

FURTHER READINGS

CHAPTER 6

This file contains additional readings from earlier editions of *Sports in Society: Issues and Controversies*, and some extra materials provided by Jay Coakley. These have not been included within the book as much of the content is explicitly focused on the USA, but users of the book may find these readings useful and interesting. Please feel free to send your feedback and/or suggest additional readings to us at jcoakley@uccs.edu or e.pike@chi.ac.uk.

Topic 1. Deviant overconformity and Nike ads during the 1990s

Topic 2. Deviant overconformity and hazing on sport teams

Topic 3. Substance use by athletes in the past

Topic 4. Drug testing in sports

Topic 5. The supply side of substances use: one example

Topic 1. Deviant overconformity and Nike ads during the 1990s

Just (Over)do It: The Sport Ethic in Nike Ads

Nike and other corporations use advertising strategies in which they depict and glorify deviant overconformity to the norms of the sport ethic. They assume that this attracts attention and sells products.

In 1996 during coverage of the Olympic Games in Atlanta, a Nike ad in *Sports Illustrated* asked boldly, “**Who the Hell Do You Think You Are? Are You an Athlete?**” The text in the ad answered this question with words that echo the norms of the sport ethic:

Because if you are [an athlete], then you know what it means to want to be better, to want to be the best. And if you are [an athlete], then you understand it's not enough to just want to be the best. You can't just sit around and BS about how much you want it. Show me how much you want it. . . . Dare to do what it takes to be the best. And then, whether you win, lose, or collapse on the finish line, at worst you'll know exactly who you are. If You Can't Stand the Heat, Get Out of Atlanta!

In 1999 Nike ran ads showing the disfigured bodies of athletes who had pushed limits in their sports (Bryant, 1999). The background tune, Joe Cocker's “You Are So Beautiful,” was chosen to glorify these bodies, which were seriously injured and left permanently scarred or disfigured. Of course, the ad showed only the bodies of athletes who had recovered enough to play again. Erased from coverage were images of athletes whose injuries had ended their careers and left them with permanent, inglorious impairments and disfigurements or the rest of their lives.

More recent ads for everything from cars to soft drinks show young people, usually young men, in extreme sports engaging in actions that clearly fall outside the range of normal acceptance. The images and narratives in these ads show that people in corporate advertising understand the sport ethic and the tendency among athletes to overconform to its norms. These ads are problematic because they glorify and encourage dangerous forms of deviance.

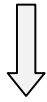
Jay Coakley

Topic 2. Deviant overconformity and hazing on sport teams

Figure 6.5. Hypothesized relationship between deviant overconformity and deviant underconformity.

Note: Hazing creates special bonds among group members. When new recruits or “rookies” submit to hazing, it leads them to see the group as exclusive and to value membership in it. As a result, their identity as a group member and their relationships with other group members are seen as special and important. In this sense, hazing is a rite of passage through which a person’s identity is transformed at the same time that special bonds are formed with group members. Overall, this distinguishes the group as special and separate from the rest of the community.

**Uncritical acceptance
of the Sport Ethic**



**Collective overconformity
to the norms of
the Sport Ethic**



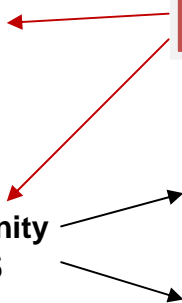
**Special bonds
among athletes**



**Separation from community
Collective HUBRIS**

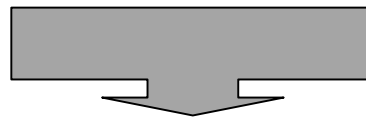
Disdain for nonathletes

HAZING



1.

2.



Sense of entitlement

being above the law

and



**Bullying, binge drinking,
disorderly conduct, fighting,
property destruction, careless
driving, assaults, spouse abuse,
sexual assaults, rape**

Hazing consists of *actions that demean, abuse, harass, or embarrass individuals who are being initiated into a group*. It occurs in fraternities and sororities, sport teams, the armed forces, and certain workplaces. It has long been accepted by people because it provides them with access to a special status at the same time that it increases the exclusiveness of the group in which they hold membership.

When hazing is secretive, it further increases the mystic and uniqueness of a group. This makes hazing difficult to study because most of it goes unreported as group members seek to preserve the exclusiveness of their identities. Because hazing has not been studied until recently, people in positions of authority have not had the information they need to establish regulations and limits for the initiation rites in which hazing occurs (see www.alfred.edu/hs_hazing for a study of hazing in high schools).

One way to preserve the secrecy of hazing rituals in U.S. culture is to infuse them with sexual content so that rookies are embarrassed to talk about them. For example, if heterosexual team members are forced to engage in homoerotic acts, they're likely to keep their actions secret to protect their heterosexual identities. This is especially effective in the case of high school and college students whose sexual identities are in the process of being formed and acknowledged by others.

