. However, the use of alcohol should be seen in light of a society in which many people utilized alcoholic drinks as thirst quenchers or for physical stamina. In addition, because these drinks had been filtered they were regarded as less dangerous than water, which was scarce in rural areas and contaminated in the growing urban centres.¹⁵

In 1900 there were no doping regulations and stimulants of all forms were openly used by coaches and their athletes, such as in the 1904 Olympic marathon won by the American, Tom Hicks. During the race he had received several injections of strychnine as well as eggs and some brandy. In the report of the Games it was noted that 'from a medical standpoint, [the marathon] demonstrated that drugs are of much benefit to athletes along the road'.¹⁶ As we have seen, scientists and physicians were then more interested in studying athletes to further medical research than consciously attempting to boost their performance.

How then did an anti-drugs discourse in sport emerge? It was in the 1800s that the first synthesized drugs were produced, making artificial substances more potent than natural ones. In addition, their application was made easier with the invention of the hypodermic needle in the 1850s. From the late 1800s concerns over drugs in society in general had begun to grow and were linked to contemporary attitudes towards progress and the superiority of the West. In particular, the Temperance Movement gave a moral authority to the campaign against drink, which was then applied to other stimulants. As a consequence, narcotics, such as opium and cocaine along with alcohol, became associated not only with addiction and degeneracy but also crime and vice.¹⁷

Because of the growth in the use of opium – following the Opium Wars (1840–42 and 1857–60) with China – and other substances, restrictive legislation on over-the-counter medicines was first passed in Britain in 1860.¹⁸ Heroin and morphine were now prescribed more and more as sedatives. After 1900, due to pressure for reform, there was a clearer demarcation between what was considered illegal and legal drugs as the 1906 Pharmacy Act restricted the sales of some drugs. In addition, the use of cocaine and opium as stimulants declined after the Dangerous Drugs Act of 1920, which made them available only on prescription in Britain.¹⁹ In America a similar ‘drugs problem’ was framed around an idea developed by doctors and psychiatrists: the ‘addict type’. Addiction became defined as a disease. In 1914 the Harrison Anti-Narcotic Act criminalized drug addiction and made opiates and other narcotics legally available only on prescription for treating illness. During the inter-war years addiction became associated with a psychopathic personality as an addict was considered a potential criminal and diagnosed with sociopathic tendencies.²⁰ Thus, there was an increased awareness not only of drug use but also that it carried a social stigma. Any association between sport and drugs presented problems for those who saw the nineteenth century cult of athleticism as having potential public health benefits at recreational level with its mantra of a healthy mind in a healthy body. Moreover, it also created anxieties over modernity and it was against this background that the roots of anti-doping ideology were planted.²¹

The first sport that introduced rules over doping controls was of the equine kind rather than the human variety.²² In 1903 the Jockey Club banned the doping of horses. Unsurprisingly, as pre-modern coaches and athletes had based their training ideas on training racehorses, using stimulants in horse-racing had a long history. With racehorses, because of gambling, there were two forms of drugs: those that enhanced performance and those that impeded it. In 1838 it was claimed that horses were doped with opiate balls and that this would hamper their performance; other stimulants through the use of hypodermic needles worked in improving performance. For the Jockey Club, horse doping became an increasing problem in the 1890s, although its response smacked of anti-Americanism. American trainers had gone to Europe around the turn of the century. Because of their success, especially those who trained for fellow American owners, William ‘Betcha Million’ Gates and James Drake, they became known as the ‘Yankee Alchemists’ who brought with them their own more ‘scientific’ stimulants, such as purified cocaine and morphine. Importantly, they were more successful in their use of stimulants than English trainers who were more likely to use a bottle of port. Weary of American success, a leading English trainer, George Lambton, purchased some of the Americans’ medications and announced to the press that certain horses in certain races would receive stimulants. This forced the Jockey Club to act. It was not until 1910 though that a saliva test was developed to detect

the most common drugs used. Since 1930 drug testing in horse-racing has been introduced for all races organized under the auspices of the International Horse Racing Organization.²³ To a certain extent there is an irony here as it was this overtly commercial sport, rather than an amateur one, which had first established testing procedures in order to present the public with an impression of fairness. The betting industry otherwise would have collapsed if gamblers felt the sport was corrupt and not a level playing field.

By the 1908 Olympics enough concern had been raised about the use of stimulants in athletics for a rule to be included that stated no marathon runners either at the start or during the race could take any drug, otherwise this would lead to their disqualification. What drugs were referred to is unclear but it indicates that drugs were seen as a means of cheating as well as producing physical side-effects. Without any tests, in an age of amateur hegemony, organizers were perhaps appealing to the athletes' sense of fair play and sportsmanship. The race itself was won by an American, John Hayes. The Italian runner, Dorando Pietri, when leading the race, had collapsed and was helped over the line after suffering from heat exhaustion. It has since been claimed that this was partly induced from taking strychnine, although there is no evidence for this. Even amongst those in sport there was growing criticism of the use of drugs. In 1911 the trainer Harry Andrews stated that, after testing some of his athletes, 'From America, whose citizens are far ahead of us in most training, has come one most injurious practice, namely, the use of drugs as stimulants'.²⁴

Sport, science and chemical assistance

As we have seen, the inter-war years were a formative period in the development of sports science. One result of the research around fatigue was the production of amphetamines.²⁵ Amphetamines, or pep pills as they became known, would become the drug of choice for a growing number of athletes. Scientists also experimented with other potential chemical stimulants for athletes. The German physiologist Hermann Hexheimer, for example, was conducting experiments with the effects of caffeine on the performance on track sprinters and cyclists.²⁶

It was also during the 1920s that a perceived stigma between athletics and the use of drugs was more publicly asserted. The growing knowledge of athletes taking drugs drew critical reactions from British commentators. Lowe and Porritt stated that their use was 'absolutely to be deprecated'. They argued that not only was it medically unsound but there was the consideration of possible disqualification and 'not playing the game'.²⁷ Similarly, the Abrahams brothers rejected the use of drugs on medical grounds. They believed the practice was not widespread in Britain but had been puzzled by a recent announcement by the German authorities who warned their athletes against the 'dangers of doping'.²⁸ Although Germany may have been a pioneer in exercise physiology,

not all German doctors approved of the use of drugs when it came to sport. In 1924 one physician commented that,

there is nothing more reprehensible than using pharmacological substances in an attempt to improve one's performances in competition with others who bring to the sporting encounter only that fitness they have achieved through training.²⁹

Of course, for some amateurs training was a form of cheating.

