

Perspectives to Doping Substance Use outside Elite Sports in Finland

Mikko Salasuo & Mikko Piispa



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Perspectives to Doping Substance Use outside Elite Sports in Finland

The debate about *doping use outside elite sports*¹ in Finland got in full swing in September 2007, when the then Minister of Culture and Sports Stefan Wallin expressed his concern about doping use becoming more common outside elite sports. He even questioned whether doping use was becoming a national disease. Wallin's question has remained unanswered, and the debate about doping outside elite sports has relied mostly on stereotypes and false information (e.g. Seppälä & Karila 1996; cf. FST5 2011; MOT 2011)

In 2009, the Ministry of Education and Culture decided to carry out a comprehensive research project examining the size and nature of the doping phenomenon outside elite sports in Finland. This report illustrates, in a compact form, the essential findings of that research project finalized in January 2012 (Salasuo & Piispa 2012). The topic is relatively unknown in Finland (see Kinnunen 2003). Its social location is still being shaped, partly due to the fact that there has been very little public debate about the subject and the amount of research data is still very limited (see nevertheless Karila 2003; Salospohja 2008; Raevuori 2009; Kainulainen 2011).

Taking doping out of context of elite sports means extending the research object from the effects of doping substances to a wider socio-cultural framework of substance use. In this framework, individuals make choices and communicate with one another on the basis of different motives, positions and roles. When studying the issue, the various deliberate plans and pursuit of goals have to be taken into account. These are typically guided by intelligence, emotions, habits, traditions, the example of others and illusion or information about what is expected of human beings. Thus, the following elements have to be studied: the consequences of action, the associations on which the action relies, the attitude of others, the motives of the research subjects and the conventional way to act (see Sulkunen 2003).

Hence, the definition of the research topic is considerably broader in comparison with the traditional medical approach of the Finnish doping

1. See also concept *The use of performance- and image-enhancing drugs/substances (PIED) outside elite sports* (e.g. Bojsen-Møller & Christiansen 2010).



research. In this study, with an aim to gain extensive knowledge to fuel the debate on doping outside elite sports, we aimed at answering the following questions: What is doping when it is not used to enhance one's performance in elite sports? What is the cultural and social framework of doping, how the use of doping and the users themselves relate to the society as a whole, how frequent doping use is, what are the users' motives and how various health considerations are linked to the phenomenon? To sum up, what is the social location of doping outside elite sports?

In this study, the doping phenomenon was cross-studied from the perspectives of as many actors as possible. We had very little prior knowledge of the research object, hiding deep in the shadows of the society. In order to tackle the research challenge we gathered extensive empirical data (see Charmaz 2006). The research approach was similar to Clifford Geertz's (1973) thick description to the extent that, as the analysis progressed, we aimed at a theoretically aware approach.

BACKGROUND

The use of doping² outside elite sports cannot be regarded as deception or breaking the moral values of sports (see e.g. Verroken 2005, 30–31). The international anti-doping rules in sports have been drawn up in order to regulate various sport events, not individual drug use. This distinction is further emphasized by the non-criminalization of doping substance use and possession in Finland. Only production, import, distribution and possession with intent to distribute may lead to criminal proceedings (see Finnish Penal Code, chapter 44; Kainulainen 2011).

Doping use outside elite sports refers to doping use where the primary motive is not success in sports. The motives are, first and foremost, related to one's self and the building of one's own body. Clearly, the benefits of substance

2. In this study, the definition of doping substances of the Finnish Penal Code (chapter 44) is applied. Synthetic anabolic steroids and their derivatives, testosterone and its derivatives, growth hormone, growth factors (e.g. IGF-1), beta2-agonists (e.g. clenbuterol), placenta hormones and anti-estrogens are defined as doping substances. In some cases, other substances such as ephedrine and amphetamine can also be regarded as doping agents.

use are primarily acquired at gyms and can therefore be defined as athletic accomplishment, but doping must be seen merely as a tool for acquiring various bodily and strength-related capitals.

The use of doping outside elite sports is not commonly documented in archives or any other documents. Dopers carefully hide their behaviour, consequently, there is a limited amount of “general knowledge” of the phenomenon among ordinary citizens or even experts. The historian Antti Häkkinen (1995, 18–24) has verbalized the approach of the research objects acting in secrecy as follows: there is a framework based on different research data around the phenomenon and different windows from different perspectives open up into the phenomenon. Each window provides a different view into the research object. A single window provides a very limited view but using several windows leads to a more comprehensive understanding of the contents of the framework. In academic terms, it is about data triangulation (see Denzin 1978).

RESEARCH DATA

The primary research data includes eight different windows into the phenomenon, opening up from different perspectives:

1. Key informants
2. Expert interviews
3. User interviews
4. Electronic police data
5. Questions posted at *Dopinglinkki (Doping Link)* -website
6. Internet discussion forums and debates about doping in fitness sports
7. Population Survey data (National Institute for Health and Welfare and Youth Research Network, 2010) and Youth Barometer data (2009)
8. Various micro data from key players around the doping phenomenon (the National Board of Customs and Police, among others)

In 2010 and 2011, altogether 12 dopers, 15 key informants and eight different experts were interviewed. The interviews aimed at achieving as detailed, empirical and local knowledge as possible about the doping phenomenon. The interviews of key informants and experts provided valuable guidelines for researchers and served as complementary representation of the contexts



of doping (see Törrönen 2006).

The doping question was regularly debated with key informants face-to-face, by telephone and by e-mail. The informants passed on both requests for interviews and different information. In addition, they had abundant empirical information on the doping use of friends or family members.

Eleven user interviews were recorded and one was noted down. The recorded interviews were transcribed. The user interviews were conducted completely anonymously. All possible identification data were removed during the transcribing.

