

“Steroids In Sports: Cheating the System and
Gambling Your Health”

Before

Energy and Commerce Committee

Subcommittee on Commerce, Trade and Consumer Protection

&

Subcommittee on Health

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March 9, 2005

Representing the

National Athletic Trainers' Association

Mr. Chairman and members of the committee. On behalf of the National Athletic Trainers Association and the more than 25,000 licensed and certified athletic trainers we represent, I want to thank you for this opportunity to testify at today's hearing: Steroids in Sports: Cheating the System and Gambling Your Health.

My name is Sandy Worth. I am a certified Athletic Trainer and the Head Athletic Trainer at the University of Maryland. I am also the Head Athletic Trainer for our Football team. The Athletic Trainer staff for the football team is comprised of me and 2 full time certified athletic trainers, 1 certified athletic training intern and 10-12 undergraduate student athletic trainers.

The Sports Medicine Department at my university provides athletic training services for 25 sports that includes more than 700 athletes participating in a very successful Division I intercollegiate athletics program. This is typical of many Division I schools. As assigned, one or more staff members will attend home contests and as able, one or more staff members will attend away games.

In addition to our game day activities we also are responsible for evaluating player injuries and recommending and supervising treatment and rehabilitation. The athletic trainer makes the final determination to return an athlete to the field, the court or rink following injury. When needed, this determination is made in conjunction with the team physician. Finally, we are the primary point of contact for both the University of Maryland and NCAA drug testing programs.

Certified Athletic Trainers work with high school, collegiate and professional athletes as well as the weekend athletes who are seen in private physician's offices. We are licensed and certified health care professionals. We are educated and trained in the prevention, treatment and rehabilitation of injuries that occur during athletic competitions or general physical activity. The athletic trainer wears many hats. We are emergency first responders, we are health counselors and we are rehabilitation specialists. We are **not** personal trainers.

The title of this hearing is most appropriate and while I agree that the use of performance enhancing drugs IS cheating, the focus of my remarks will be on the health and safety issues related to steroid use. We are health care professionals charged with ensuring the well being of the student athletes in our programs. Part of this responsibility includes being familiar with performance enhancing drugs, signs of use and the side effects of this use.

The NATA recognizes the myriad problems associated with steroid and other performance enhancing drugs use in sports today. Legal, ethical and sportsmanship boundaries quite frankly are being obliterated. The health and safety of all student athletes is a guiding principle of the NATA and used of these substances compromises that one very simple tenet. The health risks associated with steroid and other performance enhancing drug use simply do not justify their use to improve athletic performance. The NATA considers this one of the most important issues facing the sports world today.

Many athletes competing at the collegiate level – whether Division I or Division III - believe that they can play at the professional level if they just get a little bigger, a little stronger, or a little

faster. To accomplish that goal, they have been programmed from a very early age to push their bodies to the limit. They will do most anything to make the dream a reality. For many, this is their mindset and motivation.

Mr. Chairman, my colleagues and I are on the front lines. We are involved in the education of our student-athletes about the adverse health effects of performance enhancing drugs such as steroids. As I mentioned earlier, we are the principle point of contact for drug testing programs at the collegiate and professional levels. Finally, because of our close contact with high school, collegiate and professional athletes, we often see the first signs of drug use, whether it is performance enhancing drugs or so-called recreational drugs. Today, we have the tools and the support of the school administration and coaching staffs to realistically prevent steroid use at the collegiate level. But we face an even more difficult challenge.

Today, we know more about the long-term health effects of steroid use and we can do more to educate our athletes about the harmful side effects of using performance enhancing drugs. But really, who is the young football or baseball or basketball player more likely to listen to, me or a former professional athlete and admitted steroid user who has been saying publicly that if you are good and want to get better, use steroids. If you are great and want to be incredible, use steroids. And finally, as if that wasn't enough, it has been reported that he has said that in addition to all the wonderful things that can happen to you athletically, your peers will find you "sexier".

Unfortunately, what that drug abuser fails to tell these young athletes is that you will also increase the risk of serious medical problems. I have attached a list of known side effects of steroid use from an article entitled, "Steroid Use and Long-Term Health Risks in Former Athletes" published

in 2002 in the Journal *Sports Medicine* (Miia Parssinen and Timo Seppala *Sports Medicine* 2002: 32(2): 83-94).

Here are a few of the nearly 40 problems associated with steroid use:

Myocardial Hypertrophy	Depression	Suicide
Hepatic tumors, possibly cancer	Hyperinsulinism	Aggressive Behavior

And, what that former athlete also fails to mention to those young men or women who may now believe that use of steroids will make them “sexier”, is that use of steroids can lead to testicular atrophy and impotence in men and for women there’s Hirsutism (mustaches) and Alopecia (baldness). So I suppose if his definition of a sexy male is an impotent 30 year old man with atrophied testicles or a bald 30 year old female with a mustache, then perhaps steroid abuse can make you sexier. But if we can get Congress and the media to get out the real story, to deglamorize steroid use, then perhaps we can succeed in our public education efforts.

