

## First comes the needle, then comes the pain

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### Serious physical, emotional problems await athletes after quitting steroids

By Mark Zeigler  
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A few months ago, two head shots of Chargers linebacker Shawne Merriman were posted on a Web site called Pro Football Talk. One was from 2005, the other from this season. Merriman has improbably broad shoulders in the 2005 photo and noticeably smaller ones in 2007.

The implication and subsequent Internet chatter was that Merriman, who served a four-game NFL suspension in 2006 for a positive steroid test, was off the juice.

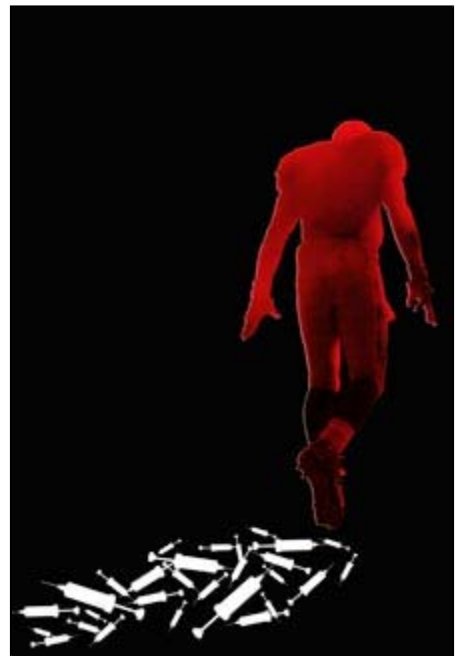
Turns out the 2005 photo, which appears in the Chargers media guide, was doctored by the team. Merriman missed the spring minicamp when player photos were taken, and his college head shot was superimposed on the shoulders of a beefy Chargers lineman – standard procedure in the NFL with unsigned rookies or recent acquisitions. All the body parts in the 2007 shot, presumably, belong to him.

Merriman may or may not have pumped his 6-foot-4, 272-pound frame full of anabolic steroids; he insists his positive test was from a tainted nutritional supplement. But the notion that a star athlete can suddenly shrink before our eyes without the help of Adobe Photoshop is a very real and potentially fatal eventuality.

It is the dark side of 'roids, the part that no one ever talks about and the athlete looking for that extra oomph never thinks about. We hear plenty about what happens when people start taking steroids and their muscle-building cousins, about how baseballs start flying out of ballparks and 100-meter world records start falling. But what happens when they stop?

It is a question that increasingly comes into play as we enter an era of heightened awareness and vigilance about performance-enhancing drugs. Athletes may suddenly quit doping for any number of reasons. They test positive. They're afraid of testing positive. Their supplier gets nabbed by the feds. They develop a related health issue. They develop a conscience.

Then what?



LIZ GRAUMAN / Union-Tribune

“The fact of the matter is, it's a huge problem,” says Dr. Richard Auchus, an associate professor at Southwestern Medical Center in Dallas who has testified in U.S. Anti-Doping Agency hearings about steroid use. “It's a ticking time bomb.”

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Kevin Hunter is talking about the day he bumped into an old friend.

“He was like, 'My God, you sick? You dying? What do you have? Cancer? AIDS?' ”

Hunter's nickname was “Little Man.” But the steroids had swelled his 5-foot-10 frame to 225 pounds of rippling muscle, of biceps practically as large as his head, of shoulders as wide as a doorway.

He had been off them for one, maybe two months. He weighed 170 now.

“I shriveled up,” he says.

Hunter grew up in the Washington, D.C., area, in a neighborhood fertile for producing professional athletes. He played basketball at famed DeMatha High and then for a spell at Virginia. After college, he returned to his true love of football and chased his dream as a cornerback for a semipro team called the Metro Buccaneers.

Then he met Big T.

“Sept. 15, 1988,” says Hunter, now 40 and a San Diego resident. “That's when I sold my soul to the devil.”

Big T worked out at the same gym as Hunter, and he wasn't just big. He was huge. Massive. Goliath. He put 315 pounds on the bench press and knocked out 20 reps as if he were lifting a cardboard box. He put on 345 – no problem. Then Big T took off his shirt.

“I remember everybody in the gym, myself included, just stopped whatever they were doing and stared,” Hunter says. “My mouth dropped. He was a mammoth of a man. I thought, 'I want what he has.' ”

Soon Hunter had befriended Big T, and soon he was buying injectable and oral anabolic steroids from him. He quickly got bigger, got stronger, got meaner. “Little Man” was suddenly not so little, much to the chagrin of opposing running backs and wide receivers.

Hunter began experiencing severe headaches in 1992 and, figuring the steroids might have something to do with it, stopped taking them for about six months.