The use, availability and reception of drugs in sport during this period, at least in Britain, needs also to be understood in the context of drug use more generally. Recreational drug use in the *fin de siècle* was popular amongst a small literary sub-culture. The main drugs of choice were hashish and opium, although cocaine had been brought to the public's attentions through Arthur Conan Doyle's Sherlock Holmes. There was generally little comment on this as it was restricted to a small elite. During World War One, however, there was hysteria in the press over a so-called cocaine epidemic when it emerged that prostitutes were selling drugs to soldiers, although Harrods had actually included cocaine in a special kit to send to soldiers at the front.³⁰ It brought fears that the recreational use of cocaine was spreading in the British army. Cocaine though did become the popular substance for those in the 'drug scene' during the 1920s and show business stars such as Cole Porter used it as a means of relieving depression. In Britain, under the Dangerous Drugs Act of 1920, there were prosecutions for those found in possession of illegal drugs, especially cocaine, and this led to growing concerns over the consequences of addiction. While recreational drug use remained relatively small-scale into the 1930s, an increasing hostility to narcotic drugs was fostered by the popular press.³¹

These public anxieties were also now being mirrored in sport. In 1926 the German athlete Otto Peltzer inflicted a rare defeat on Finland's Paavo Nurmi. The following year it was alleged – seemingly incorrectly – that Nurmi had accused Peltzer of using artificial stimulants in beating him. There then followed some discussion in the European press.³² Interestingly, the following year the International Amateur Athletics Federation (IAAF) introduced the first anti-doping regulation in sport in which suspension was threatened to anyone who used drugs, although there was no list of banned stimulants. Although Vettenniemi has argued that 'the IAAF decision can only be understood as a solemn but vacuous declaration of intent', in light of the absence of testing, the manner of the IAAF's response reflects how the matter was then perceived. The ban though soon fell into obscurity and no athletes would be suspended until the introduction of urine tests in the 1960s.³³

‘The Monkey Gland affair’

During the inter-war years some British football clubs, reflecting the growing research on fatigue, experimented with ergogenic aids like ultra-violet light

rays and also pep pills.³⁴ One of the most high-profile cases was the use of so-called 'Monkey Glands' by the footballers of Wolverhampton Wanderers.³⁵ The implantation of 'Monkey Glands' had been popularized by the Russian Serge Voronoff in the 1920s. It was alleged that an injection of testicular implants would rejuvenate the patient.³⁶ However, based on moral grounds, there had been a great deal of opposition in Britain to the treatment. For a start, anti-vivisectionists opposed the slaughter of monkeys to allow the treatment. In 1928 MPs had protested against granting permission for experiments and it was duly denied by the Home Secretary, Joynson-Hicks. The Breeders Association also rebuffed Voronoff's plans for the gland-grafting of British racehorses. But as much as the science it was the perceived unknown consequences of this treatment that stirred public sentiment. Voronoff's ideas also carried eugenicist overtones. In 1927 he proposed that bright children should be grafted with the glands of monkeys. This, he argued, would endow them with greater physical and mental powers, which would eventually create a 'new super-race of men of genius'. It led to calls within the press for both a moratorium on such research and for scientists to demonstrate a social responsibility.³⁷

The Wolves' manager, Frank Buckley, had been behind the idea to administer gland treatment. In 1937 he had been approached by Menzies Sharp (it was claimed he was a scientist but it is difficult to clarify his position). Rather than monkeys, extracts from the glands of slaughtered cattle were used. These included the pituitary, suprarenal, thyroid, mid-brain extract and embryonin. The players were given twelve injections over a six week period, which was to last them over the whole season. The main idea behind their use was to prevent staleness within players as well as improve their mental speed, stamina, physical fitness and resistance to illness. Buckley also claimed that some of players had gained weight and had grown taller as a result of taking the treatment.³⁸

Because of the improved form of Wolves, other clubs experimented with the gland treatment, including Fulham, Preston, Portsmouth and Tottenham Hotspur. Within the popular press the matter became sensationalized. Interestingly, during the same period the *Daily Mirror* ran a series of articles written by Dr Friti Moderni on the use of gland treatment.³⁹ Ironically, the 1939 FA Cup Final was contested by both Wolves and Portsmouth and has since been known as the 'Monkey Gland Final', which Portsmouth won 4-1. The matter was raised in Parliament and the Football Association later held a conference and decreed that while the treatment was permissible, individual players had the right to refuse it. A proposed investigation by the British Medical Association (BMA) did not take place due to the war.⁴⁰

While the whole episode caused a major stir in the football world, it also reflected contemporary anxieties over drugs. In 1938 one (anonymous) famous player was quoted as saying: 'We're not blooming guinea pigs.'⁴¹ Harry Goslin, the captain of Bolton Wanderers, condemned the treatment, arguing that it

was 'selfish'. Rather vaguely, in which he may have confused the idea of doping leading to deterioration in performance rather than enhancement, he stated, 'If you are going to dope a set of fellows, I think that is pretty bad.'⁴² Some clubs though such as Arsenal refused to use gland treatment. Following some experiments, the club trainer Tom Whittaker claimed that while it may help in cases of illness there would be little effect on healthy players.⁴³

The emergence of a sports drugs culture

In the post-war period developments in the pharmaceutical industry were vital in changing the relationship between sport and drugs. The Second World War had provided a period of increased experimentation and collaboration and brought about the industrialization of the pharmaceutical industry. As a result, sales of prescription drugs began to vastly outstrip those medicines that were a combination of natural preparations; the industry now also spent twice as much on marketing as it did on research. The discovery, production and marketing of the antibiotic Penicillin (developed during the War) were crucial to this change. Other important developments included anti-depressants like Valium, Beta-blockers, which treated cardiovascular diseases, and steroid drugs, such as cortisone.⁴⁴ By the 1960s, according to a survey, more than thirty types of pharmacological agents could be found in the average American household.⁴⁵

