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Drivers of illicit drug use regulation in Australian sport

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ABSTRACT

Most Australian sport stakeholders not only believe that government regulation is a good thing, but also assume that intervention in the drug-use problem will improve sport's social outcomes and operational integrity. In this paper we examine the regulation of illicit drug use in Australian sport through an interrogation of two cases: the Australian Football League and the National Rugby League. Using Pierre Bourdieu's conceptual frames of social field, capital, and habitus, we aim to secure a clearer understanding of the drivers of Australian sport's illicit drug regulations by (1) identifying those stakeholders who set the drug regulation agenda, (2) revealing the values and dispositions that underpin these regulations, and (3) explaining how dominant stakeholders go about sustaining their position and marginalising those stakeholders with opposing drug regulation claims. Our results show that Australian sport's drug-use regulations are driven by a set of values and dispositions that views sport as an instrument for shaping the character of its participants, and drugs as a threat to sport's moral fabric and good standing. The dominant stakeholders, comprising the Commonwealth Government, its sport agencies, and the major governing bodies for sport, imposed these values and dispositions on peripheral stakeholders by designing a drugs-in-sport social field that yielded capital and power to only those participants who endorsed these values and dispositions. Peripheral stakeholders – including players, their agents, and drug-treatment professionals – who mostly shared different values and dispositions, were sidelined, and denied the opportunity of adding to their already limited supplies of capital, power, and policy making influence.

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1. Introduction to the study

Under the oversight of the World Anti-Doping Agency (WADA) a tightly organised global network of drug-use regulations have been operating in sport over the last decade. Not only have these regulations been broad-based and punitive, they have also become complex and ambiguous (Park, 2005; Rasmussen, 2005). The distinction between in-competition and out-of-competition drug testing is frequently blurred, and the confusion is compounded by the provision for therapeutic exemption, which means that players and athletes who have a medical condition that demands treatment with a drug on the banned list, can seek approval to use it. Moreover, the different sanctions associated with performance enhancing drug use and illicit drug use are not always clear, and some of sport's governing bodies have not been prepared to accommodate WADA's

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regulatory demands. Most notably, Major League Baseball in the USA, resisted WADA's overtures, and instead maintained more lenient, and for some critics, 'moronic', standards with respect to anti-doping and illicit drug use (Bryant, 2005; Pound, 2006: 132). Yet, other sports bodies around the world were proactive, with some of the most extreme developments occurring in Australia. This is especially the case with illicit drug policy.

This begs the questions as to what forces and factors shaped the development of drug use regulations in Australian sport, what role the Australian Commonwealth Government (ACG) played in enforcing the WADA Code on national sporting bodies, how national sporting bodies responded to government initiatives, and why some of Australia's sporting codes were so quick to implement an illicit drug use Code – which had nothing to do with performance enhancement – and others were not. In order to answer these questions, and the final one especially, we aim to (1) identify those stakeholders who set the illicit drug-use regulation agenda, (2) reveal the values and dispositions that underpinned these regulations, and (3) explain how the dominant stakeholders went about sustaining their position and marginalising stakeholders with opposing illicit-drug-use regulation claims (Kirchberg, 2007: 118). In addressing the illicit-drug-use regulation problem in Australian sport we interrogated two cases: the Australian Football League and the National Rugby League.

2. Background to the study

It is important to remind ourselves that Governments around the world have regularly waged wars on drugs on the grounds that they are a social liability (Benavie, 2009; Eldredge, 1998; Gray, 2001; MacCoun & Reuter, 2001; Robinson & Scherlen, 2007). The drug-wars go back to the USA Presidential Election of 1968, when the Republican candidate, Richard Nixon, campaigned on a platform of restoring stability to America, and corraling the 'lawless wreckers' of the 'quiet lives' of middle Americans. In Nixon's eyes, these lawless wreckers were not only 'bra-less women' ... 'treasonous priests' and ... 'homicidal Negroes' but also 'stoned hippies' and 'larcenous junkies' (Baum, 1996: 10). Nixon won the election, and having repeated his claims that drugs were (1) 'decimating a generation of Americans', (2) a serious health problem (3) weakening the American 'character', and (4) fundamentally immoral, declared war on drugs (Baum, 1996: 20–21). The USA Government's war on drugs not only involved a battle for the hearts and minds of citizens through argument and persuasion, but was also bolstered by a raft of regulations culminating in the Drug Abuse Prevention and Control Act of 1970, and the Crime Control Act of 1984 (Robinson & Scherlen, 2007: 30–34). The drug war continued unabated in the USA, spread across the globe, and was re-shaped as 'a religious crusade against vice' (Benavie, 2009: 13). And despite the trend to market liberalisation, the 'regulatory regimes' that sought to manage drug use continued unabated (Braithwaite, 2008: 26; Gray, 2001: 27; OECD, 2002: 22).