Professor Timo Seppälä, Jukka Koskelo from the A-Clinic Foundation and altogether six different control authorities from the Police and Customs were interviewed as experts. Valuable informal information which is not traditionally included in any official databases was received during the interviews. Thus, the idea of Steinar Kvale (1996, 100) that a successful expert interview provides the researchers with fresh and even surprising views, was confirmed in the interviews. In this way, the researcher learns and becomes wiser (Kvale 1996, 100).

Primary official data included all doping-related documents of 2009³, collected from the national police database. In practice, the data were reports of an offence. These reports exposed the doping phenomenon from the points of view of police, doping user and the possible delinquency related to individual cases. The final data included 73 different cases and 99 sheets of writing. Altogether 92 persons were named as suspects in the reports of an offence.

The *Dopinglinkki.fi* (*Doping Link*) -website is a counselling service administered by the A-Clinic Foundation for questions related to doping use⁴. The main data consisted of questions sent by the users and their friends and family members as well as the answers given by doctors. By July 1, 2011 93 different questions from 78 different questioners had been posted on the service launched in January 2010. These data opened up perspectives to several health-related questions.

The use of internet discussions as research data has been approved and, consequently, become more widespread in the 21st century. To a researcher, internet discussion forums provide an unrestricted view into the experiences

3. Decision POHA Dnt/2010/277

4. Research permit given by the Committee of Care and Research Ethics of the A-Clinic Foundation, March 23, 2010.

and insights of the doper. These data included lively, all-round discussions on the doping phenomenon and on its nature outside elite sports, in particular. Via these discussions, we had the opportunity already before the study itself, to explore the characteristics of doping use including the substances used, their nicknames, the cyclicity of use i.e. the alternation between course and recovery, gender distinctions, the cultural framework of doping use, the asocial nature of doping use and its aims and goals, among others. On the internet, the dopers publicly shared experiences and meanings, asked for advice, guided others and learnt from them, and adopted certain cultural recipes (Maloff et al. 1979). The internet data included altogether approximately 1000 sheets and more than 120 discussion trees.

Two large surveys were carried out in connection with the research project. In the annual Youth Barometer of 2009, young people between 15–19 years (n=1900) were asked about doping use. In 2010, several doping-related questions were included in the Drug Survey (n=4200) of the National Institute of Health and Welfare⁵. The sample was 3000 Finns aged between 15 and 69, chosen by random sampling. In addition, a complementary sample of 1250 people of the age group 15–39 was chosen. This survey was the first ever population survey about doping use in Finland.

In addition to the data listed above, researchers had access to the micro data of the National Board of Customs, the National Board of Investigation and the Police of Central Finland. These materials were mainly individual notes on doping delinquency in this century.

Any of the data *per se* did not completely explain the use of doping substances outside elite sports. Nevertheless, by combining various data, we could recapitulate various perspectives which enabled a thorough investigation of the phenomenon and, in particular, of the motives behind doping use.

5. THL = the National Institute for Health and Welfare. The surveys of the years 1992–2006 were conducted by Stakes. After the integration between THL and Stakes, the Department of Intoxicants and Addiction of THL has been responsible for the study (see http://www.thl.fi/fi_FI/web/fi/organisaatio/rakenne/osastot/paihteet_ja_riippuvuus).



METHOD

In the study, qualitative and quantitative data were combined. The quantitative data helped us to contextualize the phenomenon in the society. The primary research approach was, nevertheless, qualitative and data-based. This approach can be called problem-driven (Kivinen & Piironen 2007). Osmo Kivinen and Tero Piironen (ibid.) define the problem-driven research approach as starting off on problems bound to time, place, perspectives and aims. Carefully defined case studies are designed to solve these problems. In this research approach, theories do not serve as a categorical foundation of the study but rather as a reference framework. They are “(...) tools or instruments for conceptualizing and thinking and, *per se*, simple enough for not targeting the structure of the entire reality” (ibid.).

The data-based research approach draws from the methodology of *grounded theory* (Glaser & Strauss 1967). In our study, this approach served mainly as a tool for analyzing data. Models to understand the doping phenomenon were constructed by comparing, discussing and combining various data (Glaser 1978). Our aim was not to generate any universal theory on doping outside elite sports but to conceptualize the phenomenon and identify its conformities (see Glaser 1992).

Filtering different materials through an analysis based on grounded theory raised various theoretical points of reference and questions during the process, e.g. how doping phenomenon in fitness sports had been constructed into a component of social reality, how it relates to medicalization and risk behaviour, how it fits different life courses and lifestyles, what kind of capitals are generated by doping and, what is the meaning of corporality in distinguishing oneself and in identity work. These theoretical questions found their empirical echo in the data gathered. These questions were discussed throughout the study and, eventually, the research findings were returned to various current social and academic debates.

MODERN FORM OF OLD PHENOMENON

The use of performance-enhancing substances has been documented from very early on. In the beginning, their use has supposedly been related to everyday struggle and medication – not directly to any competition against oneself or

others. On the basis of earlier studies, the history of performance-enhancing substances can be summarized as follows:

1. The use of various performance-enhancing substances has been frequent throughout the history of mankind. In this context, sport is a newcomer.
2. The advances in medicine have produced smarter ways to boost performance. In particular, last century's wars and the "medical arms race" have played a central role.
3. Before the 1960's, the use of drugs to enhance one's athletic performance had mainly been regarded as a natural thing.
4. The panic in the Western world in the 1960's and 1970's about using drug ingredients for intoxicating purposes affected the discussion on doping as well.
5. In the 1970's, the doping question became clearly medicalized. It diverged from other medication and became an issue related to elite sports. The term "doping" began to have contents it is now known for.
6. In the 1980's at the latest, the "era of suspicion" began. The ideal of clean sports had to give way to cynicism, despair, longing for past times and surveillance and control of others.
7. During the era of suspicion, doping question separated from the misuse of medicaments (for intoxicating and other purposes). Narcophobia and, later, dopingphobia diverged from chemophobia, the latter particularly from the point of view of international sports movement and spectators.
8. Moral indignation, in particular, has heated up the debates around the doping phenomenon. Doping has become a good enemy of elite sports.
9. Doping moved on from elite sports to fitness sports from the 1970's onwards, first in the United States and then elsewhere. (Yesalis et al. 1993; Dimeo 2007; Hemánus 1997; Kaarninen; 2008; Ylikangas 2009; Vettenniemi 2010.)

