



Research Article

IMPACT OF DRUGS ON SPORTS: A SOCIOLOGICAL ASPECT

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ABSTRACT

The history of drug testing reveals that 'should' may have been; asked too late, with the advent of potentially undetectable performance enhancements rendering testing ineffective as a deterrence method. In an effort to find alternative models to determine the use of drugs in sport, the focus has shifted from 'detection-based deterrence' to 'prevention-based deterrence'. Many of the questions underpinning prevention-based prevention have the character of those asked by social science. Exploration of this character demonstrates social science offers an appropriate range of philosophical and methodological tools to explore prevention-based prevention of drugs in sport. An observer of drugs in sport issues in Germany through the 1930s claimed it would be futile to discuss the issue on 'any but a medical basis'. Some 70 years later there is mounting evidence other approaches may hold promise in contributing to discussion on drugs in sport, one such approach being that offered by social science. The case for social science is founded upon an examination of the evolution of anti-doping policies and the exploration of alternatives to this policy. Understanding the evolution of anti-doping policies towards these alternatives means developing the history of drugs in sport (from ancient to modern times) as background. And the impact of doping and anti-doping in sports culture is sensitive future. If it is not forbidden from the society it will become cancer for future generation.

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INTRODUCTION

To establish a working knowledge for a discussion of drugs in sport, it is useful to have some idea of how the use of drugs in sport has evolved over time. The historical overview commences with identifying why drugs in sport issues are commonly referred to as 'anti-doping'. As reviews says there were a number of doping scandals in the last 30 or 40 years of the twentieth century it would be incorrect to assume that doping emerged at this time. The word doping is believed to have originated from an eighteenth-century. That was drink known as 'dop', which was a type of South African brandy consisting of walnut extract, xanthines and alcohol. This drink was used to improve endurance in ceremonial dances. The term 'doping' grew to include the use of substances that alter sporting competitors' performance. In contemporary terms, doping refers to the misuse of drugs and includes methods designed to improve sporting performance or to manipulate doping tests. The International Olympic Committee (IOC) defines doping as:

- The use of an expedient (substance or method) which is potentially harmful to the athlete's health and/or capable of enhancing their performance;

- The presence in the athlete's body of a prohibited substance or evidence of the use thereof or evidence of the use of a prohibited method.

However, the use of substances to improve sporting performances is by no means a twentieth century phenomenon. An historical survey of drug use in sport the dried figs were an essential part of an athlete's diet until superseded by meat which was believed to provide the strength. Stimulants such as herbal mixtures, wild mushrooms and plant seeds were also used. These practices were not considered cheating and there are no recorded doping scandals at the ancient Olympics. At the turn of the twentieth century, a range of drugs and other substances were commonly used in sport. For example, Dutch canal swimmers used ether-soaked sugar cubes and distance runners, sprinters and cyclists are recorded to have used some, or any, combination of caffeine, alcohol, nitroglycerine, digitalis, cocaine, strychnine, ether, opium or heroin. Olympic Marathon British athlete Thomas Hicks came close to death after using a mixture of strychnine and brandy. Through the late nineteenth century, attention to doping was limited to a medical interest in the combined effect of sporting exertion and substances on human physiology. In 1928, the Amateur Athletic Foundation was the first human sporting organization to ban 'stimulating substances'. However, there were no comprehensive anti-doping mechanisms in place in sport.

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While some governments restricted the availability of opium and cocaine to prescription only, other drugs such as laudanum remained available over the counter. During Second World War sports become commercialized as prize money increased. Consequently, rather than an emphasis on participation, the rewards associated with winning became a primary consideration. Medical advancement took place and also influenced doping in sport. It is unsurprising that athletes took advantage of advances in medical technology given the combination of an increasing acceptance of doping and an upward trend in monetary rewards. The 1930s saw the development of amphetamine-like stimulants which, although initially used by combat soldiers, became the drug of choice for athletes in the post-war years (1940s and 1950s). Just as some earlier athletes had died from PSM use, a number of deaths in the 1940s and 1950s continued to highlight the dangers of doping. For example, in September 1949 a racing cyclist died of amphetamine poisoning in Italy. Nevertheless, *sport governing bodies (SGBs)* did little to address the issue. In the case of the IOC, a permissive stance was taken despite evidence of doping at the 1952 and 1956 Olympic Games. For example, at the 1952 Oslo Winter Olympics broken ampoules and injection syringes were found in speed skaters' locker rooms with several skaters requiring medical attention. At the 1956 Melbourne Olympics similar evidence of doping was found in cyclists' locker rooms.