Most students don't realize that hazing is illegal in 42 of 50 U.S. states. In the case of athletes, hazing has been such a taken-for-granted aspect of initiation onto sport teams that the athletes don't think of it as illegal or criminal. Beyond coercing rookies to steal or drink to the point of passing out, hazing rituals have subjected prospective teammates to demeaning acts such as urinating on each other, drinking urine, holding each other's genitals, appearing nude in public, and enduring various forms of sodomy, beatings, and brandings. In these cases, hazing often becomes a felony in most states and is treated as a serious crime by some district attorneys.

Although hazing is increasingly seen as unacceptable, initiation rites remain important in the lives of many people. These rituals mark the acquisition of a new status and link individuals to established groups that often are important sources of social and emotional support. Therefore, the goal is to replace hazing with constructive forms of initiation. As you think about this issue consider this example:

Let's say you're a proponent of hazing. Now imagine that you've graduated and taken a job as a sales representative for a major corporation. At a staff meeting your boss asks for suggestions on how to strengthen the functioning of the sales team. You recommend that he blindfold the team members, make them form a line, and then scream insults and threats at each of them.

Is your exercise likely to lead to increased sales? Are there other, more creative, imaginative, and constructive forms of “group-building” that you could have recommended? It would be helpful if you had discussed this and learned those forms of team-building when you were in high school and college. And this is where team membership could involve valuable learning experiences—it could be a site where you learn creative, imaginative, and constructive forms of initiating people into a group at the same time that you build commitment to the preservation and success of the group. So start learning.

Topic 3. Substance use by athletes in the past

Angella Taylor Issajenko had trained to be a sprinter. Jamaican born, but now a Canadian citizen, she was 20 years old and running on Canada's team in major international events. Her opponents, including the record setting American, Florence Griffith Joiner, were among the best sprinters in track history. To run with them she trained intensely. When her teammate and training partner Ben Johnson was disqualified for a positive drug test after winning the 100-meters in the 1988 Seoul Olympics, Issajenko was summoned as a witness in the investigation of Johnson's case. Her testimony was shocking. Between 1979 and 1988 she had regularly taken massive doses of ten different anabolic steroids, three forms of human growth hormones (HGH), and numerous other substances, including anti-inflammatory drugs, diuretics, and mega-doses of B-12 and other vitamins. She was banned from competition, but returned to sprinting after being reinstated in the 1990s.

Performance-enhancing drugs have been used for centuries. Athletes in Greece and Rome ingested various potions and substances, including hallucinogenic mushrooms, believed to improve physical performance. Strychnine and brandy was the substance of choice among European athletes in long distance events during the 1700s and 1800s (strychnine is a dangerous "upper" used to stimulate the nervous system). Heroin was used as a painkiller by boxers before 1900, and in 1886 a cyclist died after using a mixture of heroin and cocaine. The athletes who took this mixture called it a *speedball*, because it boosted their energy and endurance. Other drugs, including opium, alcohol, caffeine, strychnine, ethyl ether, and nitroglycerine, also were used during between 1880 and 1920. Cyclists in the 1930s and British soccer players in the 1950s used amphetamines in combination with cocaine to enhance their performance in grueling races and matches.

The availability and use of performance-enhancing drugs increased dramatically in the 1950s. The U.S. military experimented with amphetamines during World War II, and many young soldiers learned that the "uppers" that enhanced their performance on the battlefield could also be used on the playing field. Advances in biology and medicine during the 1950s allowed researchers to isolate human hormones and then develop synthetic versions of them that could be used to foster physical growth and development.

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

The market for performance enhancing substances has increased as there has been growth in (1) the resources dedicated to sports by organizations and sponsors, (2) the financial stakes associated with participation and success in sports, and (3) the resources and knowledge available to athletes. This growing market has inspired scientists and funded laboratories dedicated to "beating the system" of drug control by developing "designer drugs," undetectable substances, and new masking agents that cover certain molecules that drug tests are supposed to identify. For example, IGF-1 (Insulin-like growth factor-1) is a new muscle builder injected directly into the bloodstream. It significantly improves strength development and increases size,

and it cannot be detected through current drug tests (in 2006). In fact, drug tests cannot detect many of the newer performance enhancing substances, including human growth hormone (HGH) and dozens of expensive “designer substances” rumored to be available to athletes.

Many performance enhancing drugs have serious negative side effects. But athletes, even those in their teens, often think they can avoid those side effects by alternating drugs and taking them on scheduled intervals. The fear of negative side effects is also muted because most athletes, from youth leagues to professional sports, learn to dedicate themselves to their game above all other things, strive for achievement, accept risks and play through pain, and ignore all obstacles in their pursuit of athletic dreams. Therefore, they often are willing to pay the price and sacrifice their bodies to be accepted by fellow athletes and, therefore, maintain their identities as athletes. They accept the risk of negative side effects just as they accept the risk of breaking bones, sustaining concussions, and blowing out knees during practices and competitions. In this sense, athletes using performance enhancing substances are different than people who use street drugs: most athletes use drugs to embrace and deal with the reality of their sports; most people who use street drugs do so to escape reality.

The dynamics associated with using performance enhancing drugs in sports is unique, and this makes it especially difficult to control drug use through testing or with arguments based on moral, safety, or fairness issues. Furthermore, if drug testing were really successful and widely used, many people would turn to forms of genetic engineering that could significantly enhance sport performance without being detectable except, in some cases, through very complex and expensive DNA tests. This makes performance enhancing technologies the most serious issue faced in sports today.