Australia has faced a similar predicament over the last 30 years. Its per-capita consumption of licit and illicit drugs is comparable to the USA, and despite anti-drug use legislation and the intervention of various anti-drug use campaigns, there has been only a marginal decline in drug use (Australian Institute of Health and Welfare, 2008; Ministerial Council on Drug Strategy, 2004). When prescription drugs are included, drug use is higher now than was in 1990 (Australian Institute of Health and Welfare, 2008: 4). A recent national survey found that 20% of Australian adults were still regular smokers, 21% were still consuming alcohol at levels that posed serious health risks, while 37% were using some form of medication for their "mental well being" (Australian Bureau of Statistics, 2009: 6–7). While usage levels for illicit drugs are lower, they are still significant, with 34% of Australian adults having used cannabis, at least once, 9% having used ecstasy, 7% having used hallucinogens, 6% having used cocaine, 6% having used amphetamines, and just under 3% having used heroin and other opiates at least once (Australian Institute of Health and Welfare, 2008: 6).

It is also important to note that there has been a serious drug-use problem in sport over the last four decades, and a concomitant desire to regulate it (Hanstad, Smith, & Waddington, 2008; Hunt, 2007; Rushall and Jones, 2007). From the 1950s to the early 1970s alcohol was used to calm the nerves, while caffeine and nicotine were used to lift energy levels. Painkillers were also prevalent, and included low dose aspirins and heavy duty narcotic analgesics (Dimeo, 2007; Hunt, 2007). During the 1980s, the substances of choice shifted to androgenic and anabolic agents, stimulants, and human growth hormone, which enabled athletes to improve performance (Hoberman, 1992; Taylor, 1991). By the 1990s drug use had spilled over into substances that improved endurance, with erythropoietin (EPO) being the archetypal stamina booster. In the 2000s, insulin, diuretics, and adulterating agents to help mask positive drug tests were in heavy use, while beta and cortisol blockers were used to reduce anxiety and improve fine motor skills (Pampel, 2007). Even with the establishment of WADA, and the implementation of its anti-doping regulations in 2004, drug use in sport did not abate (Alaranta, Alaranta, & Ilkka, 2008; Uvacsek et al., 2009).

During the 1980s The ACG and national sport authorities were uncomfortable with the growing use of drugs in sport (Stewart, 2007). They were especially concerned that unregulated and "unhealthy" drug use – and the social problems that accompanied it – would undermine the good standing of sport, bring it into disrepute, and fracture the relationship it had with sponsors (House of Representatives Standing Committee, 1990: 66; Senate Standing Committee, 1988: 15). Like Nixon in the 1960s, they believed that drug use was a serious form of cheating that denied the space for fair-play, a social hazard that undermined the integrity of sport, and a deviant practice that destroyed the role modelling effect of sporting heroes on young players and fans (Australian Sports Commission, 2004; Kelly, 2000, 2001; Kemp, 2005; Senate Standing Committee, 1988; Williams, 1998; Wright, 2005). In other words, the desire to regulate drug use in sport, was, as with the broader war on drugs, built on a platform of values and dispositions that first, demanded a safer, fairer, more ethical and healthier world, and

Table 1
A typology of permissible drug use under the WADA Code 2004.

