

ANABOLIC STEROID CONTROL ACT OF 2004

HEARING

BEFORE THE

SUBCOMMITTEE ON CRIME, TERRORISM,
AND HOMELAND SECURITY

OF THE

COMMITTEE ON THE JUDICIARY
HOUSE OF REPRESENTATIVES

ONE HUNDRED EIGHTH CONGRESS

SECOND SESSION

ON

H.R. 3866

MARCH 16, 2004

Serial No. 71

Printed for the use of the Committee on the Judiciary



Available via the World Wide Web: <http://www.house.gov/judiciary>

U.S. GOVERNMENT PRINTING OFFICE

92-567 PDF

WASHINGTON : 2004

For sale by the Superintendent of Documents, U.S. Government Printing Office
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ANABOLIC STEROID CONTROL ACT OF 2004

TUESDAY, MARCH 16, 2004

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON CRIME, TERRORISM,
AND HOMELAND SECURITY
COMMITTEE ON THE JUDICIARY,
Washington, DC.

The Subcommittee met, pursuant to call, at 2 p.m., in Room 2141, Rayburn House Office Building, Hon. Howard Coble (Chair of the Subcommittee) presiding.

Mr. COBLE. Good afternoon, ladies and gentlemen. The Subcommittee on Crime, Terrorism, and Homeland Security will conduct the first meeting on H.R. 3866, the "Anabolic Steroid Control Act of 2004."

This hearing examines the dangers of the use of steroids for professional athletes as well as college, high school and even middle school athletes. Although steroid use was banned under the Anabolic Steroids Control Act of 1990, many substances have since been developed that have essentially the same effect on the body as anabolic steroids. These steroid precursors have been banned by the International Olympic Committee and other professional athletic associations, but remain legal to purchase in the United States. The Anabolic Steroid Control Act of 2004 will add these new drugs to the list of controlled substances and provide increased penalties for any individual who traffics in steroids within 1,000 feet of an athletic facility.

Recently, the problem of steroid abuse has gotten a great deal of media attention. Two weeks ago, the Senate Commerce Committee conducted a hearing to highlight the problem of performance enhancing drugs in professional athletes and professional athletics. This Committee is concerned with the prevalence of steroids in professional sports as well as the adverse health effects these drugs have on adults and adolescents. There have been numerous studies citing side effects associated with steroid use. Some of the long-term consequences of steroid use include liver disorders, high blood pressure, extreme mood swings and severe acne.

Other side effects found in men include male breast development, reduced sperm count and infertility. Women can experience the cessation of menstrual cycle, male patterned baldness, facial hair growth and deepening of the voice. Sadly, the use of these performance enhancing drugs is glamorized by professional athletics. The message that adolescents are receiving, I fear, is that the use of performance enhancing drugs is necessary to compete and should be used regardless of the adverse health effects. This message is

not only received at the college and high school levels, but evidence suggests that middle school students have not become immune to the perils of steroid abuse. Adolescents are at risk for the side effects outlined above as well as premature skeletal maturation and accelerated puberty changes, which may result in stunted growth.

The National Institute on Drug Abuse estimated in 2003 that 1.4 percent of eighth graders, 1.7 percent of tenth graders and 2.1 percent of twelfth graders had taken anabolic steroids at least once in their lives. Although this is a slight decrease from last year, use of steroids among adolescents has significantly increased since the early 1990's. This trend is alarming, but even more disturbing is that many of these precursor steroids are not yet illegal. This legislation will add these drugs to the controlled substance list, making it more difficult for adults and adolescents to obtain these harmful drugs.

I want to thank the witnesses who were able to be here today and look forward to their testimony. I am pleased to recognize my friend from Virginia, the Ranking Member, Mr. Bobby Scott.

Mr. SCOTT. Thank you, Mr. Chairman. I am pleased to join you in convening this hearing on H.R. 3866, "Anabolic Steroid Control Act of 2004," and I note that am a co-sponsor of the bill. This legislation updates the ban on steroids to include the several steroid precursors that have been developed since the 1990 ban when steroids went into effect. These precursors have been shown to cause the same reaction to the body as anabolic steroids and are just as dangerous in terms of side effects and long-term damage potential. Currently, they are not illegal. They are widely used by athletes and others seeking to enhance muscle and body development. In addition to direct ingestion, these drugs are also showing up in over-the-counter nutrition and dietary supplements.

Of course, the important concern driving the bill is the impact of these drugs and precursors on children. Some young athletes are using drugs with the belief that they will become great in their sport and gain money and fame. In addition to risk and disqualification from playing sports, they also risk all of the medical problems that you mentioned, even death. And mentioning death, Mr. Chairman, I can't avoid pointing out that a local funeral director from my district is sitting here in the audience. I don't know if he is looking for potential clients.

Mr. COBLE. He seems to be smiling approvingly.

Mr. SCOTT. Many of these new drugs and precursors could legitimately be made available for prescriptions by physicians to legitimately treat conditions and many medical conditions.

So Mr. Chairman, I am pleased to join you in the efforts to get these drugs out of the category of easy access to children and others unaware of their potential damaging effects and look into the laboratory to determine the legitimate beneficial uses. I look forward to the testimony of the witnesses on these issues and other issues that may come up.

Mr. COBLE. Thank you, Mr. Scott. We are pleased to have the gentleman from Florida, Mr. Keller, join us as well. And without objection, all opening statements of Members will be made a part of the record.

Our first witness today is one of our colleagues. I will echo what Mr. Scott said. I, too am a cosponsor of the bill. Our first witness is one of our colleagues here in the House, Representative John Sweeney. Congressman Sweeney has served the 20th district of New York since January 1999 and currently serves on the House Appropriations Committee, where he has been assigned to the Subcommittee on Transportation and Treasury, the Subcommittee on Commerce, Justice and State and the Subcommittee on Homeland Security.

Representative Sweeney was also recently named to the Select Committee on Homeland Security. Congressman Sweeney is a native of Troy, New York where his father was President of the Local Shirtcutter's Union. After working his way through college, he received a Bachelor of Arts degree from Russell Sage College. The following year, he was appointed head of the Rensselaer County DWI prevention program and continued working while studying law and earned his law degree from Western New England School of Law.

This has nothing to do with steroids, Mr. Sweeney, but your dad was the President of a Local Shirtcutter's Union. Does my memory serve me correctly that Arrow Shirts are made in New York?

Mr. SWEENEY. Arrow shirts were made in Troy, New York for many years.

Mr. COBLE. Our next witness is from the Drug Enforcement Administration, DEA. Mr. Joseph Rannazzisi is deputy director of the Office of Diversion Control for the DEA. He serves as an advisor to the chief of operations and DEA manager on all matters pertaining to the formulation, direction and coordination of worldwide programs associated with the diversion of legally controlled substances and listed chemicals. Deputy Director Rannazzisi began his career with the DEA in 1986 as a diversion investigator at Indianapolis. And he holds a degree of science and pharmacy from Butler University and a law degree from the Detroit College School of Law at Michigan State University.

Our third witness is Doctor Ralph Hale who is chairman of the board of directors of the United States Anti-Doping agency and executive Vice President of the American College of Obstetricians and Gynecologists. He has served as vice president of the U.S. Olympic Committee from 1992 to 1996 and vice chair of the Sports Medicine Committee, as well as a member of the USOC/USSR Anti-Doping Commission. Dr. Hale was awarded his undergraduate from the University of Illinois, Urbana and his medical degree from the University of Illinois at Chicago.

Our final witness I will introduce in absentia because he is en route. I think he made an incorrect turn, but he is on his way. But our final witness will be not unknown to many of you sports enthusiasts. Mr. Robert Hazelton is from Howard Lake, Minnesota. Mr. Hazelton is a former heavyweight boxer who knows firsthand about the dangers of steroid use. Mr. Hazelton began his boxing career in 1969, a time when many people were not aware of the dangers of steroids. Mr. Hazelton has learned these dangers and has traveled around the country to share his story with others. It is good to have all of you with us and we will welcome Mr. Hazelton when he does arrive, which should be momentarily.

Gentlemen, as we have previously asked you, and I want to reiterate, if you would confine your statements to 5 minutes, we would be appreciative of that and that will enable us to get through and question you in some detail. Your 5-minute red light warning is your notification that your time has elapsed. But good to have all of you with us. Mr. Sweeney, we will start with you.

STATEMENT OF THE HONORABLE JOHN SWEENEY, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW YORK

Mr. SWEENEY. Mr. Chairman, I thank you very much and thank you, Ranking Member Scott, for having the foresight and the diligence to go forward with this hearing. And Mr. Keller, it is always good to see you, and I thank you very much for the opportunity.

Mr. Chairman, I submit my statement for the record, but I have to tell you I feel like a wanderer who is emerging from the deep dark throes of a wooded area having for 4 years now talked about this issue. And with all of the very important priorities that we face here with all the important discussions, it is difficult to get people to focus on this particular issue. Your hearing will shed the light of day on what I think is a very important substantial debate in this Nation and in this Congress over an issue I think affects us all in ways that we really hadn't considered in the past.

As you know, in 1994, Congress enacted DSHEA, which made illegal anabolic steroids. And since that time, a lot of science has evolved and developed and some substantive data has evolved and developed that shows us that unfortunately, some manufacturers, driven by their desire for profit and desires to do a number of things and some athletes and individuals tried to find ways to skirt that 1994 exclusion of these products. And the industry can and will, we have learned, make minor chemical changes to a product after it is deemed illegal, making such negligible changes that currently enable a manufacturer to reintroduce a different product into the market place as a legal substance.

We have made huge progress on the issue. In fact, half a dozen of the prior steroid precursor and designer steroid manufacturers voluntarily last year agreed they would stop selling these products over the counter and stop manufacturing them. This bill, H.R. 3866, recognizes that we need to find a way to make it easier for our colleagues at the Drug Enforcement Agency to outlaw similar steroid precursors in the future and to give them the flexibility to enforce the law and the intent of the law passed in 1994.

You may ask why a proprietor, why someone involved in homeland security or why someone from Troy, New York got involved in this process. And more than talk about the substance of the law, I want to talk about the human elements of this. Mr. Chairman, about 4 years ago, I had the opportunity, and on occasion, worked out with my then 15, 16 year old son, who is an avid sports fan, who was an avid athlete in baseball, football, all the sports you would expect an average American kid to be involved in. And he mentioned to me that a number of his friends in the gym were talking about and/or using an anabolic precursor that goes by the tag line Andro. And he asked me what I thought about that and

he asked me if I thought it would make him perform better, make him faster and stronger; what I thought about the use of that.

I said to him, John, as a natural response, I think anything you ingest in your body, you better check out first before you really do some damage that you don't intend. He said, dad, how bad can this be? They are selling it over the counter at GNC and selling it over the counter at Wal-Mart. The Government has had to check this out. You folks have had to check this out. This has to be good for you. That started me on a journey through the U.S. Olympic facilities in Lake Placid, which is in my district, and through a variety of other sports entities in this Nation researching the facts and what was really involved in the steroid precursor phenomenon.

And what I found was sales quadrupled after Mark Maguire hit 70 home runs and took Roger Maris off the record books and acknowledged the use of Andro as a means to develop fitness and strength. I found that as you had mentioned in your opening statement, there were a number of very serious and debilitating side effects to adults. And now, it wasn't much of a leap for a parent like myself to move to the next conclusion, that if it has that impact on a developed human body, what the heck does it do to young children?

