

## The Race For Glory

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Article

The Sun - 06/29/96

NOW THAT THE OLYMPICS IS IN THE air, many should realise that sports too is not quite free from being "poisoned." The recent World No-Tobacco Day on May 31 addressed the issue of tobacco in sports (see Healthtrack, June 1). In fact, the use of other types of drugs in sports have also been quite rampant. Like tobacco too, such drugs undermine the very meaning of sports by damaging the health of the athletes.

In fact, the use of drugs in sport has attracted as much as attention as sport itself. For example in 1983 Pan-American Games in Caracas, 15 athletes in various events tested positive and were disqualified, while many others left rather than being subjected to being tested for drugs. This is of course not the first time that drugs were used in sports, and there were even instances where death were reported.

Athletes have sought ways to improve their performance since the days of ancient Egypt and Rome. It has certainly got worse as the nature of sports becomes much more competitive and the race for glory becomes grossly exaggerated.

The differences between top athletes are now so minimal, and the rewards for success so great, there is always the temptation to try for that extra advantage. An American physician, Dr. Gabe Mirkin, recently asked over 100 top American runners the question: "If I could give you a pill that would make you an Olympic champion but kill you in five years, would you take it?"

Over 50% of the runners answered: "Yes."

Various methods have been tried to improve sports performance, and these include the use of stimulants, painkillers and other medications.

The use of chemicals - synthetic or naturally occurring - which artificially improve the physical or psychological condition of an athlete before or during an event is known as "doping."

In the late 19th century, many resorted to substances like caffeine, strychnine and laudanum to enhance their performances. These are very potent substances of almost no medical use and have disastrous long-term effects. Later, in the mid-20th century, amphetamine (a stimulant which is the parent compound of "Ecstasy," see Healthtrack, June 22) came to be used widely in sports.

The abuse of such drugs were so rampant in the 1964 Olympics that the event was considered a crisis in sports. This prompted the International Olympic Committee (IOC) Medical Commission to pass a resolution banning the use of stimulants and narcotics (like cocaine) three years later. They came out with a list stating clearly what is illegal.

Today, testing for banned substances is an integral part of most major sporting events. Most national sports organisations, the attending doctors and coaches are usually familiar with the list of banned drugs.

The first dope testing after a major event took place following a cycle race in France some 40 years ago, in 1955. As many as 20% of the field tested positive.

In recent times; it was perhaps the Seoul Olympics of 1988 that the subject was at its most controversial, what with Ben Johnson shocking the world by beating Carl Lewis in the 100m race. But the world of sports was later shocked when Johnson was tested positive for steroids and stripped off his 100m title.

It was in September 1988 at the Seoul Olympics too that the International Olympic Anti-Doping Charter was endorsed by IOC. This was subsequently supported by a resolution at the Second United National Educational, Scientific and Cultural organisation (UNESCO) Ministers of Sports Conference in Moscow in December 1988.

The charter now consists of seven annexes relating to banned drugs, principles and guidelines for out-of-competition testing, standard operational procedures for doping control, model national anti-doping programme, accredited laboratories, rights and responsibilities of athletes and their entourage and guidelines for sanctions and penalties.

The definition of doping published by the Medical Commission of IOC is generally based on pharmacological classes of agents, that is, the way the drugs act on the body. There are more than 200 substances that have been banned by the IOC and other organisations like the Pan-American Sports Organisation (PASO).

These substances are usually classified in six categories of doping agents namely: (A) Stimulants; (B) Narcotics; (C) Anabolic Steroids; (D) Beta-blockers; (E) Diuretics; and (F) Peptide hormones and analogues. This IOC list differs from the earlier ones by including for the first time the peptide hormones and analogues which include thiorionic gonadotrophin, corticotrophin and growth hormone.

It should be remembered that although the IOC list gives very many individual substances as examples within each class, it is the class of substance which is banned.

In addition to the banned pharmacological classes of drugs, there are also classes of drugs which are subject to certain restrictions. These are: (A) Alcohol; (B) Marijuana; (C) Local Anaesthetics; (D) Corticosteroids.

These are not as strictly prohibited as those in the list above, but individual sports may want to include one or more of them in their list of banned substances, and international federations may request that tests to detect them are conducted by an accredited laboratories.

Usually, testing takes place following the completion of the event. The athletes selection for testing are notified that they must report to a testing centre within one hour. The general practice, is to test the medalist and select one other member of the field at random.

There is an increasing trend for national teams to test members as soon as they are selected, and prior to any international competition. If an athlete refuses the test, this is treated as a positive result and the athlete is punished accordingly. Some common medications - even a cough mixture or some herbals teas - can result in a positive test. Sports officials insist that athletes take all medications under a sports doctor's supervisions.

The IOC also banned the use of certain doping methods, namely blood doping and pharmacological, chemical and physical manipulation. In this second category, the following methods are given by the IOC as examples: catheterisation, urine substitution and/or tampering and inhibition of renal excretion by probenecid and related compounds. it is through this category, therefore, that the use of so-called "masking agents" are banned.

These are drugs that can be taken to "mask" or cover up the traces of a banned substance. However, modern day equipment are sensitive enough to detect even the most minute traces of a banned substance. In fact, research is being carried out to look out for new doping substances, as well the laboratory tests for them.

These classes of drugs and doping methods are banned by the IOC because under certain circumstances, they may lead to unfair competition. It undermines the whole philosophy of sports.

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