“It was horrible,” he says. “Everything was off. My eating habits weren't the same. I wasn't sleeping well. I started feeling depressed. One day I was up, the next day I was curled up in the corner crying like a baby.”

He started taking them again.



SCOTT LINNETT / Union-Tribune  
Using steroids years ago caused Kevin Hunter (left) to suffer a long list of serious health problems.

Two years later, he was off them for good. This time his heart seized – left ventricle failure, they told him – as he was preparing to go to the gym for another of his relentless workouts. The doctor in the emergency room kept asking what he had ingested; Hunter, too ashamed and too proud to tell the truth, kept lying. The doctor ultimately got his answer from a lab test, which indicated Hunter was taking veterinary-grade anabolic steroids.

The doctor peered up from the readout and said, “You don't look like a horse to me.”

Hunter got out of the hospital, got off the steroids and got on with his life. The nightmare, though, was only beginning.

Over the past decade, he has been in and out of hospitals. He has had blood clots, liver problems, kidney problems, circulation problems, a pulmonary embolism. He has had brain surgery to remove a golf ball-size tumor from his pituitary. He currently has his blood drawn and tested twice a week.

The worst part was none of that. The worst part was not what happened to his ever-shrinking body, but what happened to his mind.

“The depression part, I wouldn't wish that on my worst enemy,” he says. “I went to a place I had never been before. It was the lowest point of my life, and I didn't have any idea what was happening to me or why it was happening to me.

“I should have sought professional help, but I didn't. I was ashamed, embarrassed, and as an athlete you're taught to cowboy up.”

So one night he drove down Route 50, crossed the Chesapeake Bay Bridge, parked his car. He walked back onto the bridge, climbed onto the ledge and stared into the blackness below.

He leaned forward to jump.

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A quick biology lesson:

The body produces its own anabolic steroid, testosterone, which promotes muscle growth and recovery from strenuous exercise. When you supplement that with anabolic steroids such as Deca-Durabolin or artificial versions of testosterone, the body senses the excess amounts and shuts off its natural production.

Think of it as being like the automatic thermostat in your house. Light up the fireplace, your home heats up, and the thermostat shuts off. The fire dies out, your house begins to cool and the thermostat eventually kicks in again.

Except with steroids, your body's testosterone thermostat doesn't immediately start again. It varies depending on the amount and type of substances ingested, but the general rule among physicians is that your body's natural production will remain dormant for however long you were on the juice. Take steroids for five years, it'll be another five before your body can produce testosterone again.

“Sometimes,” says Auchus, the steroid expert from Texas, “it never comes back.”

It is why steroid users often cycle on and off, or why athletes with sophisticated doping programs take female fertility drugs to jump-start their own testosterone production. But much of this is done according to gym lore, without a doctor's blessing or supervision, and often it simply doesn't work or the off cycles aren't long enough.

And that can be a big problem. You lose the added boost from the steroids, of course. Now you don't have your body's own supply of testosterone, either.

“You're not competing with higher levels of testosterone,” BALCO founder Victor Conte says. “You're not even competing with normal levels. You're competing with lower levels of testosterone, and your body knows it . . . You suddenly have less strength, less power and you can't recover as quickly. How can you train if you can't recover?”

Take baseball's Jason Giambi. From 2000 to 2002, with the Oakland A's and New York Yankees, the slugger hit 43, 38 and 41 home runs with a .330 batting average. He has since admitted to taking steroids and other doping products for much of his career, saying he quit in July 2003.

He was on pace to hit 50 home runs that year, but his power numbers over the season's final two months shriveled along with his biceps; his batting average for August and September was .219. Giambi showed up at spring training in 2004 even slimmer, insisting he had changed his diet over the winter and was only 4 pounds lighter than the 235 he had packed on his 6-3 frame in previous years.

His statistics didn't lie, however. In a 2004 season plagued by injury and illness (he also had a pituitary tumor), he hit 12 home runs and batted .208.

Or look at Marion Jones, who recently was sentenced to six months in prison for lying to federal agents about her BALCO steroid use. Without the same chiseled physique that won her five gold medals at the 2000 Olympics, Jones finished dead last in a weak 400-meter field at the 2005 Mount San Antonio College Relays in Walnut. Her time of 55.07 seconds was 5½ seconds slower than she had gone on the same track in the same meet during her BALCO heyday. It was nearly a second slower than she had run in high school.

Jones wandered off the track that afternoon, walked to an adjacent field, sat under a tree and stared off into space – a moment of ignominy and introspection unimaginable for an athlete of her stature.