The use of amphetamines, or 'pep pills' like Benzedrine, had become increasingly popular amongst American and British athletes as a result of being brought back into the country by returning soldiers from the Second World War.⁴⁶ These drugs and other stimulants were later on offer through various forms of 'underground' networks, which varied from local gyms, cycling teams to research laboratories (and from 2000 the internet would be an important, perhaps the most important, source).⁴⁷ Amphetamine use was becoming common if not widespread also within European sports including rowing, cycling and track and field. In Italian football it was found that in 1961 36 per cent of footballers tested had taken the medication, while in England Everton Football Club admitted to their players using mild stimulants in the early 1960s.⁴⁸ The use of amphetamines or 'little balls' as they were known was also widespread in Brazilian football in the 1950s.⁴⁹

The use of artificial aids though also continued to arouse scepticism and criticism. One ergogenic aid for athletes that became widely used in the 1950s was 'oxygenation'. As a student in 1951, Roger Bannister had used other athletes at Oxford as guinea pigs on treadmills to test the control of breathing.⁵⁰ On the issue of oxygenation, Bannister contributed an article to the *Olympic Bulletin*. He claimed that 'all records would be beaten were we to administer oxygen to athletes in a manner similar to the one used in connection with ... the

Everest climbers'.⁵¹ Footballers from Brazil, Argentina and Chile received inhalations of oxygen while it was reported that Mr. Scopelli, the trainer of the Spanish side, Espanol, gave his players inhalations during half-time and at the end of games. Interestingly, German footballers were forbidden to use oxygenation while some French doctors had condemned its use.⁵²

Cycling and the culture of drugs

Perhaps in cycling more than any other sport there was not only a culture of drug-taking and stimulant-use but the entire sport seemed to operate on the level of the Omerta in which all the sport's secrets were kept within the cycling fraternity. It perpetuated a culture of denial that persisted (and perhaps still persists) up to the early twenty-first century. Within the context of a commercialized team sport that relies on sponsorship, it is unsurprising that no-one – teams, riders, race organizers as well as the cycling authorities – was willing to go against the system due to the risk of losing commercial revenue. Furthermore, the whole concept of long-distance cycling and the Tour de France in particular necessitated the need for some form of stimulant.

A complex – and contradictory – mythology had been constructed around the race by its organizers, the media and especially its founder, Henri Desgrange. His idea of a perfect Tour was when only one rider finished. Because of the excessive distances involved it was a race for 'supermen', 'giants' who though only normal men were able to endure unparalleled suffering and without the help of any chemical assistance. At the same time, if this image was not maintained there was a risk that it would undermine the Tour's unique appeal but if cyclists didn't take any stimulants it would have been difficult for them to finish the race. The organizers realized this and so initially ignored warnings about the hazards of drugs.⁵³ Cyclists have claimed that taking any form of stimulant or drug is not so much about enhancing performance but just getting by on a day-by-day basis. The Irish rider Paul Kimmage who rode in three Tours in the late 1980s described himself as 'desperately naïve' in thinking he could ride a Tour de France on two multi-vitamin tablets each morning. As a consequence of riding six hours a day for twenty-three days, it was not possible without vitamin and mineral supplements, chemicals to clean out a tired liver, and medication to take the tiredness out his legs. For greater efficiency, medication was injected. This was not doping according to Kimmage because he was just replacing what had been sweated out. However, he soon realized that when he started accepting medication the line between what was legal and what wasn't became very thin. 'Most fellows cross it without ever realizing it', he added.⁵⁴

Cyclists had been using stimulants since the late nineteenth century. Racers experimented with substances such as caffeine, nitroglycerine, opiates, cocaine, arsenic and ether as well as alcoholic beverages. Their medicine was a mix of

the modern and old wives' tales. One of the most popular was *le vin Mariani*, which combined wine with coca leaves and had been recommended by the medical establishment.⁵⁵ One persistent idea was that fluid replacement was not necessary during a race. In 1924 one of the cyclists, Henri Pesslier, showed his bag of medicines to a journalist. It contained: one bottle that he claimed had medicine that was 'cocaine for the eyes' and 'chloroform for the gums'; a cream to warm up his knees; plus some pills, called 'dynamite'.⁵⁶ At first the French public did not object to the idea of sports doping. Many substances used were unregulated and on sale at the local pharmacy and spectators often gave cyclists a swig of champagne, which was believed to be a stimulant. It can be argued that the public generally have been relatively ambivalent about doping in sport ever since.⁵⁷

Soigneurs, a personal assistant, played a key role in the preparation of cyclists. It was they, before the employment of team doctors, who would offer advice, massage and secret home-made remedies that included stimulants. They relied on experience-based methods and their trade secrets were handed down through the generations by word-of-mouth. Their home-spun ideas continued right through until the 1980s. One soigneur gave his riders boiled cattle feed; the idea being that it would sit in the stomach as it was absorbed and prevent the stomach muscles from tensing and using energy. Riders also had their own idiosyncrasies. Tom Simpson obsessively drank carrot juice, for example, and was even prepared to try hypnotism. He also recommended 'the cold water sit'. This involved placing the buttocks and crotch in a bowl of ice-cold water followed by the use of cocaine ointment to toughen up the crotch.⁵⁸

However, Simpson also had a strict training regime and his medication was designed to support this in anticipation of a grueling schedule. In 1967 he spent £800 – a huge chunk of his earnings – on Tonedron, an amphetamine considered a superior type of stimulant. The drugs usually came from Italy after being couriered over the border by some of the cyclists.⁵⁹ Two years earlier he had outlined the tonics and medicine, based on the advice of two doctors, he was to use to get him through a Tour. He had a special box that contained small ampoules. Their contents included vitamin B complex, liver extract and a muscle fortifier, which could have been a steroid. There was only one early hormone extract, Serodose A+B, widely available in cycling from about 1962; another Decca-dorabulin had been on the market from 1959 and available in Simpson's hometown of Ghent from the mid-1960s. At the time though neither product had been banned.⁶⁰

The rise of anti-doping ideology and practice

Cycling would be inextricably linked with the emergence of an anti-doping ideology in the post-war period. Dimeo has argued that as an ideology anti-doping was a social and cultural construction, which reflected the social and

sporting values of those who drove the thinking behind anti-doping. But up until the 1960s there were no doping controls or tests in place to identify athletes using drugs. Instead, criticism of drugs in sport would revolve around the notions of fairness and the health of athletes.