The roots of doping use outside elite sports can be localized around the body-building boom of the 1970's when also steroids became more widely available. US studies on the subject have been available from the 1980's onwards (e.g. Frankle et al. 1984; McKillop & Ballantyne 1987; Tricker et al. 1989; Yesalis 1993, 60–61). It has been estimated that doping landed at the Finnish gyms at the beginning of the 1990's (Seppälä & Karila 1993; Huhtaniemi 1994; Korte et al. 1996).



FREQUENCY OF USE

According to a review article of Minna Paajanen, planner at the Ministry of Education and Culture, approximately 0–2 per cent of the Finnish adult population have sometimes used doping. Surveys targeted at specific cultural groups give very different scores. The highest indicator scores for doping use have been reported on surveys aimed at prisoners and gym-goers (see e.g. Korte et al. 1996; Salospohja 2008).

According to a few larger studies, most users are men of an average age of approximately 25 years. According to the Health 2000 -survey (Pirkola & Seppälä 2005), 1.2 per cent of men had used anabolic steroids for other purposes than medical treatment. In a survey of the Finnish Student Health Service (Kunttu & Huttunen 2004), less than one per cent of 3153 respondents had sometimes used doping substances. In a corresponding study of 2008 (Kunttu & Huttunen 2008), one per cent of men and 0.2 per cent of women reported having sometimes used doping substances.

Ville Mattila et al. (2009) studied the use of anabolic steroids of the 12–18-year-olds in 1991–2005. The study, carried out on the basis of the data of the Youth Health Behaviour Survey, indicated that 0.3 per cent of the respondents had sometimes tried anabolic steroids. Mattila et al. (ibid.) conclude that experimenting with anabolic steroids has been rare in Finland in 1991–2003. According to a survey of conscripts in 2010 (Mattila et al. 2010), 0.9 per cent of the young men had sometimes tried anabolic steroids. The comprehensive data (n=10396) had been collected in 2001–2007, and the median age of the respondents was 19 years. The results of this survey suggest that the use of anabolic steroids is rare among conscription-aged young men.

Scarcity of questions is the common denominator of past studies. The questions have mainly been related to the use of anabolic steroids (Mattila et al. 2009) or, even more vaguely, to the use of “doping” (Kunttu & Huttunen 2004; 2008). Results of surveys aimed at specific target groups cannot be generalized to the population as a whole, and online research is problematic due to the selectivity of respondents (cf. Salospohja 2008).

Two surveys were carried out in connection with this study. In a population survey of the National Institute of Health and Welfare, the following substances were named as doping agents: testosterone, anabolic steroids, growth hormone, clenbuterole and ephedrine. One per cent of the respondents reported having used one of these at some point of their lives – mainly anabolic steroids.

Only a few respondents reported on having used them during the past year. The fact that the use of doping was much more frequent among males than females supports the observations of the previous study, i.e. that the use of doping substances is mostly a male tool for shaping the body. Of the 1900 respondents of the Youth Survey, less than 0.5 per cent reported having tried or used doping (see also Myllyniemi 2009, 93–98.)

The population surveys listed above indicate insignificant doping use. The survey of the National Institute of Health and Welfare suggests that, in proportion to the population, some 30,000–40,000 Finns have sometimes tried or used doping substances but that active users are very few. The surveys indicate that political and medical concerns (e.g. Seppälä & Karila 1996) of an “epidemic” are, for the time being, unjustified. At the population level, doping is a marginal phenomenon in Finland.

SYNTHESIS OF EMPIRICAL RESEARCH

In the qualitative part of the study, four user groups were defined on the basis of the data on doping use. The typology is based on the motives and objectives of doping use: 1) athletics and recreational sports, 2) bodybuilding and appearance, 3) professional capital and 4) delinquency and underworld. Naturally, the groups overlap to some extent and are to be understood as ideal type constructions (Weber 2002).

The typology of user groups and the diverse motives led to the examination of broader theoretical frameworks behind fitness doping and, thus, provided elements to understand the social location of doping use outside elite sports.

1. The use of doping among *athletics and non-professional competing athletes* is determined by the logic of competition and personal gain. Doping is a tool for better results, as it is in elite sports – muscle is an important capital in this group.
2. The control and cult of body, made possible by medicalization, determines the behaviour of the *appearance and bodybuilding oriented*.
3. For those striving for *professional capital*, the motive for doping use is utilitarian and often also masculine. Muscles and strength acquired by bodybuilding improve the opportunities to succeed but also to renew the culture. Appearance workers can be seen as the prisoners of esthetic ideals.



4. In the *criminal* culture doping contributes to very specific, self-defined norms (Häkkinen 1998). In the underworld, doping is a tool for acquiring muscle and menace and, consequently, social capital. Doping, with its mild sanctions, represents a minor risk to criminals (e.g. Kainulainen 2011).

ETHOS OF COMPETITION

In competition, doping is a tool for generating benefits and contributing to achieving success. An athlete's attitude to doping is, thus, pragmatic: he uses it for achieving the set targets. In elite sports, the goal is maximum performance or, optimally, a win. Doping use outside elite sports does not result in gold medals or stepping on the highest podium. To many, it is a tool for success in arenas where bodily capital has a special value (e.g. Kinnunen 2001a; Puuronen 2004).

Competitive mentality lies behind doping use both in elite sports and outside elite sports. At the level of an individual, it is about success in recreational sports or, more frequently, in the various social and cultural arenas of everyday life.

