Original Research Article

Trends of Drug Practices in Pakistani National Athletes for Amplification of Game/Sport Performance

ABSTRACT

Aims: The primary aim of the present research was to provide awareness about the latest trends of drug practices of national athletes of Pakistan for the improvement of their sport performance.

Methodology: The samples were national athletes belonging to various sports departments of national level. The athletes were selected using snowball and convenient sampling approaches. The questionnaire employed for the data collection was self-administered. With the optimistic consent of the athletes, 80 questionnaires were dispatched at their home addresses. Therefore, 62 athletes (77.5%) returned the filled questionnaires. The requisite information of all filled questionnaires was coded in SPSS-26 software to get the desired results. Moreover, descriptive statistics through frequencies and percentages was executed to draw the findings and further discussions of the present study.

Results: The mean age of the national athletes was noted 34.17 years with 2.8 std. deviation and the age range was found between 30 to 38 years. The descriptive statistics of drug practices by national athletes calculated through occasionally, sometimes and frequently. Majority of the national athletes followed and practiced the trends of drugs while participating in their national games and championships to enhance their sport performance to approach the winning position and get the medals.

Conclusion: It was concluded that athletes may not aware the side effects and hazards of these drug practices using anabolic steroids, charas, marijuana, aspirin, cocaine, and heroin. National associations and federations should conduct seminars and awareness workshops for the athletes prior to their participation in sport competitions so that national athletes may save themselves from the side effects and afterwards physical damages.

***Keywords**: Drugs practices; Amplification; Pakistani athletes; sports performance.*

1. INTRODUCTION

The International Amateur Athletic Federation (IAAF) in 1928 was taken the first standpoint against the use of drugs in sports (Harcourt, Unglik, & Cook, 2012) [1]. There was limited research work found on the athletes' frequency of ingestion of energy drinks (Rosenbloom, 2014) [2]. In USA, many athletes use performance improving drugs on a formal base (Thorlton, McElmurry, & Park, Hughes, 2012) [3]. Testing for drug usage is infrequent but practiced repeatedly in elite sports by the athletes to get the desired sport outcomes (Harcourt, Unglik, & Cook, 2012) [1].

Athletes were originated to be at a greater danger of illegal use of drugs misuse conditions (Buckman, Farris, & Yusko, 2013) [4]. The anti-inflammatory influence was précised to defending the cardiac

system, it was established by decrease inspiring indications (Palmefors, DuttaRoy, Rundqvist, & Börjesson, 2014 [5]; Ade & Mota, 2014) [6]. For the health of the athletes, steroids and drugs deliver approximately assistance to the manipulator improved performance but it is observed to be risky for the health of athletes (Latiner, 2006) [7].

Non-athletes students at comparable lower degrees misuse illegal drugs than mature athletes (Yusko, Buckman, White, & Pandina, 2008) [8]. Several studies have established that athletes in high school reported more ingredient usage (alcohol, stimulants, and anabolic steroids) than their non-athletes (Donohue, Pitts, Gavrilova, Ayarza, & Cintron, 2013) [9]. Certainly, elite athletes, with the rate of participation in sports and quantity of leisure prohibited drugs, have together been originated to calculate steroid usage (Lorang, Callahan, Cummins, Achar, & Brown, 2011) [10]. The athletes with a history of prohibited drug-use misjudged with the dominance of the use of drugs (Morente-Sa´nchez & Zabala, 2013) [11].

To increase the sport performance disregarding the health worries and breach testing, maximum testing processes are completely insufficient in holding manipulators in competitive sports (Latiner, 2006) [7]. In spite of framing the official international anti-doping values in 2004, WADA (World Anti-Doping Agency) has yearly restructured their codes and connected documents (Morente-Sa´nchez & Zabala, 2013) [11] and pondered the so-called perceptions of the incorrect agreement influence (Dunn, Thomas, & Swift, 2012) [12].

With the number of causes, it has been acknowledged that the athletes use a variety of drugs engaging in sports (Green, Uryasz, Petr, & Bray, 2001) [13]. Numerous performance improving ingredients and processes provide a chance in sport improvement to athletes for several years (Afolayan & Adegboyega, 2012) [14]. Student-athletes mostly reproduce the drug usage practices from their nonathletic peers that may be interested to consume the ergogenic ingredients to develop their sport performance (Green, Uryasz, Petr, & Bray, 2001) [13].

As the third century to develop athletic performance, the usage of doping has been stated as primary source defined by the IOC (International Olympic Committee). In competing athletes, any biological ingredient reserves the irregular amount into their body with the individual intent of growing in a partial way to improve their performance in competition (Ramachandra, Narendranath, Somashekar, Navin, Reshma, & Veena, 2012) [15].

As the outcome of the features and biological influences of drugs, they inoculate extensive support to athletes in their performance (Afolayan & Adegboyega, 2012) [14]. In modern years, there have been lots of mature athletes involved in taking shameful performance improving ingredients (Sodhi, 2016) [16]. The central consideration, why this type of approach is essential to drug usage in sports, is that the insolences develop a substitute for the unobserved behaviors (Judge, Bellar, Petersen, Gilreath, & Wanless, 2010) [17].