	Performance enhancing drugs	Illicit drugs
Drugs used out of competition	Prohibited	Prohibited
Drugs used in competition	Permissible	Prohibited

second, viewed drug use as an immoral and illegal practice (MacCoun & Reuter, 2001: 55) fed by a ‘criminal . . . underworld’ (Conrad & Schneider, 1992: 111).

3. Drug regulation in Australian sport

The International Olympic Committee (IOC) implemented anti-doping controls in the 1970s, but they were narrowly scoped, and had only sporadic support from international governing bodies for sport (Hunt, 2007). However the IOC’s often lackadaisical approach changed in the late 1990s in response to doping allegations arising out of the 1996 Atlanta Olympic Games and the Tour de France Festina team affair of 1998. These incidents confirmed that the performance enhancing drug use in sport was widespread (Hanstad et al., 2008; Hoberman, 2001), and prompted the IOC to establish an international agency that could enforce a worldwide anti-doping code, and secure the level-playing-field principle so highly valued by sport’s stakeholders (Kirkwood, 2004; Mignon, 2002; Pampel, 2007). This led to the establishment of WADA in 1999 (Hanstad et al., 2008; Rasmussen, 2005), with a mandate to (1) test athletes for drug use, (2) investigate allegations of use, possession or trafficking, (3) apply sanctions for violations of the code, and (4) communicate the virtues of drug-free sport, and ‘promote fairness and equality for all’ (Houlihan, 2003; Park, 2005: 178; Pound, 2006). WADA became the dominant player in the drugs-in-sport (DIS) regulatory field, and its values and dispositions now set the anti-doping agenda. The ACG adopted the World Anti-Doping Code in 2004, and together with its 1999 policy statement which went under the banner of *Tough on Drugs in Sport*, it became the foundation-stone of the ACGs drugs-in-sport policy. The ACG also mobilised the considerable resources of the Australian Sports Commission (ASC), which implemented government initiatives, and the Australian Sports Doping Agency (ASDA), which undertook drug testing, to ensure the effective delivery of its policy.

The WADA regulations specified a prohibited list of substances that not only included performance enhancing substances like synthetic erythropoietin (EPO), synthetic human growth hormone, anabolic–androgenic steroids, and stimulants, but also a range of illicit drugs like cannabis, cocaine and various narcotics, which did not usually have performance enhancing attributes (WADA, 2004, 2006). In order to be proscribed by the WADA regulations, substances had to meet two of the following three criteria. First, the drug enhances performance; second, consumption of the drug constitutes a risk to the athlete’s health; and finally, the use of the drug(s) ‘violate (s) the spirit of sport’ (WADA, 2003: 15–16). This suite of values was conflated into the WADA slogan of ‘play-true’, which confirmed the underlying belief that sport needs a strong ethical framework to ensure its sustainability. While anabolic steroids were banned because they contravened criteria one and two, illicit drugs like marijuana were banned because they contravened criteria two and three, which means that even though they did not enhance performance, they were still of sufficient concern to warrant banning. The WADA Code also distinguished between in-competition drug use and out-of-competition drug use. Drugs deemed to have performance enhancing capacities were banned throughout the year, but illicit drug-use was banned during periods of athletic competition only (Horvath, 2006). The distinction between PEDs and illicit drugs, and between in and out of competition testing is illustrated in Table 1.

4. Illicit drugs and the Australian Football League

The Australian Football League (AFL) is Australia’s most popular sport league, draws a seasonal attendance of more than 3.5 million, and has a television rights contract valued at \$150 million a year. It is also a socially progressive sport association, having broadened its player code of conduct to include rules on vilification, homophobia, sexism, sexual violence, discrimination, racism and harassment (Macdonald & Booth, 2007; B. Stewart, Dickson, & Smith, 2008).