Criticisms and concerns had begun to harden from the 1950s in both America and Europe.⁶¹ In 1957, echoing earlier criticism of the 'professionalism' of American amateur college sport, the American Medical Association had passed a resolution condemning the 'alleged widespread use of amphetamine substances by coaches, trainers and athletes to improve athletic performance'. Two years later a special edition of its journal was devoted to the use of amphetamines in sport.⁶² The Italian sports medicine authorities were also showing a growing interest in doping in cycling. In 1955 the first ever anti-doping convention was held after a number of incidents in cycling had brought 'unhealthy practices' to the attention of scientists.⁶³ Highlighting the shifting climate on the issue, Fausto Coppi, after his retirement in 1958, was actually questioned on the subject during a television interview. He was asked, 'Did you take drugs?', to which he replied 'Only when necessary.' When asked, 'And how often was it necessary?', Coppi hesitated, smiled and said, 'Practically all the time.'⁶⁴ The IOC was also aware of doping in sport. In 1950, for example, it was alleged that the Danish team doctor, Axel Mathiesens, provided the rowing team with Androstin in a 12-day period leading up to the European Championships.⁶⁵ The issue of doping even received papal intervention when in 1956 Pope Pius XII contributed an article titled, 'Let us condemn the practice of doping.'⁶⁶

Attitudes within the medical profession were ambivalent towards anti-doping; there was no universal medical policy on the issue during this period. In his book, *The Human Machine* (1956), Adolphe Abrahams gives a critical analysis of the use of certain stimulants, which included caffeine, strychnine and amphetamines. He was actually sceptical about their ability to 'increase athletic efficiency'. However, there was little sense of any moral opprobrium about their use, although he admitted that the sporting authorities wanted to forbid them and had wanted him to provide a definition of drugs. Abrahams admitted that this was difficult. He even admitted to having experimented with one of them on himself, sodium phosphate. He added that:

It would be impossible to eliminate these indispensable constituents that occur in Nature. Is their additional administration in the form of tablets, capsules, mixtures, or injections to be permitted, encouraged, deprecated, or forbidden?⁶⁷

When using drugs, Abrahams' advice was 'use your common sense'. In *Sports Medicine* (1962) J.G.P. Williams similarly argued that:

The moral objections to "doping" are somewhat difficult to define. It is all very well to say that anybody who artificially improves his performance by taking drugs is "not playing the game" but where is the line drawn in the case of a drug which has a therapeutic as well as stimulant effect?⁶⁸

While acknowledging the potential enhancing qualities of amphetamines, Williams pointed to the potential of addiction not in a public health sense but with reference to athletic performance. At this stage there was little scientific evidence on the effectiveness of these substances.

The ossification of anti-doping as an ideology and a practice was dependent on a number of factors. First, as we have seen in Chapter 4, the Cold War had created a sporting arms race as well as a nuclear one. Second, the death of the Danish cyclist Knud Enemark Jensen at the 1960 Olympics also brought the issue of drugs to a wider public audience. Whatever the real reasons for Jensen's death,⁶⁹ it was partly attributed to his use of drugs. As a result, however, it forced the IOC to engage with the perceived dangers posed by unregulated doping.⁷⁰ Finally, the counter culture emerged in the 1960s. With a rise in the consumption of recreational drugs, highlighted by the 'hippy revolution', a desire for a more natural existence grew.⁷¹ The passing in Britain of the Misuse of Drugs Act in 1971, a relatively punitive piece of legislation that was a legacy of James Callaghan, Home Secretary for the previous British Labour government, was essentially a reaction to the explosion of cannabis and heroin use in late 1960s London.⁷² While the use of drugs in sport were for totally different philosophical reasons compared to the consumption of drugs such as cannabis, it added to a general climate of anxiety within society about their use and created a reaction amongst establishment groups that 'something must be done'.

After hoping the issue would go away, the IOC, under the Presidency of the American Avery Brundage (1952–72), set up a doping sub-committee in 1962 headed by Arthur Porritt who had expressed anti-drug sentiments in the 1920s (see above). The first European Conference on Doping and the Biological Preparation of the Competitive Athlete was the following year and the definition of doping that it came up with formed the basis of anti-doping throughout the world. The United Nations Educational, Scientific and Cultural Organization (UNESCO) also established a sub-committee on doping. In 1965 the British scientist Professor Arnold Beckett devised the first testing procedures, which were first introduced in British cycling's Milk Race in 1966. Testing was also conducted at the 1966 football World Cup.⁷³ The involvement of British scientists and administrators in designing the initial anti-doping schemes reflected wider social and sporting traditions. They were men of a certain generation who felt that sport meant something more than winning. As Dimeo argues, they belonged to elite social groups who 'wanted to fashion sport in their image: the established amateur traditional culture'.⁷⁴

Despite these initiatives, there continued to be uncertainty over what constituted a banned substance. In 1966 the IOC doping commission presented a preliminary list of substances that would be prohibited at the Mexico City Olympics. Anabolic steroids were not on it as there was no test for them. On the use of the anabolic steroid, 'Dianabol', BASM stated that, while its use

should be discouraged, it was also of 'no practical value'.⁷⁵ Reflecting the IOC's paternalistic sensibilities, it was stated that the 'problem of doping can be met only by a long-term education policy stressing the physical and moral aspects of the subject'.⁷⁶ In 1967 the IOC established its own Medical Commission, headed by the Belgian aristocrat, Prince Alexandre de Merode. Hunt has argued that under Brundage the IOC had dragged its feet in setting up the Commission because there was a tendency amongst its members to see doping as 'a problem of image management rather than a medical or ethical issue'.⁷⁷ Initially, de Merode had intended for the IOC itself to act as the central anti-doping agency. Instead, Brundage gave power to the international sporting federations and at a stroke diluted the IOC's attempts to control and influence the issue and which weren't revived until the formation of the World Anti-Doping Agency (WADA) in 1999.