Jay Coakley

Selected Profiles of Individuals Who Have Used Performance Enhancing Drugs

Thomas Hicks: *English/U.S. marathon runner; Olympic Gold medal, Marathon (1904); Boston Marathon winner (1904)*

At the age of 29 Thomas Hicks won the marathon at the 1904 Summer Olympic Games held in St. Louis, Missouri as part of the World Fair. Hicks also finished second in the Boston Marathon in the same year.

Born in England in 1875, Hicks came to the United States in 2001. He lived in Cambridge, Massachusetts and was employed as a brass worker. We know little about his personal history except that he managed to train and compete at a time when most amateur athletes were from wealthy families. Hicks could compete in the 1904 marathon because the Olympics were held in St. Louis, and he could travel there by train. However, because long distance travel was expensive and slow in 1904, 581 of the 625 competitors in the 1904 Olympics were from the United States and they won 244 of 281 medals.

Hicks won the 1904 race with the help of at least two oral doses of strychnine sulfate (a stimulant) and a dose of brandy (alcohol). His trainers gave him the first dose as he faced exhaustion at the 16-mile mark and the second dose late in the race. Strychnine was widely used by endurance athletes between the 1880s and 1930 because it was an effective stimulant.

The strychnine and alcohol, combined with the humid, ninety degree day, dusty running conditions caused by the cars and horses that accompanied the runners on a dirt course and the

demands of running nearly 25 miles (the distance run prior to the 1908 Olympics) nearly killed Hicks. He was treated by four doctors after he collapsed into unconsciousness after the race.

Hicks did not receive the cheers that greeted the marathon winner at the finish line. Those cheers were received by Fred Lorz, a runner from New York City, who was thought to be the winner until officials discovered that he had been picked up by a car after having severe cramps at the nine mile mark of the race. He rode in the car until it overheated and broke down at the twenty mile mark. Feeling well rested, Lorz rejoined the race to hear the roar of the crowd as he drew near the finish line. Shortly before he was to receive the gold medal several spectators and runners told officials that he had waved and talked with them from the car. Lorz was banned from amateur running (although he won the 1905 Boston Marathon after the ban was lifted) and Hicks was declared the 1904 marathon winner despite being carried over the finish line by his trainers.

The drugs used by Hicks were banned by the International Amateur Athletic Federation (IAAF—the governing body for track and field) in 1928 and by the International Olympic Committee in 1967. But the strategy of using performance enhancing substances has a long history dating back to the ancient Greeks and Romans. Rather than being seen as a deviant, Hicks was seen as an expert runner who used everything available to him to run as fast and as long as possible. This illustrates that norms about what is and isn't fair have changed over the years, but the character and commitment of elite athletes have remained much the same.

Jason Grimsley: *Major League Baseball player (1989–suspended, 2006)*

Jason Grimsley had played for seven different teams in Major League Baseball before receiving a 50-game suspension after a drug raid on his home in 2006. At the time of the raid, Grimsley was a relief pitcher for the Arizona Diamondbacks in the National League. His home was searched as part of a larger investigation of the Bay Area Laboratory Cooperative, the organization that in 2003 was closed because it had distributed illegal drugs to dozens of elite athletes.

Grimsley was the first baseball player to have his home searched for drugs. The raid had been precipitated by two factors. First, Grimsley had been connected to the BALCO scandal in April, 2006 when he received a package containing enough human growth hormone to maintain regular doses through the baseball season. Second, detectives were upset because Grimsley refused to provide evidence about specific players after he said he would cooperate fully with their investigation. The detectives felt that additional evidence, collected in the raid, might force Grimsley to be more cooperative.

In a signed affidavit, Grimsley informed drug agents that he had taken amphetamines; steroids; human growth hormone; Clenbuterol, an asthma drug that also promotes muscle growth; and other hormone-like substances that he purchased online. When he played for the New York Yankees in 2000, Grimsley explained that he had taken the steroid Deca-Durabolin to recover more quickly from his surgery.

When Major League Baseball began its testing program in 2003 Grimsley tested positive for steroid use. He then switched from steroids to human growth hormone because it could not be detected in the tests. He said he stayed on HGH because it helped him recover from his elbow surgery in 2004.

Grimsley had initially alleged that “boatloads” of Major League Baseball players were using drugs, and his affidavit suggests that drug use in baseball was greater than most people expected. This affidavit, opened in December 2007, revealed many names, including Roger Clemens. The Congressional Committee investigating drug use in baseball used the affidavit when they requested testimony from a number of players. As of January, 2009 it appeared that Grimsley’s baseball career was over.

Benjamin Sinclair “Ben” Johnson: *Member, Canadian Olympic team (19xx–1988); Norton Crowe Award for Male Athlete of the Year (1985), Lionel Conacher Award as Canada’s best male athlete of the year (1985); Lou Marsh Trophy for Canada’s top athlete of the year (1986); Associated Press Athlete of the Year (1987); The Order of Canada award (1987)*

Ben Johnson, a world class sprinter during the 1980s is most often remembered because he tested positive for steroids after winning the 100-meters in the 1988 Olympics in Seoul, Korea.

