

# Drugs, athletes, and sports – anabolic steroid use



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## in the Olympics Argumentative Persuasive Essays Anabolic Steroid Use in the Olympics

Canadian track star Ben Johnson was denied his gold medal in the 1988 Olympics after he tested positive for anabolic steroids. This incident sparked worldwide attention to the extent of anabolic steroid use. To date, the International Olympic Committee has barred the use of seventeen anabolic steroids. Other organizations, including The National Football League, National Collegiate Athletic Association's International Amateur Athletic Federation, and the International Federation of Body Builders have followed suit. Athletes and non-athletes alike are still abusing anabolic steroids to excel in sports. Anabolic steroids belong to a group of androgenic drugs. They are synthetic derivatives of testosterone and other male hormones. Most healthy adult males produce 2-10 milligrams of testosterone per day. Females produce trace amounts of this hormone. The hormone helps the body retain dietary protein, which aids in the growth of muscles, bones, and skin. They can also affect aggressiveness and sex drive. Steroids tend to mimic testosterone's body building traits, while minimizing the masculine effect. The adrenal glands in women and young boys produce very little testosterone. It is the increase in the production of testosterone in young males that precipitates puberty. The anabolic effect of testosterone during puberty includes deepening of the voice, increasing muscle mass and strength, and decreasing body fat. All of this takes place without exercise or training. Anabolic steroids can be taken by injection, by mouth, by skin creams, or patches. Steroids are often taken in six to twelve week cycles. The dosage depends on the sport, as well as the perceived needs of the

athlete. Depending on what they want to achieve, athletes control how they respond to the drug and the physiological effect it has on them. Athletes often take far higher doses of anabolic steroids than have been given for therapeutic use or in clinical studies. Some athletes use 10 to 100 times the amount their bodies produce. Anabolic steroids are primarily the result of research to develop drugs that would separate the tissue building capability of testosterone from its masculinizing properties. This separation has never been accomplished. By 1935, the basic nature of its anabolic and androgenic effects had been recognized by Dr. Charles Kochakian, who most experts consider the “ Father of Steroids.” He showed that a hormone-like extract from male urine stimulated a strong positive nitrogen balance in castrated dogs. A positive nitrogen balance indicated the synthesis of new tissue proteins in dogs and humans. The anabolic properties of testosterone were established. Further research in rats showed the positive nitrogen balance was also associated with non-fat body weight. Through the 1940’s, scientists attempted to achieve the tissue-building effects without the masculinizing effects of testosterone. Dr. Kochakian, concerned with the possible misuse of anabolic steroids wrote, “ All of the modified steroids still remain sufficient virilizing (masculinizing) activity to make them objectionable as therapeutic, especially in children and women.” (Yesalis 34) The use of anabolic steroids wasn’t introduced to the sporting arena until the 1940’s and 1950’s. The Russian weight lifting team won several medals in the 1952 Olympics, partly due to synthetic testosterone use. An American physician determined that US competitors should have the same advantage. By 1958, physicians realized the drug had surfaced widely in the sports world. According to David Katz and Harrison Pope of Harvard University, “ There may be a greater

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number of cases of anabolic steroid induced psychiatric illness in the country than had been assumed... These effects may pose a danger not only to the steroid users, but to the public at large.” (Anabolic Steroids: A Threat to Mind and Body 2) Early users were mainly body builders, weight lifters, and football players, who relied on bulk or strength. During the 1970’s demand grew as athletes in some areas sought the competitive edge that steroids appeared to give. According to Dr. Charles Yesalis, “ When you review the history of anabolic steroid use in sports and exercise, a number of ironies emerge. Not only did the medical community develop these drugs, but it played an early role in ‘ selling’ this potential fountain of youth.” (Yesalis 37) The American College of Sports Medicine concluded in 1977 that anabolic steroids did not work. By 1984, the organization reversed its position when scientific data was made available. Due to the American College of Sports Medicine’s earlier statements, it lost a lot of credibility with athletes. The truth is anabolic steroids, when combined with intense training, increase muscle mass and strength beyond what can be accomplished with training alone. How steroids work is likely to be explained by the combined mechanisms of and increase in protein synthesis, prevention of muscle tissue destruction from exercise, the effect on the nervous system and neuromuscular junctions, and the increased aggressiveness. The short-term risk of anabolic steroids is well documented. Some risks are temporary; others could be a threat to long term health. Especially when risk factors such as low HDL level are sustained for a long time. Prolonged use of steroids increases the risk for diseases. The long term health problems are currently unclear. But taking everything we do know into account, anyone, male or female, would be foolish to think there are no consequences