And with that and cutting quickly to the other end of it, I introduced legislation 3 years ago that now is embodied in the Anabolic Steroid Control Act that sits before you today. Fortunately, the next year, another good colleague of ours, Tom Osborne, the former coach of the Nebraska Cornhuskers, came to Congress and immediately, within the first month, got on our bill and became a strong proponent of the bill. And I am happy to say that the Judiciary Committee, with the Chairman, Mr. Sensenbrenner and the Ranking Member, Mr. Conyers' lead on it, says this bill is going to go forward in this Committee following the hearings and the due diligence that you have to perform.

I have to tell you as a parent in this country, I have to say thank you very much. This Committee is the first Committee to step forward and provide the kind of leadership that we have needed. And we have made great progress. There is a lot more that needs to be happening in questions and answers that maybe I can get into that a little bit with you. And I thank you for the opportunity.

[The prepared statement of Mr. Sweeney follows:]

PREPARED STATEMENT OF THE HONORABLE JOHN E. SWEENEY, A REPRESENTATIVE IN
CONGRESS FROM THE STATE OF NEW YORK

Chairman Coble and Ranking Member Scott, thank you for holding this important hearing. It is an honor to be here today to discuss a bill I have had the pleasure of introducing with Chairman Sensenbrenner and Ranking Member Conyers, H.R. 3866, The Anabolic Steroid Control Act. My colleagues, Congressman Osborne and Congressman Berman have also joined us in this bipartisan effort to protect our children from the dangers of steroid precursors.

I am happy to provide some background on this legislation, the vital need for its passage, and explain why it is an issue of such personal importance to me.

First, some brief history. The Dietary Supplement Health and Education Act (DSHEA) made steroids illegal in 1994. Since that time, new products called steroid precursors have become popular. These substances, as the U.S. Anti-Doping Agency will explain today, are the "functional equivalent of steroids."

Technology and science has advanced since the early 1990s. It is now clear steroid precursors pose the same dangers as other steroids and should be illegal. As a re-

sult, the Anabolic Steroid Control Act specifically lists dozens of steroid precursors, categorizing them as Schedule III substances.

Unfortunately, experience has taught us that a profit-driven industry can, and will, make minor chemical changes to a product after it is deemed illegal. Making such negligible changes currently enables a manufacturer to reintroduce the product into the marketplace as a legal substance.

Mr. Chairman, H.R. 3866 recognizes this challenge and makes it easier for the Drug Enforcement Agency to outlaw similar steroid precursors in the future. Changing one molecular of a performance-enhancer will no longer undo its illegal status. This legislation will remove the need for the repetitive and costly tests the federal government currently uses to remove these dangerous substances from store shelves.

This legislation has gained momentum recently as performance enhancing drugs continue to show up in the news, specifically with the BALCO scandal. The lines of fair play are blurred by the prevalence of steroid precursors and designer steroids. These substances are the equivalent of illegal steroids and should be treated as such.

As athletes have become more creative; turning to substances such as andro and its muscle-building cousins, our children have become more susceptible to the allure of performance-enhancing substances. While the integrity of sports is significant, the use of steroids in sports would not be of such profound concern if it did not impact children so drastically.

In 1998 Mark McGwire admitted to using andro after hitting 70 home runs and breaking Roger Maris' record. After his admission, sales of andro quadrupled, with teenagers making up a large portion of those sales.

The battle against the reckless availability of performance enhancing substances became personal for me after my 16-year-old son, an avid baseball player, asked me about the supplements he had seen in the school locker room. My son assumed that since these substances were easily available over-the-counter they must be safe. In reality, steroid precursors have a wide range of side-effects, including stunted growth, increased risk of heart attack and cancer, elevated blood pressure, liver damage, serious changes to sexual organs and depression. I was horrified to think children were so desperate to get an athletic edge they would unknowingly damage their developing bodies.

Mr. Chairman, nearly three-quarters of kids say they want to imitate professional athletes. At the same time, the majority of sports fans believe steroids played a role in recent sports accomplishments. What type of message does this send our children?

The National Institute on Drug Abuse estimates that almost 3% of junior high students have taken anabolic steroids. According to the Department of Health and Human Services, 1 out of every 40 high-school seniors admitted to using andro in the past year.

It is time for Congressional action. I'm glad I have been able to work closely with my colleagues to proactively address the dangers of steroid precursors. It is our responsibility to address the safety concerns of these substances and protect our young athletes from harm.

Keeping our children safe is far more important than restoring integrity to the sports world. But, with the Anabolic Steroid Control Act, we can accomplish both.

In conclusion, I would like to recognize our friends in the other body, Senator Hatch and Senator Biden, who are working in tandem with us on this legislation. It is an honor to have such skilled officials working together on this issue. I hope their version of the Anabolic Steroid Control Act, S. 1780, will see action soon.

Our legislation is supported by the DEA, the FDA and the White House. Endorsements have also come from USADA, CASPER, the NBA, the NFL and, although their own policy of steroid testing needs improvement—the MLB.

Mr. Chairman, thank you for your interest in this topic. I hope we can continue to work together on this important issue.

Mr. COBLE. Mr. Rannazzisi.

STATEMENT OF THE HONORABLE JOSEPH RANNAZZISI, DEPUTY DIRECTOR OF THE OFFICE OF DIVERSION CONTROL, DRUG ENFORCEMENT ADMINISTRATION, U.S. DEPARTMENT OF JUSTICE

Mr. RANNAZZISI. Thank you, sir. Chairman Coble, Ranking Member Scott, Congressman and distinguished Members of the Sub-

committee, it is an honor to appear before you today for the first time in my capacity as deputy director for the Office of Diversion Control in the Drug Enforcement Administration. The issue of steroid abuse has recently received national attention in the context of professional sports. But the importance of stopping steroid abuse extends far beyond preserving the integrity of our national past time. The importance is to give our children a healthy future. Abusive anabolic steroids among young people has reached dangerous levels and puts our kids at increased risk of heart disease, liver cancer, depression, stunted growth, eating disorders, not to mention an increased episode of hostility and aggression. These steroids pose real dangers. We cannot afford to jeopardize the health of our young people lured by the temptation of chemical shortcuts to greater athletic prowess or more muscular physiques.

Unfortunately, the minimal research and short testing time required for the continuous rapid introduction of new steroids into the open market makes attempts at monitoring and scheduling these new substances nearly impossible for law enforcement. However, the legislation sponsored by Chairman Sensenbrenner will directly declare certain steroids and steroid precursors as dangerous drugs and allow us to more quickly and effectively classify new steroids as controlled substances. In short, it gives DEA two significant new tools to help us shut down the illegal steroid trade. First, it gives us a clear authority to conduct law enforcement operations against the trafficking steroid precursors as well as designer steroids like THG.

Until now, these steroids have been able to masquerade as harmless dietary supplements. This bill will finally call the steroids what they are, dangerous drugs. Second, this legislation removes an enormous legal stumbling block to taking these steroids off the shelf by eliminating the requirement to prove muscle growth in order to schedule a new steroid. Despite years of testing costing hundreds of thousands of dollars, we have not yet been able to schedule a single steroid under these requirements. This legislation will correct the problem.

Steroid manufacturers will need to register with DEA and strict accountability will be required for the sale, prescription and dispensing of approved steroids. These products will no longer be legally purchased through ads in fitness magazines or over the Internet, but only pursuant to a valid prescription obtained from a licensed medical practitioner. This bill will definitely do the job and I encourage Members to support it. Mr. Chairman, thank you for your recognition of these important issues and this opportunity to testify. I will be happy to answer any questions.

Mr. COBLE. Mr. Deputy director, I think you have set an all time record by beating the 5-minute mark.

[The prepared statement of Mr. Rannazzisi follows:]

PREPARED STATEMENT OF JOSEPH T. RANNAZZISI

Chairman Coble, Congressman Scott, and distinguished members of the Subcommittee, I appreciate your invitation to testify today on the importance of fighting the growing abuse of steroids in this country.

OVERVIEW

The issue of steroid trafficking and abuse has recently received national attention in the context of professional sports. But the importance of stopping steroid abuse extends far beyond our national pastimes; the importance is to give our children a healthy future. Abuse of anabolic steroids among young Americans has reached dangerous levels, and it puts our kids at increased risk of heart disease, liver cancer, depression, stunted growth, and eating disorders, not to mention increased episodes of hostility and aggression.

Anabolic androgenic steroids are synthetic chemicals based on the structure and pharmacology of testosterone originally developed in the 1930s to help rebuild body tissue and prevent breakdown of tissue in individuals suffering from debilitating diseases. They promote the growth of skeletal muscle and the development of male sexual characteristics, in addition to other effects. Their popularity with athletes exists due to the muscle development and physical performance enhancements they provide. Unfortunately, this popularity has filtered down to our nation's teenagers and young adults, who are lured by easy shortcuts to greater athletic prowess and more muscular physiques.

THE DANGEROUS IMPACT OF STEROIDS ON TEENS AND ATHLETES

Steroid use among young Americans has already passed the danger zone. The 2003 Monitoring the Future Study conducted by the University of Michigan indicates that approximately 3.5 percent of American high school students have used illegal anabolic steroids at least once by grade 12. In that same study, an incredible 45 percent of all 12th graders did not believe taking steroids posed a great risk.

This report came on the heels of earlier studies, including the National Institute of Drug Abuse (NIDA) report of 1999, which stated that more than a half million 8th and 10th grade students were using anabolic steroids. A Youth Risk Behavior Surveillance Survey conducted by The Centers for Disease Control and Prevention (CDC) indicated that in 2001, five percent of all high school students reported use of steroids pills/injections without a physician prescription during their lifetimes.

Compounding the dangerous perception among young people that steroid use is harmless is the high-profile use of steroids among professional athletes. And because sports figures are prominent role models for our younger citizens, the President has focused on doping and cheating in sports.

"To help children make the right choices, they need good examples. Athletics play such an important role in our society, but, unfortunately, some in professional sports are not setting much of an example. The use of performance-enhancing drugs like steroids in baseball, football, and other sports is dangerous, and it sends the wrong message—that there are shortcuts to accomplishment, and that performance is more important than character. So tonight I call on team owners, union representatives, coaches, and players to take the lead, to send the right signal, to get tough, and to get rid of steroids now."

(President George W. Bush, 2004 State of the Union Address)

The negative effects of long term anabolic steroid use are well documented. They include damage to the liver, kidney, heart, and sexual organs. Their use can also prevent children from reaching their full height. Moreover, abuse often elevates cholesterol and causes cardiovascular weakening, combined with hypertension. And because steroids are commonly injected, needle sharing can transmit blood born diseases such as HIV and AIDS. Steroids use can also cause uncontrolled outbursts of anger, frustration or combativeness resulting in wanton acts of violence. These outbursts are commonly referred to as "roid rage."

THE NEED FOR ADDITIONAL LEGISLATION

Despite these clear health risks, the rapid evolution of new steroids has made it difficult for law enforcement to keep up, because each specific chemical formulation is required to be considered as a separate drug. In its initial attempt to regulate steroid abuse, Congress passed the Anabolic Steroid Control Act of 1990 (ASCA), which scheduled anabolic steroids as a class of drugs, and specifically listed 27 as controlled substances. In addition, Congress anticipated that future steroids would ultimately infiltrate the anabolic steroid black-market, and crafted a four-part definition that the DEA could use to administratively classify new steroids as Schedule III anabolic steroids. All four of the following questions needed to be answered:

- Is the steroid chemically related to testosterone?
- Is the steroid pharmacologically related to testosterone?

- Is the steroid an estrogens, progestin, and corticosteroid?
- Does the steroid promote muscle growth?