Born in Jamaica in 1961, Johnson immigrated to Canada in 1976. At 16 he met Charlie Francis, Canada’s highly respected sprint coach. Francis recruited Ben to join the track club that he coached in Ontario. As a slow sprinter with a stutter, Johnson had low self-esteem, but Francis helped him overcome his speech impediment by encouraging him to take speech therapy, and he coached Johnson to become a good sprinter.

When Johnson was 20 years old, Francis told him that steroids could help him become a great sprinter. After thinking about this possibility, Johnson met with Dr. Jamie Astaphan who would obtain for him steroids and other performance enhancing substances from 1981 through

1988. Johnson's sprint times improved and by 1984 he was Canada's top sprinter, finishing third behind Carl Lewis and Sam Graddy at the Olympic Games in Los Angeles.

Johnson's rivalry with legendary U.S. sprinter Carl Lewis was a major focus of media coverage during the mid-1980s. After losing to Lewis seven consecutive times, Johnson finally beat him in 1985 and again in 1986, setting the record for the fastest 100-meter time at sea level (9.95 seconds). Johnson continued to dominate the 100-meters and in 1987 set the world record with the amazing time of 9.83 seconds.

Going into the 1988 Olympics, Carl Lewis complained that his opponents were taking performance enhancing drugs. Johnson, who was making nearly a half million dollars a year in endorsements, denied the charges. Unexpectedly Johnson lost two major races before the Olympics, and he became increasingly concerned about his chances to win the gold medal.

Before the 1988 Olympics, Johnson took his usual dose of three steroid injections plus three more of human growth hormone and then used a treatment on a diapulse machine to remove the drugs from his body and a diuretic to avoid weight gain and help mask the steroids. With millions of people watching, he easily beat Lewis with a record-setting time of 9.79 seconds. In the same race, Lewis set an American record. Johnson's win over an American and a British runner (Linford Christie) was cause for great celebration in Canada. But the celebration was short lived because Johnson tested positive for steroid use and was disqualified.

Following the Olympics, the Canadian government convened an investigation of drug use by Johnson and other athletes. The hearings were called the Dubin Inquiry, after the name of the presiding judge. They involved testimony from 122 witnesses over 91 days. Johnson admitted his drug use, but the testimony of others provided a detailed picture of performance enhancing drug use that shocked people worldwide.

After serving a two-year suspension Johnson attempted a comeback in 1991, but he never came close to his past times in the 100-meters. When he tested positive for testosterone at a meet in Montreal in 1993 and was banned for life by the International Amateur Athletics Federation (IAAF).

José Canseco (José Conseco Capas, Jr.): *Major League Baseball player (1985–2001); Rookie of the Year (1986); first player ever to hit 40 home runs and steal 40 bases in the same season (1988); unanimous vote for American league MVP (1988); Major League home run champion and runs batted in (RBI) champion (1988); leading vote getter for All-Star game (1990); Major League HR Champion (1991)*

The Canseco twins, José and “Ozzie” (Osvaldo) were born in Cuba, and came to Miami, Florida as infants when their family moved to the United States. José and Ozzie grew up in Miami and both became baseball players. Ozzie’s career was short, playing in only 24 Major League games between 1990 and 1993. But José experienced immediate success and had a notable career. He was named Rookie of the year in 1986 and went on to set records as a power hitter and base runner.

In 1987, Canseco and power hitter Mark McGuire both played on the Oakland Athletics and quickly became known as the “Bash Brothers” because of their prolific home run production. After a record setting season in 1988, Canseco was unanimously voted the Most Valuable Player in the American League.

During the peak of his career, Canseco was known for his chiseled body. He looked like a bodybuilder and never hesitated to flex his muscles for his many fans. He was also known for his extreme temper, often directed at people close to him. In 1989 his first wife, Esther Haddad, accused him of domestic violence. In 1997 he was arrested after allegedly hitting his second wife, and he and his brother were charged with aggravated assault in 2001 when they were in a bar fight in Miami Beach. During the 1990s José was involved in several other altercations; anger management classes did not seem to help him control his temper.

Canseco’s body and his frequent display of aggression led many people to conclude that he was using steroids. This was confirmed in 2005 when he published the book, *Juiced: Wild Times, Rampant ‘Roids, Smash Hits, and How Baseball Got Big*. Baseball fans were taken back when Canseco wrote that 85-percent of the players in Major League Baseball were taking steroids. He even identified some of his former teammates as steroid users. These players included Mark McGuire, Jason Giambi, Rafael Palmeiro, Ivan Rodriguez, and Juan González. He also claimed that the record setting home run hitter, Sammy Sosa was clearly taking steroids, a fact that Canseco said was so obvious it was laughable.