Prior to the introduction of the 2004 WADA Code the AFL’s anti-doping focus was to deter any ‘unfair advantage’ by mandating testing for banned PEDs such as steroids and stimulants (Horvath, 2006: 358). While marijuana and other illicit drugs were not tested for at this time, the AFL’s policymakers pondered their status, and whether it should test for drugs that, while not performance enhancing, might otherwise adversely affect players’ health and undermine the AFL’s public image (B. Stewart, et al., 2008). After consultation with the players’ trade union, the AFL Players’ Association (AFLPA), the AFL Commission arranged for an all-year-round illicit drug testing pilot study focusing on cannabis. The study revealed that between 2002 and 2004 twenty-six AFL players tested positive to cannabis from a total of 915 tests, five of these occurring in-competition (Horvath, 2006). While the results indicated that only a small proportion of players were users, it was agreed to formally address illicit substance use (Horvath, 2006).

The AFL’s 2005 illicit drug policy (IDP), which is summarised in Table 2, was unique in that, in contrast to WADA policy, it tested for use both in and out of competition (Stewart, 2006). It was underpinned by a ‘three strikes’ approach that tackled the use of illicit drugs as a health problem as well as a moral and legal problem. Players showing a positive test for the first or second time were required to undergo rehabilitation. A lynchpin of the system was the players’ right to privacy, whereby the

Table 2
AFL illicit drugs policy 2005.

Testing procedure	In competition policy sanction	Out of competition policy sanction
1st positive test for player	Test result sent to club doctor only: counselling to follow	As for in-competition arrangements
2nd positive test result for player	Club doctor notified, more intensive counselling and treatment	As for in-competition arrangements
3rd positive test result for player	Club officials and AFL Commission notified plus max. 12-week suspension	As for in-competition arrangements

medical records of players who tested positive were handled solely by AFL-appointed physicians, while neither the player's club, nor the AFL, was to be informed of first or second breaches of its illicit drugs policy. However, a third 'strike', or positive test, resulted in the player's drug problem being made known to his club, and a maximum twelve-week suspension could be imposed (Finnis, 2005).

The ACG was uncomfortable with this policy since it did not conform to its zero tolerance position on drug use, which emphasised deterrence via mandatory punishment (ASADA, 2008). The AFL's stance on illicit drug use was viewed as soft, even though – unlike AWDA – it tested all-year-round. Matters came to a head in mid-2005 when the AFL and AFLPA rejected the government's invitation to make the in-competition part of their illicit drug policy compliant with the WADA Code (Stewart, 2006). They had reservations with WADA's possible two-year ban for testing positive, and were unhappy with WADA's in-competition emphasis on 'naming and shaming' and its lack of interest in rehabilitation (Carlyon, 2005; Finnis, 2005; Murnane, 2005a). However, the AFL finally signed up to the WADA Code under an ACG threat to withdraw \$1 million of annual funding if the AFL remained non-compliant, and it subsequently incorporated the Government's demands in its 2006 policy arrangements (Murnane, 2005b).

5. Illicit drugs and the National Rugby League

The National Rugby League is Australia's second most popular sporting league after the AFL, with annual attendance just over 1.5 million, and an annual television rights fee of around \$80 million. While not strongly supported in Australia's southern states, it is the dominant football code in New South Wales and Queensland (Macdonald & Booth, 2007). Its anti-doping rules generally lagged behind the AFL, although it had introduced a PED policy in the late 1990s. With the introduction of the WADA Code in 2004, the NRL extended its testing program into illicit drugs, but unlike the AFL, did not test for illicit drugs out of competition (Horvath, 2006).

However, a number of drug use incidents forced the hand of the NRL, and in mid 2007 it introduced its own out-of-competition illicit drugs policy. While similar to the AFL's approach, the NRL model had some additional features which were developed in consultation with the player's union, the Rugby League Professionals Association (RLPA). Instead of only warning players for a first offence, it introduced a suspended mandatory fine of 5% of the player's salary, and for a second offence the payment of the fine was demanded, and a maximum suspension of twelve NRL games could be served. The NRL policy is summarized in Table 3.

While it was not quite the naming-and-shaming approach favoured by hard-line drug regulation advocates, it was punitive enough to satisfy those who believed in zero-tolerance. The NRL had previously allowed clubs to test for illicit drugs as they saw fit, but the new proposal represented a uniform approach for all clubs to follow in terms of testing, sanctions and rehabilitation. The NRL's illicit drugs policy came into operation in August 2007, thus making it the second sport in Australia to introduce such a program on a national scale. The ACG welcomed the NRL initiative, and suggested that other sports should follow suit (Wiseman, 2007).

