

The positive impact of legalizing anabolic steroids argumentative essay

[Law](#), [Criminal Justice](#)



Anabolic steroids can have a positive effect on health in patients who suffer from impaired hormone secretion or progressive disorders that waste tissue, but because they are associated with substance abuse and a variety of physiological and psychological disorders, anabolic steroids are controlled substances. Obtaining, selling, or possession of anabolic steroids without a prescription is illegal in most countries, and all major sports organizations prohibit the use of steroids for enhancing performance. However, legalizing steroids could have positive effects on public health because implementing appropriate quality control and health education regarding steroids could reduce the instances of myocardial infarctions, viral infections, liver disorders, and similar adverse events.

Background

Anabolic steroids are synthetic versions of testosterone, which means they increase protein intake by muscle cells and facilitate the development of masculine features, such as body hair growth, vocal cord development. They were originally developed during the 1930s to treat hypogonadism (Trenton and Currier 571). However, anabolic steroids were appealing to athletes because of their ability to increase performance and muscle gain. The first systematic use of steroids has been recorded in Soviet weight lifting teams during the 1950s, and the current lifetime prevalence of steroid use is estimated at 0.9 percent for men and 0.1 percent for women (Trenton and Currier 571).

Anabolic steroids are not hazardous substances if used in moderation, but long-term abuse, cycling, stacking, and excessive doses can cause adverse health effects. Some examples of physiological disorders associated with

anabolic steroids include myocardial infarction, endocrine complications, liver disease, and infectious disease (Trenton and Currier 575). Psychological effects of steroid abuse and substance withdrawal include aggressive behavior, criminal behavior, depression, suicide ideation, and mood swings (National Institute on Drug Abuse [NIDA] 5).

Proposition

Anabolic steroids should be legalized in all countries. Only few countries, such as Mexico or Thailand allow steroid sales without a prescription, which enables black market dealers to smuggle steroids from those countries. A more important issue is the existence of clandestine laboratories, which often declare wrong contents or list non-existent manufacturers on the labels. Those counterfeit products usually use cheaper agents to create steroids while others sell substances without any biologically active component present.

If steroids were legally available, it would be possible to mitigate the issues regarding lack of quality control and improve quality of care delivery to patients who are currently often misdiagnosed because steroid use is illegal and under-reported. Even though opponents of steroid legalization might refuse the proposition for legalizing steroids by emphasizing their adverse side-effects on physical and psychological health, that argument is invalid. The relationship between steroid abuse and health hazards exists only because of excessive intake and intake strategies like stacking and cycling. Therefore, steroids themselves are not as hazardous as the intake methods

bodybuilders and performance athletes implement to increase muscle mass and performance.

Why Legalize Steroids

The most beneficial aspect of legalizing anabolic steroids is improved transparency in terms of product quality and improved quality of care delivery to steroid users. Because anabolic steroids are illegal, quality standards for evaluating the safety of products obtained on the black market are non-existent, which places the users at a higher risk for adverse events. Once adverse events develop, the illegal status of steroids means their abuse will often go unreported and the affected individuals will not obtain the correct treatment. Legalizing steroids should resolve those two issues and improve public health.

Product Quality. The presence of counterfeit medication is acknowledged by the World Health Organization, which estimates that counterfeit products account for 1 percent of pharmaceutical sales in developed countries and up to 30 percent of pharmaceutical sales in developing regions (qtd. in da Justa Neves, Marcheti, and Caldas e81). Steroids are one of the most targeted drugs by counterfeiting organizations, which means a lot of products available on the illicit market are fake at best and hazardous at worst (da Justa Neves, Marcheti, and Caldas e81).

An analysis of 2, 818 illegal anabolic steroid products seized by the Brazilian Federal Police Department was performed by da Justa Neves, Marcheti, and Caldas, who found that 1, 167 of those products were fake (e82).

Furthermore, 567 of those products did not contain active ingredients while

others declared non-existent manufacturers, contained additional chemicals, or did not contain all chemicals declared on the label (da Justa Neves, Marcheti, and Caldas e82).

According to da Justa Neves, Marcheti, and Caldas, the percentage of fake anabolic steroids found in their study (31.7 percent) was similar to studies performed in Germany and Belgium (e83). Even though the authors concluded that the government is responsible for suppressing those products and preventing them from reaching the black market, that approach cannot resolve the issue because it is responsible for creating the black market full of counterfeit products in the first place. Clandestine laboratories will never adhere to quality standards without adequate supervision, and adequate quality control cannot be enforced if the product remains illegal.