All these players denied steroid use, but Canseco’s book was a factor leading to a special U.S. Congressional Panel on Steroids in Sports. The panel, convened in March, 2005, questioned Mark McGuire, Rafael Palmeiro, Sammy Sosa, and José Canseco. Everyone except Canseco denied steroid use. Canseco’s accusations received support in August, 2005 when Palmeiro tested positive for steroids and received a 10-day suspension, and when Jason Giambi was implicated in the BALCO drug scandal. Following the Congressional Hearings, Canseco’s book appeared on the *New York Times* Bestseller List.

In 2006 Canseco signed a \$2,500 per month contract to be a pitcher and designated hitter with a team in the Golden Baseball League. At that time, he restated his claim that Major League Baseball was ducking the issue of steroid use and that he had been unfairly singled out as problem player in the Major Leagues because he was suspected of using steroids.

Mark David McGwire: *Major League Baseball player, 1986–2001; member, U.S. Olympic Team (1984); named College Player of the Year by The Sporting News (1984); American League Rookie of the Year (1987); single season major league home run record holder (1998–2000); Associated Press Male Athlete of the Year (1998); record holder for highest home run ratio in baseball history—10.61 home runs for every ten times at bat (1986–2001); listed as number 84 in the 100 Greatest Baseball Players of All Time by The Sporting News (2005).*

Babe Ruth hit 60 home runs in 1927. Thirty-four years later Roger Maris of the Yankees topped Ruth's record by hitting 61 home runs. Thirty-eight years after Maris' record, in 1998, Mark McGwire hit an astonishing 70 home runs, a record topped only by Barry Bonds who hit 73 home runs in 2001.

Power is highly valued in U.S. culture, and during the 1990s, Mark McGwire was the most famous power hitter in Major league Baseball. One of nine brothers, McGwire grew up in a wealthy neighborhood in Claremont, California. His first love was golf, but he began playing baseball as an 8-year-old. As the biggest player on his teams through high school, Mark was always the pitcher. But when he went to the University of Southern California in 1982, the coaches there noticed that he would be a better hitter than he was a pitcher. They made him a first baseman and taught him to be an efficient power hitter.

McGwire was named rookie of the year in 1987, his first full season as a major leaguer. Between 1998 and 2001 he held the single season home run record, and during his 16-year career he topped Babe Ruth with the best home run ratio in baseball history (10.61 versus Babe Ruth's ratio of 11.76).

McGwire also had some bad years in baseball. He developed serious self-confidence problems between 1988 and 1991 his batting average sunk from .289 to .201. But with the help of a therapist and his younger brother, Jay, who was a bodybuilder, Mark worked through his confidence problems and also learned to work out with weights. Using his knowledge from bodybuilding, Jay helped Mark develop a weight training and eye exercise program for his hitting and advised him on the supplements that would help build strength. As a result, Mark added 30 pounds of muscle to his 6'5" frame, increasing his weight from 225 to 255 pounds.

Mark's hitting improved dramatically, and in 1998 he was clearly on track to set the all time home run record that had been set 38 years. But McGwire's run for the record became controversial on August 22nd when a reporter noticed a bottle of androstenedione in his locker and wrote a story saying that McGwire took the testosterone-producing supplement. McGwire defended himself by saying that androstenedione was an over-the-counter substance that was widely available in nutritional supplement stores, and that it was not banned by Major League Baseball (it is banned now, and it is no longer available over-the-counter).

Despite McGwire's defense, people wondered if he might be taking other performance enhancing drugs as well. Rumors intensified in February, 2005 when his former teammate from the Oakland A's and an admitted steroid user, José Canseco claimed that McGwire not only took steroids but that he had helped him inject them. As a result, McGwire was called in March, 2005 to testify at a U.S. Congressional Panel on Drugs in Sports. McGwire refused to answer questions asked by the members of Congress, saying that he would not talk about the past.

McGwire retired from baseball in 2001 and moved to Irvine, California with his second wife, a former pharmaceutical sales representative, and their young son. He continues to avoid questions about the past and will not talk about any players who took drugs.

Rick DeMont: *U.S. Olympic team (1972); World Swimmer of the Year (1972, 1973); former world record holder in the 1500m freestyle (1972), the 400m free (1973) and the 4x100 freestyle relay (1977); International Swimming Hall of Fame (1990); University of Arizona Athletic Hall of Fame (1999)*

Shortly after Rick DeMont graduated from high school he packed his bags for Munich, Germany, the site of the 1972 Summer Olympic Games. He wasn't 17 years old and he had just been named the World Swimmer of the Year. His events in Munich were the 400- and 1500-meter freestyle races, and he was the world record holder in the 1500 meters.

After his hand touched the wall at the end of the 400-meter race he turned to the clock and saw that he had won the gold medal, slashed nearly 9 seconds off the previous world record time, and became the first person to swim 400-meters in less than 4 minutes. Two days later as he focused on the 1500-meter race, he was informed that he had tested positive for epinephrine, a banned drug. He was puzzled because he had declared on his United States Olympic Committee (USOC) medical form that he took prescriptions for Marax and Actifed, brand drugs that controlled his chronic asthma, a condition caused by allergies and exacerbated by chlorine. But the USOC medical staff failed to inform the IOC Medical Commission about these prescriptions.