6. The government response

Having embraced the WADA Code of 2004, secured stronger illicit drug use rules from the AFL and NRL, strengthened the role of ASDA in 2006 by giving it the power to investigate drug use allegations, and renamed it the Australian Sports Anti-Doping Authority (ASADA), ACG was poised to extend its control over the rest of Australia's sporting bodies (Australian Sports Commission, 2007). With a federal election looming in late 2007, the ACG reviewed its anti-doping arrangements, and in the wake of illicit drug use incidents earlier in the year involving AFL player Ben Cousins and NRL player Andrew Johns, placed the issue of illicit drug use high on its sport policy agenda. The ACG was not only opposed to PEDs, but also took an uncompromising line on illicit substance use (Brandis, 2007a), having pressured the AFL to sign up to the WADA

Table 3
NRL illicit drugs policy 2007.

Testing procedure	In competition policy sanction	Out of competition policy sanction
1st positive test for player	Warning to 1-year suspension	Suspended fine of 5% of annual salary plus 3-month counselling
2nd positive test result for player	Up to 2-year suspension	Payment of suspended fine plus maximum of 12 weeks suspension from playing
3rd positive test result for player	Possible life-time suspension	As above

in-competition illicit drug part of the code in 2005, which provided for sanctions but no rehabilitation. Government ministers also denounced the AFL's out of competition policy as weak, since it allowed players to offend twice before their names were exposed to club officials. Instead, they called for a year-round zero-tolerance approach that involved publicly naming players who tested positive, and imposing penalties for a first offence (Magnay, 2007a,b,c).

In September 2007 the ACG's pre-election policy document called for more frequent and intensive year-round illicit drug testing, with both the Sports Minister, George Brandis, and the Health Minister Christopher Pyne, seeking advice from ASADA about 'how testing for illicit drugs can be strengthened' (Stafford, 2007). In addition, Brandis was considering 'the possibility of more funding to help sporting codes introduce new testing regimes', since it was estimated that additional 'drug screening cost[s] would be to \$1000 a test' and that 'many sports could struggle to fund out-of-competition testing unless the Government pays' (Stafford, 2007). A tough-on-drugs-in-sport stance was vital, the policy document stated, to 'help restore the status of sports men and women as positive role-models for all Australians' (Brandis & Pyne, 2007: 2). The scope of the policy was unprecedented, NSOs were invited to adopt an out-of-competition illicit drug testing regime, and the ACG would consider requests for up to 6000 tests with a total cost of \$A21 million (Brandis & Pyne, 2007: 1). So, leading up to the 2007 Federal election, Australian sport's illicit drug use regulations had become increasingly coercive. The ACG signalled that despite illicit drugs having no effect on performance—and were therefore not a form of cheating - they should still be tightly regulated with the threat of heavy suspensions for players found to have used (Brandis, 2007a,b). This begs several questions, which are, first, who drove the illicit drug-use regulation agenda, second what values and dispositions did the agenda reflect, and finally, what tactics and arguments were used to legitimise the regulations, maintain the power of the dominant stakeholders, and marginalise others.

7. Making sense of the cases

In framing our analysis of illicit drug use policy in Australian sport we utilised Pierre Bourdieu's concepts of (1) social fields, (2) capital and (3) habitus. Bourdieu's bedrock principle is the social field, which provides the space for agents and stakeholders to play out their 'struggle' to 'maintain monopoly power' over authority, influence and prestige (Bourdieu & Wacquant, 1992: 13). And, in the social fields, authority, influence, and prestige are not distributed equally. This is because some agents and stakeholders can accumulate capital – which is the source of power – more readily than others. Capital comes in a number of forms, including (1) economic, which is about displaying one's highly valued possessions, (2) cultural, which is about demonstrating one's superior knowledge of the arts and other cultural practices, (3) symbolic, which is associated with confirming one's status and reputation, and (4) social, which refers one's network of acquaintances. At the same time, agents and stakeholders accumulate values and dispositions – their habitus – which shapes their responses to the world around them (Bourdieu, 1984, 1993; Bourdieu & Passeron, 1977/1990). Agents and stakeholder with similar values and dispositions create a class, or collective habitus, with each habitus occupying a position in the social hierarchy. And, the more capital stored in each collective habitus, the greater its status and power (Bourdieu, 1985; Kay & Laberge, 2002).