At present, the ethos of competition is deeply embedded in our cultural structures (Simola 2001; D'Angelo & Tamburrini 2010). Western culture encourages individuals to success and excellence. Success and winning have become nearly synonyms; only the best has really succeeded. A doper's rival is often an abstract "something" but it is still there. This "something" is the *ethos of excellence*, the plague of modern society which combines the values of excellence, efficiency and profitability (Simola 2001).

This way of thinking manifested in the interviews and in the internet data. Bodily accomplishment has become so important to many, that it is widely seen as a prerequisite for good life. In the ethos of excellence, also those using doping for enhancing their looks, share a competitive motive: perfecting oneself, achieving the best possible performance and excelling oneself lead to feelings of success.

As there is no indicator for excelling oneself, the bodily competition is an eternal project, an orientation inspired by the prolonged youth. The ticking of the biological clock can be slowed down but not stopped (e.g. Hoikkala 1993; Ketokivi 2004). This approach connects doping to freedom of choice and individualism. Doping as a free choice is a personal risk of modern times,

the consequences of which are borne by the individual. In the doping-related lifestyle, prolonged youth is not seen as an easy choice but as tough and even masochistic labour for enhancing one's physical performance. One of our interviewees characterized doping as a "spring of youth".

PURSUIT OF PROFIT

Doping can be helpful in occupations where a massive, frightening and/or strong habitus is a valuable asset. Such branches include, among others, security services, building and organized crime where doping can generate not only financial but also social capital. Again, doping contributes to success in the "everyday race" (Simola 2001).

Those using fitness doping for professional purposes are often tied up with the strong culture of masculinity where brute force and survival are idealized (e.g. Thiel 2007). This group can be characterized by the traditional culture of "masculine bluster" – not, however, in that post-modern sense as imposed by television in recent years. Behind the doping bluster lies something more traditional; something that originates in the Finnish forests and fields and moves on to concrete, urban construction sites. Physical work takes its toll, and doping substances are available to ease the burden. They represent strength, endurance and faster recovery; qualities which humankind has yearned for throughout its existence.

Nevertheless, there is a contradiction between the bluster and doping. Doping is a shortcut in culture where excellence, efficiency and profitability without dirty tricks define the human standard (Simola 2001). Doping is an "unfair" way to achieve excellence. As unfair excellence generates shame, doping use is hidden from others. Satu Lidman (2011, 38) aptly summarizes the shame as follows: "A person feels that he has done something he knows is wrong and, thus, he has acted against his own principles and the image of himself he wants to give to others". Strength acquired in a natural way is admired, and this is how it is portrayed, but muscles acquired by doping are seen as artificial – even as weakness.



STIGMA

Dopers are bound to suffer from the stigma connected with doping use (Goffman 1963). Nutt et al. (2010) assess the harms of various chemical substances to the user himself and to his immediate surroundings. Anabolic steroids rate sixteenth of 20 substances as to their total harm, behind khat and before ecstasy. Alcohol, cannabis and tobacco, for example, were rated more harmful.

The harms of anabolic steroids and, more widely, of doping are often as much social as health-related. As an example, doping use is frequently interpreted as negative deviance, “dirty” behaviour and recklessness (e.g. Monaghan 2001, 1). Behind this labeling lies the portrayal of the deviance related to doping use in a stereotypic fashion in the mass media. This does not result in the understanding of the true nature of the phenomenon (e.g. Cohen 1972, 177–178).

The stigma refers to, above all, social assumptions, labeling and shame. Erving Goffman (1963) simplifies the stigma by suggesting that we all have certain assumptions when meeting people. By using Pierre Bourdieu’s (1984) terminology, we can conclude that the first impression of people is often defined by their habitus. In addition, the first impression is shaped by social factors – e.g. integrity – and by more formal factors such as occupation or education (Goffman 1963, 12–13). These expectations can be regarded as normative and unconscious. However, if there is something deviant in an unknown person we perceive him different. He is easily stigmatized – particularly if his deviance is negative and physical. As for dopers, the deviance is often an “unnaturally” muscular body. Some dopers are afraid that their habitus reveals the muscular, doped body hiding underneath. Consequently, many dopers share the view that “the others would nevertheless not understand”.

The stigma of doping can be compared with that of intoxicants. Intoxicant use is more acceptable than doping use – although the penal code disagrees, except for alcohol and tobacco (see Hakkarainen et al. 2011). Intoxication is acceptable when regarded as temporary hedonism and escapism; everybody has the right to sometimes escape from the routine (Seppälä & Salasuo 2001). A doper, on the other hand, has made a conscious choice to become different, to something which he is not. He is not labeled poor but outright stupid. Intoxicant user may say “this is how I am” whereas the doper has to stress that “this is not what I am”. There is no return to “purity” to somebody once

indulged in doping (see Goffman 1963, 125–130⁶).

Professional and fitness athletes alike are labeled as dopers even if caught only once. It is different with intoxicant use; it is acceptable to boast about drinking spirits. Even the misuse of drugs can increase sub-cultural capital in certain groups (Thornton 1995) but a doper cannot, may not and do not want to say that he is already in his sixth steroid course.

Contrary to intoxicants, doping use usually takes place in closed circles and its goals are individual. Intoxicant use is, by nature, social and often requires a certain social setting (Zinberg & Harding 1979). The social nature of doping use is restricted to private locker room conversations, to the informative exchanges of experiences and, perhaps, in its most intimate form, to portioning doping substances to fellow users. In some cases, doping use might be a habit of a certain group of friends but it does not otherwise determine any group or culture. One can be a bouncer or go to a gym without using doping. There is a clear difference with regard to, for example, recreational drug use (Salasuo 2004a). Lee Monaghan (2001, 4) associates fitness doping, along the lines of Giddens (1991) and Beck (1992), mainly to the construction of one's individual identity and the reflective self. These are personal projects which are usually kept secret from others.