The four-part test was first considered by the DEA in 1999, when it determined that the substance androstenedione met the first three criteria required under the 1990 legislation, but has been unable to make a finding regarding the fourth criteria, due to a lack of accepted methodology available to validate the final requirement for muscle growth. This meant that Congress had provided the DEA with the blueprint for scheduling steroids, but the scientific community had yet to develop a study that accurately quantified the promotion of muscle growth. This major stumbling block provided a legal loophole for traffickers of anabolic steroids to continue marketing their dangerous drugs as dietary supplements.

Consequently, the DEA has had to initiate and fund studies to develop animal models that could quantify the effects of steroids on muscle. For example, the DEA is currently co-sponsoring a three year study in New York City using the guinea pig to evaluate the effects of steroids on skeletal muscle growth. Other participating agencies include the Office of National Drug Control Policy (ONDCP), the National Institute on Drug Abuse (NIDA), and several branches of the National Institutes of Health. The first phase has been completed and the second phase is scheduled for completion in September 2004. This model will then be used to evaluate the effects of skeletal muscular growth from two substances: testosterone precursors and nandrolone precursors. Both of these steroids are now openly sold in dietary supplement products. The DEA is also funding a study in Seattle, Washington, using an immature rat as a model. In conjunction with the New York study, the development of skeletal muscular growth using steroids currently sold in dietary supplements is being examined. We anticipate this study will be completed by October 2004.

These two studies have already proven both costly and time consuming. By contrast, the amount of research and time required to introduce a new steroid into the dietary supplement market is minimal. The logical result has been an increase in the number of steroids available in dietary supplement products. Again, the ongoing requirement that the DEA must first scientifically validate muscle growth is a genuine impediment to effective regulatory oversight of these steroids. This means they continue to enter the dietary supplement market and continue to be legally purchased by America's youth, athletes, bodybuilders and other ill informed individuals who abuse anabolic steroids.

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To counter this trafficking trend, the DEA believes the fourth requirement of the ASCA, the quantification of muscle growth, be dropped from the definition for anabolic steroids. This is a cornerstone of the legislation sponsored by Chairman Sensenbrenner, H.R. 3866. The legislation also specifically adds several steroids & precursors to the list of controlled substances considered anabolic steroids. In short, the bill will directly declare certain steroids and steroid precursors as dangerous drugs, and give us new tools to more quickly and effectively classify new steroids as controlled substances.

For example, one listed steroid precursor is androstenedione. Last week, Department of Health and Human Services Secretary Tommy G. Thompson announced that the Food and Drug Administration (FDA) concluded there is inadequate information to establish that a dietary supplement containing androstenedione can reasonably be expected to be safe. Therefore, the FDA sent 23 warning letters to companies that manufacture, market, and distribute dietary supplement products containing androstenedione informing them that failure to cease distribution of these products could result in enforcement action.

The legislation this subcommittee is considering gives DEA two important tools for shutting down the illegal steroid trade:

First, it would give us clear authority to conduct law enforcement operations against the trafficking of steroid precursors, as well as other steroids, including the designer steroid, THG. Until now, these steroids have masqueraded as harmless dietary supplements. This bill would finally call these steroids what they are—dangerous drugs.

Second, and as noted above, this legislation would remove an enormous legal stumbling block to taking these steroids off the shelf by eliminating the requirement to prove muscle growth to schedule a new steroid. Despite years of testing costing hundreds of thousands of dollars, we have not yet been able to schedule a single steroid under that requirement.

TRAFFICKING OF ILLEGAL STEROIDS INTO OUR COUNTRY
AND DEA ENFORCEMENT OPERATIONS

Anabolic steroids are not controlled in most countries. This translates into a virtually unlimited supply of steroids world-wide.

Outside our borders, anabolic steroids are frequently smuggled into the United States from Mexico by U.S. citizens who travel there to purchase them without a prescription. In addition, criminal groups of Russian, Romanian, and Greek nationals are significant traffickers of steroids, and are responsible for substantial shipments of steroids entering the United States. Domestically, illicit steroids are often sold at gymnasiums and bodybuilding/weightlifting competitions, where sellers obtained them through theft and fraudulent prescriptions.

Overall, the DEA has increased its enforcement effort of anabolic steroids. In 2001, we initiated 52 steroid cases. Last year, 87 investigations were launched. In one example, in October 2002 the DEA arrested eight individuals involved in the largest ketamine manufacturing and trafficking organization in North America. Included in the arrests were the owner of Ttokkyo Laboratorios and their sole Mexican distributor arrested in Panama. At the time, Ttokkyo was the largest manufacturer of anabolic steroids in Mexico and supplier to major U.S. distributors. This international ketamine and anabolic steroid trafficking organization in Mexico smuggled thousands of vials of ketamine and steroids to California, New York, New Jersey, and Florida. Among the Schedule III steroids being smuggled were methandienone, nandrolone, testosterone, and oxandrolone.

CONCLUSION

The DEA has one mission: to protect the public from dangerous drugs. However, the current law regarding steroids causes regulatory delay, especially with respect to steroids that we know are hormonally, chemically, or pharmacologically related to testosterone. Because DEA authority extends only to controlled substances, steroids that are not classified as controlled substances continue to fall outside our jurisdiction.

H.R. 3866 will correct this problem. Manufacturers of steroids designated or scheduled as controlled substances will need to register with the DEA and strict accountability will be required for the sale, prescription, and dispensing of steroids. These products will no longer be legally purchased through ads in fitness magazines or over the Internet, but only pursuant to a prescription obtained by a licensed medical practitioner.

Mr. Chairman, thank you for your recognition of these important issues and the opportunity to testify here today. I will be happy to answer any questions you may have.

Mr. COBLE. Dr. Hale.

STATEMENT OF RALPH HALE, M.D., CHAIRMAN, UNITED STATES ANTI-DOPING AGENCY

Dr. HALE. Thank you, Mr. Chairman and Members of the Committee, good afternoon. I am currently the chairman of the board of directors of the U.S. Anti-Doping Agency. I could make it shorter because the two preceding speakers have already said everything that I had planned on saying, but I will say a couple of extra things. As you know, the U.S. Anti-Doping Agency has recently received a lot of media attention based on the designer steroid THG. We are very concerned about that. But I want to emphasize to the Committee we are equally concerned about all classes of anabolic substances readily available on the shelves of the supermarkets and nutrition stores of the United States.

Mr. Chairman, you have adequately presented the perils of anabolic steroid use. They all originated, we think, a lot of the time with the East Germans, and I am not going to go through those again. But despite these well-known health consequences for approximately the last 8 years, American consumers have been able to walk in their corner nutrition stores and buy products containing Androstenedione.

Mr. Sweeney pointed out about Mark Maguire and the other athletes, and I think that has been a tremendous example to the youth of America. If you want to succeed, you have to do it by use of chemicals. Last Thursday, the FDA took action against Androstenedione and acknowledged there is serious and a substantial concern about the safety of the products. We fully support this action and we are very appreciative of the FDA finally moving in this regard. We hope they will continue to move forward in the steroid precursor area as well. But I think Androstenedione also makes it clear that there needs to be more and better legislation as presented in bill 3866.

Some unscrupulous manufacturers have already made minor chemical changes. They changed Androstenedione to Androstenediol, a simple chemical change which takes place in the body. What takes place in the body is simply the cleaning of the OH, the alcohol group chemically, and it becomes Androstenedione again, and it has the same effect.

So legislative action is needed to discourage this continued introduction of many steroids and steroid precursors. I believe that the whole concerns of all American consumers who do not fully understand the impact of these steroid precursors and what happens to them and especially our young adolescents. The story that Mr. Sweeney just told about his son is not rare. It is probably more common than most people understand.

I have a son who teaches in high school. He tells me that his students can easily go anywhere they want and get steroid precursors in the various nutrition stores and the various markets and the various areas around, and yet most of them think that because it is on the shelf it is safe. They believe that it has been approved. They don't understand the other alternatives. You can go to the Internet. And I have with me what we just took off the Internet today, four advertisements for quote, "hard to obtain pharmaceutical legal steroids." and they start out by saying, and I will read one of them, you can get Boldenone, known as Equipoise. It is the active ingredient in the anabolic steroid. Many of these advertisements are available not only to us but to people all over the world.

For Olympic athletes where we spend a lot of our time and effort, they know how to avoid these products. They stay away from anything they know would give them a failing doping test. However, they also know that the IOC found in 624 dietary supplements, 41 percent of them carried a steroid precursor or banned substance. That puts our athletes as well as our children at risk. There is no credible argument to the over the counter availability of products containing steroid precursors.

The time has come to stop this proliferation. I really do appreciate the Committee's attention to the problem as well as the actions of numerous senators, Senator Sweeney, Senator Sensenbrenner—Congressman Sensenbrenner, Congressman Sweeney, Congressman Osborne.

Mr. Coble, you as an endorser, Mr. Scott, Mr. Keller, we really do appreciate the actions you have done as well as the fellow senators. And we hope and believe that these bills are the appropriate solution to the steroid precursor problem in the United States

today, and we urge your full support for this bill. Thank you very much for the opportunity for USDA to come and to talk to you. The U.S. Anti-Doping Agency is available at any time that you need to call upon us for anything.

Mr. COBLE. Thank you Dr. Hale.

[The prepared statement of Dr. Hale follows:]

PREPARED STATEMENT OF DR. RALPH W. HALE

Mr. Chairman, members of the committee, good morning, my name is Dr. Ralph Hale. Thank you for the opportunity to testify regarding this important health issue. Today, I am here as the Chairman of the Board of Directors of the United States Anti-Doping Agency. I am also a physician who has been practicing medicine for more than 40 years. USADA has been recognized by Congress as the independent, national anti-doping agency for Olympic and Paralympic sport in the United States. Our mission is to protect and preserve the health of athletes, the integrity of competition, and the well-being of sport through the elimination of doping.

Recently USADA has received increased media attention for its role in the investigation into the existence and use by elite athletes of the designer steroid, THG. Designer steroids are an important concern for USADA. However, USADA is equally concerned about a class of anabolic substances that are readily available in the United States on the shelves of supermarkets and nutrition stores, as well available for order on thousands of internet sites. These products, marketed and sold as allegedly "safe" dietary supplements, contain substances, such as androstenedione and norandrostenedione and are one chemical step away from anabolic steroids. Once ingested these products are converted within the body into anabolic steroids. The availability of these products is a significant public health issue that transcends sport and places American consumers at risk.

The perils of anabolic steroid use are well known. In Olympic sport, the most notable, systematic state-supported program of doping with anabolic steroids was conducted by the East Germans from 1974 until the Berlin Wall fell. One of the anabolic substances developed by the East Germans as part of their doping program was androstenedione. In the body, androstenedione metabolizes into the anabolic steroid, testosterone. The documented side effects of the East German steroid program, particularly for women athletes, were tragic. These side effects include damage to the liver and reproductive system, susceptibility to cancers, and permanent masculinization of women. It is also well known that men who abuse steroids and steroid precursors risk serious health consequences including gynecomastia, baldness, shrunken testicles, infertility and susceptibility to aggressive behavior or rage. For adolescents who use steroids the side effects can include all of the above, as well as a strong likelihood that natural growth will be arrested or otherwise detrimentally affected.

Despite all of these well-known health consequences, for approximately the last eight years, American consumers have been able to walk into their corner nutrition store and buy products containing androstenedione. In 1998, after certain popular professional athletes acknowledged using androstenedione, sales of these supplements in the United States, particularly among teenagers, dramatically increased. The popular demand for androstenedione gave birth to an entire industry. Now the nutrition store shelves, and the internet, are flooded with products containing various steroid precursors. For example, 19-norandrostenedione, which metabolizes in the body into the steroid nandrolone, another controlled substance, is present in hundreds of over-the-counter products.

