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22 November 2015

Strengthen Drug Policies in Professional and Olympic Sports

Sports act as a source of entertainment for millions of people around the world. Some people play sports, while others merely enjoy watching them on television. Of the sports that are broadcast on television, professional and Olympic sports are perhaps the most popular.

Seemingly invincible men and women capture the imaginations of people around the world with their extraordinary strength and abilities. Most people probably assume that these finely tuned athletic machines are produced from constant training and weight lifting, but recent events in the news have cast a light on the uglier side of sports: drug use. Governing officials in professional and Olympic sports must strengthen and strictly enforce drug policies in order to ensure the safety, integrity, and positive influence of their athletes.

Athletes feel the need to use performance-enhancing drugs for many general reasons. Alabama football coach Bill Curry summed up some of these reasons by saying, "The system is saying do whatever it takes to win. It is a saying, 'We'll make you rich, famous, and put you on TV. We are a quick fix society that wants the rush, that medal, that national championship'" (qtd. in Silverstein, Silverstein, and Silverstein 59). Also, professional athletes specifically are driven by huge salaries and the desire for even more money (Galas 19). Finally, athletes seem to feel that performance-enhancing drugs act as a shortcut to traditional training that can give them desired results without the effort (Freudenrich and Babble 12). These motivations apply to all athletes, but specific performance-enhancing drugs offer benefits targeting individual sports.

Performance-enhancing drugs come in many forms, each providing unique benefits for different types of athletes. Anabolic-androgenic steroids are synthetic versions of testosterone that are used to build muscles (Worsnop 516). They give an athlete more muscle, strength, and endurance, and allow athletes to recover from injury more quickly (Lombardo 91). Football players, sprinters, and weightlifters are common users of anabolic steroids because of their muscle-building effects (Silverstein, Silverstein, and Silverstein 22). For gymnasts who want to delay the physical effects of puberty, the brake drug known as progesterone is popular (Galas 42-43). Because these drugs delay the development of breasts and widening of hips, female Olympic gymnasts are able to maintain a lower center of gravity and to perform better (Dolan 79). Another type of performance-enhancing drug is EPO, a substance that increases the production of oxygen-carrying red blood cells. This increase in blood oxygen has been known to improve a normal twenty-minute running time by as much as thirty seconds, a great advantage to Olympic runners (Dolan 86). While the benefits of performance-enhancing drugs seem significant, they cannot outweigh the dangers that can result from their use.

Anabolic steroid use has been linked to a number of terrible side effects relating to the heart, skeletal system, brain, liver, and kidneys. Anabolic steroids can be helpful in rehabilitation when prescribed by doctors, but athletes generally take more than ten to one hundred times the normal dose that would be administered by a doctor (Worsnop 516-517). However, “the continual use of high doses of anabolic steroids can cause annoying and dangerous side effects” (Hanson and Venturelli 156). Relating to the skeletal system, steroid use has been linked to stoppage in bone growth (Jost 618). According to Randy Myers, PGA National Resort Director of Fitness, steroids negatively affect the athlete by putting tremendous amounts of stress on joints due to unnatural muscle increase in a particular area (Tays 2). The rapid muscle growth caused by steroids does not give ligaments and tendons enough time to

grow with the new muscle. The result is ligament and tendon damage, which can take a long time to heal (Silverstein, Silverstein, and Silverstein 45). Medical authorities say that the steroids can increase the risk of heart disease by increasing cholesterol levels (Jost 618). Nine-time world champion power lifter Larry Pacifico had a heart attack in 1981, which was caused by three blocked arteries leading to the heart. Two of his arteries were 70% blocked, and the other was 99.9% blocked. Edward Dolan attributes these clogs to anabolic steroid usage. Steroid usage has also been linked to cancerous tumors in the kidneys and liver. One steroid-using body builder given as an example in Bob Goldman's book *Death in the Locker Room* was diagnosed with liver/kidney failure and died four days later (20).