Another study by Musshoff, Ritsch, and Daldrup used gas chromatography/mass spectrometry to analyze 42 anabolic steroids obtained from the black market (1120). According to the results, 15 products did not have the expected ingredients. For example, cheap substitutes for trenbolone and metenolone were found in many products, and they did not find any steroid compounds in two products (Musshoff, Ritsch, and Daldrup 1123).

There is apparently a need for anabolic steroids on the market, and that means a black market will provide the supply if the government does not legalize steroids to enforce quality control and protect the users from using dangerous products. Suppressing clandestine laboratories and apprehending smugglers can be effective short-term strategies, but legalizing anabolic steroids is the only long-term solution to two major issues.

First, legalizing steroids will prevent the emergence of black markets in countries where they are currently illegal. Of course, there is a possibility that black markets will remain functional by providing competitive prices to attract customers. However, educating steroid buyers about the importance of product purity and presenting them with evidence about the amount of fake products manufactured in clandestine laboratories will probably reduce the impact of that issue. Even if black markets continue to attract customers, it is possible to expect that the availability of legal and high-quality steroids will result in improved quality of life among steroid users.

Second, implementing quality control for anabolic steroids is necessary to avoid selling counterfeit merchandise, which can be achieved only when anabolic steroids are legal. Of course, they can remain regulated substances, and steroid sales should be restricted only to individuals without psychological issues that can determine further complications after steroid use (Trenton and Currier 577). If they steroids were made legal, the government would have to provide approval to manufacturers interested in creating those products. Monitoring the quality of anabolic steroids on the market is the only way to ensure product quality and protect buyers from adverse effects caused by counterfeit medication.

Healthcare Delivery. Steroid abuse results in both psychological and physiological disorders that cannot be accurately treated if the patient does not disclose steroid use. According to NIDA, incidences of adverse events associated with steroid use are rare, but it is possible that steroid use goes unreported or unrecognized because adverse events sometimes occur several years after use (4).

If steroids were legal, it would be possible to screen individuals who are taking steroids to identify users who are at a significant risk for developing disorders associated with steroid use. Because steroids are illegal, users will most likely fail to seek help and refuse to disclose using steroids, which is probably why sudden deaths from myocardial infarctions and liver disorders are prevalent among illicit steroid users. Physicians can offer effective treatments and prophylactic interventions only when patients fully cooperate and transparently disclose their practices.

At the moment, there is insufficient knowledge for the development of suitable treatments of steroid withdrawal because the knowledge is obtained from a few case studies from physicians who had previously encountered cases of steroid abuse (NIDA 7). The intensity and type of treatment depends on the length and severity of steroid abuse. For some patients, psychosocial support is sufficient while others need medication for withdrawal symptoms and behavioral therapy to resolve their substance addiction issue. However, all patients may require substance addiction treatments. Regulating depression symptoms and aggressive behavior is also a priority, but treating substance addiction as the primary disorder is the only way to treat affected individuals properly. Failing to disclose steroid abuse may lead to misdiagnoses and treating secondary disorders caused by substance abuse, which is an issue that can be resolved by legalizing steroids.

A legal status for steroids would also enable scientists to conduct larger randomized controlled trials and longitudinal studies. Some larger trials are currently available, but they mainly cover the consequences of steroid abuse rather than investigating optimal treatment protocols for affected

individuals. They also do not study the effects of hazardous practices, such as stacking and suprathereapeutic doses, which could account for the adverse health effects instead of regular steroid use. Case studies and case series are currently the only available literature that provides physicians with knowledge regarding steroid abuse treatments (NIDA 7). It is not possible to generalize the conclusions obtained from those types of studies, so evaluating interventions and developing evidence-based practices for treating steroid users remains impossible as long as steroids are illegal.

The legal status of steroids could also result in patient education interventions aimed at promoting healthier intake practices. Users who take steroids via non-sterile injections are at a significant risk for acquiring life-threatening viral infections and bacterial infections. For example, HIV and hepatitis are frequently transmitted viral diseases via non-sterile needles while bacterial infections can cause abscesses at injection sites or cause endocarditis (NIDA 5). Legalizing steroids could reduce the rates of viral and bacterial infections caused by non-sterile equipment.

Steroid abuse is a public health issue that needs to be resolved, but it is impossible to resolve it without transparency in the treatment process.

Legalizing steroids and regulating their distribution, either by restricting manufacturing to selected companies or requiring screening for pre-existing disorders that may facilitate side-effects in certain individuals, are the only strategies capable for improving public health affected by illicit substances manufactured in clandestine laboratories and promoting safe practices for steroid intake.