Last Thursday, the Food and Drug Administration took action against androstenedione and acknowledged that there is a "serious and substantial concern" about the safety of products containing androstenedione. USADA fully supports this important action and encourages the FDA to immediately take action against the remaining steroid precursor products on the market. Currently the introduction of these products is governed by the Dietary Supplement Health and Education Act. Under DSHEA a supplement manufacturer is not required to prove to the government that its precursor product is safe prior to putting it on the shelf. Instead, DSHEA places the burden on the government to take action against unsafe products after they reach the shelves.

The androstenedione example makes clear, that by the time the agencies are able to take action against a specific steroid precursor; unscrupulous manufacturers will already have made minor chemical changes to the product and reintroduced it into the marketplace. For example, while the FDA sent letters to 23 companies selling products containing androstenedione, last week's action does not yet reach the com-

panies that are now selling the more popular next-generation androstenedione products such as 1-AD and 4-Androstenediol. While we hope the FDA will promptly address those other products, legislative action needs to be taken to discourage the continued introduction of new steroid precursor products.

Significantly, steroid precursor manufacturers fully exploit the protection offered by DSHEA and actively tout precursor products as “natural” and “legal” in order to raise the false implication that they offer a safe alternative to controlled anabolic steroids. At the same time, the marketers of these products glorify the muscle-building qualities of these substances and reinforce the association between these products and those very same controlled anabolic steroids. These products are marketed under names that reinforce their connection to anabolic steroids, including “Cycloroid,” “Masterbolan,” “Anabol-X,” “Paradrol,” and “Animal Stak.” These products are advertised as equal to or better than the “real steroids” and promise the user huge gains in muscle mass.

While I believe these products raise a health concern for all American consumers who are duped into taking them, I am particularly concerned about the susceptibility of adolescents to the advertising message of steroid precursors. In a society where high school athletes can sign multi-million dollar endorsement contracts, we cannot expect teenagers to ignore advertisements claiming that these products are “safe alternatives” to steroids and will make them “ripped,” “huge,” improve their athletic performance and give them the body of their dreams. The manufacturers certainly have no motivation to reveal the serious health consequences associated with their products to the adolescents who are buying them, and unfortunately, there is no law requiring disclosure of those health consequences.

For Olympic athletes, who know to avoid these products, there remains another concern. In increasing numbers, athletes are failing doping tests after taking mislabeled dietary supplements. Studies have shown that an alarmingly high percentage of dietary supplements contain doping substances that are not disclosed on the label. For example, a recent study of 624 dietary supplements by the International Olympic Committee found that 41% of the products from American companies contained a steroid precursor or banned substance not disclosed on the label.

USADA believes that the current effectively unregulated availability of products containing steroid precursors in the United States is a health crisis that affects not just elite athletes, but every American teenager who dreams of athletic success, and every consumer who takes one of these products without being informed of the risks. Additionally, because of the risk of contamination, American consumers who believe they are taking perfectly safe nutritional products may unknowingly be ingesting steroid precursors.

There is simply no credible argument supporting the over-the-counter availability of products containing steroid precursors. The time has come to put a stop to the proliferation of these dangerous products. I appreciate this Committee’s attention to this problem, as well as the actions of numerous Senators and Congressmen who have joined USADA in the fight to remove these dangerous products from America’s stores. On behalf of USADA, I would like to specifically thank Congressmen Sensenbrenner, Conyers, Sweeney, Osborne, and Berman for introducing the Anabolic Steroid Control Act of 2004. I would also like to thank Senators Biden, Hatch, Grassley and Harkin for their attention to this matter and commend their introduction of the Senate version of this bill.

These bills amend the Controlled Substances Act by scheduling the substances I have discussed here today and by making it easier to schedule any anabolic steroid precursors introduced by manufacturers in the future. USADA believes that these bills are the appropriate solution to the steroid precursor problem. We urge full support for these bills and we are hopeful that they will be rapidly passed by Congress.

I would like to thank this Committee for its time and its interest in this important public health issue and for inviting me to share my thoughts on the dangers posed to American consumers by products containing steroid precursors. Thank you.

Mr. COBLE. Dr. Hale, some on this side of the Hill may conclude that you demoted Sensenbrenner and Sweeney when you call them Senators. But I will say that with tongue in cheek. Mr. Hazelton, let me repeat your introduction to make sure I have it correct. Mr. Robert Hazelton is from Howard Lake, MN. Former heavyweight boxer who knows firsthand about the dangers of steroid use. Mr. Hazelton began his boxing career in 1969, a time when many people were not aware of the dangers of steroids. Mr. Hazelton has

learned those lessons and has traveled widely around this country to share his story with others.

It is good to have you with us, Mr. Hazelton, and you will be the wrap-up witness. Mr. Hazelton, if you could, confine your comments to as close to 5 minutes as you can. When that red light illuminates in your eye, you will know you are on thin ice. Good to have you with us.

STATEMENT OF ROBERT HAZELTON, FORMER BOXER

Mr. HAZELTON. First, I would like to start, God bless that I am here today, our country.

Mr. COBLE. Could you pull that mike a little closer to you.

Mr. HAZELTON. God bless America that I am here today, and God bless our President and what is going on in our country today. I would like to start by saying steroids have been going on a long time. Even in the 1930's, they were being used in Germany for the soldiers to give them more endurance, to be more aggressive during wartime in World War II. Steroids has been on the market for a long, long time, and I have been doing lectures for 15 years, and it seems like the first 7 years I started back in the early 1990's, everybody wanted to hear how dangerous this drug was.

I know Senator Biden brought this to Congress back in the early 1990's or late 1980's to make this a law to where it was a prescribed drug. I caught the last part of one of my associates down there about steroids being purchased over the Internet. Before I came here, I made a purchase of \$200 of Anadol, Cypionate, Propionate, and these different types of injectable steroids. We have done nothing in the last 15 to 20 years but put up smokescreens that we are going to stop steroids.

We have professional athletes using this drug that are breaking records, and they are saying they are doing with basically what is God-given to them as a great athlete. We all know that the records that have been broken in the last 10 years have been some type of enhancing drug. Now if we are going to use steroids, then basically we need to have two types of individuals or records, record books to where the guys who broke them back in the 1930's, 1940's, 1950's and early 1960's compared to the guys that have broke them now because it is not right that these guys did it with—the ability to break a record. I know when I leave here today, that I am still going to see these guys using them and basically not being disciplined, fined or anything else.

Now I know for a fact that I tried to talk to Mr. Bud Selig about 3 weeks ago trying to help these other athletes that have been using steroids, and one of his associates said “Well, it is none of your business and we will handle it on our own turf.” That just tells me that these owners of professional teams, they don't want to hear the true stories. As I sit here today, I sit here with no legs.

Mr. COBLE. Mr. Hazelton, don't worry about that. Take a deep breath, and everybody is on your side.

Mr. HAZELTON. It is because people didn't tell me. We have got to do something about this drug. This drug is as bad as cocaine, crack, heroin and any drug on the market because it is a drug that when it affects your body, you don't know if it is going to affect you now, 6 months down the road, or 10 years down the road.

Finally some of these players are becoming a front, Conseco admitted to using steroids. The tennis star, John McEnroe said he used steroids. You don't have to have a big body to be on steroids. Steroids enhance your performance. I had a guy when I did an interview a couple of weeks ago who said, "Well, I drank a six-pack of beer and I could hit a softball over a major league fence, and I didn't use steroids." Doesn't mean because you use steroids that it is going to make you hit a home run any further, but it will give you the ability to be more aggressive, to be more powerful.

And if you have the ability, you will hit more home runs. Now if we are going to make this drug presented to some of the athletes that have broken records, then we might as well open it to every athlete out there today because it is not right that one set of guys use it, whether it be football or baseball and another set that goes in there and plays the game, all the rules, all the regulations, gets a big payday but still isn't breaking that record. We know some of the guys that have hit home runs in the last 20 years that have broken these records, and they say they are not on drugs.

Well, I know firsthand that these guys have used drugs. I mean when you spend your life in gymnasiums, you spend your life being shot up with steroids and knowing what it does to enhancing your performance in doing these sports, that I can pick somebody out just by looking at them.

Now I spent the last 7 years having my legs amputated more and more and more. This is never going to go away for me. It is something I have to deal with everyday of my life. And it is just something that I think is not fair for these kids to hear from these athletes out there that they are doing this by the ability they have by just being a good athlete. If you can imagine laying on a surgery table like I did a month ago, not being put to sleep but you can smell your bone and your tissue being cut off your body because you used a drug that no one told you about, it is going to make you a little more angry than the normal guy because I get sick and tired of hearing these baseball players and these people that are head of the game saying they are handling it.

They are not handling it. The only way you are going to handle this thing is make it for everybody. You got to say we are going to cut it out for Joe Blow down to whoever. That is the only way it is going to stop this drug. And you have to have fines and suspensions, and they are going to have to mean something because these guys are getting a slap on the hand. They are making \$30 million. You are not going to go stop them. To me, that is a holiday for these guys. They take off a week or 2 weeks and go off in the sun and relax and come back and play the game and go right back on the drugs.

Until this Committee and this country stops it, then you are not going to have a clean sport again. And I will sum this up. My father, in 1972, after he learned that I had been on steroids, we didn't have a lot to talk about because he had lost his faith in me as a person who did play sports, was a professional fighter and he actually died 13 years ago never speaking to me because of that position in my life that I thought I needed.

Well, my life, I have been spending 15 years to dedicate my life out here to make a difference in these kids. But if I don't get any-

body backing me up, then it is not going to happen. And I am the only one out there actually making a difference. And that is all I have to say. And it is up to you guys after I leave here today. And if there is media, I would like to say right now, I guarantee in 5 years, you will not see any difference than you see right here today.

[The prepared statement of Mr. Hazelton follows:]

SHOULD STEROIDS BE BAN IN SPORTS? BOB HAZELTON

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I would like to start by saying it's a privilege being here today and being a part of getting this drug off the street and out of our schools. I've learned that the public has very little knowledge about the dangers of this drug. Older people will take it because they were told it helps them to work out harder. The only time for anyone should use this drug is when a Doctor prescribes it for medical reasons so they can monitor for the patients safety. Steroids are as dangerous as heroine, cocaine and crack. The use of steroids has been around a long time even going back to the 30s when Germany was using it with their troops and has been use in every sport to enhance performance.

I started boxing in 1969 and won 7 straight fights. My eighth fight was with George Foreman. The fight was stopped in the first round as Foreman was beating me. The referee stops the fight from cuts and knowing the size of Foreman the I could have been hurt permanently. After the fight, my managers decided I should go to England to train. While I was in England a doctor there prescribe a drug called dianabol at the time I question why I needed a prescription and his answer was it was a high potent vitamin pill but had ingredients that require a prescription. He added this would help my performance and gain weight. I question him about it and he told me it was as safe as taking vitamins.

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I found out later that it was anabolic steroids. At the time there was no information on the side affects of this drug.

The first few years were great for me. I gained 40 pounds and was winning a majority of my fights. But three and a half years later I started having pain behind my calf sometimes the pain was so severe that it hurt to walk. I went to a few Doctors to see if there was something going on that could be more than a muscle pull. I never though that the steroids I took were destroying my body. The steroids took on a bigger roll and I started taking injections along with pills. The steroids were working my weight was around 240 pounds. It was all muscle but the pain and my endurance was poor. I was scheduled to fight the European champion. I knew the leg would never handle roadwork, but I would get up every morning and try to run couple of miles for endurance. After 200 hundred yards my leg was so swollen their wasn't any feeling through the leg. The worst thing about the fight was I beat him for three rounds, but the leg just couldn't hold the weight. I was so angry for once I was close to having part of my dream come true, but the referee stop the fight because of the 3 knock down rule. When he made the statement the fight was over tonight for me it was over forever. I made my way to the dressing room as I was taking a shower and the first my managers said to me was Bob you need to find a new job. They turn and walk away. No one ever asked how I was feeling or if I was O.K. I felt I had no reason to exist and the pain in

my leg was unbearable. This was the second time in my life I thought about leaving this world as a failure. The most important thing in some people life is to succeed. I decided I needed to make something happen and let people know a little more about how this drug that makes all these little men fell like big and strong he-men.