In addition to anabolic steroids being harmful, human growth hormones and other performance-enhancing drugs pose just as many dangers. HGH, the human growth hormone, was formulated to provide the effects of anabolic steroids without being a steroid. However, too much HGH can result in a disorder known as acromegaly, which is a distortion and enlargement of body features. Other side effects include joint pain, heart failure, and diabetes (Galas 44-45). Additionally, HGH results in enlarged internal organs such as the heart, kidneys, and the liver (Freudenrich and Babble 15). EPO, the blood oxygen enhancer, has been documented to thicken blood and cause clots, resulting in heart attacks. Five Dutch cyclists who used EPO died from heart attacks between 1988 and 1990 (Galas 45-46). Both HGH and EPO technologies are especially dangerous because there is not enough research on the technology to determine all possible side effects (Longman, Cook, and Smith 98-99). In addition to these physical side effects, performance-enhancing drugs have been known to alter psychological behaviors.

Stimulants are a type of performance-enhancing drug used to increase alertness. However, these drugs can cause nervousness in the user when taken incorrectly (Freudenrich and Babble 17). In general, use of performance-enhancing drugs can lead to psychological

dependence. Symptoms of withdrawal, such as fatigue and inability to stop taking the drug, have been documented (Brower 199). Finally, aggressiveness is a common psychological side effect of using performance-enhancing drugs. Relating to anabolic steroids, “roid rage” or “anabolic madness” occurs. While this aggressiveness can be beneficial during the game, it is extremely dangerous when its effects are extended beyond the game (Silverstein, Silverstein, and Silverstein 45-46). Such physical and psychological dangers that stem from performance-enhancing drug usage demand that efforts must be made to protect athletes from these harmful substances.

In addition to the fact that athletes are harming themselves with performance-enhancing drugs, they are also serving as bad examples for young athletes. A shocking number of professional athletes are using performance-enhancing drugs such as steroids, and they are influencing young athletes through their examples. Ken Caminiti, a former baseball player, admitted to using steroids during his professional baseball career and went on to suggest that almost 85% of baseball players use steroids (Tays 1). This statistic leads younger athletes to believe that a majority of baseball players are using drugs. Drug usage in the Olympics and professional sports has influenced 5% to 12% of male high school seniors to try performance-enhancing drugs at one time or another (Yesalis 65). Bruce Kidd, Dean of Physical Education at the University of Toronto, argues that professional sports policies against doping are sending the wrong message to young athletes (Gillis 22). He says that all professional sports must accept that the “standard of excellence in sports is drug-free” (qtd. in Gillis 22).

Perhaps the greatest evidence that professional athletes are influencing children in the wrong way comes from President Bush’s 2004 State of the Union Address:

To help children make right choices, they need good examples. Athletes play such an important role in our society, but, unfortunately, some in professional

sports are not setting much of an example. The use of performance-enhancing drugs like steroids in baseball, football, and other sports is dangerous, and it sends the wrong message—that there are shortcuts to accomplishments, and that performance is more important than character. So tonight I call team owners, union representatives, coaches, and players to take the lead, to send the right signal, to get tough, and to get rid of steroids now. (*State of the Union*)

In addition to using performance-enhancing drugs, athletes have also been known to use various recreational drugs. Drugs such as alcohol, marijuana, and cocaine fall under this category, and athletes use them to relax and escape pressure from outside sources (Brookens 3: 170). Dwight Gooden, former New York Mets pitcher, gave his reasons for using alcohol, saying, “If I won, I went out drinking to celebrate, and if I lost, I went out drinking to forget about it” (qtd. in Galas 55). Athletes are especially prone to using recreational drugs. In her book *Drugs and Sports*, Katherine Talmadge said some professional studies show that approximately 20% of professional baseball and football players have used cocaine, although athletes say that actual percentages are higher. Mike Strahan, a former NFL player convicted of selling cocaine to fellow athletes, says that 40% to 60% of NFL players have used cocaine. Another player, Carl Eller, says that 50% of players have tried it, and one in five is addicted (Galas 57). Cocaine, an expensive recreational drug, is available to athletes because of their huge salaries (Dolan 89). Marijuana is another recreational drug popular among professional athletes. *The New York Times* estimated that 60% of NBA players smoke marijuana, a statistic confirmed by former player Charles Oakley. Last season, numerous members of the Portland Trailblazers were convicted of marijuana usage (Hughes). Marijuana is especially popular because it is so inexpensive, ranging from \$36 to \$200 per ounce (Dolan 113-14).