Mr. Chairman, it is not enough to educate the athletes, we must also educate parents. During a recent NATA sponsored conference on the topic of steroid use, a colleague of mine related a recent situation he encountered at his University.

This particular University requires all athletes to undergo mandatory, periodic, unannounced drug testing. The athletes at this University sign a waiver agreeing to submit to drug testing as a precondition for playing in a Division One sport. The parents or guardians of the athletes are also informed of the policy.

During University sponsored drug tests, two athletes tested positive for steroids. As is the University's policy, the parents were brought in for drug counseling with the athletes. During this counseling session, it was discovered that not only were the parents of these athletes aware of their child's steroid use, but were the ones who had actually purchased the drugs for their children. In both cases, the parents believed their children had an outside chance of playing professionally and that in order to help make that possibility a reality, supported the use of steroids so the athletes could get bigger, stronger and faster. If our educational programs are going to be effective, we must start at a younger age and we *must* also include educating the parents – not just the athletes – about the long-term health consequences of steroid use.

As bad as things sometimes may seem, it is still better than when I first started as an Athletic Trainer. Twenty years or so ago a young man reported to our program standing 6'6" and weighing 250 pounds. Now for you and me that might seem big but given this young man's height he was rather light – at least for the position he played in his sport. A comment was made that the young man really needed to get bigger if he wanted to survive Division One football. I saw this young man about 3 months later. He had not only gained over 30 pounds, but he was 'chiseled'. How did this happen in just a short period of time – aggressive weight lifting – change in diet – or use of an anabolic steroid? Unfortunately at the time we did not have the authority to test but we all suspected he was using steroids – we just couldn't do anything about it. Today, there are procedures in place that would permit personnel to recommend testing. As with all testing, if the test did come back positive, the administration and coaches would be notified and the athlete would be subject to University and team sanctions.

NATA's 30,000 members, many of whom work with secondary school or collegiate students, are especially concerned with steroid use among young athletes. The long-term, irreversible, negative effects of banned substances on a young athlete's growing body are a frightening repercussion not worthy of improved athletic performance. The NATA supports any and all governing body's – high school, college, amateur and professional and international – bans on steroids and other controlled substances not prescribed by a physician for therapeutic purposes and more severe penalties for those who violate these rules. While a broad ban on such substances is a start, an equally important weapon in the battle against steroid use is more thorough education of our student-athletes and parents. On going research on the dangerous side effects of steroids combined with more intense dissemination of the facts about the extreme health risks – to athletes of all ages, coaches at all levels and parents of all young athletes – may once and for all send the message that no on-field victory is worth serious health problems later in life.

Late last year, Congress passed and President Bush signed into law the "Anabolic Steroid Control Act". This landmark legislation added anabolic steroids and a host of pharmacological agents related to testosterone to the list of controlled substances. This will make it more difficult for athletes to obtain these substances but it won't completely prevent a determined athlete from procuring these drugs. That is why education is so important and why we were pleased that the legislation included a section on Prevention and Education.

As you know, Section Four of the new law authorizes the Secretary of Health and Human Services to "award grants to public and nonprofit private entities to enable such entities to carry out science-based education programs in elementary and secondary schools to highlight the

harmful effects of anabolic steroids.” NATA fully supports this legislation and strongly urges Congress to fund this new initiative to the full amount authorized by the law - \$15 Million.

We also support the addition of questions concerning anabolic steroid use to the National Survey on Drug Use and Health.

Today, we know better – or we should know better. We have the data and we have the cover stories to bring the data to life – or death, as the case may be.

Mr. Chairman, I appreciate the opportunity to present these views and I would be happy to answer any questions you may have.

Adverse effects associated with the use of anabolic androgenic steroids

<p>Cardiovascular system Myocardial hypertrophy QT dispersion Increased risk of thrombosis Decreased HDL Increased LDL Increased triglycerides Elevated blood pressure Risk of myocardial infarction Risk of sudden death</p> <p>Behavior Increased aggressive behavior Depression Mania, hypomania Psychotic episodes Suicides Dependence Mood swings Increased irritability Euphoria</p> <p>Cancer Increased risk of hepatic tumors Increased risk of malignant tumors</p> <p>Skin Acne Male pattern baldness</p>	<p>Hormonal system Testicular atrophy Impaired spermatogenesis Transient infertility Decreased testosterone production Gynaecomastia Impotence</p> <p>Musculoskeletal system Premature epiphyseal closure Increased risk of tendon tears</p> <p>Immunological system Decrease in immunoglobulins</p> <p>Metabolic system Altered glucose tolerance Hyperinsulinism</p> <p>Effects in women Altered menstruation Clitoral enlargement Hirsutism Decreased breast size Alopecia Deepening of the voice</p>
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Source: “Steroid Use and Long-Term Health Risks in Former Athletes
 Miia Parssinen and Timo Seppala
 Sports Medicine 2002: 32(2): 83-94