Harm reduction responses for people who use performance and image enhancing drugs

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Are your clients using PIEDs?

How many of you come into contact with someone using PIEDs?

How many of you come into contact with someone you think is using PIEDs?

What are the circumstances in which you are seeing them? That is – why are they coming to see you? Is it their PIED use or other substance use?

What are the issues you face in dealing with these clients?

Do you feel that you can work effectively with these clients?

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Let’s take a step back…

PIEDS

'Performance and/or image enhancing drugs' a broad term that encapsulates substances used to enhance performance or (body) image

Multivitamin
Creatine
BCAAs
Anabolic-androgenic steroids ('steroids')

The most researched regarding non-medical use is anabolic-androgenic steroids (AAS)

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The steroids

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Steroids - Mass

Source: anabolic-pharma.com

Anadrol

Dianabol, Danabol. Averbol

Source: pharmabeast.com

Source: steroidal.com

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Steroids – Lean Mass

Deca-Durabolin ('Deca")

Source: pharmabeast.com

Source: chemglobalsupply.com

Anavar

Others

Peptides (growth hormone, insulin)

Anti-estrogens (e.g. Clomid)

Diuretics (e.g. Aldactone)

Thyroid drugs (e.g. Cytomel)

Fat loss (e.g. Clenbuterol)

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What are the effects?

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What are the effects?

1. No one takes just one substance

2a. People cycle on and off (that is, they take something for a period, then stop for a period)

2b. People 'blast & cruise' (that is, they take a large initial dose for a period, then drop that dose down)

3.Doses are greater than in a clinical setting

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What are the effects? (Dunn, Cooper & Farrell, 2013)

Physical effects: Sore injecting sites, acne, headaches, high blood pressure, tendon injuries, nose bleeds, liver problems, kidney problems, lymph node swelling, heart problems, decreased testes size, gynecomastia, impotence, reproductive problems, prostate problems, stomach cramps, muscle cramps, fevers/infections, scarring/hard lumps, muscle pain, painful erections, persistent bleeding, swelling of arms/legs, abscesses, infections requiring antibiotics or hospitalisation, interference with body's ability to produce testosterone...........

Psychological effects: mental health problems, such as self-reported aggression, depression, increased irritability, anxiety, mood swings, increased suspicion and paranoia, increased impulsivity, fatigue, insomnia, and decreased libido

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What are the effects?

Smit & de Ronde (2018)- Retrospective case review of 180 patients who visited an AAS clinic in the Netherlands

96% experienced at least one side effect

38% acne

34% gynaecomastia

27% agitation

Experienced 'on cycle'

34% decreased libido

20% erectile dysfunction

Experienced after

How can we talk about harm reduction responses?

We could…consider the obvious phases

Before

- Safer injecting practices
- Baseline health status
- What to actually use
- Post-cycle therapy
- Do you really want to do this?

During

- Health monitoring
- Response to acute harms
- Referrals
- Assess/re-assess

After

- Post cycle therapy
- Health monitoring

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Pros and cons

Allows to intervene before use occurs

Allows us to help the (potential) user reflect on their choices/decisions/plans

Builds rapport for the rest of the life cycle

We don't see people in these discrete periods

May not have the time to engage clients (e.g. NSPs)

Misses the nuances that may be linked to motivations to use

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We could… consider motivations for use

Body image

Performance

Occupation

Health

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Why use?

Body image

- Large volume of literature to support the notion that men have body image concerns

- 'Drive for muscularity'

- Body types:
  - ➢ Bulk & muscle
  - ➢ Increased lean body mass & decreased body fat
  - ➢ Strength/functionality

- Increase social feedback & confidence

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Why use?

Performance

- Elite athletes, yes, but also sub-elite and ‘weekend warriors’
- Increased strength and endurance
- Recovery after intense activity or injury
- Commercialization of sport
- Sport as a ‘career’ – limited spots

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Why use?

Occupation

- Prison officers, bouncers, personal trainers, manual labourers, models
- 'Body capital'
- *"It's just the look you know, if people see me at 71 kilos they think that I am nothing and they can walk all over me, but if they see me at 95 kilos completely different story you know, no one will talk back to you at that weight."*
- *"Basically in my industry it is a very competitive industry, so for one if you are looking bigger and you look good that probably being on the steroids just the upper hand"*

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Why use?

Health

- Self-medication
- Testosterone-replacement therapy
- Often practised because of an inability to access testosterone through health practitioners (who were either reluctant or unable to prescribe) (Underwood, 2020)
- Self-medication because of price, ease of access, reliability of supply, and because health practitioners were perceived as lacking expertise regarding testosterone use (Underwood, 2020)

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Pros and cons

Allows for a more tailored intervention that may be related to the underlying motivation (e.g. body image & mental health)

A better ‘in’ (e.g. training for an upcoming competition)

Different workforces may see different groups (e.g. GPs and low testosterone)

Can cover the whole life cycle at the one point

Motivations overlap

May not disclose motivations to each person they encounter (GP, NSP worker, PT)

These motivations may be even *more* nuanced

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We could…consider who uses these substances (Zahnow et al 2018)

You Only Live Once (YOLO)

Younger, use oral AAS, higher alcohol levels/binge drinking, few adverse effects

Well-being

Mostly AAS, fewer types of AAS, moderate alcohol/other illicit use, few adverse effects

Athlete

Oral & injectable AAS, a range of PIEDs, low alcohol/higher illicits, more adverse effects

Expert

Fewer AAS types, uses other PIEDs, rarely drink/illicits, few adverse effects

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Pros and cons

Allows for a more tailored intervention that may be related to the person (e.g. young people and alcohol)

Knowing the type of person may allow us to tailor advice based on what they are using (e.g. more PIEDs vs less; injectable vs oral)

People are greater than the sum of their parts

Types may not be generalizable (e.g. young male AAS users may be using more illicits)

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How can we talk about harm reduction responses?

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Before

Body image

You Only Live Once (YOLO)

Expert

Athlete

After

Performance

Well-being

Occupation

During

Health

Before

You Only Live Once (YOLO)

Body image

Point for intervention, possibly prevention, ensuring they're linked in to services

Health issues such as health status testing, consideration of what PIEDs they're going to use, do they have a target to reach and will they stop when they reach it, alcohol use

During

Expert

Performance

Probably no point for intervention or prevention

May be a chance for you to gain some knowledge

“Training for a competition?”
“What are you using?”
“I’m seeing some younger guys, can I get your advice…”

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Key reminders

PIED consumers do not see themselves as ‘drug’ consumers – probably not as receptive to some messages (e.g. BBVI) as other substance consumers

Probably seek help when something has already gone wrong (and others in their sphere tell them to seek help)

Probably wary of seeing health professionals – stigma, levels of knowledge (they know you don’t know much about this)

Want to be acknowledged (respected?) for the knowledge that they have

Questions?

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