Even though alcohol and recreational drugs are easily available to athletes, they still pose significant dangers to those who use them. Alcohol abuse is common among athletes and can lead to brain, liver, heart, and muscle damage (Galas 61). Marijuana also poses a danger to an athlete, specifically to the brain. Usage can result in brain damage and lung damage similar to the effects from tobacco (Galas 64). Len Bias, former number one pick of the 1986 NBA draft, learned the effects of cocaine the hard way. While celebrating the event with a group of friends, Bias suffered a cocaine-induced seizure and died that night (Worsnop 524). In addition, these athletes become accustomed to escaping stress and easing anxiety through recreational drugs, a practice that can lead to addiction (Galas 56).

Current drug policies in professional and Olympic sports are ineffective because they do not deter athletes from using drugs and are not enforced well enough. Major League Baseball only started testing its players for steroids in 2004 after a 2003 survey found that 5% to 7% of professional baseball players used steroids (“Pro Sports’ Testing” 1). The new steroid testing plan calls for unannounced testing once during the season, with a follow-up for a positive test one week later. A first infraction requires the player to undergo a drug rehabilitation program, but there is no suspension. A player’s second through fourth positive tests involve increasing fines up to \$50,000 and suspensions up to fifty days. It is not until a fifth positive test that a player is suspended for an entire year (Jost 620). Drug testing experts responded to Barry Bonds’ one clean drug test under the new plan by saying that it meant nothing. One random test means only that an athlete has been drug free for a period of a few months before the test (Brennan 1). Dick Pound, chairman of the World Anti-Doping Agency, calls baseball’s drug testing policy worthless because five positive offenses are allowed before a one-year suspension, and testing occurs only during the season (*CBS Sports*).

The NBA drug policy is just as lax as baseball's policy. The NBA offers a player the chance to come forward willingly with a drug problem. If a player confesses to having a drug problem, that player's team will pay for rehabilitation in addition to providing the player his normal salary. No penalty whatsoever is issued to the player (Worsnop 526). The current policy for steroid testing in the NBA is based on a player's experience in the league. Rookies are tested once during training camp and three times during the regular season. Veterans, athletes with more than one year in the NBA, are tested only once during training camp. Penalties for a first, second, and third offense are five, ten, and fifteen games, respectively (Jost 620).

Some experts consider the policies in the Olympics as the best in all sports, but these policies still have weaknesses. Although the U.S. Olympic penalty for a positive steroids test is a two-year ban, this bans an athlete from only one Olympic games ("Pro Sports' Testing" 2). In addition, current drug policies have not deterred the use of performance-enhancing drugs in the Olympics. Ben Johnson, an Olympic sprinter, was stripped of his gold medal because he tested positive for anabolic steroids (Worsnop 523).

The NFL has a clear policy regarding performance-enhancing drugs, but room for improvement exists. The NFL tests all players randomly for steroid usage during the season. In addition, all players are tested twice in the off season and once in the preseason. A first offense brings a four-game suspension, a second a six-game suspension, and a third a one-year suspension (Jost 620). However, these penalties seem trivial considering that steroids, under federal law, are illegal to possess without a prescription (Tays 2). Possession or sale of steroids can be punished by up to three years imprisonment and fines (Silverstein, Silverstein, and Silverstein 54). The NFL also has announced testing for recreational drugs, which gives a player plenty of time to clear his system of the drug before testing. If he should fail the first test, he is given another confirmatory test before suspension is issued (Collinsworth). A first offense for

recreational drugs results in drug treatment, a second is a thirty-day suspension or four games, and a third is immediate suspension for at least a year (Worsnop 527). Finally, the NFL has been known not to enforce suspensions. In 1988, Dexter Manley of the Washington Redskins received a thirty-day suspension for cocaine usage. In 1989, he again tested positive for cocaine and was issued a lifetime suspension from professional football. However, just one year later, Manley was reinstated to the league by commissioner Paul Tagliabue and was signed by the Phoenix Cardinals (Worsnop 524).

Research clearly proves that the use of drugs by athletes is becoming the status quo. Current policies lack the strength to deter athletes from using substances that could possibly improve performance, but are most likely to hurt an athlete. The use of illegal drugs in professional and Olympic sports also influences young athletes to follow in the footsteps of their heroes. Governing officials in professional and Olympic sports must take the initiative to protect every athlete from hurting himself and those around him. Strengthening and enforcing drug policies in professional and Olympic sports will guarantee safety, integrity, and positive influence for all athletes.

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