MEDICALIZATION

Medicalization is widely considered as a phenomenon of the so called post-modern era. At the outset and in general, the concept defined by Irving Zola (1972) referred to the dominance of medical authority in the society. According to Zola (*ibid.*), the limits of health and illness are constantly stretching ever further into people's everyday life. To an ever greater extent, drugs and medicine are being harnessed to the benefit of the human body (Verroken 2005, 30–31), and medicine is expected to provide an explanation and solution to most everyday phenomena (e.g. Tuomainen et al. 1999).

6. Goffman (1963) suggests that stigmatized persons develop various techniques; cover-up of deviance being a typical example. Persons who are aware of the attitudes of others may take the trouble to cover up their deviance. Cover-up generates "normality" and may facilitate social interaction. These persons adopt various practices to hide their deviance in social situations.



In the 1990's at the latest, medicalization was complemented by commercial consumerism and a strong drug industry which started to productize health in a determined way (e.g. Tuomainen et al. 1999; Verroken 2005, 30–31). This could be seen, for example, in the increasing demand for the so called comfort drugs (Toiviainen 2007, 39; Newman 2008, 326). The arrival of doping in Finland and the “technologization” of drug use can be seen as part of this process (Rantala 2002; see also Keane 2009).

Medicalization is linked to doping in two ways. First one is closely related to the stigma discussed above; it is the thesis of professional dominance, i.e. the expert authority of medicine and the labeling of doping users, partly as a result of the constructions of the former. This is illustrated, for example, in the exaggerated estimates as to the frequency of use and the volumes consumed (cf. Huhtaniemi 1994; Hartiala 1997; Karila 2003; Leppäharju 2011; see also Salospohja 2008; Tanninen 2008). The authority of experts has aimed at defining doping as a social problem and social deviance.

Along with medicalization, deviances are easily labeled as illnesses (e.g. Newman 2008, 245–246), and doctors have the obligation to offer treatment to an “illness” (Conrad [1976] 2006). Doping can be seen as “self-care” created by medicine but ran away from its authority. It is regarded, almost without questioning, as a negative phenomenon requiring action. For example, doping has been associated with the perverted body image (Raevuori 2009). Bodybuilders and musclemen are labeled as a deviant group, with certain physical and psychological stereotypes. According to Lee Monaghan (2001, 2), examples of the most typical labels of musclemen include an automatic assumption about doping use, narcissistic personality and mental instability – even dangerousness to other people. As another example, he refers to the controversial concept of “roid-rage” (Monaghan 2001, 14–19).

In addition to the authority of experts, fitness doping is associated with the second dimension of medicalization: individuals have taken their bodies, or in a wider sense, their entire lives as their lifetime project, to be shaped with the resources of medicine. This supports the perception that an individual is personally responsible for his choices, risk management and the search of solutions with the help of expert knowledge (e.g. Waddington 2000; Verroken 2005, 30–31). It is not a one-way process where the power of medicine would be applied to “obedient bodies”. On the contrary, modern people are “contemplating bodies”, actively exploiting the information produced by medicine (Lahelma 2003). Along with medicalization, active individuals are

offered a wide spectrum of modern medicine where chemical technologies serving individual interests and needs can be sourced from.

This is one of the reasons for the failure of the social control of drugs, doping and other similar phenomena. The location of different substances in the contemporary categories of control policy is usually defined by other factors than individual health risks (see e.g. Christie & Bruun 1986; Hakkarainen 1992; Ylikangas 2009). Contemplating bodies are exploiting, instead of norm guidance, the knowledge resources provided by media society when assessing potential risks and harms (e.g. Puuronen 2006) and the legislation does not motivate people to act in a desired way. The use of informal medication, outside official health care, has grown significantly since the 1980's. This reflects the collision of norms in the quickly evolving society. (Tuomainen et al. 1999, 21, 39–47.)

INCREASING DEMAND FOR DRUGS

With doping and drugs alike, it is a question of drug ingredients whose use is regulated in various ways. Along with more widespread drug use and their increasing availability, the social location of various legal and illegal drugs can change very quickly (e.g. Rynnänen et al. 2004). The “misuse” of drugs for various intoxicating or body shaping purposes is an almost unavoidable side-effect of medicalization. In the framework of post-modern thinking, people will not resign themselves to “obedient bodies”.

Individuals are increasingly defining the limits of health and illness themselves. They exploit the wide range of remedies offered by the medical industry on the basis of their individual needs and desires, whether it is a question about doping, drugs or something else. This trend is in line with the increasing consumption of prescription comfort drugs, used to enhance the well-being or performance of mostly “healthy” individuals. Drugs to prevent hair loss, to combat grief reactions, to promote weight loss or learning, or to tackle erection problems are examples of these (Klaukka 1999; Newman 2008, 326).

The demand for chemical technologies is on the increase at the same time as working life based on knowledge, know-how, creativity and performance seems to be progressing at an ever speedier pace (Lucke et al. 2011). The ethos of excellence nurtures the incessant development of self and worshipping one's body may often lead to financial capital (Tuomainen et al. 1999, 92–102).



Consequently, not only anti-depressants and drugs but also doping can be advantageous to some individuals in the hectic working life.

According to Timo Klaukka (1999), the growing interest in medical drugs and their breakthrough represent medicalization in the actual sense of the term. Add to this the growing responsibility for one's own health, the image of individuals as masters of their own lives and the appearance pressures created by the imagery of popular culture, and the result is an individual drawing from self-medication, in one way or another (see e.g. Järvi 2011).

CONTROLLING LIFE AND IDOLIZING THE BODY

Medicalization produces the tools and enables action but objectives are defined on a cultural basis. "Body is the bearer and giver of meanings" Taina Kinnunen (2001b) writes in her book *Nuori ruumis (Young Body)*. Various bodily ideals are appreciated in our culture. These include qualifiers such as height and weight, hair colour, skin smoothness, look and certain body parts such as feet, buttocks or breast, or clothing. Corporality is communication, telling something essential about the person and about his attitudes towards himself and others (Välilä 2001). Gym-goers are striving for a "perfect" body (Kinnunen 2001a, 26) which is defined in relation to that individual's social reality and resonance.