Bourdieu's model of social behaviour shows how the accumulation of capital can shore up the power base of a class or collective habitus, and highlights the ways in which this power can be used to impose values and dispositions on other agents and organisations, and consequently dominate a social field. It invites the researcher to identify those social agents and stakeholders who have accumulated power and use it to dominate the social field, it demands an analysis of the values and disposition that drive their behaviour, and it requires a commentary on how these values and disposition are used to subjugate other participants.

8. Dominant stakeholders and their underlying values and dispositions

This case analysis shows that the Australian 'drugs in sport' (DIS) field of play was dominated by a few influential players backed by substantial stocks of capital. The ACG was front and centre, since it had legislative control over drug regulation. Its power was enhanced by both the ASC, which had funding control, and ASADA, which controlled drug testing and investigated drug use allegations (Stewart & Smith, 2010; B. Stewart, et al., 2008). In the first instance they used their highly valued economic, symbolic and cultural capital to re-shape the rules and regulations of the AFL and NRL. They subsequently co-opted the AFL and NRL to secure additional control over the DIS field of play, and, in doing so, forced their values and dispositions about what sport should, and should not be, about—on to other less influential 'players' occupying the field. Consequently, other stakeholders who wanted to enter the field of play such as the media, other professional sports leagues, other NSOs, or a professional drug treatment agency, were bound by the rules already embedded in the field by the dominant agents and stakeholders, with the ACG setting the agenda.

New players were subsequently constrained by a collective habitus – and accompanying set of values and dispositions – which sent a number of clear and distinct messages. First, performance enhancing drug had no place in sport because they were a form of cheating, and cheating undermined the structural integrity of sport. Second, neither did illicit drugs have any place in sport, since they contaminated the moral foundation of sport, their use gave permission for young people to also use, and they further diminished sport's social value. Third, severe fines and punitive suspension were necessary to curb drug use, and more generally control the actions of athletes. Finally, treatment, rehabilitation, and softer penalties were no solution to the problem since they implied that drug use was essentially a health issue, when it was fundamentally a moral and

credibility issue (Bloomfield, 2003; Brandis & Pyne, 2007; Ferguson, 2006; Kelly, 2000, 2001; Kemp, 2005, 2006; WADA, 2005).

The ACG and its agencies conceded that players who took illicit drugs did not secure a competitive edge. But they also vehemently argued that illicit drug use not only threatened sport's good reputation, but also broke down social discipline and encouraged drug use in the broader community (Brandis & Pyne, 2007: 1). The moral certitude that underpinned this argument – which features in most drug regulation arguments (Benavie, 2009; Caulkins, Reuter, Iguchi, & Chiesa, 2005; MacCoun & Reuter, 2001; Robinson & Scherlen, 2007) – was seductive for other stakeholders who wanted to see sport prosper, and did not want to see its reputation for building (1) character and (2) strong communities, tarnished. The CGA and its support stakeholders consequently adopted a punitive, zero-tolerance drug policy that gave no leniency to misunderstanding or ignorance, and made it clear that 'if you want to be an elite athlete ... you can't do drugs' (Egan, 2007: 1). They also claimed the moral high ground, as anti-drug use proponents had always one, by denouncing (1) the evils of drug use in general, (2) the cheating that underpins performance enhancing drug use in sport, and (3) the criminality involved in illicit drug use (Benavie, 2009; Bessant, 2008; Gray, 2001). According to Prime Minister Howard, 'all drugs ... were evil', drug users 'were pariahs', and in any case ... sports men and women did 'not need drugs' (Karvelas, 2007: 1).