Banned ingredients comprise of cocaine, amphetamines and heroine, steroids, stanozolol, nandrolone, and dianabol with comparable biological ingredients (Afolayan & Adegboyega, 2012) [14]. Pain reduction, recovery from injury, sensitive energy/arousal, reduction/minor arousal, and weight decrease were found dominant causes recognized by athletes (Judge, Bellar, Craig, & Gilreath, 2010) [18]. Several athletes firmly use drugs during the competitions to improve their sport performance or decrease the muscular pain. On the other hand, numerous athletes in present days also use drugs throughout their trainings (Afolayan & Adegboyega, 2012) [14].

The causes highlighted by the athletes' behand the usage of drugs comprised of a fear of failure and opposing less self-

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confidence (Judge, Bellar, Craig, & Gilreath, 2010 [18]; Akindutire, Adegboyega, & Olanipekun, 2012) [19]. Numerous athletes indicated that they feel great stress while using drugs to improve their sport performance (Sodhi, 2016) [16]. Moreover, prohibited performance improving drugs originates with several side effects in athletes. The primary aim of the present research was to provide awareness about the latest trends of drug practices of national athletes of Pakistan for the improvement of their sport performance.

2. MATERIAL AND METHODS

The present research design was assessed on the quantitative method. The samples were national athletes belonging to various sports departments of national level. The athletes were selected using snowball and convenient sampling approaches. Through snowball sampling, the researchers were capable of search out the national athletes who have practiced drugs during their sport competitions.

The athletes were contacted physically for the provision of the requisite facts on the topic. The questionnaire employed for the data collection was self-administered [20]. The personal demographics of the national athletes were organized in particular domains for instance age, gender, drug usage experience, and participated game.

The athletes were moved toward through the snowball sampling approach and communicated through their cell numbers as well. The researchers talked personally with the athletes and discussed the objectives of the current research. With the optimistic consent of the athletes, 80 questionnaires were dispatched at their home addresses and requested them to return the questionnaire at their earliest (approximately within one week). However, 62 athletes (77.5%) returned the filled questionnaires. The requisite data of all filled questionnaires was coded in SPSS-26 software. Moreover, descriptive statistics through frequencies and percentages was executed to draw the findings and further discussions of the present study.

3. RESULTS AND DISCUSSION

The findings of the current study were strained to achieve the preferred objectives. The mean age of the national athletes was 34.17 years with 2.8 std. deviation and the age range was found between 30 to 38 years. The majority of the athletes have partaken three and four times in the national games or championships during their sports carriers. Athletes participated for competitions in their specific sport (cricket, 17; boxing, 09; wrestling, 10; and athletics, 26).

Table 1. Drugs practiced by the athletes during competitions

Construct	Category	Frequency	%
Anabolic Androgenic Steroids	Occasionally	11	17.7%
	Sometimes	18	29.0%
	Frequently	33	53.3%
Charas	Occasionally	08	12.9%
	Sometimes	17	27.4%
	Frequently	37	59.7%
Marijuana	Occasionally	10	16.1%
	Sometimes	22	35.5%
	Frequently	30	48.4%
Aspirin	Occasionally	05	8.1%
	Sometimes	26	41.9%
	Frequently	31	50.0%
Cocaine	Occasionally	07	11.3%

	Sometimes	23	37.1%
	Frequently	32	51.6%
Heroin	Occasionally	05	8.1%
	Sometimes	17	27.4%
	Frequently	40	64.5%

The descriptive statistics of drug practices by national athletes calculated through occasionally, sometimes and frequently as displayed in Table 1. Therefore, the results indicated that 53% of the athletes used frequently the anabolic androgenic steroids, whereas, 29% agreed to use them sometimes. During the competitions, 60% of national athletes experienced charas frequently for the purpose to enhance their sports performance. Anabolic steroids boost the muscular strength through the blood stream which be able to exert the force of muscles quickly [7]. The misuse of anabolic steroids possess the health consequences such as high blood pressure, blood clotting, heart attacks and strokes, and artery damages [10].

The findings showed that 48% of the athletes agreed to practice frequently the marijuana at the time of competing their sports, whereas, 36% claimed to use it sometimes. Therefore, 50% of national athletes frequently utilized aspirin to enlarge the competencies of their sports, whereas, 42% agreed to use aspirin sometimes as displayed in Table 1. The marijuana causes dizziness, confusion, and drowsiness [3]. It may be worsen in some mental illnesses such as depression and damaged the lungs as well [11,15].

The results revealed in Table 1 that 52% of national athletes practiced frequently the cocaine within the passage of their sports competitions, whereas, 37% mentioned it sometimes. Therefore, 65% of elite athletes experienced frequently the heroin to improve their sports capacities, whereas, 27% agreed to utilize it sometimes. The cocaine is considered a highly addictive drug that may effect on health and wellbeing [8]. However, heroin may cause warm coloring of skin, dry mouth, nausea, vomiting, and itching. After the initial effects, it slows the heart and breathing functions [19].

5. CONCLUSION

The primary aim of the present research was to provide awareness about the drug practices of national athletes for the improvement of their sports performance. Majority of the national athletes followed and practiced the trends of drugs in their national games and championships to enhance their sports performance to approach the winning position and get the medals. It was concluded that athletes may not aware the side effects and hazards of these drug practices like anabolic steroids, charas, marijuana, aspirin, cocaine, and heroin. National associations and federations should conduct seminars and awareness workshops for the athlete prior to their participation in sports competitions so that national athletes may save themselves from the side effects and afterwards physical damages.

CONSENT

As per international and national standards, respondents' written consent has been sought prior to data collection and preserved by the authors.

ETICAL APPROVAL

It is not applicable.

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