In the gym context, the ideal of the perfect body is defined by a certain group and can, therefore, be regarded as social capital among the members of that group. It can be seen as part of the group identity among the gym-goers and restricted to a special small group, but it can also be seen as capital in a wider social context – in the ethos of excellence (i.a. Putnam 2000). According to Pierre Bourdieu (1986), social capital is related to an individual's memberships in the networks of like-minded, mutually appreciative individuals and organizations. Bourdieu's (1986) symbolic capital refers to habitus which is defined by, among others, internalized ways to behave and act. They are manifest in styles, tastes, values and habits. Habitus is guiding behavior via differences and differentiations and, thus, defines the social identity and produces a certain lifestyle. Consequently, doping use can be defined as a phenomenon of different lifestyle communities (Maffesoli 1996).

When doping is connected to body discontent and body image disorders (e.g. Pope et al. 2000; Monaghan 2001, 25; Raevuori 2009) it is, at the worst,

interpreted as addiction. Such research approach does not acknowledge doping as a conscious choice, as a tool for acquiring positive capital and as a choice of lifestyle (i.a. Keane 2009). Helen Keane (ibid.) demonstrates the inconsistencies between various approaches in the title of her article *Sport, Health and Steroids: Contradiction or Ethical Self-Formation?* In the same way as Viagra, alcohol, cannabis or tobacco, also doping use can strengthen one's identity and status in certain social networks (Keane 2009), or as Taina Kinnunen (2001b) writes: "Gym underworld's inside perceptions of an esthetic body were more important to them than the opinions of the general public".

DOPING AS PART OF LIFE CONTROL

It is a question of life control methods (Roos 1988) and the control of lifestyles (Toivonen & Räsänen 2004; Sulkunen 2009). In this context, the notion of the strategies of life politics (Giddens 1991) refers to the same. In the post-modern era, control becomes ever more individual and individuals create various mechanisms for self-control. Doping is, thus, one of the ways to control one's own life. At the beginning of the training period, lifestyle becomes rigorously controlled. Between the training periods, there might be long periods without any significant investments in the body. This leads to a cyclical lifestyle where rigorous self-discipline is followed by loosening the grid – a hedonistic "time out" earned by hard training.

Repetitive behaviour, such as hard training, as part of lifestyle creates a sense of integrity, control, continuity and safety of self (Giddens 1992). This is a way to compensate for the perishing great narratives and traditions, and the sense of emptiness, insecurity and detachment resulting from that. In the life-course, this kind of lifestyle is a result of human activeness and various shaping processes (Vilkkö 2000). According to Pekka Sulkunen (1987), repetitive behaviour is a modern invention, the flip side of an individualized society. Obsessive training and the discipline needed in it are modern techniques of self (see Sulkunen 1997, 214).



”SACRED BODY”

This concept can be taken further along the lines of Émile Durkheim (1960), as Taina Kinnunen (2001a) has made in her aptly named book *Pyhäät bodarit* (*Holy Bodybuilders*). According to Kinnunen (ibid.), body is sacred to a bodybuilder; it is the totem and object of worship of an individual. The use of doping always aims at shaping the body, regardless of whether the goals are related to bodybuilding or not. The body is sacred and it is cherished in cycles. When body is prioritized, rigorous rules determine life during the training and course period: training schedules, a strict diet, abstaining from alcohol, the portioning of doping substances. These rules form small-scale, everyday rites which divide life into distinct sections.

The sacred body is protected and respected, and various taboos exist. When the toil determined by prohibitions ends, it is time for a feast. The fruits of bodybuilding become ripe. Body is still sacred and a source of pride, but less restrictions and more permissive rituals are applied to it. Body is exhibited, the shirt is taken off, and the holiness of the sacred body is further strengthened.

Nevertheless, Durkheim’s (1960) ”subject matter is true, strength is community” is only partly true. The ideals and totem are certainly determined by the community, and as Durkheim (ibid.) knew, the church of the believers is not formed by an individual but by the community. Still, there is something very lonely in body worship. Durkheim’s (ibid.) notion could be expressed as ”subject matter is true, strength is an individual”, almost literally, in the case of doping. Religiousness is given new manifestations in the whirlwind of individualism. The significance of the experience of a sense of community may fade but life needs ritual rhythms and something stable. Body worship in its discipline, seasoned by doping, offers an almost ideal manifestation of this (Weber 2002).

FROM A (PETTY) CRIMINAL WORLD TO POST-MODERN HEDONISM: HOW TO TAKE RISKS

In the modern society, life is risky, as all individual choices lead to responsibility (Bauman 1991, 209). With doping, risks may be health-related, social, financial or criminal. The decision in order to act and the act itself are always preceded by risk awareness and risk assessment, weighing the pros and cons

(i.a. Giddens 1991, 112–113). Risk assessment is done before the decision of using doping and, thus, risk taking is the core of doping use. Somebody drawing from health sociology could say that risk assessment is done on the basis of one's health sense (Hoikkala et al. 2005) – by exploiting individual social and cultural capitals related to health (Hoikkala 2009).

Using doping substances is always related to some degree of risk. Primarily, it relates to health; although not all users experience health harms, some do report them. In addition to health risks, doping use is a social risk. In a society with hostile attitudes towards doping, a doper can be easily stigmatized. Thirdly, doping can be a criminal risk if the user commits illegal import or dealing with doping substances. Fourthly, doping is a financial risk: on the black market, the user can waste his money on inactive substances. In conclusion, before initiating doping use, the potential user has to assess various risk factors (see Becker 1963).