Well their another sight affect we don't talk about and that is changing personality not only the roid rage but also a hate that far passes what your every day person can imagine. My medical problems had started and the first was to open the left leg like filleting a fish and try to do a vein by-pass to get more circulation. It was working but the same time I felt I needed to go back into the gym and continue using steroids. I missed having the surge from steroids.

I still had no direction in my life. I started picking up jobs as bodyguard work for big name Rock -n- Roll bands and this was keeping me in the fast lane. I had a few surgeries from 1981 through 1985. They consisted of vein by passes to a filter being place in my Vienna cava to stop blood clots going to my heart and lungs. I really don't think any of you understand how deadly and crippling this drug can be. The one thing that's makes our youth sit up and take notice and is blood and guts. One night in 1986, was the beginning of the major problems with my legs. I knew

one day something dramatic was going to happen, but I didn't know if I could handle it. During this time I was a bodyguard for one of the biggest rock and roll bands in the country. They were on tour and I was sitting on some large traveling trunks and talking to the leader of the band discussing what to do after the last set. I wasn't in a lot of pain but as I got up to get them ready to go on stage, Eddy said why was my left leg wet. I sat back down to raise my tights up to see and that's when I notice my calf had split down the middle. A gray black liquid was oozing from the opening. The leg had very little circulation and the tissue was breaking down. I knew it was only a matter of time before I would lose my leg. Two weeks later my first amputation took place. It was tough but my choices were live or die! My mother is very close to the best healer there is. I spent 6 months training and learning to walk with a prosthetic. I kept myself in shape hoping one day something would let me know where I was heading.

I can say it's was difficult to think about putting another pill down my throat or injecting any more steroids in my body but it happen. I started taking steroids and because I was offer another body guard job with another rock group. They were going to England to perform. I had drop some weight and I didn't feel the way I used to, so I thought I would just take start the steroids again. I didn't use no more than 3 shots in 3 weeks and the right leg had

broken down to where I had no circulation from the knee down to the foot. I had so much pain one night I was taken to the hospital where I was told I had gangrene and there was no way to repair the leg. I would have to have my leg amputated to save my life. I spent 3 months in the hospital fighting off infections. I remember one night in fact it was midnight and the nurse had to call the doctor to let him know the dressing was off. The surgeon shows up in less than an hour. He sat at the foot of the bed and stared at me. Then he looks away for a minute and said in a low pitch voice I wish I never did this surgery. I knew this was getting to him and the infection never seems to get better. I can say three days before Christmas of 1988 I ask to go home because I felt better. I could tell the fever was breaking but the infection was still there. The day before Christmas Eve the doctor came in for his morning rounds. He checks my leg and called in his nurse. I could tell by his reaction that it was good news. He said, Mr. Hazelton your infection is gone.

But, this wasn't the end of all the damage this enhancing miracle drug called anabolic steroids did to my body. I've had over 49 surgeries on both legs. I don't let the surgeons put me to sleep when I have a revision on my legs. I have a spinal block, so I can still know what's going on. The steroids cause the bone to be soft and it easy to crack or splinter. I can always smell the tissue

burning when they cauterize the arteries and I can smell the bone when their cutting it to put a flap over the end to protect it from breaking anymore. Listen this is skimming the surface of what going on. I've tried to get private people out there to let me set up learning material. I haven't touch on what happens to females on steroids. I haven't touch on what happen when you buy on the black market what you're in store for. I spent one month in the hospital with a 6-inch diameter and 2 inch deep infection in my hip. It was the worst smelling infection. I got this infection after shooting what I though was steroids and turn out to be armor all.

As far as adding any more problems there are too many to list but steroids deplete bodies and in the long run the problems far out weigh the temporary highs of performance.

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Mr. COBLE. We thank all the witnesses, but particularly Mr. Hazelton, because you have been there and done that. And I appreciate the media's interest as well. They are indeed covering this. Mr. Hazelton, let me start with you, and we impose the 5-minute rule against us folks—if you make your answers fairly brief—tell us how you first became aware of the dangers of steroid use, Mr. Hazelton.

Mr. HAZELTON. Well, I started taking steroids after I lost to George Foreman in 1969 on ABC Wild World of Sports. I weighed 183 pounds and my manager sent me to England. And I came in contact with the drug called Dianabol. The reason they used them,

it was a very high potency vitamin pill. It was okay to take, and I would see weight gain and size, but that is all I would feel. Four years down the road, I started having pains in the back of my leg and calf, and it was a period from 1971 until 1980 that the leg had broken down so bad that the circulation was almost completely dead.

That was the first time I knew I was taking steroids because the doctor in Vegas in 1977 refused to give me an injection. He says, you know what you are putting in your body? I said, no, sir. He says you are putting in a synthetic hormone which your body produces everyday. Everybody in here should have a normal amount of steroids put in their body. When you start injecting steroids, your body goes to the 5,000, 10,000 times your normal amount any professional athlete that takes steroid, an aggressive type of steroid is going to be putting in their body.

Your body just can't handle that. It is going to break down somewhere, whether it is your heart, your lung or your kidneys. Somewhere along the line, it is going to break down.

Mr. COBLE. We may have a second round, too. Mr. Sweeney, the products this legislation seeks to ban are widely available in nutrition stores, pharmacies and even over the Internet. Some of the manufactures have suggested that we should not ban these products, but instead we should make them illegal for anyone under the age of 18 or require better labeling of these products? What say you to that?

Mr. SWEENEY. The precursors and the designer steroids are the equivalent, Mr. Chairman, of steroids. That is their impact. And as Dr. Hale pointed out and the deputy director pointed out, whether there is some slight chemical change or not in the process, the effect is the same. And Congress's intent in passing the 94 legislation banning the over-the-counter sales of anabolic steroids is pretty clear. There isn't any distinction there. There isn't anything that clouds that response and that intent of Congress. And effectively, what you have here are some manufacturers driven by greed, some professional athletes driven by greed circumventing the intent of Congress in the creation and the use and the distribution and promotion of these products.

And as Mr. Hazelton pointed out, as I spoke to you earlier, and as you cited in the National Institute of Drug Abuse Statistics, this has real impact on kids. Now if you are going to allow it for kids and treat it like alcohol, first of all we know, it is difficult to enforce.

Secondly, the availability over the counter is still there. And thirdly, as Mr. Hazelton has more accurately pointed out, the availability by other means, the Internet, is going to be there, and you are not going to get to the real problem. As I said, the impact on the developing body I got to believe is certainly more devastating to the mature body of an adult.

Mr. COBLE. Dr. Hale, you indicated that by the time the agencies are able to take actions against a specific steroid precursor, unscrupulous manufacturers will already have made minor chemical changes to the product and reintroduced it in the marketplace. In your opinion, is the proposed legislation comprehensive, A, and do

you have recommendations that would make this legislation more effective, B?

Dr. HALE. In answer to your questions, the answer is yes and no. Yes, I do believe this is a very comprehensive bill that will be very effective in protecting the American public. And at this point, I cannot recommend any substantive changes to this. I believe that those who have drafted this bill have done an excellent job. I am very pleased that you have done that. And I would just urge you to pass it so we can get on with it.

Mr. COBLE. Let me try to beat the red light here, Mr. Rannazzisi. Strike that. Let me recognize Mr. Scott and then we will have a second round. Gentleman from Virginia.

Mr. SCOTT. Thank you, Mr. Chairman. Mr. Sweeney, how do you deal with Internet sales? Does your bill mention anything about that?

Mr. SWEENEY. It does not and it is a broader issue with greater implication than I know your Committee has really wrestled with over the years, but we have to take the first step. We have to recognize that precursors exist and the designer steroids exist, and we have to ban them first and allow that law to evolve in the other areas.

Mr. SCOTT. Are there dietary supplements that are marketed as performance enhancers that should not be illegal?

Mr. SWEENEY. There are. And the first 2 years we introduced the legislation, we broadly defined the ban as precursors and designer steroids and because there are products that the FDA has pointed out to us that—protein shakes, for example, things of that nature, really ought not to be lumped into the same bunch as the precursors and as the designer steroids. We, now in this legislation, create two mechanisms, one the specific ban on specific products, and then the capacity by the DEA to reclassify other products as they evolve and are developed by some of those folks.

And I want to reiterate what I said earlier. There are some manufacturers who voluntarily said we are going to get out of this business and we are not going to engage. And what we have left, Mr. Scott, are a lot of people on the fringes. I liken it to the methamphetamine labs that popped up over rural America. What you got are people scattering now trying to find ways to circumvent the law to create this product and sell this product, marketing it and directing it to kids and young athletes knowing that its impact is what it is and that is unconscionable and we need to stop that.

Mr. SCOTT. Mr. Hazelton, are the steroids addictive? If people want to stop, can they stop?

Mr. HAZELTON. They are not on the same line as heroin or your harder drugs, but it becomes psychologically addictive to where when I was weighing 290 pounds, I thought I weighed 180. On the same lines as anorexia. You feel like you don't get big enough. Steroids have a really psychological bad side effect as far as mentality. You are mental, the bad moods, the aggressiveness. Sometimes you think you are doing something to where you think it is like a psychopath. I found myself, when I was using them, going out to nightclubs and beating the hell out of people just because I felt I was strong. Of course, I want to say other things, but I would like to ask one question and have someone answer it.

Why do you need anabolic steroids? Why? Just tell me. If it is to get big, to compete in body building contests, fine, I can see it because, I mean, they use it. Professional wrestling, which is not a sport, it is like going to a circus, that is fine. But for someone that plays a professional sport, for God's sake, why do you need it? Tell me. Babe Ruth didn't use it. Mickey Mantle didn't use it. Roger Maris didn't use it. Willy Mays didn't use it. These guys are in history. These guys were great athletes.

If someone can tell me why you need to make steroids allowed to be used for any reason, then I cannot walk away, but I will take my chair and go somewhere else. But there is not a reason.

Mr. SCOTT. As I understand it, we are not prohibiting it, we are making it like a prescriptive drug where it can only be available under medical supervision properly.

Mr. HAZELTON. When you make this available for a doctor to write it—and excuse me, Congressman, it is going to go rampant because it is going to be just like when you get a handicapped sticker for your car, someone can't walk 300 yards—well, my patient is obese or this or that, got a bad back, what do you think is going to happen to steroids? As soon as you pass the law saying it can be written by a doctor again, they are going to make a field day on selling scrips. Exactly.

Mr. SCOTT. Let me see what is in the bill.

Mr. SWEENEY. We categorize them as schedule 3 substances. And I would, just in response to Mr. Hazelton, I don't think there is any legitimate over-the-counter use of anabolic steroids.

Mr. SCOTT. No legitimate over-the-counter use?

Mr. SWEENEY. Right. And Dr. Hale would probably be able to answer more accurately.

Mr. SCOTT. I was going to ask Dr. Hale if there are legitimate uses?

Dr. HALE. Yes, there are. Certain conditions, certain wasting diseases related to cancer, something such as that where this would help. There are certain other types of conditions. It really depends on the individual injury and the individual physician. I understand, Mr. Hazelton, but I do believe physicians in this country. In our own State of Virginia, you have a very strong control. I am licensed in Virginia. And it would be very difficult to misuse this, although we fully recognize that anyone can misuse this at any given time. This would prevent the gross overusage that is taking place today.