The first high profile sporting death was cyclist Knud Jensen who died at the 1960 Rome Olympics. The official cause of death was sunstroke; however, the autopsy revealed evidence of amphetamines. In addition, two of Jensen's teammates were taken to hospital in a toxic condition. While the IOC did pass a resolution condemning doping, little action followed and the Medical Committee did not produce a report for another three years. However, a primary contributing factor was that doping was seen as a problem associated with professional sport, Amateur sport was idealized as important for the 'betterment of mankind' while professional sport was seen as a degraded form of sport. The IOC also developed a list of prohibited substances and adopted a Medical Code. Nevertheless, doping continued and athletes 'talked freely not about the morality of taking drugs, or the danger of being caught, but of practicality: which drugs were most effective'. In 1968, the first IOC drug tests found nothing more than alcohol use. Heavier testing at the 1972 Munich Games caught seven athletes using banned drugs including ephedrine and amphetamines. Consequently, many SGBs felt that routine, random testing had brought doping under control. However, these results demonstrated that one of the effects of anti-doping regulations was that athletes would look to a wider range of drugs to avoid detection.

World Anti-Doping Agency (WADA) - And its Impacts

In twenty-first century many of the doping scandals caught. The IOC convened the 1999 World Conference on Doping in Sport. In turn, this conference led to the creation of the World Anti-Doping Agency (WADA) representing a partnership between the IOC, the sports movement and governments. One of the most significant tasks facing WADA is the harmonization of sports doping policies. The extent of this task cannot be overstated. While the IOC is the Olympic governing body, SGBs establish and maintain the rules of their individual sports.

As a result, there are more than 50 sets of rules governing the use of drugs in sports as well as differences between national and international competitions. According to Richard Pound, WADA Chairman, the organization is determined to: Our commitment to the fight against doping in sport has never been stronger, and we are dedicated to advancing research, monitoring and ensuring worldwide compliance with the Code, continuing the development of antidoping programs, and facilitating the distribution of information and education for athletes and their entourage. To facilitate government support for WADA, the International Intergovernmental Consultative Group on Anti-Doping in Sport (IICGADS) was established in 1999 to coordinate and harmonize governmental action. The International Convention against Doping in Sport was commonly adopted in October 2005 by the 191 countries participating in the UNESCO General Conference in Paris and came into force on 1 February 2007.

WADA continues to expand its role and is intensifying efforts to target not only PSM-using athletes, but also those who facilitate and encourage doping. To accomplish this task, WADA coordinates investigatory work with SGBs as well as multiple government agencies such as customs, drug and law enforcement agencies. According to WADA Director General David Howman: We want to get to a position where an investigatory body, operating under its national laws, can work alongside and cooperate with sports authorities so that sports can proceed with the sports sanctions in a timely manner while government authorities enforce laws relating to the supply and manufacture of doping substances.

Historical thoughts on drugs in the sport

Olympic Games in 1896, Baron Pierre de Coubertin called on the unwritten rules of 'fair play' and emphasized participation with the motto that: 'The most important thing in the Olympic Games is not winning but taking part. The essential thing in life is not conquering, but fighting well'. At the same time, however, the Olympic motto '*Cifius, Altius, Fortius*' (*faster, higher, stronger*) places increasing pressure on the individual athlete to succeed. Athletes increasingly face pressure from both the media and the public to maintain performance levels. For example, even after securing a bronze medal at the 1960 Rome Olympics, American high jumper John Thomas stated: They only like winners. They don't give credit to a man for trying. I was called a quitter, a man with no heart. American spectators are frustrated athletes. In the champion, they see what they would like to be. In the loser, they see what they actually are, and they treat him with scorn. When doping controls were first implemented in the 1960s it was assumed that comprehensive drug testing and strict sanctions would eliminate doping. The strong motivation of athletes to reach the top of their profession demonstrates this is a poor assumption.

Awareness about drugs in sport

A sound working knowledge about the background to drugs in sport, without being too in-depth. Importantly, the historical evolution explains a lot about why drugs in sport have gone in certain directions. A key idea is that drugs have been a part of enhancing human performance for a long time. More importantly, the reason for the change in the tolerance for drugs in sport seems largely confined to the second half of the

twentieth century. It would appear that the largely biochemical question of whether drugs could be refined and manufactured for the purpose of performance enhancement has been answered with a resounding 'yes'. On the other hand, there is still some question about whether those drugs should be used for performance enhancement, especially in the context of sport. Detailed commentary is deferred as this question is explored throughout the book. As argued strongly above, one of the factors that influences the 'should' is whether athletes can be caught. It is one thing to have an anti-doping policy and ban a substance, and another for that policy to be implemented for athletes who violate the policy. This makes it important to know about what happened to the implementation of anti-doping policies through the science behind detecting PESH use.

Drug testing in sport

The purpose of this section is to introduce the reader to the history of some of the PESH used by athletes in terms of the development of tests to detect their use. This is well short of a lesson about the complex chemistry underlying the drugs used in sport and their detection. The responsibility for developing tests capable of detecting prohibited PESH rests with WADA accredited laboratories. This reactive approach allows athletes a window of opportunity to use a drug without fear of being caught; the prospect of 'gene doping' means this window may be permanently open. The main thrust of the argument behind this brief history of drug testing is based on the idea that drug testing laboratories are generally required to play catch-up, behind the scientists who create, and the athletes who use, performance enhancers.