Opposition

Although higher transparency will ensure a higher quality of healthcare delivery to individuals who experience anabolic steroid abuse, legalizing steroids would be a complicated process with several obstacles. One of the most significant arguments against the legalization is a potentially higher incidence of steroid abuse, which would then result in more health issues among the population using steroids.

Males already begin using anabolic steroids between the 8th and 12th grade. According to NIDA, the use of anabolic steroids among high-school students peaks in the 12th grade with 3.5 percent of adolescents reporting steroid intake. In addition to adolescents, more than 1 million former and current users have been identified in the US, and the lifetime prevalence of steroid abuse has been estimated at 0.9 percent for men and 0.1 percent for women (Trenton and Currier 572).

The potential increase in steroid use is probable given the fact that the data available on the prevalence of steroid abuse is probably inaccurate because people are reluctant in disclosing illegal substance usage, so it is possible that a lot more people have been using steroids than the records show.

Furthermore, steroids are considered addictive, so legalizing steroids would mean exposing more people to potential substance abuse issues and a variety of physiological and psychological disorders associated with steroid abuse.

However, legalizing is the only option for regulating steroid use and treating affected individuals because most interventions aimed at reducing anabolic steroid abuse have been ineffective. For example, few schools implement

tests that could determine whether students are using anabolic steroids, even though it is proven that male students begin using steroids at an early age, and health education regarding steroid hazards proved ineffective (NIDA 6).

Despite the efforts to offer health education regarding steroids to adolescents, fewer adolescents perceive steroids as harmful substances each year. A survey on 12th graders in 1998 found that 68.1 percent of them considered anabolic steroids harmful, and that number had reduced to 56.8 percent by 2005 (NIDA 1). Therefore, education alone will not prevent adolescents and young adults from engaging in steroid abuse, but legalizing steroids may protect their health and enable them to adopt safe practices when using steroids.

Claiming that legalizing steroids would result in higher incidences of health issues associated with steroid use is invalid because it is not possible to determine the causality between the chemical agents and adverse health effects. Anabolic steroids are illegal, but most associated adverse events are recorded only because users exceed the recommended dose by 10- to 100-fold (Trenton and Currier 571). In addition, various practices, such as stacking and cycling, are implemented by users that may result in adverse events or facilitate their development.

Stacking is the process in which a user simultaneously uses two or more different anabolic steroids, which are often taken in supratherapeutic doses. Cycling means using steroids for a limited time and taking a break before the next session, which is a logical strategy because anabolic steroids are synthetic versions of testosterone. Once the body starts obtaining a

substitute for testosterone, it will stop creating its own testosterone, and withdrawing from steroid use occasionally prevents that outcome. However, substance withdrawal may result in aggression, depression, mood swings, and suicide ideation.

One randomized controlled trial investigated the impact of anabolic steroids on aggression and manic symptoms. The effects were not uniform, and the researchers recorded only a minimal increase in manic symptoms and a significant increase in aggressive behavior (qtd. in Trenton and Currier 577). However, only a small group of participants in the intervention group was affected. Because the researchers had to protect the participants by using recommended doses, it was speculated that pure anabolic steroids are not significantly hazardous to health if they are used responsibly and if they are not stacked (qtd. in Trenton and Currier 577). Stacking steroids and using 100-fold doses will more likely result in adverse events than using steroids in recommended doses without, and various studies confirmed that assumption (qtd. in Trenton and Currier 578-579).

Therefore, it is important to differentiate between steroid abuse and steroid use. Anabolic steroid molecules themselves are not addictive or hazardous. Practices such as stacking and excessive doses are responsible for most adverse physiological and psychological health events associated with steroids, and that is when steroid use becomes abuse. As long as steroids are illegal, illicitly obtained products will not teach users how to responsibly use steroids. Legalizing steroids is an opportunity to provide the users with safety regulations they can use to make informed decisions and minimize adverse side-effects.

Conclusion

Without a prescription for treating hormonal malfunctions or disorders that cause tissue wasting, anabolic steroids are currently illegal in most countries. However, if steroids remain illegal, clandestine laboratories and black markets will continue providing users with products that have questionable quality. The only way to regulate the quality of steroids available to the public is by making them legal, limiting production to few qualified manufacturers, and prescribing products only to psychologically health individuals. Most importantly, research shows that steroids are not as hazardous to health as strategies used for steroid intake. If steroids were made legal, it would be possible to provide patient education regarding safety practices and improve steroid use disclosure rates. That would result in accurate treatment choices for steroid users and reduce the instances of adverse events that are associated with anabolic steroid abuse.

Works Cited

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