It is this side of life after steroids that often cuts deepest. The body's inability to produce testosterone acts on the muscles, certainly, as well as the reproductive system. But it also can act on the brain.

Scientific research has shown extensive links between testosterone levels and mood. Too much, and you get overly aggressive and can lapse into bouts of 'roid rage. (Hunter says he once hurled a television through a window.) Too little, and the opposite often happens. You get depressed.

“It's not only the physiological changes, which we see when their performance slides,” says Steven Ungerleider, a research psychologist in Oregon who serves as a consultant for various anti-doping organizations. “It's the emotional side that comes with it. The anger, the confusion, the depression, the lack of motivation to compete, the sleeplessness. That's the really ugly part.”

Ungerleider authored “Faust's Gold,” about the East German doping machine of the 1970s and '80s, and more horrifying than the stories of what happened while athletes were on the state-sponsored doping

regimen is what happened when they stopped.

“These were teenagers and kids in their 20s who were being injected with so-called vitamins,” Ungerleider says. “When they went off them, either because they were taken off the team or didn't compete well, they went through lots of depression and some were suicidal. Some did commit suicide.”

East German shot-putter Heidi Krieger didn't end her life. She did, however, end her life as a woman, undergoing a sex change operation in 1997 and switching her name to Andreas. Ungerleider attributes it, in large part, to the “emotional fallout” following years of copious doses of the steroid Oral-Turinabol.

“She went into this deep depression from all the physiological changes in her testosterone levels and didn't know whether she was a he,” Ungerleider says. “Ultimately, she decided to go through this sex change. There were a lot of people who went through this sort of identity crisis.”

Don Hooton understands. His 17-year-old son, Taylor, hanged himself from belts in his bedroom after taking steroids to help his high school baseball career in Plano, Texas. The steroids themselves didn't kill his son, Hooton insists. The depression after he stopped did.

“The way I've articulated it to people is this,” says Hooton, who formed the Taylor Hooton Foundation to fight steroid use among youths and delivers dozens of speeches a year on the subject. “I've got this visual in my mind of a textbook about steroid use, and it's got 12 chapters in it. One chapter talks about muscle growth. Another chapter talks about water retention. Another chapter talks about the acne, and so on.

“You get to Chapter 12, that last chapter, and it talks about depression and the propensity for suicide, or at least suicidal thoughts, after you stop taking steroids. For whatever reason, you've got a group of people – and it's usually the steroid user – that doesn't want to accept the truth that's in that last chapter.”

The solution, Auchus and other experts say, is controlling the androgens, or steroids. Instead of quitting completely, he advocates a program of low-level testosterone replacement therapy that essentially weans a person off steroids until the body's natural production returns to normal levels.

Simple enough. But athletes don't always have that luxury.

World Anti-Doping Agency regulations allow athletes to apply for a TUE, or therapeutic use exemption, to take banned substances while competing, but the rules are explicit about this: The TUE can't be “a consequence, wholly or in part, of prior non-therapeutic use of any substance from the Prohibited List.” Taking so much as one drop of synthetic testosterone, then, would constitute a doping violation.

There are two scenarios of what comes next. In one, the athlete begins to shrink and quickly goes back on steroids or less detectable substances such as human growth hormone. In the other, the athlete just keeps shrinking, just keeps spiraling into the depths of depression.

“No (anti-doping) organizations have policies on this: what to do with the androgen user who wants to stop,” says Auchus, the steroid expert from Dallas. “Doping is pervasive in all sports, and we literally have thousands of people running around the country, both professionally and amateur, who can't make testosterone anymore.

“What do we do with them all?”



He couldn't do it. Couldn't jump.

“I kept hearing my daughter's voice in my head,” Kevin Hunter says, “kept hearing her say, 'Daddy, Daddy.' ”

Hunter walked off the bridge and pulled his life together, moving to Hawaii for a few years and then to San Diego. He remarried and became a director of the local chapter of Next Level Athletics, which trains and advises budding athletes with college aspirations.

He has not hid his pumped-up past from the kids he works with, explaining there is no substitute for hard work and that it's OK not to be big enough or strong enough or good enough. He has become deeply religious in the past few years and believes one of his “main purposes in life” is to spread the gospel about the evil of steroids and other performance-enhancing drugs.

“Because I have to answer to God in the end,” Hunter says. “I'm ashamed I used steroids. Now it's my responsibility to educate people about them. To say, 'This is what happened to me. You do not want to go down this road.' ”

Hunter pauses and sucks in a breath.

“We have contracts in life, and we have magnifying glasses so that we can read the fine print. When you make a deal with the devil, you can't read the fine print, and it's the fine print that gets you.

“I'm telling you, it is hell. And there's nothing nice about hell.”

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