Mr. COBLE. The gentleman from Florida is recognized for 5 minutes.

Mr. FEENEY. Thank you, Mr. Chairman. And thank you, members of the panel and our friend, Congressman Sweeney. I think all of us, certainly at the collegiate and high school level, would like to prohibit and proscribe all use of these performance enhancers, and most of us would like to see them regulated, if not prohibited, at the professional level. But there are two areas here, one is the war on drugs, which has been, at best, nixed in terms of its success the last several decades and then the general decline in what I would call sportsmanship.

And you have these two areas, and I think Mr. Hazelton put it right, it is going to be very difficult to have success here which doesn't mean we shouldn't have to try but talk about some of the

way we are moving in sports these days, whether it is parents screaming at umpires at little league, whether it is the intent to injure that we see increased, whether it is amount of money involved or sports agents dominating the news page, suped up, not just athletes but bats and balls and every other piece of equipment we can get a hand on.

So the whole notion of what we mean by sports in America has been subject to some decline and we ought to be inculcating a spirit of athleticism in every child, not just those that are competing at the interscholastic ranks, but to up and down. So my question is to my friend, Congressman Sweeney, with respect to the effectiveness here, and in part to Dr. Hale, because I have two concerns about how we actually take an effective approach to the problem that has been outlined by Congressman Sweeney's bill. And one would have to do with definitional problems. We have enough problems enforcing laws against, say, a heroin or cocaine user, marijuana user, even when we all agree what the definitions are.

I note, for example, Dr. Hale, that the drug that Mr. Hazelton said that he was encouraged to use is not on the list, at least in my understanding of the very technical terms. You have about 50 or 60 drugs that are now going to be categorized as schedule 3. And what is it, Dr. Hale, that prevents, if we pass this law and the manufacturer wants to comply and they could put together a new—the combinations are almost infinite, are they not? And not only are they infinite, but they have a very difficult challenge when you talk about performance enhancing drugs, which is not what this bill defines as illegal. The reason you have to specifically enumerate them is otherwise you get into caffeine, sugar, vitamins, high protein soft drinks, et cetera.

So where are we going if we list 108 drugs that are prohibited? Isn't 109 right around the corner. And if Congressman Sweeney could maybe address that as a follow up after Dr. Hale does. I guess the other question is with respect to increasing the penalties at or near sports facilities. Doesn't this pretty much drive weight lifters and athletes who are training, simply drive the behavior somewhat underground? And do you really get what you are going after here or you just sort of drive the occurrence of the activities somewhere else?

Dr. Hale, if you would.

Dr. HALE. Thank you, Mr. Feeney, you asked a critical and very important question. First, let me answer your question about dianabol. That is a known steroid that was covered in the original. That is why you don't see it on the list anymore. What we are looking at are steroid precursors now. The actual known steroids are already covered. What we are looking at are those precursors which in the body actually move into the steroid.

The answer to your second is that I would like to think that the next step, once we have been able to ban this easy access over the counter is education, just as with the drug program. I know that we will never get rid of everything, but we can certainly try to make certain that the young people in America at least don't have easy access using what we talked about as some of the other illicit drugs.

Yes, as I read the reports from the DEA, we are making inroads in it. And there are others that come up. But it is education that is ultimately going to be the winner. USADA, we have been working with Scholastic Magazine to begin an intense education program for young grade schoolers to teach them about what is right and what is wrong. The instance of fair play you talk about, that is a real issue we face in America today. I wish I had a solution for it, but I do not. But I do think we can go the first step. And the first step along the way is banning the precursors, not making them easily available. As long as they are easily available, all the education in the world and everything else we do is not going to come to any fruition until such time as they can learn the dangers and the problems.

Mr. COBLE. I thank the gentleman. The gentleman from Ohio, Mr. Chabot. And we will have a second round.

Mr. CHABOT. Thank you, Mr. Chairman. I just had a couple of questions and I got here a little bit late and I apologize, and this may have been covered. But as far as high school athletes and college athletes and the pressures through competition that exists out there, have any of you touched on or could you touch on how prevalent this is, how below—

Mr. SWEENEY. The National Institute of Drug Abuse said 3 years ago that almost 3 percent of seventh and eighth graders had used the substances, either the precursors and/or steroids or themselves and a greater percentage—and I don't recall the number offhand—in the high school age group had done that. But, Mr. Chabot, I have to reiterate the point this is about getting more of these products on the list as schedule 3s, because there is definitive science showing their impact. It is having real impact and it starts at the major sports level.

And we have had great progress in the last several years since there has been an acknowledgment by the major sports, the NBA, the NFL, the NCAA, the USOC, all have joined on in support of this idea and all have said independent testing needs to be done in their sports, and there is a reason for that. It is because it skews the sport, but it goes beyond that. It affects the culture that we live in. It affects our kids. And the only obstacle in this process has been major league baseball, but it has also been the predominant sales entity of this product by virtue of Mark Maguire's accomplishments, by virtue of his acknowledgement of use, by virtue of the rumors and the acknowledgement of other major league players, and because baseball itself at first, and now I guess it is just the players' union really have taken an absurd, obstructionist, unconscionable stance in this process saying it is a privacy issue. They fail to recognize the impact and the messages they send out.

And they fail to recognize the special privileges we have given them here; the public funds that are used for their facilities. They fail to recognize the message they are sending to our kids and that is, if you are going to get ahead, cheat a little bit and who cares what happens to you later in your life with your health.

Well, Mr. Hazelton has pointed out as dramatically as anybody could of that impact. And so we really need to understand that the manufacturers of these products and the athletes that use them

are intending to circumvent our intent and we ought not to let that happen anywhere.

Mr. CHABOT. What kind of effort is being made or might be made in the future to educate some of the athletes, especially at the high school and college level, as to how they might obtain the results they are looking for through natural food or working out lifting weights naturally as opposed to being involved with the anabolic steroids?

Mr. HAZELTON. Out of the lectures I have done, I have seen some of the ways they use to deter these kids from using them is a cassette tape, bringing their athletes into a room and letting them listen to the dangers of steroids. And 9 times out of 10, the worse thing they have on the tape is hair loss or problems basically with pimples, the swelling of the body and it never got into the part of the heart, the lungs, the liver, the loss of legs, the inoperable cancer. It doesn't get into where it is going to be something that is going to make you look at and say, my God, can this happen to me and they don't push it. It is like a joke.

When you talk about how many kids are out there using it from the time I saw it in 1989 doing lectures until now, there is one part of the country has 73 percent of their athletes on the football team using steroids, 73 percent. The team was number one in the State. I don't want to say—I am not here to start downing the city or the State that was in, 73 percent. And I had kids calling me after I had gone there to do a lecture, crying wondering is this going to happen to them.

Mr. CHABOT. Was there any effort to discuss the alternatives to this stuff? You mentioned about the bad things that it can do to you. Has there been much of an effort?

Mr. HAZELTON. I am not saying anything bad about Washington, the school at the time couldn't find me and this was when I was hot on the market doing my lectures. They had brought someone from the FDA and someone from the pharmacy department here to come down there and tell the kids what the dangers were, what happened. And finally after I did reach the superintendent of the schools, he told me that Bob when they came in there, the kids were so bored that they spent more time talking, writing stuff out, drawing, but it is after you had left, the kids actually spent time in the classroom asking each other what could be done—how to stop our friend or our teammates from using it and what the dangers were.

Mr. SWEENEY. If I could point out quickly, but we have secured in the past years, seed funding for education programs starting in New York and Oklahoma. This was over the last couple of years as we were beginning the awareness here in Congress. And we have also, in the last week, picked up the scholastic in partnership for a drug free America support who are going to do ad campaigns. And I think Dr. Hale's group and the U.S. Anti-Doping folks have gotten engaged in the last several years in trying to get that message.

Mr. COBLE. I thank the gentleman from Ohio. And the other gentleman from Florida, Mr. Keller is recognized for 5 minutes.

Mr. KELLER. Thank you, Mr. Chairman. When the President of the United States decided to use his bully pulpit of the State of the

Union to mention the problems with steroids and performance enhancing drugs, it became crystal clear to me that something was about to happen in Congress. Now anabolic steroids have been banned since 1990 both for athletes and nonathletes, and now we see a need to expand this list of banned steroids to include the over-the-counter steroid precursors. Whereas the popular anabolic steroid dianabol has been banned for quite some time, we will now be banning the steroid precursor andro. Now because this issue is being championed by the President of the United States and Congressman Sweeney as well as the bipartisan leadership of the Judiciary Committee in the House and some prominent bipartisan U.S. senators, I am relatively convinced that this bill will become law, and I will support it.

But I want to take this to the next step and ask you some questions about testing, and Congressman Sweeney, I will start with you. I am concerned that even after we pass this, we are still not going to be able to rely on the honor system of athletes not taking this, both amateur athletes when there is a gold medal at stake, or an NCAA championship, and with respect to pro athletes, when you stand to get a bonus for being the MVP for hitting so many home runs. I would like someone who is not that familiar with how testing works, both in the professional sports and amateur, if you could give me an overview of how it works, say, with professional sports in terms of testing.

Mr. SWEENEY. Well, it is a great question. I think it goes to the root of the obstruction that we faced in this process. Ben Johnson is not known as the world's fastest man and gold medal winner in the Olympics.

Ben Johnson is known as a disgraced athlete who cheated and was stripped of all of those honors all of those medals because he used steroids in the process.

The USOC and the other groups I mentioned, the NCAA and the NFL and the NBA, have all now agreed that it is in their sports' interests as it relates to the integrity of those sorts to implement independent testing systems, random independent testing systems, that I think are going to have real impact on their sports and create real benefit in reducing the use of it.

One of the last obstacles is Major League Baseball. What I would think, Mr. Chairman, and Mr. Ranking Member, and Members, is what you ought to do as well, is you continue to review this bill, is get Don Fehr and Bud Selig in here, and ask them what they are going to do next, because the shielding of independent and random testing done by the players union in particular, and in part, by the owners, is banned because they have got a collective bargaining agreement that only calls for a limited round of testing.

Now, we know what happened in that limited round of notified tests, that 5 to 7 percent of Major League Baseball players tested positive, when they knew they were going to get tested. That is three full teams in current construct of Major League Baseball.

Baseball is thumbing its nose at Congress, at the laws of this land. I am not so sure jurisdictionally what we can do in this bill, and we have struggled with this issue to require any kind of mandated testing. And I think folks at USADA have been very effective at getting these other sports entities involved in the process.

But, I think that we ought to use our bully pulpit, because you are right. The President called in the calvary on the day of the State of the Union, and we are now reacting to that call. It is going to be passed into law in some form.

But, we need to find a way that has an impact, with the recognition that this is a little bit less about pro athletes, and a heck of a lot about our kids.

Mr. KELLER. Thank you, Congressman Sweeney. Dr. Hale, Congressman Sweeney seems to be relatively comfortable, I take it from his testimony, with the amateur sports governing themselves in the appropriate testing, but at least one particular professional sport, major league baseball, not doing enough.

What is your opinion as to the amateur sports and their testing procedures? Are they adequate with respect to, say, the Olympics and NCAA football?

Dr. HALE. Let me just very briefly explain to the Committee how testing is done. As Congressman Sweeney pointed out, there are actually three types of testing. There is testing in competition, which is where Ben Johnson got caught, I happened to be there at that time.

And there is testing at camps and other things. But, the most effective testing is the no-announced testing. For example, if you were an athlete in the pool, one of our doping control officers could walk up today and tap you and say Representative Keller, join me in the bathroom, I want a sample. Then and now. And you have to produce. If you don't produce it is a positive. And the punishments are very heavy.

