ANABOLIC STEROIDS

I was delighted to hear the Norwegian Sports Federation announce that they were officially against drugs, and that they intended to institute tests at all home championship events. We all know that anabolic steroids are taken, and that they are taken right up until the last possible moment before any big event where steroids are tested for.

Steroids are detectable up to seven weeks, with individual variation, after stopping the drugs. This means that competitors will take them through training, and up until the last possible moment, which for most will be about four weeks before the competition. What are most of us doing about it? We are in the same situation as some doctors were before the new abortion laws. If we do not help the patient, then someone less skilled, will, and often with dangerous results. We are presented with someone on drugs who knows nothing about them. Many of the people believe that if one tablet helps, then two tablets will help twice as much. All of us have heard horrific stories of some of the doses being taken.

So what can we do? 1. Warn them off drugs. 2. Not provide them with drugs.

That’s easy. However, when the sportsman comes and says he intends to take them regardless of what we say, and then he can get hold of them (via granny’s prescription for osteomalacia). Then we have to face the true issue. Many doctors feel that having done 1 and 2, they have to advise on doses, rather than let the patient go wild and overdose himself. This really condones the situation.

I feel that doctors must step forward and announce the current situation with steroids. In that same I.A.O.M.O. Congress in which Professor Oseid spoke it was widely agreed that the evidence that steroids are of benefit is still open to much debate. However, the evidence of inherent dangers is totally proven to most doctors satisfaction. Doctors should announce from medical advisor to sportsman: “There is no good evidence this drug will improve your performance, but there is excellent evidence that it may harm you”.

This is still not good enough for some at the top. The name of the game is winning, and if there is the slightest chance that a drug will improve performance they will use it. More to the point they don’t not use it in case their arch rival does and he might gain some advantage. This really is the crux of the matter. If ‘A’, as a top competitor, could guarantee that ‘B’, from anywhere in the world was not taking the drug, then ‘A’ would not have to take it. No sportsman fears straight competition. What they cannot accept is being at a disadvantage especially by some “wonder drug”.

If we can return sport to a competition between sportsmen and not pharmacists, then we shall all be the better for it. Note I am being specific with the word “pharmacists”.

Professor Oseid shows the way. All competitors should have drug testing. This is not possible, but sport is big business now-a-days, and I feel that some gate money, etc. should be syphoned off, so that testing for drugs can be done at all major events, National and International. In that way we can keep our sports healthy, and more to the point keep healthy sportsmen.

I stand to be counted alongside Professor Oseid and his Norwegian Sports Federation, and call upon our Sports Council actively to achieve this aim.

Malcolm T. F. Read