

Even among older athletes, rumors of drug use abound

smcmanis@sacbee.com

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Mary Harada, one speedy septuagenarian, would like to think the best about her fellow masters track and field competitors. She would like to believe the wisdom of their years would keep them from using anything stronger than, say, Metamucil or Ensure to boost their performance.

But the 76-year-old age-group world record holder in the mile has heard the gossip on the track, the whispers in the warm-up area, at every meet she attends.

Some of it, even, might have been directed her way. After all, Harada has broken the 8-minute barrier in the mile at an age when doctors warn of broken hips.

"People half-jokingly say, 'Oh, so-and-so must be on drugs, look how good she is,' " said Harada, who will travel from her West Newbury, Mass., home to Sacramento next week to compete in the World Masters Games with 4,800 other athletes ages 35 and up. "It demeans a performance and is unfair, but that's human nature."

Choosing words carefully, the retired college history professor added: "I don't know for a fact, but I do think there are probably some masters athletes taking performance-enhancing drugs. That's beyond sad; it's pathetic. But when you look at what happened with the elite athletes over the years, I guess it had to spill over into masters."

Concerns about performance-enhancing drug use among older athletes, for whom success on the track is merely a point of pride and not a money-making venture, has led to random urine testing of athletes at all World Masters Athletics international events. For the first time, next month in Ohio, the U.S. national championships will have drug testing.

All of which has masters athletes, a chatty group to begin with, buzzing.

Not only are athletes lamenting that use of banned substances such as anabolic steroids and stimulants has sullied their sport's do-it-for-fun gestalt, many are scrambling to make sure the prescription medications they take are legal and, if they aren't, that they secure a medical exemption to compete.

Older athletes create a challenge for the World Anti-Doping Agency, which usually deals with elites who aren't on hormone-replacement drugs for menopause, age-related, erectile-dysfunction medicine like Viagra, or all manner of hypertension meds.

"The age and medical conditions that are encountered in masters athletes do raise some unique considerations," said Stan Perkins, WMA president. "(But) we are working to meet these challenges and, where appropriate, amendments to our testing procedures can be considered."

Yet Perkins and U.S. masters track and field officials defend testing of athletes, be it a 35-year-old sprinter who has just graduated to masters from elite competition or the 101-year-old

long jumper keeping arthritis at bay.

"Masters athletes are no different (than) other people within our world," Perkins said. "In some, the competitive spirit continues to fiercely dominate and, unfortunately, for some this means they will take risks and do whatever they can to win."

Anyone can compete

A few masters runners once were top international competitors, but the vast majority are talented but sub-elite athletes who enjoy competing and testing themselves against others in their age groups. Anyone can compete in the national and world championships, which have been held since 1975. Since the 1990s, participant numbers have grown to nearly 5,000.

Since drug testing was implemented for masters in 1995, a handful of athletes have tested positive and been suspended. Two recent examples are American sprinter Val Barnwell and Irish heptathlete Geraldine Finnegan.

Barnwell, 53, tested positive for testosterone prohormones after winning the 200 meters at the 2009 Masters World Championships in Lahti, Finland. He was banned for two years.

Finnegan was stripped of two gold medals at the 2010 Masters Indoor World Championships in Kamloops, Canada, reportedly testing positive for stimulants. She served a two-month suspension.

Both athletes have proclaimed innocence.

Barnwell has said his use of Viagra and other "sexual enhancement supplements" caused his testosterone levels to rise, though none of the supplements Barnwell said he took appear on the banned list. Finnegan told a reporter in Ireland that, in addition to being asthmatic, she was suffering a cold in Kamloops and mistakenly used an over-the-counter decongestant that contained ephedrine, a banned substance.

Barnwell, reached at his home in Brooklyn, N.Y., criticized not only the methods of testing but the very act of "invading the privacy of masters athletes around the world" with an "invasive and demeaning" procedure.

"They say I'm bitter for being suspended, but wait until it happens to them," Barnwell said. "And I did not 'get caught.' It just so happened my testosterone was high. I take a lot (of supplements) because I'm older.

"Older people need stuff. We have the most (medical) complaints in the world. We're lucky to get off our beds and compete."

Bob Weiner, former press secretary for White House drug czar Barry McCaffrey during the Clinton administration and a member of the U.S. Masters executive board, said Barnwell and others who have tested positive for banned substances knew exactly what they were putting into their bodies.

"Barnwell had told colleagues – this is a direct quote – that he'd do anything to break records," Weiner said. "Now, we know what that meant."

Masters athletes, presumably, are privy to the same methods used by elite athletes to evade testing positive – using drug-masking agents or strategically stopping use before major events. Some masters, after all, are former elites.

But some say the problem is overblown.

"Here's why I don't think (performance-enhancing drug use) is widespread: Most masters runners I know are not consistent enough in their performances to be accused of it," said Pete Maqill, who owns nearly all of the 45-49 age-group middle distance records and writes about

masters athletes for Running Times magazine. "In masters, you don't see any of the patterns you'd expect."

And yet, Magill is in favor of testing.

"Like it or not, the perception of drug use among all athletes is out there," he said. "It's important that, as a group, we submit to drug testing to fight that perception. Any time now anyone has a great performance, the first thing people think is not, 'That's a great performer.' They think, 'That guy has a great pharmacist.' "

Medical exemptions

Perceptions aside, athletes must take responsibility for monitoring their medications. Athletes using prescription drugs must complete a "therapeutic use exemption" form. Harada, for instance, has a exemption form on file for the inhalant she uses for exercise-induced asthma.

Mo Bartley, 56, a 1,500-meter runner from Cool, had wondered whether the estradiol and progesterone she takes as hormone-replacement for menopause would be prohibited. It is not.

But Bartley had reason to worry. In 1999, at the masters championship in England, 56-year-old Mary Jager, of Arizona, tested positive for steroids after taking her menopause medication, Estratest HS, which has estrogen and an androgen (the latter is prohibited). She received a two-year suspension.

"As far as I know, I'm clean," said Bartley with a nervous laugh. "I just went to a (website) link where you put in your drug and they tell you whether it's OK or not. It was easy to find out."

Weiner, 63, is himself a masters athlete. He said he understands the anxiety testing can cause.

"It's a difficult balance," he said. "We want clean sports, want no cheating. At the same time, you do have people with health issues."

Older athletes with hypertension need to know that the medications Diamox and Lozol are banned, but Lisinopril and Procardia are not. The cholesterol medicine Lipitor is approved, but prostate cancer medicine Zoladex is prohibited (due to peptide hormones). Albuterol spray for asthma is fine; injectable albutrol is banned. Allergy meds such as Claritin are cleared, but Dimetapp is not (due to pseudoephedrine).

Sacramento sprinter Liz Palmer, 49, said she refused to take any medicine when she got bronchitis at the same Kamloops meet where Finnegan tested positive. "It is our responsibility to know," she said. "And if we don't know, to find out."

Weiner said it's sad to wonder whether the runner next to him on the starting line is "juiced." But Harada, the 76-year-old miler, has no such worries.

"I know most of the people in my age group, and none of them look like they're on anything," she said. "We're all shrinking and shriveling."

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Call The Bee's Sam McManis, (916) 321-1145.