An investigation followed as DeMont readied himself for the 1500-meter race. Through the initial heats he had no problems and qualified for the finals. But as he sat in the "ready room" waiting for the race, he was informed that his name had been pulled from the finals. He argued that the Medical Commission now knew of his prescriptions and he should be allowed to race. But it was too late. His teammate, Mike Burton, won the gold medal.

Rick DeMont was devastated, but his troubles paled as he walked back to the Olympic Village and discovered that terrorists had attacked the Israeli team, killing a coach and an athlete, and kidnapping nine other athletes later killed during a poorly executed rescue attempt. DeMont was overwhelmed and returned home to San Rafael, California.

DeMont still possessed had the gold medal he received after his 400-meter victory, but the IOC called and told him to return it if he wanted to swim in another international event. He did so, and channeled his anger into winning the 400-meters at the following World Championships, again becoming the first person to swim the race under 4 minutes. But this one stayed in the record books.

DeMont went to the Universities of Washington and Arizona and participated successfully on the swim teams at both schools. His family petitioned the USOC and the IOC to have his medal restored, but they received little response. Finally, in 2001, 21 years after his race, the USOC cleared his name and declared him the winner in the U.S. record books. But the IOC never changed their ruling and DeMont has not forced the issue.

Today, DeMont is a successful assistant coach of the University of Arizona swim team and served as the assistant coach of the South African swim team during the 2004 Olympics in Athens, Greece.

Andreea Răducan: *World Team and Floor Champion, Artistic Gymnastics (1999); Olympic Champion/ Team Romania; Silver medal on Vault (2000); World Champion on Beam and Floor (2001)*

Andreea Mădălina Răducan began her gymnastics training at 4 years old (1987). At age 13 (1996) she had already won at least 20 medals in local and regional competitions and received an invitation to train with the Romanian junior team. Two years later she was on the world famous Romanian national team.

By 1998, Andreea was on track to compete in artistic gymnastics in the 2000 Olympic Games in Sydney, Australia. In Sydney, she helped her team win the team gold medal, a feat that no Romanian women's gymnastics team had accomplished since the 1984 Olympics in Los Angeles. Andreea also qualified for the finals in three individual events, the floor exercises, vault, and all around. Two of her teammates, Simona Amânar and Maria Olaru also qualified for the individual all-around.

Despite a controversy and a series of injuries caused by improper height settings on the vault, Răducan won the individual all-around gold medal, and her two teammates, Amânar and Olaru, won the silver and bronze medals, respectively. However, shortly after the gymnastics events concluded, the IOC Medical Commission announced that Răducan had failed her drug test.

This confused Andreea. She had taken no drugs. But the night before the competition, she and her teammate Simona Amânar had a cough and fever, and the team doctor had given them some Nurofen, an over-the-counter medication commonly used for colds. The chief ingredient in Nurofen is ibuprofen (similar to Advil and Aleve), but the form of the medication used to treat cold and flu symptoms also contains pseudoephedrine, a non-sedating decongestant, and a drug banned in 2000 by the IOC. Amânar avoided a positive test because she was taller and heavier than the petite Răducan, so the amount of the drug in her system was below the allowable limit.

The Romanian coaches knew that the 16-year-old Răducan had only followed her doctor's orders and was innocent of any wrongdoing that could have enhanced her performance. But the IOC stripped Andreea of her gold medal. In an interesting twist, the pseudoephedrine detected in Andreea's urine samples from the team and vault event finals were below the limit, so she kept the medals she won in those events.

Răducan's teammates, now in line for the gold and silver in the individual all-around, were outraged and wanted to refuse their medals in protest. But they decided to accept the medals to bring them to Romania. After Andreea lost her appeal before the International Court of Arbitration for Sport, Simone Amânar gave Răducan the gold medal saying that she was the one who won it. Interestingly, the doctor who administered the cold medication to Răducan and Amânar was banned from all international gymnastics events through the 2004 Olympic Games.

Răducan continued to compete with the Romanian team, helping them win the World Championships in 2001, but injuries and personal factors forced her to retire in 2002. She became a sports announcer in Romania, and she covered the 2004 Olympic Games in Athens, Greece.

Jay Coakley

Topic 4. Drug testing in sports

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

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

The International Olympic Committee (IOC) first defined and banned doping in 1967, mostly in response to deaths among cyclists and soccer players and rumors that drug use among athletes in Eastern Europe was routine. The IOC began testing in 1968 but they, like other sport organizations, have lagged behind when it comes to banning substances and developing tests that keep up with the substances that athletes use. This is because (1) research has been slow to document and acknowledge the performance enhancing properties of particular drugs, (2) researchers cannot ethically do studies using the high doses of substances often taken by athletes, and (3) the negative side effects of many drugs are so serious that researchers could not ethically give them to participants in experiments. As a result, developing valid and reliable tests for multiple forms of anabolic steroids and other substances took over thirty years and the IOC still does not have tests for human growth hormone and others substances athletes are rumored to be taking. As quickly as tests are developed to detect a performance enhancing substance, athletes have switched to other drugs, learned how to mask drugs with other substances, take performance enhancing substances only during their off-season training, or take only those substances that rapidly exit their bodies in the hours before they suspect a test.