In France there was direct government action. Following a campaign led by Dr Pierre Dumas to raise awareness of the health risks of doping from the 1950s, legislation was passed in 1965 that targeted the use of stimulants in sport. In line with the French government's interventionist policy on sport,⁷⁸ doping was seen as a public health matter because, it was believed, athletes, especially cyclists who enjoyed great popularity, acted as role models for young people. Anti-doping laws were also passed in Belgium (1965) and Italy (1971), the two other major cycling nations. However, the French government soon turned over its responsibilities for drug tests to the sports federations, which as with the IOC's actions led to conflict of interest: sporting bodies would not want to attract negative headlines and jeopardize the future of their sport by exposing widespread doping.⁷⁹ Image management became a major priority for sport and its governing bodies when facing the problem of doping.⁸⁰

During the Tour de France in 1966 riders resisted testing and they staged a go-slow in protest against these measures. Also that year the first five in the world championship all refused to take a drugs test, including Jaques Anquetil, five times winner of the Tour de France who in 1988 admitted to drug use.⁸¹ However, the death of Tom Simpson in 1967 gave a greater urgency amongst sporting administrators to make testing stricter. Importantly, his demise on Mount Ventoux took place in a different media environment with his death not only making the front pages in France, Britain and America but it also featured grim images of Simpson's last moments. His collapse was also captured by French television, giving the whole issue greater amplification and heightening public fears around drugs more generally.⁸² At the autopsy amphetamine was discovered in Simpson's body, which further demonized the use of performance-enhancing drugs and led to further criticism of cycling, especially the Tour and its excesses.

In addition to the health of athletes, fairness was another ideal that was promoted as part of the IOC's rhetoric concerning anti-doping. It was also used with respect to two other issues that emerged in the 1960s. First, gender testing was introduced (see Chapter 7).⁸³ Second, with the 1968 Olympics being held

at altitude in Mexico City there were concerns about how athletes would perform. However, as we have seen in Chapter 4, the IOC continued to see the issue in terms of amateurism and restricted athletes preparation.⁸⁴ Nevertheless, fuelled by Cold War rivalry, there had been an exponential increase in the use of drugs amongst athletes both in Western nations and then in Eastern bloc countries from the 1950s. Instead of amphetamines the drug of choice now was anabolic steroids. In 1954, at the world weightlifting championships, the US team physician John Ziegler had been told by his Soviet counterpart that his athletes were taking testosterone. On his return Ziegler began to experiment with testosterone and the anabolic steroid, Dianabol. News of its success in weightlifting spread to athletics and American football.⁸⁵ At the 1972 Olympics it was claimed – by their own doctor – that every American weightlifter was using some sort of performance-enhancing drug.⁸⁶

Whereas athletes in the West generally relied upon informal networks for their drugs, in the communist countries drug use was state sponsored. During the 1970s the German Democratic Republic emerged as a sporting superpower. There has been a popular perception that its success was built solely on its state-sponsored doping programme that was run by the Stasi, the country's secret police.⁸⁷ From 1974 a work group 'unterstützende Mittel' (uM) was given responsibility for overseeing the planning and distribution of drugs to all sports. Recent research by Barbara Cole and Dimeo and Hunt, however, has pointed to a more nuanced interpretation of the GDR sports system and the role of doping. Instead, it was part of a comprehensive sports medicine system, which included other aspects of sports science as well as talent identification programmes. Moreover, athletes were largely positive about their experiences of the East German system, many were aware of what drugs they were taking and their motivations were mostly personal rather than politically inspired.⁸⁸

So efficient was the overall GDR system, built on a population of 17 million, that even the Soviet Union began to see it as much of a rival as Western nations.⁸⁹ The effects of using anabolic steroids also brought about changes in the physiological make-up of some of the athletes, especially women. At the 1976 Summer Games East German swimmers made a considerable impression both in and out of the pool. Kornelia Ender won four gold medals but both her and her teammates were described as having an 'incredible physical discrepancy' compared to their American counterparts. While senior GDR female athletes were sworn to silence about taking what were termed 'performance-enhancing supplements', those under eighteen were told that their 'little blue pills' were vitamins.⁹⁰ They were not only physically bigger but also begun to develop some of the visible side-effects that would be associated with the use of anabolic steroids, especially a deep voice and the growth of body hair. It was later discovered that some of the adverse effects on female athletes were not reversible. These included menstrual abnormalities, shrinkage of the breasts and male-pattern baldness.⁹¹

By 1975 a test had been devised by British scientists to detect anabolic steroids, like Dianabol, and these were added to the banned list. However, those countries with sophisticated medical support found it relatively easy to find loopholes in the system. Most importantly, testing was not done outside of competition, therefore, if athletes stopped taking the anabolic steroids three weeks before the test they could not be detected. In addition, what was becoming clear was that athletes were being assisted in their attempts by the sporting authorities to get around the tests. Some national bodies, including the United States, looked upon the new testing protocol as a way to beat the system. East German scientists devised a 'testosterone loophole' in which detectable synthetic anabolic steroids were replaced with injections of testosterone-depot, in the final few weeks. As testosterone was naturally occurring these doses could not be differentiated from hormones normally found in the body.⁹² Despite the new test few athletes tested positive at the 1976 Montreal Olympics. Again, it stemmed from both the lack of a universal central body solely responsible for drug testing and a nationalist impulse, which meant that to keep up with your sporting competitors the need to take performance-enhancing drugs became greater.