And I think that right now is the basis of our most successful testing program. That is being done by the NFL, it is being done by the NCAA, it is being done by all of the Olympic sports. And so I think these are the ways that we can prevent people from abusing the use of these drugs and medications.

Mr. KELLER. Thank you, Mr. Chairman. I yield back.

Mr. COBLE. Thank you, Mr. Keller. Mr. Rannazzisi, we have overlooked you but we have not abandoned you.

Dr. Hale, in his statement, indicated that studies have shown that an alarmingly high percentage of dietary supplements contain doping substances, and they are not disclosed on the label.

Assuming this statement is accurate, and I have no reason to doubt it, is it reasonable to assume that companies may still continue to manufacture these products containing steroid precursors, and simply continue not to list its contents accurately?

If so, what can be done to combat this problem?

Mr. RANNAZZISI. Well, if the legislation passes, those substances become controlled substances. As controlled substances, those substances have to be identified properly, because they are going to be prescribed—if they are prescribed by a medical practitioner.

So if they are under the act, they have to be labeled and cannot be mislabeled.

Mr. COBLE. Mr. Hazelton, in a recent Washington Times article, it was noted that you regularly make appearances, as have you told us today, at schools to address the detrimental health effects of steroid use.

What sort of feedback have you received from these students and educators? Are most children aware of steroids and the side effects associated with them, or do you think that many of them just view this as a necessary evil to get ahead in athletics, so I can be drafted early and become a millionaire overnight?

Mr. HAZELTON. Basically, that was the beginning of our young athletes coming out of high school, junior high, even, taking steroids was one way to get a jump.

Most of our young adults had no idea and they still don't have an idea what steroids does to their body. I have always had great reception, I mean the best.

The thing I run up against in schools, they don't have the money. They can't afford to bring somebody in to give them a layout of actually how dangerous steroids really are.

I have had a few things that we could have done a long time ago that would have saved a lot of money, but it seemed like it was something at the time wasn't important. Then, I am not going to say if it is important now.

And I would like to just say one thing about testing. Testing, it is the most easiest thing to do is block. I know professional football players that would empty their bladder out, put a catheter back in there, and put water back up to their kidney so that when they did do a urine test, it would come up negative.

There are certain steroids that if you drink certain things, that will block it. There is certain things that if someone knows it is going to be a test, it is very easy to do something 12 hours before you have the test. Now, the people that you send in there to say, okay, let's go in the bathroom and do a urine test, the test that they do, is that going to be automatically trustworthy?

You know, you have to start looking at these things, because we have been dealing with this for a long, long time, and I don't know how many people that they have actually got using steroids, but when you have got 70 percent of professional athletes using steroids out there, and you have only busted—and this is going a big number, 50, somewhere along the line someone is not coming true. Something is not going on.

Now, it seems to me that if you really, really wanted to stop steroids, I mean at least stop it on the link. You guys have—you have got a list, which I don't know if there are steroids that you are going to bust, but you guys haven't talked about Equipoise yet, which is one of the biggest steroids on the market. And that is used for race horses. You get it from veterinarians.

That with Anadrol or Dianabol or Ethinate or Propionate, I haven't heard those drugs yet. You have got a list of steroids here, and these steroids are the ones that are mostly used. Now, you can change the name by making it something else. But I am sure these people here know that they consist of almost the same ingredients as the ones I am talking about right now. The only thing different is the human growth hormone.

Mr. COBLE. Let me point a final question to the sponsor of the bill, a rhetorical question, but I want to get it on the record. Some will say Government has no business here prohibiting these substances, but it is a matter of personal choice.

What do you say, Mr. Sweeney, in response to that?

Mr. SWEENEY. Well, Mr. Chairman, the Government, the Congress has already acted based on definitive science in this area.

And there are substantial Government interests and societal interests in this legislation. Mr. Hazelton, I think points them out as accurately and as well as anybody can. And if we are not engaged at this point in this process, could you imagine, in order to make the local high school prep football team, the requirements your coach is going to have for you is to do what in order to get that edge?

And then 30 years down the road, what do we face as a society in terms of those costs?

Mr. COBLE. I don't disagree. I was being devil's advocate. Just wanted it for the record. The gentleman from Virginia.

Mr. SCOTT. Thank you, Mr. Chairman. Dr. Hale, let's follow up with some of the questions that we were asking last.

You indicated that wasting associated with cancer, and I assume AIDS would be one appropriate use for steroids, loss of muscle mass. What about healing generally?

Dr. HALE. There are certain types of injuries that they do use steroids to increase and to prepare the body better for healing process, that is sometimes is used.

Again, it is difficult to classify these in any specific category, because the use of steroids contains a fair amount of side effects. And you have to weigh, like anything in medicine, the side effects with the benefits. It would depend on what that situation is.

But yes, there are. That is why we believe it should be a Category III prescription only.

Mr. SCOTT. Thank you. The FDA, under our present act, has defined that a product is expected to be safe. What about safe and effective? Should we go back to that standard?

Dr. HALE. Personally I would say yes. It would be nice if everything could be safe and effective. The problem is, in getting randomized controlled trials in a large number of drugs, is very, very difficult, because the effectiveness of it varies from individual to individual.

Unfortunately in medicine, any conditions, some are very straightforward that you can treat and you know exactly how it responds. Others are not, depending on the individual variation.

I think what happens over a period of time is once a drug has been approved, found to be safe, then when you evaluate it and its clinical usage, you find out whether it is effective. If it is not effective, it drops out of use very quickly. And the FDA has been very good in following that, because they have a long-term follow up of all these drugs being produced.

Mr. SCOTT. Thank you. Mr. Rannazzisi, possession of steroids without a prescription is a Federal crime. Is that correct?

Mr. RANNAZZISI. Possession of the currently listed steroids, from the Anabolic Steroids Control Act of 1990, yes. That is a Federal crime if they are possessed without a prescription.

Mr. SCOTT. Why haven't we seen more prosecutions? Or is the reason we aren't finding more prosecutions because they can find these legal precursors that do the same thing, so there is no reason to fool with the illegal stuff?

Mr. RANNAZZISI. I wouldn't say that there aren't prosecutions. As far as more prosecutions, I think the act did its job. I think that the prevalence of those drugs kind of slowly faded away. I think that is exactly why people used chemistry to create the precursors, steroid precursors. I think that is how they circumvented the act.

You don't need those drugs if you have these drugs.

Mr. SCOTT. Are the steroids controlled substances in most countries?

Mr. RANNAZZISI. No. Actually, most of the drugs under the act right now that are controlled are not controlled in other countries. And that is where a majority of those substances are being produced.

Mr. SCOTT. So if somebody wanted to train in one of those other countries, they could have easy access to the drugs.

I guess, how long would it be—how long after you have last taken them, how long for testing purposes, how long can you go and become clean, I guess?

Mr. HAZELTON. Over 6 to 10 weeks, sir, usually. Depends on how much you are using and whether you think something is going to come out.

Like I said before, you have got blocking that you can do, one that can block within 24 hours. As far as other countries, I have done lectures in Germany, England, South Africa, I have sent articles over there. And all of these countries, they don't want to admit steroid use, but there is a lot of steroid use, especially in the Olympics before they actually go into the Olympics.

And people say, well if you stop using steroids, you are going to lose the ability to perform whatever event. That is wrong. You will keep that ability to produce as much—

Mr. SCOTT. So if you use the steroids and get built up, you can stop using the steroids and maintain that build?

Mr. HAZELTON. At least 5 to 6 months, believe it or not. We are talking about drugs, steroids, steroids are being made now in bathrooms, in sinks—

Mr. SCOTT. Say that again.

Mr. HAZELTON. You can make steroids. I used steroids 15 years ago, which I thought was anabolic steroids. I wound up shooting it in my hip. It wound up being Armour-All. It looked just like Cyclamate which you buy on the market.

It had all of the labels on it, the box and everything. After shooting it about 2 minutes later, my hip had turned black. It covered about 12 to 18 inches. I wound up having to have surgery done on the hip to basically dig the infected tissue out of my hip.

Now, this is what these kids are doing also, they are buying black market steroids and they are getting themselves in trouble that way. So not only buying them the legal kind, you have got to worry about now the bad kind.

Mr. COBLE. I thank the gentleman. Dr. Hale, I believe that Mr. Scott also directed that question to you. Do you want to weigh in on that as well?

Dr. HALE. Thank you. It depends on the mode of administration, whether it is oral, whether injectable. But in general, most steroids are detectable per dose somewhere between 48 and 96 hours later,

depending upon what type of testing you are using, whether it is excreted in the urine, and how it is excreted.

So that is why—but in order to have an effect, you have to have continued use of it. That is why they continue to use it over and over, that is why no-announced testing is so important, because they have to use it for an extended period of time to get the effect.

Mr. SCOTT. But we have a slight difference in testimony. Mr. Hazelton suggested that it was detectable weeks after the last use.

Dr. HALE. We are not really different. What we are saying is that people continue to use it over an extended period of time, but if you—for example today took a single dose of one of these in about 96 hours without really ultra, ultra sensitive equipment, we would not be able to—

Mr. SCOTT. If I trained in another country where this stuff was available and got build up to whatever—and if I stopped, how long would it take for the drug to be undetectable?

Dr. HALE. About 96 hours would be the maximum, under ideal circumstances would be the earliest that we could detect it.

However, remember that the effect of the drug begins to wear off at the same time. And that is why athletes take it right up as close as they can to the point of competition.

But, I would like to clarify that it is my understanding that in most of Europe, especially the UK and in Australia, New Zealand, the anabolics are also prohibited.

Mr. COBLE. Thank you. We have been joined by the Ranking Member, Mr. Conyers. Does the gentleman from Michigan have questions, John?

Mr. CONYERS. Well, yes and no.

But I move to strike the requisite number of words.

Mr. COBLE. Without objection.

Mr. CONYERS. Mr. Chairman, and Ranking Member Scott, I wanted to ask, is there anybody we know that is not supportive of this bill, I mean in the universe?

Mr. COBLE. Well, if the gentleman will yield, I know you and Bobby Scott and I are cosponsors. Mr. Feeney, are you on board?

Mr. FEENEY. Well, I was officially undecided coming in.

Mr. COBLE. Okay.

Mr. CONYERS. What I am leading up to—

Mr. FEENEY. But the Ranking Member is intimidating me strongly into a position of support.

Mr. CONYERS. This is known as the gentleman's touch.

No, the fact of the matter is that I think that this bill enjoys the support of the Chairman, the Subcommittee Chairman, and all of us, the Ranking Member and my colleague from New York, who is a witness, and an original cosponsor.

So the question really quickly comes down to, what about DHEA? And I would like to open that up for some friendly instructions on that subject. Mr. Sweeney.

Mr. SWEENEY. First, Congressman Conyers, and Ranking Member, you missed the earlier statements. And I said I feel a little bit like, you know, the fellow who has been lost in the woods for a number of years and has been screaming and nobody has heard it.

I feel like the sunshine is coming out. And I have to say, I am deeply appreciative of your leadership, and your getting involved as you did a year ago or more on this issue.

And I think it is with that leadership that this bill is going to move forward, and we are going to have some important changes. And one of the most significant changes in the bill, as it relates DSHEA, is this idea that we are now shifting the burden from the Government to prove that any of these products promote muscle growth, which is very costly, and we certainly don't have the resources in this extreme time to the manufacturing community.

And in answer to the other question, are there people who oppose it, there are. There are still some of those folks in the manufacturing community. I think the less legitimate of the manufacturers, the ones on the fringes who are involved in this, and they are making a lot of money, and I am sure that they will use that influence wherever they can to try to make whatever changes or sprawl and delay this the best they can.

