Physical superiority through drugs?

Doping in athletics - getting that competitive 'edge'

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There isn't an athlete in the world who doesn't have the will or desire to better their competitive performance.

To do so they look for that 'something extra'--that one thing that will carry them over the top to victory. In other words, the magic formula that will give them 'the edge' over the opposition.

In sports, there are many ways to get 'the edge'. It can be obtained as easily as buying a pair of carefully constructed running shoes, by wearing specially designed equipment--or by taking drugs.

In view of the much publicized used of performance-enhancing drugs in both professional and amateur sport, Professor Norm Gledhill, the director of the York Phys. Ed. Graduate Programme and member of the Canadian Sports Medicine Council, presented a seminar last Friday called 'Doping' The Most Serious Problem Confronting Sport Today'. This lively and informative talk provided a forum for an in-depth analysis of the controversial subject.

Doping in athletics received attention in 1968 when the International Olympic Committee (IOC) gave the subject its first serious consideration. The IOC eventually developed a policy that would "prevent the use of drugs amongst athletes".

Dope-Free Urine

Such preventative measures include testing the urine samples of the first five finishers in an Olympic event. If athletes are found to have been using drugs, they can be disqualified from their events for a year and a half. Initially, the athletes were trusted to take their own samples; however, it was soon discovered that they were smuggling in packets of dope-free urine. As a result, an examiner must now accompany the athlete to testing facilities.

How exactly do 'performance-enhancing' drugs work? Gredhill classified these ergogenic aids as 1) stimulants and disinhibitors and 2) anabolic steroids.

In the first category, there are many drugs that an athlete can choose. For example, common cold and asthma remedies. "These can mimic the effect of adrenalin and cause an increase in heart rate. This in turn increases the vigorous contractions of the heart, which enables it to pump more blood, thus providing the athlete with more oxygen," explained Gledhill. Such drugs would help distance runners.

Drugs that reduce inhibitions also play a large part for the athlete either wishing to combat nerves or overcome the pain of an injury while in the midst of athletic competition. Pills containing 'beta blockers' are used to avoid a case of the tremors, these are particularly effective for competitors in rifle shooting events. Morphine and heroin are used when the athlete must compete with an injury. These drugs give the competitor a 'high', by decreasing the athlete's sensitivity to pain. He or she is able to push themselves further than if they had to deal with the agonizing injury.

Using "Bennies"

Benzedrine, a substance well-known to students wishing to study all night, is also used by football players. "It is rumoured that they take a certain number of pills depending on their position," said Gledhill. For example, a lineman who must be more aggressive will be given a larger dose than another player who simply needs to be 'up' for the game. Benzedrine (or "bennies") can also reduce the sensation of pain and fatigue.

After taking a dose of benzedrine, the player is usually hyper for 3-4 hours (just long enough for game time). Afterwards he is 'zonked' by the increased use of energy.

Conversely, there are drugs that will inhibit normal muscular growth. The maintenance of a child-like gymnastic body became popular in the 1972 Olympics when gymnastics became more stunt oriented. To execute difficult gymnastic manoeuvers, Gledhill explained that the gymnast must maintain a constant strength-to weight ration. To accomplish this, a halt to the normal process of puberty would have to take place, 'brake' drugs are administered. The gymnast stays smaller for a longer period of time. It also stops them from developing breasts and hips. And young gymnasts are often given the Pill to prevent menstruation during competition.

Side effects

The use of anabolic steroids received extensive publicity after the emergence of the extremely muscular East German Women's Swim Team at the 1976 Olympics. Because of their masculine body structure, the IOC implemented sex tests--just to make sure they were females. Steroids function in much the same way as the male hormone, testosterone. These functions are: anabolic (tissue building) and androgenic (masculinizing), which simply means steroids can increase muscle bulk and strength. However, Gledhill mentioned that there are also many side effects. There may be a large increase in muscle size, but the size of the tendon holding the muscle remains the same. In men, prolonged administration may inhibit testicular function and result in a decreased sperm count. Females may develop deeper voices and facial hair.

Steroids are easy to obtain, especially if one joins a body-building club, where they are offered at low prices as an inducement for membership. An athlete (eg. weight-lifters or wrestlers) who take steroids, do so during training, but go off their "dope programmes" a month before competition so there will be no tell-tale traces in their urine.

The Warp

We are not here in mind;
but rather, fill flesh
into expectation

We need not read this book
nor take the time to think
life and love and learning
have all been, for us,
Decided

PJ Todd