



POSITION STATEMENT

Contact **Mike Greene**, (202) 204-7670
Senior Director, Government Relations

DHEA Does Not Belong on a “Controlled Substances” List

Background of the Anabolic Steroid Control Act of 2004 and the DHEA Exemption

Congress enacted the Anabolic Steroid Control Act of 2004. With the full support of CRN and other dietary supplement trade associations, this legislation placed a number of steroid precursors on the Controlled Substances List because these products were being marketed as muscle builders and performance enhancers, and had the potential to lead to the same adverse effects as synthetic prescription steroids. One product, dehydroepiandrosterone (DHEA), was specifically and intentionally omitted from that list. Congress preserved the Drug Enforcement Agency’s authority to schedule DHEA in the future if significant abuse of these products occurs. Now some lawmakers want to restrict DHEA products based on misinformation about the effects this ingredient has on the body.

Congress did not add DHEA to the Controlled Substances List for good reason.

The fact is DHEA is not like other anabolic steroids or steroid hormone precursors such as androstenedione (“andro”). A few marketers of dietary supplement products containing DHEA have either misunderstood the nature of the compound or are misrepresenting the likely effects that consumers should expect from taking these products, even mistakenly marketing them as muscle builders with the ability to increase muscle mass and strength. In young, healthy adults, there is no evidence to support such claims. Unfortunately, for the rest of the dietary supplement industry and for consumers who use DHEA for its scientifically-supported benefits, this kind of inappropriate marketing has resulted in confusion and misinformation about DHEA, particularly in Congress.

DHEA is a Steroid, But Not All Steroids Are Alike

- A “steroid” is merely a generic term for any naturally-occurring chemical molecule containing certain fat-soluble organic compounds in a particular carbon atom configuration. Most meats and some plants contain steroids, and in fact, cholesterol is, by definition, a steroid or steroid precursor, as is vitamin D. Our bodies produce steroids constantly and we ingest them every day from the foods we eat. Although the word “steroid” has recently gotten a bad reputation (particularly from a few professional athletes who apparently misuse illegal or prescription steroids), not all steroids are bad.

DHEA Does Not Work Like “Andro” or Other Anabolic Steroids

- An anabolic steroid, such as testosterone, can be used to increase muscle size and strength, and reduce post-exercise recovery time. Our bodies create a certain amount of testosterone naturally, and taking additional testosterone or steroid precursors, either orally or by injection, that in turn elevate the body’s testosterone levels beyond normal levels, can help build muscle mass.
- Anabolic steroid abuse can also produce a number of dangerous side effects such as breast enlargement, increased facial and body hair, high blood pressure, liver malfunction, reduced fertility, and altered behavior. But these side effects are not associated with DHEA. Research demonstrates that in young, healthy adults supplemental DHEA does not affect testosterone levels.

CRN POSITION STATEMENT

DHEA Does Not Belong on a “Controlled Substances” List

- DHEA is different. DHEA is naturally produced by the adrenal glands, and is the most common steroid hormone in the body. It is an indirect precursor of testosterone, and therefore possesses weak estrogenic (estrogen-producing) and androgenic (testosterone-producing) activity.
- Additionally, unlike with “andro” which can directly lead to the production of testosterone, with DHEA the body tightly regulates its conversion, preventing excess production of testosterone. In other words, under normal physiologic conditions the body simply recognizes when it is already achieving normal hormone levels and thus “ignores” the additional DHEA. This is the case even for a person who uses supplements containing DHEA. Consequently, while ingesting additional “andro” can directly lead to production of additional testosterone, this is not the case with DHEA.
- “Andro” and similar compounds were formerly sold in some dietary supplement products but were placed on the Controlled Substances List by the Anabolic Steroid Control Act of 2004. Although DHEA is structurally similar to these compounds, it is functionally different.

DHEA Offers Benefits for an Aging Population

- In older individuals or those suffering from particular conditions that compromise their ability to produce hormones, their bodies are unable to achieve healthy hormone levels on their own. In these individuals, the body appears to utilize supplemental DHEA to help restore testosterone and/or estrogen to normal levels. As a result, DHEA has promising uses in these populations in the areas of supporting immune function, maintaining cognitive function and elevating mood, improving sleep patterns, maintaining strong bones, and normalizing glucose metabolism.
- DHEA has been on the market for over 20 years and currently has sales of about \$50 million, almost entirely for uses related to aging.
- Long-term controlled studies (up to 1 year) at varying doses have shown DHEA to be safe, with no adverse side effects associated with its use.
- Hundreds of thousands of adults, particularly senior citizens, who use DHEA for these purposes, should not be denied access to this product because some manufacturers are inappropriately marketing DHEA.
- A few critics speak of the DHEA “loophole” in the Anabolic Steroid Control Act – there is no loophole that needs to be closed. Just like the other chemicals that were exempted—estrogens, progestins, cortocosteroids—the DHEA exemption is a legitimate exemption that recognizes the unique properties of DHEA and preserves the rights of millions of Americans who use these products.

**CRN URGES CONGRESS NOT TO CHANGE ITS MIND:
KEEP DHEA OFF THE CONTROLLED SUBSTANCES LIST**