



POSITION STATEMENT ON ANABOLIC STEROIDS

**National Federation of State High School Associations (NFHS)
Sports Medicine Advisory Committee (SMAC)**

EXISTING POLICIES/STANDS

The NFHS strongly opposes the use of anabolic steroids and other performance-enhancing substances by high school student-athletes. Such use violates legal, ethical and competitive equity standards, and imposes unreasonable long-term health risks. The NFHS supports prohibitions by educational institutions, amateur and professional organizations and governmental regulators on the use of anabolic steroids and other controlled substances, except as specifically prescribed by physicians for therapeutic purposes.

BACKGROUND

Anabolic, androgenic steroids (AAS) are synthetic derivatives of the male hormone testosterone. Natural testosterone regulates, promotes and maintains physical and sexual development, primarily in the male, but with effects in the female as well. Like testosterone, AAS have both an anabolic effect (increase in muscle tissue) and an androgenic effect (masculinizing effects that boys experience during puberty). No AAS is purely anabolic. As a result, the use of AAS won't lead to muscle growth without also leading to other unintended, undesirable side effects.

According to national surveys, the use of AAS among high school students has been decreasing since about 2001. There are no national studies that measure the extent of AAS use by high school student-athletes, although some states publish statewide prevalence data. Nearly one-third of high-school age steroid users do not participate in organized athletics and are taking AAS primarily to modify their physical appearance. Athletes who use AAS do so for two main reasons: 1) to gain strength and 2) to recover more quickly from injury.

AAS are controlled substances and are illegal to use or possess without a prescription from a physician for a legitimate medical diagnosis. Some AAS are used by veterinarians to treat pigs, horses and cows. In humans, medical uses of AAS include weight gain in wasting diseases such as HIV-infection or muscular dystrophy, absent gonadal function in males, and metastatic breast cancer in women. AAS should not be confused with corticosteroids, which are steroids that doctors prescribe for medical conditions such as asthma and inflammation. AAS are prohibited by all sports governing organizations.

FACTS ABOUT ANABOLIC STEROIDS

- Anabolic steroids are controlled substances and are illegal to possess or sell without a prescription for a legitimate medical condition by the prescribing physician.
- Androstenedione, norandrostenedione and other similar prohormones, at one time available over the counter as dietary supplements, are now defined as controlled anabolic steroids.
- Athletes who have injected anabolic steroids in high school have tested positive in collegiate drug tests – months after they stopped injecting.
- Athletes who have injected anabolic steroids are at greater risk for infections, HIV and hepatitis.

POTENTIAL NEGATIVE SIDE EFFECTS FROM THE USE OF ANABOLIC STEROIDS

- Decreased eventual height if consumed before growth plates have fused in pre-pubertal youngsters
- Secondary sex characteristic changes
- Increased acne
- Growth of body/facial hair in girls
- Loss of hair in boys
- Permanent voice-lowering in girls
- Violent, combative behavior
- Sexual dysfunction and impotence
- Mood swings, loss of sleep, paranoia
- Depression upon stopping use
- Organ damage and death from heavy use

PREVENTING ATHLETES FROM TAKING ANABOLIC STEROIDS

- School personnel, coaches and parents can reduce steroid abuse by speaking out against such use.
- Talk with your athletes about frustrations they may have about how they look or how they are performing in their sport. Help them establish healthy expectations of their bodies.
- Talk to athletes about realistic performance standards.
- Focus on proper nutrition and hydration. Work with a registered dietician to develop a plan for appropriate weight gain and/or weight loss.
- Don't trust Internet marketing messages about quick fixes.
- Restrict athletes' access to environments where steroid use might occur and to people who are involved with anabolic steroids.
- Don't subscribe to publications such as muscle magazines that depict unrealistic pictures of men and women.
- Help athletes understand that using anabolic steroids not only is illegal but also is cheating.
- Consider initiating a formal performance-enhancing, drug-education program to educate athletes and deter use.

References:

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