And DHEA, another precursor. The problem with that precursor and that issue, and how we are trying to deal with the disagreement that we have, is that there are those in the Senate who don't agree with us on the inclusion of that product on this bill.

In shifting that burden away from the Government, we think over some time that the folks at the DEA and FDA will be able to expand on to the list some products we would like to see on that. But, we can't get a consensus or an agreement from the other body on that.

Mr. CONYERS. Well, that is what conference committees are for. You close the doors, and in some cases, turn out the lights, and then, lo and behold, there is the provision in the bill.

Mr. SWEENEY. Mr. Conyers, I would volunteer to be on that conference. I would fight just as hard to have that included.

Mr. CONYERS. Does anybody else want my time? I will turn it back then.

Mr. COBLE. I thank the gentleman. The gentleman from Florida, Mr. Feeney, is recognized for 5 minutes.

Mr. FEENEY. Well, thank you. And in my last round, my friend, Congressman Sweeney, didn't get to quite address some of my questions.

But, Dr. Hale, very quickly, is the list of steroid precursors that we have included in this bill, is it sufficient for now, and how likely is it that we are going to be back here changing this in a year or two, as manufacturers keep pace with ways around the law.

Dr. HALE. I think the way the bill is written that it will prohibit that. Because of what it is talking about is precursors, it is not defining them by specific name, it is defining them by chemical type. So I don't think it will happen.

However, I would be the last one, after our recent experience with THG and a few other steroids, to say that they would not be out there trying to find some ways around the bill. There are always people that because of the money involved, because of the activities involved, that will try any way possible to circumvent the law.

Mr. FEENEY. Well, and again, I spoke earlier about the war on drugs in general. And at best, it has been a mixed success. And

some would say it has been a very expensive failure. That is a reasonable debate to have.

Congressman Sweeney, you heard my concerns about the decline in the athletic culture and the loss of sportsmanship and sports in general from very early on through, you know, through much of what we are doing. So I invite you to comment on how this bill affects that. We invite you to comment on what the State's roles are here. We invite you to comment on the fact that are there coaches at the competitive levels of high schools and college and pro that are basically with a wink and a nod turning the other way, they don't want to know what is happening, but they really do know what is happening?

How does this bill, if anything, get to that? I do appreciate that we do have the right to regulate drugs, through the FDA, that are legal or not, prescribed or not. I am certainly going to support this bill.

But, you know, I will suggest that where there is a will, there is a way. That has certainly proved to be the case with other addictive drugs. This is America. And you know Americans, for example, eat until we are obese and then we go get a tummy tuck. This is America. If you can get a pill to enhance athletic performance, and if it is available, there is going to be a great deal of temptation and then some.

And then finally, going back to sportsmanship as a whole, cheating is not just confined to sports, unfortunately. I have seen studies where as many as three-quarters of college students acknowledge that they cheat in class.

And part of this is how we get to the whole cultural decline of self-responsibility and individual responsibility, and unfortunately, where there are benefits to taking those pills or in performance enhancers, legal or not, you know, my view is that we will be back here dealing with this problem 5 or 10 years from now.

Mr. SWEENEY. If I can answer your question, I think the core of it is the question of why are we involved at all? And I will say this: Given the proliferation of use and the promotion of use by those, especially those in major league sports and baseball, in particular, as I pointed out a number of times today, but that is only because they have been the most obstructionist in this process, there is substantial and real science that says that there are side effects, that the health implications affect us all.

And if we don't do something about ending the proliferation of use, if we don't do something about drawing definitive lines in what is acceptable and what is not acceptable, and in part, Congress tried to do that in 1994, with DSHEA, and what these really are, are circumventions by athletes and manufacturers. Because there is a lot of money and profit driven on both ends from it.

Then, Congress, I guess, ought not to be involved in anything, because we are all going to have to pay those health care cost bills down the road.

In terms of are there coaches who would circumvent the system? Certainly in a society in which Congress or the authorities that have the responsibility to regulate, particularly the use or in any particular area, there are going to be coaches. And there will be a lot of them, because it—at the end of the day, there is motivation

for them, whether it is the next best job or whether it is just winning the next game.

And I think Congress has a role in setting those kind of moral and ethical priorities for the rest of our society, especially when we know the use and the proliferation of that use is so detrimental to the rest of us as well, but in particular to our kids.

So I guess my answer to you is, yeah, we ought to be involved. And this is really a response by many of us to what we see as a circumvention in what we intended to do back in the 1990's.

Mr. COBLE. Thank the gentleman. The gentlelady from California.

Ms. WATERS. Thank you very much, Mr. Chairman. I have been discussing this bill with my staff. And I recognize that we are here to examine the abuse of steroids by professional athletes and the prevalence of the use of steroids and steroid precursors. And we cannot help but conclude that the intent of this bill is to try and prevented people from damaging their health and saving lives, particularly as it relates to young children.

So it is certainly not something that one can be against. It is just unfortunate that we have to find ourselves increasingly legislating in every conceivable area. This week alone, in addition to this issue, we have had to deal with the Janet Jackson issue of exposure in some ways that are considered, I guess indecent and other issues that I just never thought we would have to deal with as legislators in this body.

However, I suppose that we find that the more sophisticated we get, the more complicated we get. The more advanced we become, technologically and otherwise, the more problems are created. So there are a lot of questions that one could ask, but the bottom line is, basically whether or not we are going to support legislation that will create stiffer penalties and discourage the use of these performance-enhancing drugs that could cause damage and loss of life.

There is not much more to say. Thank you.

Mr. COBLE. I thank the gentlewoman.

We very much appreciate you all being here, Mr. Hazelton, in particular, sharing your personal experiences with us and your courageous role, when you visit schools across the country I wish you well. I thank you all. The Subcommittee appreciates the contribution today. This conclude the legislative hearing on H.R. 3866, the "Anabolic Steroid Control Act of 2004."

The record will remain open. I recognize the gentleman from Virginia.

Mr. SCOTT. Mr. Chairman, reference was made to major league baseball. I would ask unanimous consent that a letter from Donald Fehr, the Major League Baseball Players Association Director, saying that if Congress chooses to expand the definition of Schedule III, in order to cover certain steroid precursors, we would not only support such a decision, but also would automatically expand our own testing program, jointly administered by the clubs to cover such substances; and also a letter from the American Medical Association in support of the legislation.

Mr. COBLE. Without objection, it will be received. And I want to thank those in the audience who stayed for the hearing. I want to thank the media for having covered this. Mr. Hazelton.

Mr. HAZELTON. I have one question. It might be a long question. Right now, we are looking at this going to some type of law being passed and educating our youth out there today.

First, I would like to say, what time period are we looking at to start educating our kids? Second thing is, I would like to be totally involved in this, considering I am the one that started actually the lecture tour on steroids and to have a major input.

Mr. COBLE. Mr. Hazelton, to answer your first question, what time period, you are looking at a man who does not have the wisdom of King Solomon. So I can't answer that one. As far as your second question, I direct your attention to the primary sponsor of the bill.

I think Mr. Sweeney would be glad to work with you to that end.

Mr. SWEENEY. Absolutely, Mr. Chairman. As I mentioned earlier, we got money in the approps process last year to begin a program. I am hopeful with the passage of this legislation, the moving forward, we are going to be able to do even better.

Mr. COBLE. In response to your first question, didn't mean that to be a cute answer. I would say in a reasonable time. It would be my belief that this very well may be enacted into law.

This concludes the hearing. I thank you all for your cooperation. The Subcommittee stands adjourned.

[Whereupon, at 3:30 p.m., the Subcommittee was adjourned.]

APPENDIX

MATERIAL SUBMITTED FOR THE HEARING RECORD

MAJOR LEAGUE BASEBALL PLAYERS ASSOCIATION

DONALD M. FEAR
EXECUTIVE DIRECTOR
GENERAL COUNSEL



12 EAST 49th STREET
NEW YORK, NY 10017
TEL. (212) 826-0808
FAX: (212) 752-3649

28 October, 2003

The Honorable Joseph R. Biden, Jr.
221 Russell Senate Office Building
Washington, D.C. 20510-0802

The Honorable Orrin G. Hatch
104 Hart Senate Office Building
Washington, D.C. 20510-4402

Re: *Anabolic Steroid Control Act of 2003*

Dear Senators Biden and Hatch:

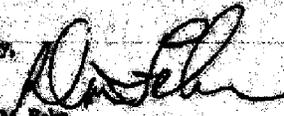
It has long been the view of the Major League Baseball Players Association that players should not be prohibited from using any substances that the United States government has effectively determined are not unsafe for consumption by other Americans. We further believe determinations about the safety and efficacy of ingestible substances, whether they are medicines, nutritional supplements or other types of food, are best left to the appropriate federal regulatory agencies. Viewed from the broad historical perspective, neutral government agencies -- whose vision is not colored by the profit motive -- have shown a commendable capacity to make findings based on the totality of the evidence, medical information and research, and to ensure that conclusions are based on fact and not self-interest. In a phrase, the Players -- just like the majority of Americans -- look to the federal government, and not advertisers, interest groups on either side, or newspapers, to tell the country what should and should not be regulated, controlled, or banned.

The Honorable Joseph R. Biden, Jr.
The Honorable Orrin G. Hatch
Page 2

Consequently, if Congress chooses to expand the definition of Schedule III anabolic steroids in order to cover certain steroid precursors, we would not only support such a decision but also would automatically expand our testing program, jointly administered with the clubs, to cover such substances. I have attached a statement which explains our views in greater detail which I submitted to the Senate Commerce Committee, in connection with a hearing held today.

Thank you again for your interest in our position. I would be happy to talk with you further if you have any questions.

Sincerely,


Donald M. Felt

American Medical Association

Physicians dedicated to the health of America



Michael D. Maves, MD, MBA 515 North State Street 312 464-5000
Executive Vice President, CEO Chicago, Illinois 60610 312 464-4184 Fax

March 16, 2004

The Honorable F. James Sensenbrenner, Jr.
Chairman
Committee on the Judiciary
U.S. House of Representatives
2138 Rayburn House Office Building
Washington, DC 20515

The Honorable John Conyers, Jr.
Ranking Member
Committee on the Judiciary
U.S. House of Representatives
2142 Rayburn House Office Building
Washington, DC 20515

Dear Mr. Chairman and Representative Conyers:

On behalf of the American Medical Association (AMA), I am writing to thank you for introducing H.R. 3866, the "Anabolic Steroid Control Act of 2004." The physician and student members of the AMA are very concerned about the quality, safety, and efficacy of dietary supplement products. We are particularly concerned about herbal (botanical) products and supplements containing anabolic steroid-like ingredients and their precursors, i.e., substances that have the potential to be converted into testosterone or other anabolic steroids. Because of the dangers of these products and their increasing use, the AMA supports a ban on over-the-counter sales of such products.

National surveys conducted since 1991 indicate that the use of anabolic steroids is increasing in high school students. Unfortunately, many of these products, including derivatives of potent veterinary products, are readily available over-the-counter or via the Internet. Use of these products can be very harmful to an individual's health, including causing potentially toxic effects on the liver and cardiovascular system, damage to fertility, and psychiatric side-effects. The AMA strongly supports legislation such as H.R. 3866 that would reclassify anabolic steroid-like ingredients and their precursors as prescription drugs subject to the Controlled Substances Act.

Your legislation sends a strong message about the dangers of these dietary supplements. The AMA applauds you for your efforts to protect the health of Americans, especially adolescents, through the Anabolic Steroid Control Act of 2004.

Sincerely,

Michael D. Maves, MD, MBA

Cc: Members of the House Committee on the Judiciary