In their efforts to catch up with the USSR and increasingly the GDR, Hunt has argued that American sporting bodies were complicit in their attempts to make the LA Olympics in 1984 a success. The Soviet authorities had been similarly complicit in making Moscow 1980 the 'purest' Games ever due to the tampering of samples and the integrity of the testing. On being warned of changes to drug testing protocols at the 1983 Pan-American Games, the US chef de mission advised his athletes to go home if they had been taking drugs: twelve members of the US track and field team did so to avoid the new testing procedures but of those that remained several were caught. One episode in sporting relations between East and West verged on black humour. It took place at the 1986 Goodwill Games in Moscow; a competition that had been organized to repair sporting relations after the boycotts in 1980 and 1984. To cement this goodwill the Soviet authorities forewarned the travelling US athletes that they would be subject to rigorous drug testing. This allowed the Americans time to cease their anabolic steroid cycles well before competition and thus when they were tested they would be 'clean'. On their arrival the US athletes discovered that there was to be no testing at all, allowing Soviet athletes to take their medication as late as possible and giving them a competitive advantage.⁹³

Drug use in British sport

In Britain, perhaps more than in other countries, given its sporting heritage, the calls for banning drugs were very vocal and were combined with a strict moral dimension. In 1987 Arthur Gold, the chairman of the Sports Council's Drugs

Advisory Group, invoking a moral form of rhetoric, referred to the issue as 'a battle for the hearts and minds of men'. He continued to vigorously argue that, 'No one will defend in public the illicit use of drugs. It is dishonest. It is cheating and unhealthy. The person taking drugs is not only a rogue, but a fool'.⁹⁴ But the whole issue continued to expose many contradictions regarding the role of science and medicine in sport. In 1986 Sebastian Coe, winner of the Olympic 1,500 metres in 1980 and 1984, somewhat puzzlingly 'urged competitors to use scientific research to improve performances rather than cheat by taking drugs.' It is of course stating the obvious that the use of drugs in sport was due to scientific research. Coe further argued that, 'Not to use the latest scientific research is a willful refusal to think. It is intellectually bereft'. Again highlighting the grey area between what constitutes the difference between legal and illegal, Coe argued that blood chemistry analysis and isokinetic assessment were examples of 'valid ways' for athletes to improve their performance. 'Let us make the doctors and scientists work for us rather than the other way around', he added.⁹⁵

Rumours charges and accusations were later made that the British sporting authorities were corrupt and had been complicit in dampening efforts to catch those British athletes using illegal performance-enhancing substances. In 1987 the Minister for Sport, Colin Moynihan, claimed that some British governing bodies had 'made deals' to ensure that certain competitors would not be tested for drugs at important events. Moynihan along with Coe had conducted their own inquiry and found considerable evidence of malpractice regarding testing procedures. One of Moynihan's main criticisms revolved around what he believed was a national governing body's conflict of interest in being responsible for the testing system, which left it open to possible corruption due to pressure from commercial sponsors anxious to exploit television opportunities. Instead, echoing international criticism of the drug-testing system, he advocated the establishment of an independent body.⁹⁶

Moynihan's claims were supported in two reports. First, an independent investigation by *The Times* and then the AAA sponsored Coni Report. As Waddington has argued, both found that an informal doping infrastructure existed,

consisting of networks of relationships between athletes, coaches, doctors and ... some sports administrators who were involved in supplying, using, monitoring and concealing (or at least 'turning a blind eye' to) the use of drugs.⁹⁷

While the Coni Report agreed with many of the newspaper's findings it was a public relations exercise, which aimed to dampen *The Times'* conclusions. It also argued that partly because of the implementation of out-of-competition testing in 1986 in British athletics and the side-effects due to prolonged use of anabolic steroids, the use of drug in sport was in decline. Instead, there was no evidence of this. Afterwards it was revealed that the British sports doctor,

Jimmy Ledington, had provided steroids to British athletes and gave advice on how to avoid testing positive.⁹⁸

‘Snooker loopy, nuts are we’: Beta-blockers and Bill Werbeniuk

For the most part the controversy around drugs since the 1970s has been centred on the use of drugs in sports, such as athletics, cycling, swimming and weightlifting, which required either endurance or explosive qualities. In the 1980s though with the extension of the IOC’s list of banned substances more sports were drawn into anti-doping debates and the accompanying anxieties about drugs in society more generally. One such sport was snooker. Snooker, it can be argued, is the antithesis of a healthy body; it has been said that to be good at snooker is a sign of mis-spent youth. However, mainly due to the influence of television, it was one of the boom sports in Britain during the 1980s. On the face of it, its connection with drugs may seem surprising as it was a game without any physical contact and through marketing had carefully built a reputation as a gentlemanly one with a high-level of sportsmanship.

However, this squeaky-clean image began to change in 1985 when the IOC added beta-blockers to its banned list of drugs. Unofficial tests at the Los Angeles Olympics had indicated that a majority of athletes competing in the modern pentathlon had used beta-blockers during the shooting event. Before the Games the IOC medical commission had permitted their use but only if prescribed by the athlete’s doctors. Beta-blockers have been used in the treatment of hypertension and heart disease but can be effective for those athletes in so-called target sports like archery, golf, shooting and snooker. The drug reduces muscle tremors for prolonged periods and can suppress adrenalin flows, thus helping players cope with the pressure when faced with a particular putt or shot.⁹⁹ But after 1985 even medically-prescribed beta-blockers were banned by the IOC and then the UK Sports Council.

In 1985 a number of players had tested positive for beta-blockers at that year’s Snooker World Championships, although the results were not made public at the time.¹⁰⁰ At the outset the World Professional Billiards and Snooker Association (WPBSA) resisted calls for the drug to be banned. At the same time as the story over beta-blockers broke, the sport was embroiled in a sensationalized story concerning the addiction to cocaine of another player, the Canadian, Kirk Stevens. Ironically, an opponent Silvino Francisco, who after defeating Stevens had exposed the story, was fined by the WPBSA.¹⁰¹ The entire episode though brought the issue of drugs in the sport into the media glare. This spotlight had been intensified through the prevailing rhetoric of the Conservative government on drugs in society. It railed against the legacy

of the permissive society from the 1960s and instead preached individual responsibility and restraint, especially the use of social drugs, which was believed to be part of a wider decline in moral values.