In contrast, player welfare and harm-reduction proponents, which included most drug treatment professionals whose arguments centred on counselling and treatment, failed to gain any policy traction, despite their proposal being grounded in the advice of clinical experts (Caulkins et al., 2005: 38; Kayser & Smith, 2008: 86; Smith & Stewart, 2008; Smith et al., 2010). Evidence indicating that harm reduction policies like counselling and rehabilitation were far more cost-efficient ways of lowering the social and cultural 'damage' associates with illicit drug use in sport (Babor et al., 2010; Benavie, 2009: 113; Eldredge, 2000: 161; Gray, 2001: 6), were dismissed by the dominant stakeholders as sending the wrong messages to the community about drug use. On the other hand, there was scanty evidence in support of the claims that elite athletes heavily influence the behaviour of youths through a role modelling effect (Long & Sanderson, 2001; Payne, Reynolds, Brown, & Fleming, 2003; Vescio, Wilde, & Crosswhite, 2005). Studies of professional players and athletes hero-worshipped by school-age children found that their off-field illicit drug-use was rarely copied (Hogan & Norton, 2000; Keresztes, Piko, & Pluhar, 2008; Lines, 2001).

We were therefore left with regulatory arrangements based mainly on intuitive notions of player morality and the social value of sport. This meant that these arrangements were not only framed by flimsy evidence, but also formulated in a climate where contradictory evidence was sidelined. This is not an ideal foundation for 'achieving social progress' (Sanderson, 2002: 19). As a result, the form that the regulatory arrangements finally took were not so much a function of the evidence assembled for each option, but rather the result of dominant stakeholders – the CGA and its stakeholder partners – imposing their collective habitus – or 'ideological will' if you like – on subordinate stakeholders, and constructing regulations consistent with their values and dispositions (Althuas, Bridgman, & Davis, 2007: 67–68; J. Stewart, Hedge, & Lester, 2008: 100–101).

9. Concluding comments

In summary, the ACG's 2007 illicit drug use regulations was a function of its values and dispositions about sport's role in building character and strong communities, and reflective of an ideology that viewed sport as a moral compass to guide young men and women through the post-modern jungle of cultural relativism (Harvey, 1989; Parsons, 1995). The ACG took the high moral ground by claiming that its regulations preserved the ethical standards of sport, reinforced its capacity to promulgate sound values, and sustained sport's public standing and goodwill (Brandis & Pyne, 2007; WADA, 2005). Moreover, by increasing its capital-resource base, by consolidating the status of the ASC and ASADA, by securing moral support from WADA, by bringing the AFL and NRL into the ideological fold, and thereby shoring up its dominant position on the DIS field of play, the ACG and its agencies used their superior economic and symbolic capital to force on all other stakeholders their values and dispositions about what sport should, and should not be like. The position occupied by stakeholders is illustrated in Fig. 1.

The ACG spun an argument that its 'war on drugs' was not only part of a moral crusade against decadence, but also a strategy for securing a drug-free sports-world where a clean and fair playing field was a taken-for-granted expectation (Gray, 2001; Pound, 2006). At the same time, the ACG produced no convincing evidence that policies involving (1) all-year round testing for all categories of drugs, (2) more investigations of drug use allegations, and (3) more naming and shaming of drug users, was the best way to secure optimal social outcomes. Its zero-tolerance regulatory position on both performance enhancing and illicit drug use position can be best understood as a victory for the collective habitus of the dominant participants on the DIS field of play, where their mythical version of sport's social utility set the policy agenda, and where other versions, and their stakeholder proponents – even when they were supported by evidence in their favour – were corralled to the policy-field boundary, and where the criticisms become increasingly strident, were removed from the field altogether. In the words of Bourdieu, the ACG built a dominant habitus where it valued 'values' over 'evidence', and used these values to set the rules of the game for the DIS field of play, and to ultimately claim its "monopoly on legitimacy" (Bourdieu & Passeron, 1977/1990: 18).