Santalahti et al. (2007, 95) write about elite athletes using doping, but their findings apply to all doping users⁷:

1. Threats are regarded minor
2. Benefits are regarded significant
3. Attitudes towards doping use are neutral
4. The control authority of rules is regarded negligible
5. Attitudes towards doping use are favourable in the individual's reference group
6. Personal factors are favourable

In the listing above, contemporary attitudes towards risks and, on the other hand, towards “universal” truths are clearly visible (i.a. Tulloch & Lupton 2003). Experts are trusted less in the risk assessment, whereas the individual's own role as an interpreter of health is emphasized (i.a. Puuronen 2004). People are aware of the fact that not even authorities agree on harms and risks. Furthermore, other factors than sincere concern about the well-being of other people appear in the background of the doping question (e.g. Hemánus 1997). Thus, users might regard experts' warnings and risk assessments as strange, incorrect or biased (Tulloch & Lupton 2003, 2–3).

7. Changes by authors.



The second factor on the list of Santalahti et al. (2007) is the benefits of use. The basic idea behind doping use is that doping substances are used in order to reach certain goals which cannot be reached otherwise. In the light of this study, doping users regard the benefits as significant and quick. The third factor relates to morale. Thus, an individual having no moral obstacles might consider doping use. The moral obstacle can, however, develop quickly by the opposition of friends or family members, e.g. the user's spouse. Fourth point, control, does not present any major obstacle to doping use in Finland, as the use of doping substances is not criminalized.

The fifth factor having an influence in whether or not start doping use is the immediate surroundings of the individual (Santalahti *ym.* 2007). Doping use is usually started by the guidance of training buddy or other acquaintance. Values and attitudes are mostly inherited from one's immediate surroundings and they determine the objectives of doping and training (Maloff et al. 1979). At the same time the entire lifestyle changes. The sixth factor is related to personal factors. Adventurous people have been reported having a greater tendency to start doping use (Denham 2009). The same applies to individuals whose thinking Santalahti et al. (2007) describe negative. If they do not reach the set goals they blame themselves, their body or, for example, their weak will. Also individuals with body discontent or body image disorders in the background of their doping use can be reckoned in this group. An extreme example of personal factors is body dysmorphic disorder, an illness clearly fulfilling the criteria of psychiatric disorders (see Raevuori 2009).

We can summarize the sequence of risk assessment outlined above as follows: a person has socially and culturally set objectives which he believes can be reached by using doping, he has no moral obstacles to doping use and he believes that the possible harms can be controlled. Thus, the risk to reach the objectives is worth taking. Similar risk assessment continues throughout his user career. With continued use, the pros and cons of doping use become easier to assess and reassess, and the nature of use is modified according to regular risk assessment results. It is most important that benefits equal objectives and that harms are regarded as controllable (see Becker 1963).

VARIOUS RISKS

Doping users are diverse, as could be seen in the previous typology of user groups. Risk penetrates these user groups in slightly different ways. In the (petty) criminal subculture doping substances are a symbolic tool and a habit of some degree, a subcultural style. In this group, doping is one risk factor among many. Other lifestyle factors are more probable to lead to, for example, a premature death: traffic accidents, drunken fighting and other confrontations, homicides and hard drugs.

Also in the masculine work culture, doping is often regarded as a relatively small risk (e.g. Thiel 2007). Potential harms are tolerated because they belong to that lifestyle. There is no moaning about trivial things and it is better to be big than small. Dopers using substances to acquire professional capital take another risk, in addition to health risk. As noted above, the members of this group often seem to be the most “normal citizens” among the doping users. One of their greatest risks is the revelation of their doping use and the following stigma.

Risk taking among those whose use doping to enhance their looks may include interesting features penetrating their whole lifestyle. Risk taking is an integral part of their culture and guarantees their lifestyle; a kind of reaching out to eternal youth. These people are the outcomes of post-modern individualism, the James Bonds of casinos and nightclubs. Modern medicine offers them plenty of solutions to intoxicate themselves, to perform better, to rest and relax, to build muscles, to lose weight and so on. They feel at home in the medicalized world while building their unique self and looking for adventures.

How does such an esthete master risks? Information on doping agents is received from friends and from the internet, and even from medical experts on counseling services such as *Dopinglinkki*, or from a personal doctor. These users look for information about the characteristics of substances, the optimal course for themselves, about how to restore hormone levels and about harms and training. When starting a course, they are well aware of its benefits and harms. Their use is probably as controlled as it can be without medical supervision.

For these users, the results of doping, whether in looks or strength, have to appear natural. A hero in the era of individualism does not admit being a swindler. Instead, he publicly tells how he is boosting his good heredity by active training. The revelation of doping use would be a catastrophe. As one informant concluded: “All want to look at the mass monster but nobody



wants to be his buddy”. Exceptions confirm the rule, however: medicalization has broken through so strongly that not all users see any reason to hide their doping use.

The risk of bodybuilders and fitness athletes relates to ethics in sport. Their morale is flowing to and from the world of competitive elite sports. To lose one’s reputation as a clean (fitness) athlete is a serious risk. If their secret is revealed, their strength and performance becomes false in the eyes of others.

SAME REASON – DIFFERENT TARGET

The use of doping in elite sports, with positive tests and celebrated heroes, dominates the debate to the extent that it also affects doping use outside elite sports – this is called social contagion. Nevertheless, this is not only blurring the field of vision but also provides one interesting perspective.

An athlete aiming at the top is well aware of risks. When starting a career in professional sports, competitive instinct takes over other values and everything else may be left aside. Thus, doping is not the only risk to take in the world of sports. As all other doping users, also elite athletes have to balance risks, harms and benefits. They have to reflect on what is valuable in life and what they want to aim at. The health risks of an elite athlete might be as smaller than those of an independent doping user who uses doping to boost his looks, but other risks are all the bigger. By using doping, the elite athlete risks his reputation, career and living.

