

Police: Anabolic Steroid



Anabolic steroid abuse has become a national concern. These drugs are used illicitly by weight lifters, body builders, long distant runners, cyclist and others who claim that the drugs give them a competitive advantage and/or improve their physical appearance. Once viewed as a problem associated only with professional athletes, recent reports estimate that 5 to 12 percent of male high school students and 1 percent of female students have used anabolic steroids by the time they were seniors. Concerns over a growing illicit market and prevalence of abuse combined with the possibility of harmful long-term effects of steroid use, led Congress in 1991 to place anabolic steroids into Schedule III of the Controlled Substance Act (CSA).

The CSA defines anabolic steroids as any drug or hormonal substance chemically and pharmacologically related to testosterone (other than estrogens, progestins, and corticosteroids), that promotes muscle growth. Most illicit anabolic steroids are sold at gyms, competitions and through mail order operations. For the most part, these substances are smuggled into the United States. Those commonly encountered on the illicit market include: boldenone (Equipose), ethylestrenol (Maxibolin), fluoxymesterone (Halotestin), methandriol, methandrostenolone (Dianabol), Depo-Testosterone Android - 25 (mehyltestosterone), nandrolone (Durabolin, Deca-Durabolin), oxandrolone (Anavar), oxymetholone (Anadrol), stanozolol (Winstrol), testosterone and trenbolone (Finajet). In addition, a number of bogus or counterfeit products are sold as anabolic steroids.

A limited number of anabolic steroids have been approved for medical and veterinary use. The primary legitimate use of these drugs in humans is for the replacement of inadequate levels of testosterone

resulting from a reduction or absence of functioning testes. In veterinary practice, anabolic steroids are used to promote feed efficiency and to improve weight gain, vigor and hair coat. They are also used in veterinary practice to treat anemia and counteract tissue breakdown during illness and trauma.

When used in combination with exercise training and high protein diet, anabolic steroids can promote increased size and strength of muscles, improve endurance and decrease recovery time between workouts. They are taken orally or by intramuscular injection. Users concerned about drug tolerance often take steroids on a schedule called a cycle. A cycle is a period of between six and 14 weeks of steroid use followed by a period of abstinence or reduction in use. Additionally, users tend to "stack" the drugs, using multiple drugs concurrently. Although the benefits of these practices are unsubstantiated, most users feel that cycling and stacking enhance the efficiency of the drugs and limit their side effects.

Yet another mode of steroid use is "pyramiding" in which users slowly escalate steroid use (increasing the number of drugs used at one time and/or the dose and frequency of one or more steroids) reaching a peak amount at mid-cycle and gradually tapering the dose toward the end of the cycle. The escalation of steroid use can vary with different types of training. Body builders and weight lifters tend to escalate their dose to a much higher level than do long distance runners or swimmers.

The adverse effects of large doses of multiple anabolic steroids are not well established. However, there is increasing evidence of serious health problems associated with the abuse of these agents, including cardiovascular damage, liver damage and damage to reproductive organs.

Physical side effects include elevated blood pressure and cholesterol levels, severe acne, premature balding, reduced sexual function and testicular atrophy. In males, abnormal breast development (gynecomastia) can occur. In females, anabolic steroids have a masculinizing effect resulting in more body hair, a deeper voice, smaller breasts and fewer menstrual cycles. Several of these effects are irreversible. In adolescents, abuse of these agents may prematurely stop the lengthening of bones resulting in stunted growth.

MORE ABOUT ANABOLIC STEROIDS

Anabolic steroids are a group of powerful compounds closely related to the male sex hormone testosterone. Developed in the 1930's, steroids are seldom prescribed by physicians today. Current legitimate medical

uses are limited to certain kinds of anemia, severe burns, and some types of breast cancer.

Taken in combination with a program of muscle-building exercise and diet, steroids may contribute to increases in body weight and muscular strength. Steroid users subject themselves to more than 70 side effects ranging in severity from liver cancer to acne and including psychological as well as physical reactions. The liver and cardiovascular systems are most seriously affected by steroid use. In males, use can cause withered testicles, sterility, and impotence. In females, irreversible masculine traits can develop along with breast reduction and sterility. Psychological effects in both sexes include very aggressive behavior known as "roid rage" and depression. While some side effects appear quickly, others, such as heart attacks and strokes, may not show up for years.

Signs of steroid use include quick weight and muscle gains (when used in a weight training program); aggressiveness and combativeness; jaundice; purple or red spots on the body; swelling of feet and lower legs; trembling; unexplained darkening of the skin; and persistent unpleasant breath odor.

Some youths--eager to excel in athletics--reject alcohol, tobacco, and other drug use, yet use anabolic steroids with the hope of getting an edge as they strive for victory, popularity, and recognition. Student athletes often feel the pressure of participating in high visibility sports where one mistake can be the difference between winning and losing. The drive to excel at almost any cost can make steroid use appear to be an attractive option.

Anabolic steroids are synthetic hormones used by athletes to develop bulk and muscle strength. But their use can result in problems for athletes beyond the loss of medals. The physical and psychological risks of anabolic steroid use include:

- Damage to growth areas at the end of bones, permanently stunting growth;
- Weakened tendons, resulting in tearing or rupture;
- Facial hair, lower voice, and irregular menstrual periods for young women;
- Acne, loss of hair, and testicular shrinkage for young men;
- Infection with HIV through sharing needles to inject steroids;
- Depression, aggressiveness, or combativeness.

Anabolic steroids also cause legal problems. Problems associated with steroid use prompted legislation in 1989 making the nonmedical use

and distribution of steroids a felony. As a result steroid use by athletes declined, but did not disappear.

Participation in sports and athletic activity is associated with physical performance and well being. As such, athletic programs are natural settings for alcohol, tobacco, and other drug prevention activities. Information on the adverse effects of alcohol, tobacco, and other drug use is readily integrated into training programs at schools and in other recreational settings.

Policies for participation in athletic programs can require participants to abstain from alcohol, tobacco, and other drug use. But it is important that all participants understand both the reasons for such a policy as well as the consequences for violation of the policy. And the policy must be enforced equitably.

Some student athletes still use steroids for what they see as a fast and easy road to success. Therefore, it is important for alcohol, tobacco, and other drug prevention activities in athletic settings to include information on steroid use as part of overall efforts. Including steroids in athletic policies lets young athletes know that there is a commitment to fair competition and intolerance of performance enhancing drugs to gain a winning edge.