

Warning Signs and Symptoms of Steroid Use

Possible Signs of Steroid Use:

“Puffy”, swollen look to the face; acne, especially on shoulders, back, or chest; excessive time spent working out; frequent nosebleeds; frequent muscle cramps; increased aggression and violence; increased irritability; periods of depression; quick strength and weight gain; wide mood swings

Possible Adverse Effects in Both Males and Females

Acne, especially on chest, shoulders, and back; addiction; blood clots; breast enlargement and pain (males); deepening of the voice (females); deformed sperm/possible birth defects (males); frequent nosebleeds; growth of permanent facial and chest hair (females); hardening of the arteries, higher cholesterol levels; increased risk of heart attack, increased blood pressure; increased violence and aggression (“roid rages”); increased risk of injury and slower healing time; insomnia, restlessness, depression; liver damage, including cancer; loss of hair and partial baldness; lowered sperm count/temporary sterility (males); menstrual irregularities (females); muscle tendon damage; pain when urinating (males); reduction of breast size (females); shrinking of the testicles/sterility (males); stunted growth; suicidal thoughts; swelling of feet and lower legs; unpleasant breath odor

Evaluating Ergogenic Aid Claims

The following are considerations coaches, students, and/or parents should make when examining ergogenic aids.

1. What is the source of the information?

- Peer-reviewed journal
- Magazine, newspaper or book
- Company selling a product

2. Who wrote the article?

- A professor or someone with a degree (Is the degree in a field related to sports medicine, nutrition, or biochemistry?)

- Someone with credentials

- Unsure, article doesn't state

3. Critical Analysis

- Does the product sound too good to be true?
- If a research study is cited, is it done on a healthy population or a diseased population, well-trained subjects or sedentary subjects, animals, or humans?

Evaluating Ergogenic Aid Claims (con't.)

- Does the dosage seem large or unsafe?
 - Does the article make conclusive statements suggesting that a particular supplement will make you lose weight?
 - Does the product promise quick improvements in healthy or physical performance?
 - Does the item contain some secret ingredient or formula?
 - Are currently popular personalities or star athletes used in its advertisements?
4. Is the product effective?
- If it is still unclear whether the supplement is effective, seek other sources of information such as more articles on the topic or opinions of professionals in the field of nutrition and exercise.
5. Is the product safe at the recommended dosages?
6. Does the product cause long-term health problems?
7. Are possible side-effects identified?
8. Is taking the supplement ethical?

This is often a hard question to answer. The thrill of competition is to strive to be the very best, but does being the very best mean enhancing your performance through external substances. The ancient Greek ideal and that of the International Olympic Committee is that an athlete should succeed through their own unaided effort. Every individual must assess his/her ethical standards. In doing so, he/she should consider the policies of his/her team or the governing body for a sport, the possibility a substance is banned, and the understanding that taking such a supplement is considered cheating.

Provided by the IHSA

The IHSA would like to thank the following for providing information and/or resources in making this brochure possible:

NCAA Banned Drug List

Wisconsin Interscholastic Athletic Association

Iowa High School Athletic Association

By-Law 2.170:

Distribution of Steroids and Performance-Enhancing Dietary Supplements

(effective July 1, 2007)



The future plays here.

Background

The value of high school interscholastic programs is found in the over-all physical, emotional, and intellectual development of student-athletes. In that pursuit, anabolic steroids and performance-enhancing dietary supplements offer no positive contribution. Rather, their use jeopardizes not only the health of student-athletes, but also impedes in their over-all development. And since this use runs counter to the purpose and value of interscholastic programs, coaches, administrators, school officials or employees, or booster club/support group members have an obligation and responsibility to provide only healthy, safe, and approved substances to student-athletes. IHSA By-Law 2.170, which will take effect on July 1, 2007, will strengthen the relationship between students and their schools by affirming the school's commitment to offering a safe environment in which their students can develop.

Over the past few years, the IHSA, through the work of its Sports Medicine Advisory Committee and in conjunction with the National Federation of State High School Associations, has attempted to increase awareness on steroid use by high school students and provided resources that schools, athletes, and parents could use to reinforce the dangers of anabolic steroids and performance-enhancing dietary supplements.

The purpose of this brochure is to provide schools, athletes, and parents with a description of those substances that are considered banned by the IHSA, and, therefore, substances student-athletes can not take and maintain their athletic eligibility.

This brochure presents the expected list of banned drug classes to be in effect for the 2007-08 school year. On July 1st, 2007, the official list shall be published on the IHSA website and will be distributed in hard copy to member schools in the August 2007 All-School Mailing.

Banned Drug Classes

The term "related compounds" comprises substances that are included in the class by their pharmacological action and/or chemical structure. No substance belonging to the prohibited class may be used, regardless of whether it is specifically listed as an example.

Many nutritional/dietary supplements contain banned substances. In addition, the U.S. Food and Drug Administration (FDA) does not strictly regulate the supplement industry; therefore purity and safety of nutritional dietary supplements cannot be guaranteed. Impure supplements may lead to a violation of IHSA by-laws. The use of supplements is at the student-athlete's own risk. Student-athletes should contact their physician or athletic trainer for further information.

The following is a list of banned-drug classes, with examples of banned substances under each class:

1. Stimulants

amiphenazole, amphetamine, bemi-gride, benzphetamine, bromantan, caffeine¹ (guarana), chlorphentermine, cocaine, cropropamide, crothetamide, diethylpropion, dimethylamphetamine, doxapram, ephedrine (ephedra, ma huang), ethamivan, ethylamphetamine, fencamfamine, meclofenoxate, methamphetamine (MDMA, ecstasy), methylphenidate, Nikethamide, Pemoline

pentretazol, phendimetrazine, phenmetrazine, phentermine, phenylpropanolamine (PPA), picrotoxine, pipradol, prolintane, strychnine, synephrine (citrus aurantium, zhi shi, bitter orange)
and related compounds

2. Anabolic Agents: Anabolic Steroids

androstenediol, androstenedione, boldenone, clostebol, dehydrochlormethyltestosterone, dehydroepiandrosterone (DHEA), dihydrotestosterone (DHT), dromostanolone, epitrenbolone, fluoxymesterone, gestrinone, mesterolone, nethyltestosterone, nandrolone, norandrostenedione, norethandrolone, oxandrolone, oxymesterone, oxymetholone, stanozolol, testosterone², tetrahydrogestrinone (THG), trenbolone
and related compounds

Banned Drug Classes (con't.)

3. Diuretics

acetazolamide, bendroflumethiazide, benzhi-zide, bumetanide, chlorothiazide, chlorthalidone, ethacrynic acid, furosemide, hydrochlorathiazide, methyclothiazide, metolazone, polythiazide, quinethazone, spironolactone (canrenone), triamterene, trichlormethiazide
and related compounds

4. Peptide Hormones and Analogues

Corticotrophin (ACTH), human chorionic gonadotrophin (hCG), luteinizing hormone (LH), growth hormone (HGH, somatotrophin), insulin like growth hormone (IGF-1)

All the respective releasing factors of the previously-mentioned substances also are banned:

erythropoietin (EPO), darbepoetin, sermorelin

Definitions of unacceptable levels depend on the following:

¹for caffeine — if the concentration in urine exceeds 15 micrograms/ml

²for testosterone — if the administration of testosterone or use of any other manipulation has the result of increasing the ratio of the total concentration of testosterone to that of epitestosterone I the urine to greater than 6:1, unless there is evidence that this ratio is due to a physiological or pathological condition.