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

To counteract the ineffectiveness of most “internal” drug control policies there is a trend to develop independent drug testing organizations. The World Anti-Doping Agency (WADA) and the U.S Anti-Doping Agency (USADA) are two examples of these organizations. But WADA and USADA test only Olympic athletes. All other sport organizations continue to do their own

testing despite built in incentives to NOT identify and punish those who take performance enhancing substances.

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

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

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

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

Testing Organizations

World Anti-Doping Agency (WADA)

On February 4, 1999, in Lausanne, Switzerland, the delegates at the World Conference on Doping in Sport established an independent International Anti-Doping Agency to coordinate all drug testing, research, education, and revisions of rules related to the use of performance

enhancing substances and methods. Ten months later, on November 10, 1999, the World Anti-Doping Agency (WADA) was formed.

WADA consists of equal representatives from the Olympic Movement and public authorities and was initially funded by a \$25 million grant from the Olympic Movement and the International Olympic Committee. Its first responsibility was to handle all drug testing for the 2000 Olympic Games in Sydney, Australia.

The motivation to form WADA was grounded in many factors. *First*, the IOC had a conflict of interest because they promoted and policed the Olympic Games, and it was in their interest not to announce positive tests that might discourage sponsors and the media companies that paid to cover the games. *Second*, there was a long history of rumors about all the athletes that had taken drugs but never tested positive in any Olympic Games. *Third*, the publicity created by the 1998 drug scandal at the Tour de France caused people to call for an independent agency responsible for doping control in the Olympics. *Fourth*, the Olympic Movement was formally dedicated to promoting the health of athletes and young people worldwide, and the rumors of doping were jeopardizing the accomplishment of this goal.

WADA moved its headquarters to Montreal, Canada in 2001. Montreal lawyer and former Vice President of the IOC, Dick Pound was elected as WADA chairman in 2001 and again in 2004. Its annual budget in 2006 was over \$24 million (U.S.) with about 60 percent being dedicated to research.

WADA has been successful in forming agreements to do unannounced out-of-competition drug tests of athletes in thirty-four International Sport Federations. Its goal is to develop a coordinated, universal anti-doping code that will be used by professional and amateur sports in addition to all Olympic sports. Most professional sports in the United States, for example, have codes that are less strict than the code used by WADA, and their rules and testing procedures are seen as suspect because they are administered by the same organizations that promote and financially profit from the sports.

The United States Anti-Doping Agency was established in 2001, and it works closely with WADA in testing U.S. athletes.

International Olympic Committee (IOC)

The International Olympic Committee (IOC) was founded in 1894 when Baron Pierre de Coubertin and 79 delegates from nine nations decided to revive the Olympic Games in a modern form. Today the IOC consists of 114 members, 103 men and 11 women from nearly 100 nations.

In addition to developing the rules governing the Olympic Games, the IOC chooses the host nation and city for the Games, negotiates the rights for the media coverage, and is responsible for in-competition and out-of-competition doping control at the summer and winter Olympic Games. Through the 1996 Olympic Games in Atlanta, Georgia (USA), the IOC administered all tests, completed the analyses, and managed the communication of results. Concerns about the integrity of the process through which drug testing occurred, led to the formation of the World Anti-Doping Agency, an independent organization that first became responsible for performing all drug tests and laboratory analyses, and identifying positive tests for the 2000 Olympic Games in Sydney, Australia for subsequent summer and winter Games.

Although IOC members were aware that some athletes competing in the Olympic Games used performance enhancing substances, they did not form its Medical Commission and develop their first list of banned substances until 1967. The first drug tests administered by the IOC occurred in 1968 at the Winter Games in Grenoble, France and at the Summer Games in Mexico

City. Their decisions were partly influenced by recent deaths of cyclists and soccer players, especially the death of noted British cyclist Tom Simpson who died during the 1967 Tour de France after using a wide variety of amphetamines and alcohol to meet the demands of the race.

The IOC found that testing for all known performance enhancing substances was a challenge. For example, during the 1988 Summer Olympic Games in Seoul, Korea they tested for over 3000 different substances, but seldom came across athletes who tested positive. This was because the athletes had learned how to mask certain drugs with substances that were not banned or they were taking drugs that had not yet been banned or those for which there were no valid tests.

The IOC has used multiple definitions of doping since 1968. All of these definitions have been plagued by confusing and inconsistent statements and rules. Today the IOC uses the definition contained in the World Anti-Doping Code (WADC), which is used by the World Anti-Doping Agency, the United States Anti-Doping Agency, and an increasing number of international sport organizations. The WADC defines doping as the occurrence of one or more of eight detailed anti-doping rule violations as described and explained in the 68-page *2006 Guide to Prohibited Substances and Prohibited Methods of Doping* (www.usantidoping.org/files/active/athletes/FINAL.2006%20USADA%20Prohibited%20Guide.pdf).

