

DRUGS 'R' US

A RESPONSE TO 'DRUG (RE) DISCOVERY: FROM BENCH TO SPORT SIDE'

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When it said that over a third of the world's population has little or no access to essential drugs one must wonder what role the debate concerning a relatively small population (consisting of professional athletes) and the global trend towards the **commodification of drugs, drug-using identities and subjectivities** might be. I think if we start to question what kind of **autonomous self** is imagined for the athletes using performance-enhancing drugs in Zibera's article, and the ways in which these nascent drug-borne identities intersect, or are a confluence of, **drug discovery and drug marketing**, we might usefully profit from an anthropological and ethnographic take on the problem of doping in sports. I argue that the institutionalization, management and hierarchization of information flows surrounding the moral panic of doping and pharmacology may also carry unwanted side effects.

In the paper we are told that drugs, whatever we may think about their **moral** qualities, make our lives different. People today, presumably in the developed world, live longer and healthier lives thanks to the almost unimaginable capabilities of drugs to affect almost every aspect of our now extended lives. Everyone from law students to professionals can enjoy the benefits of 'enhanced' mind-bodies. Only athletes are co-opted by team managers and sponsors to break the rules and cheat. By enhancing their so-called 'normal' physiology they can remain competitive and stay on top of their game. Non-athletes too, it would seem, are provided with the means necessary to not only be healthy, but **better than well**. However, it is not just the health risk of doping that is at issue; it is the **morally hazardous** body of the doped athlete that I think is also at stake in Zibera's paper.

Participation of doctors in doping is both morally and legally against the basic principles of medicine, certainly, but the role of the pharmaceutical industry in directing what drugs should be prescribed in clinical settings means that the kind of doping which is occurring in non-athletes is perhaps not always fair (as in cases involving doping students during exams using drugs usually marketed at people suffering from ADHD¹ or narcolepsy). The legality of changing people's chemistry so that they might function at their 'fullest capacity' is not questioned either, particularly in countries where over the counter medications are of an increased magnitude in strength, or when patients can easily obtain such powerful medications over the Internet. The difference between drugs as specific molecules and drugs as heavily commercialised items is also lacking in the discussion Zibera proposes. Off-label applications of certain drugs can often single-handedly drive sales, and the extent to which drug-companies are aware of this is still controversial. Pharmaceutical companies now market not only drugs, but also disorders².

For drugs developed as treatments to target specific conditions, there may be times when the side effects far outweigh the benefits, but side effects are not always so easily identified as such, and may even at times be a desirable property of a drug.

What's more, it's not that most drugs may cause side effects, but rather that they all interact with a wide variety of body systems. The anti-psychotics for example may be used as anxiolytics, antipsychotics, antidepressants, anti-pruritic agents, antihypertensives or antiemetics. As noted psychiatrist David Healy says: 'the

marketing by modern drug companies, however, actively attempts to obscure this state of affairs'.³ Drugs may also be 'discovered' long before any application for them has been found. The examples of hypertension and Viagra are cases in point.

Zibera claims that in sports the *risks* of doping far outweigh the *benefits*, but the same is true for many other areas where drugs are applied as magic bullets to deal with a staggering variety of conditions, not always visible as pathologies. Anti-depressants, for example, as Stefan Ecks claims in India, 'more than other medicines, [...] hold the promise of a quick and effective demarginalization' from poverty and that such medicines promote the 'message that seems to be: "Take this medicine and you will not only be happy, but married with children, rich, and live a Western life-style."'"⁴

Medicines live social lives and this fact is somewhat lacking in Zibera's paper where drugs are reified as techno-scientific objects; amoral, apolitical, mere things; whilst the players are seen to be at 'moral risk' from unscrupulous sports agents. The drugs in and of themselves apparently have no moral lives to speak of; it is their use and misuse that ultimately becomes the target of the critique. But in what way are drugs themselves complicit in configuring the moral world in which athletes find themselves? How do drugs come to shape the experience of doping for athletes when there are little alternatives to remain competitive? And what degree of choice do they have caught between the 'bench to sport side' dyad as they may be?


The problem, it would seem, is that drugs intended for therapeutic purposes fall into the hands of the wrong people and eventually trickle down to the nebulous world of professional sports agents, somehow always one step ahead of the anti doping regulations. This, according to Zibera, is because scientists are not concerned with the potential misapplications of drugs in sports, and such an oversight on the part of the drug companies to properly regulate the kinds of drugs that may have such applications, may

have terrible consequences for the athletes who consume them.

The solution Zibera proposes seems to fall short of the idea of doping as a health risk and a moral failing. To make a change to this nefarious situation, raising awareness and education about risks associated with such drugs is perceived to be encouraging but insufficient. Nipping the problem in the bud by creating '*faster* analysis, *higher* sensitivity and *stronger* proof' of drugs and their potential application to sports before they have been released for clinical trials or in their early phases seems like a promising but costly solution. However, tackling the problem of situating the athletes themselves as agents who have to keep up with the latest performance enhancing drugs by actively seeking them out is another matter. And the potential profits for drug companies to surreptitiously market performance enhancing drugs at athletes may also usefully bear reflection.

What kind of agency and rationality we ascribe to the athlete's pharmaceutical self has serious implications for the way in which we can depict the interactions they may have with drug discovery. Stereotyping athletes as either criminals/cheaters or addicts seems to downplay what we might call the excessive potentiality of drugs as socially embedded and their ability to engender social consequences. Considering pharmacological compounds as 'discovered' is in some sense also slightly naive. Drugs are boundary objects and have '*different meanings in different social worlds but their structure is common enough to more than one world to make them recognisable*'.⁵ Through standards, 'abstractability and movement across diverse social and cultural situations, [drugs] gain a legibility and functionality in heterogeneous domains.'⁶

The way drugs are depicted as being bounded but mobile objects flowing in neatly unilateral ways as represented in handy diagrams and typified in translational medicine simplifies what is in fact a very complex and messy arrangement. The athletes' brain chemistry, individual history, pharmacological action and social dynamics

are difficult if not impossible to disaggregate.⁷ Gene-doping, for example to treat pain, may not immediately be considered as enhancement or therapeutic, but could have unintended enhancing potential when athletes can later submit to more intense pain for longer.⁸ The availability of drugs and their coalescence in wealthier, more urbane parts of the world compared to the lack of drugs in others, may have a serious impact on top athletes training in less economically prosperous countries. Drugs in one place, may not be the same drugs in another. Their ability to re-configure our moral worlds, and engender such debates, highlights the importance of continued research in this direction. 

NOTES

- 1 Attention Deficit Hyperactivity Disorder.
- 2 Jenkins, *Pharmaceutical Self*, Sar Press. 2009.
- 3 Healy, *Psychiatric Drugs Explained* 6th Edition. 2011, 288.
- 4 Ecks, 'Pharmaceutical Citizenship: Antidepressant Marketing and the Promise of Demarginalization in India', *Anthropology & Medicine*, 12: 3, 239 — 254. 2005, 242
- 5 Bowker and Star, *Sorting things out: classification and its consequences*. 1999.
- 6 Collier and Ong, *Global Assemblages, Technology, Politics, and Ethics as Anthropological Problems*. Blackwell, Oxford. 2006, 400.
- 7 Jenkins, *Globalization and Psychopharmacology*, Paper presented at the annual AAA 2005.