Prominent among the players who had failed the test in 1985 was Rex Williams, the chairman of the WPBSA itself. Williams claimed that he was prescribed beta-blockers because of depression and had been taking them over a number of years.¹⁰² Like Williams, those who were thought to take beta-blockers were middle-aged. Two years later, however, Neal Foulds who was then aged 23 admitted to using beta-blockers on doctors' orders.¹⁰³ The WPBSA had not banned beta-blockers and it had actually reduced the number of drugs tests. Instead testing was undertaken according to the rules of the association. Of course, snooker was not an Olympic sport and did not have to take its lead from the IOC. In addition, it also reflected how international federations, rather than a centralized body, had sole authority over how they ran their sport. However, the Sports Council did have to take its lead from the IOC and it also disbursed money to individual sports for testing. The sport, therefore, had to comply with its rules, which included drug testing based on the IOC's procedures, mainly to maintain its public image.¹⁰⁴

In 1988, after the Sports Council had threatened to withdraw funding for the sport's drug testing system, the WPBSA banned certain types of beta-blockers and even Williams had agreed to come off them.¹⁰⁵ One player though stubbornly refused – Bill Werbeniuk. Werbeniuk suffered from Familial Benign Essential Tremor.¹⁰⁶ It was a hereditary tremor which meant that his cueing arm shook when playing a shot. The only cure doctors prescribed was to drink copious amounts of alcohol; sometimes up to forty pints a day.¹⁰⁷ His alcohol intake though produced a rapid heartbeat. In an attempt to steady this he began to use the beta-blocker drug, Inderal.¹⁰⁸ To try and get around the problem, the World Professional Billiards and Snooker Association's (WPBSA) medical advisor recommended that he take another beta-blocker, Atenolol, but Werbeniuk claimed that his doctor would not prescribe it for him. Werbeniuk continued to play on but was eventually fined for refusing to take a test. He was subsequently suspended and played his final match in 1990.¹⁰⁹

The issue of the use of performance-enhancing drugs in snooker, however, not only reflected the growing anxieties concerning drugs in sport but it also exposed many of the contradictions. When the story first broke there was a sense that 'these things did not happen in snooker'. Former world champion Terry Griffiths casually remarked about the introduction of drug testing at the 1985 World Championships that, 'I suppose it is a good thing. It clears everything up officially'. Moreover, the sport's governing body buttressed the announcement of the tests with a suitable public relations campaign that attempted to take the moral high ground and demonstrate snooker as a 'clean sport'. Importantly, it was mindful of 'preserving the good image of snooker' because it wanted to illustrate 'to the millions of *young people* (my italics) playing snooker all over

the world that the illegal substances will not be tolerated in our sport'; this re-affirmation of course was also aimed at their sponsors. Predictably perhaps press muck-raking was blamed for the rumours.¹¹⁰ Once the revelations of the use of beta-blockers became public though there followed the familiar unsporting, anti-drug rhetoric. Former world champion, Ray Reardon, said that he had been unaware of any players using this medication but if they had done so he felt that it was 'most unfair' even if they were on beta-blockers on medical advice as it was helping their game. He added, 'I know the pressures of snooker. Lately there have been many times when I have needed something. But I love this game too much to do so.'¹¹¹ In Parliament Colin Moynihan accused Neal Foulds of cheating.¹¹²

The glaring irony (or hypocrisy) throughout the entire episode was that at the time three of the game's main sponsors were tobacco manufacturers: Embassy, Rothmans and Benson and Hedges. After stepping down as the WPBSA chairman, Rex Williams suggested that smoking during tournaments should be banned because nicotine had steadying qualities.¹¹³ Werbeniuk almost perfectly summed up the complexities and contradictions about those drugs which had been banned but had been prescribed for a medical condition: 'Inderal [the beta-blocker] is not a performance-enhancing drug, it is a performance-enabling drug for me.'¹¹⁴ From the perspective that doping controls were designed to protect the health of athletes, it is not without irony that the snooker authorities had deemed that it was permissible for someone to smoke and drink forty pints per day in front of the television cameras but not to take one little pill. Instead, of course, of more concern to them was the sport's image and its appeal to television audiences and sponsors, and at this particular time drinking and smoking despite their public health issues were deemed more acceptable than what was perceived as the smear of drug-taking.

Ben Johnson, WADA and the political fall-out

Throughout the 1980s the drip-drip effect of scandals and rumours had meant that, 'Increasingly, doping scandals were perceived as damaging to international sport'.¹¹⁵ The disqualification of Ben Johnson at the 1988 Seoul Olympics though, because of the publicity and scrutiny it brought, proved to be a turning point. The now instant global visibility of sport through television had also increased its political value. A new political climate emerged in which governments began to take a greater interest in anti-doping for reasons of expediency. It was within this context that a more autonomous anti-doping agency, the World Anti-Doping Agency (WADA), would (eventually) be established in 1999.

Because of this changing perception regarding sport and drugs, governments played a greater role in shaping not only anti-doping policies but also reinforcing

the whole rhetoric around the subject. The establishment of the Dubin Commission by the Canadian government to investigate the Ben Johnson affair had set the precedent. The end of the Cold War had also signaled the end of the GDR sports system. In addition, by the end of the 1980s the Soviet Union began to suffer a decline in its global sporting status. Because it was unable to keep up with developments in Western pharmacology it now wanted reform of doping regulations. At the 1988 Seoul Games, in the spirit of *Perestroika* perhaps, the Soviet President Mikhail Gorbachev had ordered that all Soviet competitors had to pass a pre-competition test before they were allowed to compete.¹¹⁶

Later China brought itself into the anti-doping fold. When China first returned to the international sporting arena there were fears that it would embark on a GDR-style, state-sponsored drug system. These fears seemed to be confirmed with the success in the early 1990s of Chinese athletes and swimmers, and their subsequent disqualification. In March 1995, however, following international criticism China enacted a series of strict anti-doping regulations on its own initiative.¹¹⁷ Ironically, it was now complying with the sporting values that were associated with Western liberal democracies. It again reflected the growing perception of the importance attached to sport by national governments; while during the Cold War success by any means was all that mattered, it was now important that a country's athletes – who were both representing their country and receiving money from the state – should be seen to be 'clean' as well as successful.

