

Performance enhancement and drug research¹

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In a context like today's we tend to emphasize the adverse effects of drugs, either on the consumer or on others. But almost all drugs which humans knowingly consume are at least some of the time and in some way performance enhancing. I mean “performance enhancing” in two main senses: in terms of an improvement on what the actor could do without the enhancement, and also in the more social sense of how well the actor performs in front of and with reference to others.

There are, of course, a variety of aspects of being and acting in which humans seek to enhance their performance. We seek ways to go farther or faster, to be smarter or quicker, to be more attractive or sexier, to be thinner or stronger, to be spaced out or alert, to be happier or less depressed, to engage with others or to disengage -- this by no means exhausts the ways in which we seek to enhance one or another kind of performance.

Much of the discretionary spending in affluent societies is on performance enhancement in this broad sense: we pay for a set of wheels instead of relying on our feet, we subscribe to a gym to work out in, and of course we take drugs like coffee and alcoholic beverages for various purposes, including to be sociable and to affect our mood and alertness. To a considerable extent, the consumer economy runs on our desires and beliefs about the ability of machines or substances to enhance one or another of our various performances.

As the consumer economy began to get under way about two centuries ago, the idea that the market for any mechanical or chemical aid to performance should be left free came into question. The classic temperance movement's fight against “inebriety” may be seen as the first great modern attack on the idea that anything goes when it comes to marketing performance enhancers. If we look at the arguments for limiting or prohibiting alcohol which were marshalled by the temperance thinkers of the 1800s, a primary argument was in terms of the effects of the drinking on others around the drinker – on the family, on friends and on bystanders. Often the drinker's perceived enhancement of his or her own performance was to the detriment of others. A secondary theme was the long-term adverse effects on the drinker him- or herself. A third theme was the potential for adverse effects of alcohol consumption on societal efficiency or the social fabric.

The initial impulse of the temperance movement was to persuade the drinker rationally or emotionally to give up drinking in view of the potential detriments to self or others. But some people did not respond to these appeals, or backslid from their response. The concept we now call “addiction” was put forward as a way of understanding why this happened to drinkers, often

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apparently against their own will.

Eventually, of course, the temperance movement shifted its attention from the individual consumer to the market, and pushed for total prohibition of alcohol sales.

While alcohol was the great initial battleground for this argument about the operation of the free market, by about 100 years ago the same arguments were being transferred to other commodities. In particular, the arguments were transferred to opiates and other psychoactive drugs.

Except among some religious groups outside the mainstream, the argument never got extended to caffeine. Here the performance enhancement was judged to be socially useful, and any attendant harm to be minor, so that the market was allowed to operate freely. With respect to alcohol, the 1922 referendum in Sweden on national prohibition was narrowly defeated; unlike the U.S., Canada, Finland and Norway at the time, Sweden adopted and stuck to what would be called in today's terms a harm reduction approach, with a strong (though now weakening) state control of the market to limit the damage from drinking. It can be argued that the more recent Swedish approach to tobacco smoking also has elements of a harm reduction approach, in the substitution of *snus* for cigarette smoking among teenage boys.

With respect to a selected list of drugs – before 1971, the opiates, cocaine and cannabis – the decision about the operation of the market was, as we all know, very different, both in Sweden and internationally. The international regime to manage the global market for opiates, attempting to confine them to medical use, is one of the more ambitious attempts in human history at a managed market. Starting in 1971, in part as a Swedish initiative, the effort to manage the market on a global level was extended to nearly all psychoactive substances.

Even more recently, in 1999, with the formation of the World Anti-Doping Agency, the effort to eliminate use of performance-enhancing substances has extended in a new direction, to control and indeed prohibit the use of substances capable of enhancing sports performance.

So, in the contemporary world, we have two conflicting trends, with respect to the marketing of performance-enhancing substances. On the one hand, the ideology of consumer sovereignty and the unfettered market seems ever stronger for a wide variety of performance-enhancing commodities. The long-term Swedish prohibition of alcohol advertising, for instance, is under threat from European Union court decisions. Using the mechanism of trade disputes, the nations of the EU have also successfully forced the weakening of alcohol controls elsewhere in the world, in such countries as Canada, Japan and South Korea. On the other hand, the range of substances put under international control and indeed a prohibition regime has increased substantially in recent decades, even though there are few claims that the regime has been successful in its aims.

It seems to me there are a number of lessons to be learned from this history as we contemplate the present and future of drug research:

1. There are conflicting trends in how different drugs are defined and the extent and nature of controls on their marketing in modern societies. The status of particular substances in the market has changed radically over time in the last century or so, and it should not be assumed that their present status is “natural” or will necessarily continue. In this circumstance, a major social function of drug research, it seems to me, is to contribute to the policy debate on each substance a balanced and quantified picture of positive and negative aspects of drug use and of societal efforts at control.

2. The broad concept of performance enhancement reminds us that for most users there are positive aspects to drug use at all stages in the drug-using career. There is a need for research oriented to public health and prevention to pay attention to these positive aspects, as they are

experienced by the user. A knowledge only of the negative consequences will cripple the efforts of those planning prevention and intervention.

3. An important implication of the performance enhancement concept is that it cannot be assumed that the user desires to be rid of substance use. One problem with addiction concepts, when loosely applied, is that they lead us too readily to assume that a heavy drug user has the same motivation to “get better” as someone with a broken leg or a debilitating infection.

In an era when there may be the potential for genetic manipulation or other irreversible biological interventions as forms of treatment for drug use, the fact that many users do not wish to give up their drug use means that it is time for scientists and the general public to initiate a dialogue on where the line should be drawn in terms of human rights to decline treatment. In the absence of such thoughtful dialogues, we risk falling again into the comfortable arguments that the treatment is “for their own good” which marked the era of sterilization operations.

4. There is a need to build a solid literature for all performance-enhancing substances on the effects of different policy interventions to control the market. At the moment, much of our social policy on these substances is based on untested beliefs. The alcohol field here provides a good model to be emulated for other substances. The existence of state alcohol monopolies in Nordic countries, along with the loosening of alcohol controls in the last 25 years, has allowed researchers in Sweden, Finland and Norway a broad canvas on which to test the differential effects of different control regimes for alcohol. Ironically, the loosening of the controls has been the occasion for research to show how effective they can be in holding down rates of harm. We need to build traditions of such policy impact studies across the broad range of potentially performance-enhancing substances.