Important Drugs and its effects Stimulants

The stimulants that athletes use typically fall into the broad categories of substances that include caffeine (methyl xanthines), adrenalin/ephedrine, amphetamines and cocaine. The reason athletes take stimulants is because they 'increase the rate, and hence the work capacity, of the heart, central nervous system, and respiratory system'. Athletes consuming stimulants increase their risk of injury, heat-stroke, psychosis or cardiac arrest. While stimulants do have an effect on performance, the gains variably depend on the type of sport, especially in relation to caffeine. Through the Second World War, soldiers were given amphetamine-like substances to enhance mental awareness and offset fatigue. The important milestone for drug testing in sport and represented the first active step in detecting drug use by athletes across the spectrum of nations and sports.

Anabolic-androgenic

Anabolic-androgenic agents, being used for performance enhancement by athletes. Anabolic-androgenic agents are synthetic derivatives of the hormone testosterone. This synthetic testosterone is used for its anabolic (aids in metabolizing protein and muscle building) and androgenic (the part of testosterone that makes males male) qualities, and is commonly referred to as 'anabolic steroids'. The use of this steroids improving athletic performance in terms of gaining muscle mass, aerobic performance or improved muscle repair. The benefit may lie outside the building of muscle mass, and may lie instead with increased lean body mass for runners or

increased aggressiveness for rugby, American football or ice hockey. Athletes can use synthetic EPO to boost the amount of red blood cells their body makes, which means their body has more oxygen available and therefore increased capacity to sustain aerobic activity. This makes it attractive to sports that require more than about one minute of sustained effort, and is particularly appealing to athletes in road cycling or long distance swimming. The main risk associated with EPO is elevated blood pressure when engaging in aerobic activity and higher than normal blood viscosity (how thick the blood is), both of which increase the risk of heart failure. Over the years a number of deaths have been directly attributed in cycling to the use of EPO and speculation exists that many more deaths could be attributed if autopsies had been performed.

Human growth hormone

Human growth hormone (hGH) has been known to be used by bodybuilders since the early 1980s, and was also reported that athletes in the 1984 Los Angeles Olympics were using GH. The use of hGH allegedly became so commonplace at the 1996 Atlanta Olympics that they were referred to as the 'Growth Hormone Games'. The science behind how hGH works is rather complex as it interacts with a range of other hormones to produce different effects. At its basic level, hGH promotes protein accretion (conversion of proteins to build muscle), muscle fiber hypertrophy (existing muscles get bigger) and improves muscle performance.

Notes (that abuse of hGH can lead to diabetic symptoms, elephant dermis (where the skin is too thick for standard gauge syringe needles), skeletal changes (e.g. enlarged fingers and toes) or enlargement of the heart (cardiomegaly; which can ill hGH abusers). George goes on to report that children may abuse, or be abused with, hGH to achieve the height or weight requirements of some sports (such as wrestling, volleyball or basketball). The consequences of an adolescent abusing hGH for simplistic or short term goals could be psychologically and psychiatrically catastrophic in the longer term, especially if the adolescent fails to achieve in the desired sport.

Sociological Aspect and impact

The framework that guided deeper consideration of whether social science has anything to offer prevention-based deterrence was based around how the individual, the group and the organization/institution might influence drugs in sport. The individual A striking question at this level of consideration is why an athlete might use a performance enhancing substance or method. The most obvious answer to this question is 'twin', but this might be an oversimplification of the issue. For example, an athlete might take a prohibited substance on the orders of their coach, to ensure they get a bonus for the number of matches they play each year, appearance fees, or just to remain competitive against a younger crop of players. The group Taking one step back from the athlete, it is readily apparent that athlete drug use may be influenced by those around them; which suggests questions on the social network of the athlete. The first element of the social network that may be worth asking about is the support staff, the team that prepares the athlete for competition such as their coach, sports physician, nutritionist or physiotherapist. While support staff may be influential for the elite level athlete, family or friends

might be more influential for the aspiring or non-elite athlete. This all suggests that it might be important to know how support staff, friends or family are themselves influenced in relation to the use of performance-enhancing substances or methods. For example, ambitious parents might be easily persuaded by a well-meaning coach and introduce a contaminated supplement into the diet of a young athlete. Institutions can be the club athletes play for, the organizations that run the competition, the media or betting agencies, the medal aspirations of a nation, or which sport attracts the most spectators. Prevention at this level means understanding what incentives exist for institutions to make sure their sports are drug free.

Conclusion

The huge expectation of the society from athlete for medal, money and publicity may put the athletes in dark situation means there will be no generation after all. Our motto should always support to the Baron Pierre de Coubertin statement that 'The most important thing in the Olympic Games is not winning but taking part. The essential thing in life is not conquering, but fighting well'. Good athlete should be appreciated by sports federation and respective country whereas culprits should strongly punished. There should be strict rule for them who caught in doping. Should be banned forever from the sports carrier. He should be discard from the society and family. Now this is time to make strong rules, law and legislation against doping.

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