Bodybuilders and fitness athletes might turn to doping for partly similar reasons. They have sacrificed an important part of their lives to sports and they are possessed by competitive instinct as well. They simply want to perform better even with no prizes in their reputation or earnings in sight. They are, in fact, the true personifications of the competitive instinct in the era of individualism. The (post) modern world admires its winners and heroes, placing even the everyday life on a running track. The fastest and the smartest cross the finishing line first (and head for new races) while some never even reach the finishing line.

CONCLUSION

What is the contribution of this study to our knowledge of doping and its use outside elite sports? The research data is not exhaustive but offers a wide perspective to a very little known phenomenon.

The research provided unparalleled information on the lifetime prevalence of doping use in Finland. On the basis of this study and previous research we can fairly accurately conclude that approximately one per cent of the Finnish adult population has experimented doping substances at some point in their lives. Consequently, we can conclude that doping in Finland is, thus far, a minor phenomenon which in no way can be regarded as a national disease or epidemic.

As described in the study, modern times provide a fertile ground for the spreading of various chemical technologies. The so called ethos of excellence drives people to perfect themselves and to aim at the maximum. This applies not only to professional life but also with regard to one's body. People are striving for success regardless of the means and risks. At the same time, health behaviour is becoming more individualized. Consequently, modern times are characterized by health choices defined by individual ambitions.

Information on health risks and harms related to fitness sports doping is more widely available than ever, thanks to the internet. The risk analysis of doping use and its potential harms is done on the basis of the individual health sense of the doper. The contemporary ethos makes people ignore potential health risks and grasp various performance-enhancing methods (Koski 2005).

Doping is, above all, a tool. It is used to accumulate various forms of capital. Some users are motivated by the possibility to gain strength and muscles for the professional life; others are striving for success in the eyes of the opposite sex. The common denominator of varying motives is the striving for bodily capital which, in turn, is believed to result in the accumulation of social, cultural and professional capital – with varying degrees of importance. This is one of the key results of this study. Doping is not used for the substances themselves.

Risks and potential health harms are linked to doping. However, in the light of this study, they do not appear in Finland to the extent medical research suggests. Health harms linked to fitness doping share similar features with cannabis harms advanced in the 1960's and 1970's. In both phenomena, harms related to the consumption of very important quantities are presented as if they applied to all users (see Salasuo 1999). This leads to a situation, from the



point of view of preventive policies that users do not believe in the information supplied by authorities. Consequently, cultural instructions arise and they are passed on from one user generation to another. Today, they circulate in the internet, in particular. Cultural instructions are often very precise and can effectively prevent harm. Their handicap is, nevertheless, that they cannot offer help with acute health risks. In addition, many users do not fully trust them and prefer to ask doctors for advice.

THE SOCIAL LOCATION OF DOPING

The social location of doping was deliberated at the beginning of this study, with the conclusion that it is still being shaped. It is evident that this study contributes to that shaping process. Our aim is not to indicate a certain location but, rather, to supply elements to academic and public debates.

The dismantling of myths and false beliefs contributes to the determination of doping's social location. Discussing doping without strong emotional reactions is often difficult as the concept is so charged and tense. Everybody has an opinion on doping, also those who know very little about it. Many arguments have become traditional wisdom even without being based on research. Some of the most obvious examples are the book of Dick Pound, the former president of WADA, *Inside Dope* (2006) and, in Finland, for example *Urheilun kahdet kasvot* (*The Two Faces of Sport*) of Kaarlo Hartiala (1997). Both books put forward arguments without any substance as facts.

In fitness sports, doping has usually been observed from the medical perspective – fitness doping is viewed first and foremost as a health problem. Several medical studies have been conducted on the subject. Other angles have been overshadowed by the health paradigm. Without understating the health perspective, this survey offers new insights into the phenomenon. A valid question is, whether the flaws and distortions related to the ethos of excellence have been forgotten and engulfed by the health paradigm? From the user's point of view, it is often a question of life control and self-discipline.

Several media (e.g. HS, September 12, 2011) have reported on doping offences having become more common between 2003 and 2009. As suggested above, reporting on statistics only does not tell, in this case, anything about the phenomenon itself. New, online purchasing channels represent one reason for the growing figures. Furthermore, the statistics of control authorities can

never accurately illustrate the frequency of use. The actual significance and contents of such news are never opened up to ordinary citizens. When reporting on offences, the tone of the news is often negative. Thus, a piece of news can present a textbook example of the construction of social problems. Police is communicating on the increasing number of offences but to the reader's eyes, it is a question of a growing problem. As suggested in the paragraph about doping offences, this leads to an incorrect understanding of the nature of the doping phenomenon as a whole.

When determining the social location of doping, positive effects should be taken into account as well. Regular physical activity, training, rigorous diet and abstaining from intoxicants are central elements of any doper's lifestyle. All of them are lifestyle choices whose importance is continuously emphasized in the debate around public health. If such disciplined lifestyle is complemented by small quantities of doping agents, the benefits are often seen to outweigh the harms – at least this is how the dopers think.

In conclusion, doping outside elite sports is an exceptional and challenging social phenomenon. Thus, it is very positive that comprehensive analytical and preventive actions have been taken before a wider moral panic. It is desirable that the existing approach around the phenomenon, based on cooperation between authorities and research, continue.



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The debate on doping use outside professional sports in Finland got in full swing in September 2007, when the then Minister of Culture and Sports Stefan Wallin expressed his concern about doping use becoming more common outside professional sports. He even questioned whether doping use was becoming a national disease. Wallin's question has remained unanswered, and the debate on doping outside professional sports has mostly relied on stereotypes and false information.

The use of doping outside professional sports cannot be regarded as deceit or breaking the moral values of sports. The international and sport-related anti-doping rules are made to regulate various sport events, not individual drug use. This distinction is further emphasized by non-criminalization of the use and possession of doping substances in Finland.