involved in the use of anabolic steroids. Women are finally getting some of the same recognition in sports as men. Unfortunately, they also have the same problems, including drug use. According to Rene Portland, head basketball coach at Pennsylvania, “ Women are headed down the same bad path as the men, The ‘ winning at all costs’ mentality, cutting corners, kids not making their own choices and decisions — women’s sports has it all.” (Yesalis 64) When the most important thing is winning, women are just as vulnerable to using anabolic steroids as men are. Some women may see anabolic steroids as a way to relieve the pressure. Women who take steroids are taking an even greater risk than men. They are ingesting a male hormone that will change their bodies. These changes include becoming masculine, loss of scalp hair, growth of facial hair, spread of pubic hair, deepening of the voice, and enlargement of the clitoris. These effects are predominantly permanent. It is not conclusive whether anabolic steroids are addictive or not. Most users are unwilling to stop taking the drug. Dr. Yesalis concludes that, “ Athletes would rather confess to cocaine use than to steroid use.” (Anabolic Steroids: A Threat to Mind and Body 3) The non-medical use of anabolic steroids is illegal. Users usually acquire the drugs through expensive, illegal means. The drug is often illegally manufactured and may be contaminated, therefore it is unknown what chemicals are being injected into your body. Erythropoitin or EPO regulates red blood cell production. These cells deliver oxygen to the body. Medically, it is used to treat anemia in patients with kidney disease. Long distance runners, swimmers, and cyclists use this endurance-boosting hormone to increase the blood’s ability to carry oxygen to the cells. Due to the increased oxygen, it can improve the athlete’s time in a twenty-minute race by 30 seconds. In a <https://assignbuster.com/drugs-athletes-and-sports-anabolic-steroid-use/>

marathon race, their time can be increased by as much as four minutes. Overdose of EPO can thicken the blood. The blood becomes too thick for the heart to pump. Since 1987, there have been 25 mysterious deaths among world class cyclists. EPO is believed to be the cause. In a 1995 poll, US athletes were asked, " Would you take a drug that made you a champion knowing that it would kill you in five years?" More than 50 per cent said yes. (Breaking the Olympic Habit 2) There is still no institutional test for EPO. The prospect for cheaters is good. The International Olympic Committee has set its dirty bar very high. The usual amount of testosterone/epitestosterone is a 1: 1 ratio in urine. Very few people four or five. The cut off in Sydney is six. Any athlete monitoring his or her intake carefully could take the banned drugs and still pass the test. These drugs are hard to detect. You could stop your intake well before being tested and still test negative. Frank Shorter, former gold medallist, now Chairman of the US Anti-Doping Agency says, " Knowing a test is looming will knock cheaters off stride." (Breaking the Olympic Habit 3) The only way to catch a cheater is random, out of competition drug testing. A third of the twenty-eight federations do not agree with out of competition testing. Michelle Smith, an Irish swimmer married a former discus thrower from the Netherlands. He was kicked out of his own sport for drug use. Michelle Smith won four medals in Atlanta, three of them gold. She never failed a drug screen. She managed not to be randomly tested for two years. She was confronted at her Country Kilkenny home and gave a urine sample. Her urine contained enough alcohol to kill her. It was suspected she added the alcohol to cover up the other drugs. She was and is still banned from sports. It is known that East German athletes were given steroids in 1978. Yet, in 1976 and 1980, not even one East

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German tested positive for drugs in the summer games. They took home 216 medals, which included 87 gold medals. Canadian coach Charlie Francis stated, "It isn't cheating if everybody is doing it." (Are Drugs Winning the Games? 1) But of the 8,465 competitors at Seoul, only 10, including Ben Johnson, tested positive for drugs. Frank Shorter stated, "I think right now every performance in an endurance event is suspect." (Breaking the Olympic Habit 3) Not so, according to Craig Masback, Chief Executive Officer of the USA Track and Field, "The Olympics are the most tested sports movement in the world. I believe that the vast majority of athletes aren't on drugs." (Are Drugs Winning the Game? 1) International Olympic Committee President Juan Antonio Samaranch said, "The message is very clear. This is a new fight against doping." (Are Drugs Winning the Games? 2) He also admitted that some banned substances were not being tested for. The I. O. C. bans six classes of drugs and three methods of performance enhancement. Still the athletes in Sydney will be affected. Education has been a key point in controlling and eliminating drug use. Many school districts include steroid education in their drug use and abuse curriculum. Most colleges and sports organizations have formal drug education programs. Young people, who use cocaine, heroine, alcohol, and other illegal chemicals, know they are using drugs that are a risk to their health. They know they could get into trouble with the police and their parents. While young people who use steroids would not even consider using recreational drugs. They don't consider steroids a drug. Athletes who achieve muscle and strength gains with hard work and proper diet, without steroids, have health benefits that last a lifetime. On the other hand, cosmetic changes, musculoskeletal injuries,

infertility, heart disease, stroke, prostate problems, and liver toxicity have been associated with the abuse of steroids.

## **Works Cited**

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