As new performance-enhancing technologies are developed, the IOC continues to face challenges. There currently are scientists who think that the most effective forms of performance enhancement in the future will involve manipulations of the brain and central nervous system and a combination of genetic manipulation and engineering. Currently, the IOC permits the use of blood and urine specimens in drug tests, but the tests for manipulations of the brain, nervous system and genes would be very difficult and costly.

Additional Note: In 1999 there were hundreds of track and field athletes who tested positive for the steroid nandrolone. All these athletes denied taking any steroid. However, the “nutritional supplements” that they and many of their fellow athletes were taking contained the steroid even though it was not listed among the “contents” on the supplement bottle. They claimed they were taking “natural” substances, and that they assumed that “natural” was automatically acceptable. Others tested positive for ephedrine because they used “supplements” or sports “energy bars” that contained “ma huang.” They assumed that ma huang was a natural herb. However, ma huang is also known as “ephedra,” which is a chemical equivalent to ephedrine. My guess is that some of these athletes were unaware of the full chemical content of the substances they were taking and that others were aware but thought they would escape positive tests.

I did not put this information in the current edition of *Sports in Society* because some athletes change nutritional supplements as often as they change the brand of socks they wear. Part of the problem faced by athletes is that the U.S. government classifies chemical compounds and “dietary supplements” in a different category than “drugs.” Drugs are regulated by many rules and they must be thoroughly tested by the FDA. Compounds and supplements are governed by few rules, and the corporations that manufacture and sell them can do just about whatever they want to make money. Until this issue is addressed, many athletes will continue to spend hundreds of dollars every month to buy untested supplements in an effort to give them the edge they need to maintain their status and identities as elite athletes.

Jay Coakley

Topic 5. The supply side of substances use: one example

Bay Area Laboratory Co-operative (BALCO)

Early on September 3, 2003, agents from the International Revenue Service (IRS) Criminal Investigations Unit and the San Mateo County Narcotic Task Force raided the Bay Area Laboratory Cooperative, a small nutrition laboratory at 1520 Gilbreth Road in Burlingame, California.

This organization, known as BALCO, was founded in 1983 by Victor Conte who served as president until he was arrested in 2003 for distributing illegal drugs. BALCO was housed in a low profile building with tinted windows, and it served as a distribution center for a wide range of nutritional supplements under the brand name, SNAC -- Scientific Nutrition for Advanced Conditioning (www.snac.com/athletes.htm). The leading product, ZMA, was a supplement containing zinc and magnesium. According to Conte, ZMA alone accounted for over \$100 million in worldwide sales between 1998 and 2003.

BALCO sales were boosted significantly because Conte worked with famous Ukrainian track and field coach Remi Korchemny, who had worked with many medal winning Olympic athletes; Korchemny ran the ZMA Track Club in San Francisco. BALCO products were also used and endorsed by dozens of famous athletes in tennis, judo, Major League Baseball, the National Football League, and world class track and field. Conte had also served as the "nutritionist" for several U.S. Olympic athletes, including CJ Hunter, a top shot-putter who tested positive for the steroid nandrolone. At the time Hunter tested positive he was the husband of track star and multiple Olympic medal winner Marion Jones.

The raid on BALCO was significant because it provided investigators with the names of many athletes who were rumored to be taking drugs. These included record setting home run hitter Barry Bonds, and other noted baseball players such as Jason Giambi and Gary Sheffield; record holding track stars including multiple record holder Marion Jones, 100-meter record holder Tim Montgomery, Kelli White, and Britain's Dwain Chambers; and many NFL players, including Bill Romanowski and several of his former teammates on the Denver Broncos and current teammates on the Oakland Raiders.

Although BALCO produced and distributed to athletes the now banned designer steroid THG (tetrahydrogestrinone), the raid on its office was tied to a longstanding undercover investigation of Barry Bonds. According to records at BALCO it was alleged that Bonds, who had hit 73 home runs in 2001 to set the single season home record, had used, among many other substances, "the cream and the clear" (designer steroids), the steroid stanozolol (brand name Winstrol), Deca-Durabolin (a steroid widely used by body builders), trenbolone (a steroid used to boost livestock growth), Norbolethone (a steroid developed for the meat industry), testosterone decanoate (a steroid often called "Mexican Beans"), Clomid (a drug to mask steroids in drug tests), human growth hormone, insulin, and modafinil (a potent stimulant sold in the United States under the brand name Provigil). Trainer Greg Anderson worked with Barry Bonds, the San Francisco Giants baseball team and other athletes and kept many of his records at the BALCO lab.

BALCO was closed in 2003 and in 2005 Conte and Anderson were convicted and sentenced to prison terms (eight months and three months, respectively) for distributing undetectable banned substances to athletes. After his arrest in 2004, Victor Conte told ABC's "20/20" correspondent Martin Bashir that "the Olympic Games are a fraud," because they are so "full of corruption, cover-up, performance-enhancing drug use"

(<http://abcnews.go.com/2020/story?id=297995&page=1>). He said that beating current drug tests in sports was “like taking candy from a baby,” and that most records since the mid 1970s had been drug-aided, that over half of current professional athletes were using some of performance enhancing drugs, and that Major League Baseball had the biggest unrecognized problem of all sports.

Jay Coakley