Importantly in America, where its sporting bodies had been as complicit as any other country,¹¹⁸ there was a change in the political climate that reflected a shift towards the 'moral right'. In the 1990s Bill Clinton appointed Barry McCaffery as the White House 'drug czar' to fight a 'War on Drugs'. McCaffery identified drugs in sport as an aspect of a more general drugs problem amongst young Americans not one limited to the world of sport. For McCaffrey, doping set a bad example for American youths and he did not differentiate between doping and recreational drugs. Moreover, McCaffrey regarded top athletes as role models and they needed to be 'clean' to set an appropriate example – rhetoric that had echoes of the French government in the 1960s.¹¹⁹ In 2000 a report by the Office of National Drug Control Policy stressed the value of sport to society and urged a tightening of doping policies. Three years later George W Bush's State of the Union Address referred to anti-doping and signaled the US government's increasing role in enforcing anti-doping procedures.¹²⁰

Calls for change in the anti-doping sporting landscape were given a further boost after the much-publicized Festina crisis in the Tour de France of 1998. It not only highlighted the deeply rooted drug culture within the sport but the subsequent police investigation revealed an extensive, incestuous network of relationships between riders, coaches, doctors and officials that had contributed

to a particular cycling culture. This network was uncovered a few days before the start of the 1998 Tour when Willy Voet, a soigneur for the Festina team, was arrested by French police after crossing the border from Belgium. The police found 250 batches of anabolic steroids and 400 ampoules of EPO – the new drug of choice for cyclists – in his car. The team's headquarters were searched soon after and the police found other suspect products.¹²¹

WADA was formed in November 1999 with Dick Pound as its first President. There had been a push for a more centralized anti-doping body since 1988. It had taken over ten years for it to be established, partly due to resistance from the IOC President, Juan Samaranch, who was more concerned about the damage that doping scandals could inflict on the Olympics carefully nurtured image and therefore its commercial potential. But with the impending departure of Samaranch in 2001, the election of Jacques Rogge signaled a much more determined anti-doping campaign. Pound believed deeply in the ideals of the Olympic movement and he approached his job with a certain evangelical zeal. He viewed drugs in sport as a 'disease' that had to be eliminated. Yet Pound was also a realist and had been critical of the previous inaction on doping. In particular, as early as 1989 he pointed out that, 'We [the IOC] still have no clearly stated definition of what doping is'.¹²²

WADA's formation had also been a product of increasing distrust of the IOC within America, its biggest financial donor, and also the European Union following the 1998 Salt Lake City Scandal. In 2001 WADA made a hugely symbolic and significant statement by moving its headquarters from Lausanne, the home of the IOC, to Montreal, which also reflected a shift in power of anti-doping policy from the IOC to North America. As a consequence, American sports, such as baseball and football, which had not been part of the Olympics and had generally ignored any doping regulations, now came under the same scrutiny as the Olympic sports. At WADA Pound aimed to introduce a robust transnational doping policy. In 2003 the Copenhagen Declaration on Anti-Doping in Sport committed the world's leading athletic bodies (including the IOC) to the World Anti-Doping Code. Pressure was applied to those sporting federations, like the International Cycling Union, who had initially baulked to sign up. The code was later ratified by UNESCO as well as national governments. It reflected how responsibility of the issue was now being taken out of the hands of sporting federations and being placed with more powerful political bodies.¹²³

Conclusion

In 2008 the British sprinter Dwain Chambers lost his appeal to overturn the ban imposed by the BOA to prevent him from competing at future Olympic Games. Chambers had been banned because he was a 'convicted drugs cheat' – in the

words and eyes of the media and many of the public – and the BOA had a policy of not selecting anyone who had been banned for this offence. Chambers had been one of the athletes caught up in the BALCO scandal. BALCO (Bay Area Laboratory Co-operative) was a San Francisco-based company. Between 1988 and 2002 it was accused of supplying performance-enhancing drugs to elite athletes, including Major League Baseball players. A federal investigation of BALCO and its owner Victor Conte began in 2002, which tested 550 athletes; twenty were found to be taking tetrahydrogestrinone (THG), a type of synthetic steroid, and undetectable until then. Other athletes who were implicated included Olympic sprint champion, Marion Jones and Barry Bonds, holder of baseball batting records.¹²⁴ Afterwards, in response to the moral opprobrium that had accompanied his actions, Chambers was more penitent. He accepted his ‘guilt’ after realizing his ‘mistake’ because taking drugs was wrong and he later spread ‘the message’ amongst young people about the ‘dangers’ of using drugs on behalf of UK Athletics. It was a message imbued with a morality that echoed past cries about the unfairness of athletes taking drugs.

It is perhaps ironic that when the consumption and production of medicine has increased sport is the one area that is trying to eradicate its use. Or at least, it is trying to control its use in line with what it deems acceptable. This sense of ‘acceptability’ though has its roots in ideas that can be traced back to notions of amateurism. Despite the shifting politics in the anti-doping landscape, it is unlikely that the authorities will be ever able to eradicate drugs in sport as much because it is difficult to define what is meant by artificial enhancement. Moreover, as Thomas Hunt points out, we live in a performance-enhanced society where the use of stimulants abound in other areas of life from air force pilots to students revising for exams. It begs the question where does treatment stop and enhancement begin?¹²⁵ Like a number of commentators, Andy Miah has argued that because of a combination of the volume of new scientific research, particularly with reference to new genetic technologies, and sport’s commercial demands we should give up the fight to distinguish the line between fair and unfair advantages. Instead, there should be a greater concentration on making sport safer.¹²⁶

Where will all this end? It won’t of course – at least while modern sports continue to be invested with the values of competition. As per Tom Simpson’s opening quote, athletes have been willing to push their bodies to the limit since the onset of modern sport. Health risks, in what ever context, have been eschewed in the quest to gain an edge over an opponent.