This case study suggests there is a pressing need for additional research that examines the real costs and benefits of illicit drug use in sport, and to what extent a zero-tolerance approach is workable in world where drug use has become an integral part of so many people's social lives (Murray, 2008). Most illicit drug use does not heighten performance, and the arguments

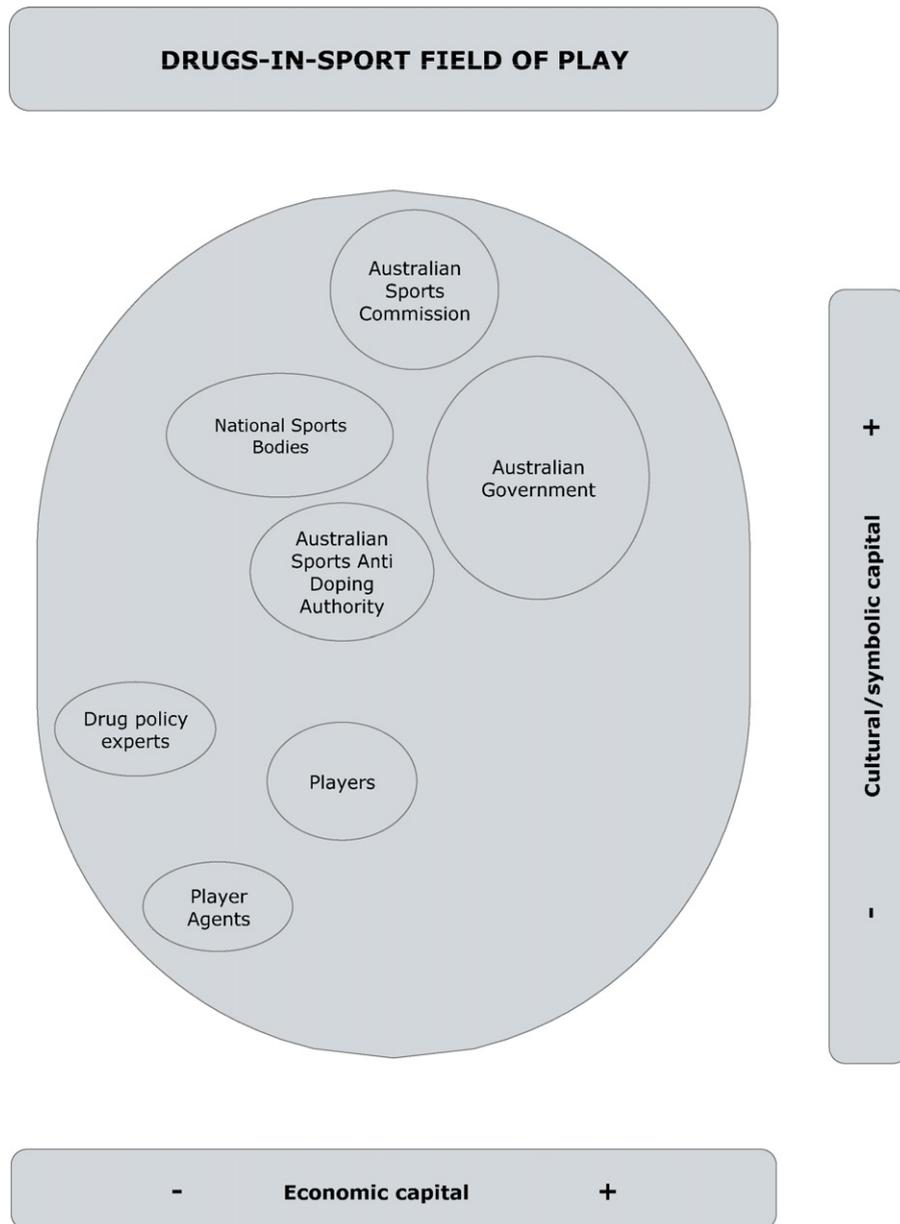


Fig. 1. Australian drugs in sport social field.

for drug-use testing out of competition are consequently problematic. At the moment there are no studies which have systematically examined the social and health costs of illicit drug use in sport, and balanced these costs against the resources required to mount and manage these regulatory regimes. It is anticipated that this paper will provide the catalyst for further research that examines the full range of social, health, and economic impacts of illicit drug-use regulation in sport.

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