

PERFORMANCE AND IMAGE-ENHANCING DRUGS

WHAT YOU NEED TO KNOW



Australian Government
Department of Health

WHAT ARE PERFORMANCE AND IMAGE-ENHANCING DRUGS? ^{1, 2, 3, 4}

Performance and image-enhancing drugs are substances that are used in an attempt to change or enhance a person's appearance or abilities, either through muscle growth (anabolic effects) or by reducing body fat (catabolic effects). The expected benefits of using these substances include increasing the size and definition of muscles, reducing water retention and body fat, and increasing physical strength and endurance.

The primary substances that are used for this purpose are:

- Human and veterinary anabolic and androgenic steroids
- Human growth hormone
- Other reproductive hormones
- Diuretics
- Amphetamines/stimulants
- Anti-oestrogenic agents
- Beta-2 agonists (e.g. clenbuterol)
- Hormones such as insulin

Performance and Image-Enhancing Drugs are sometimes referred to as steroids, roids, juice, and gear.

HOW MANY YOUNG PEOPLE IN AUSTRALIA USE PERFORMANCE AND IMAGE-ENHANCING DRUGS/STEROIDS? ^{5,6}

According to the 2014 Australian secondary schools' survey, 1 in 56 (1.8%) young people aged 12-17 used performance or image-enhancing drugs, such as anabolic-androgenic steroids in the past year.

The 2016 National Drug Strategy Household survey reported that less than 0.1% of people aged 14 and older used steroids in the past year.

WHAT ARE ANABOLIC-ANDROGENIC STEROIDS ³

Anabolic-androgenic steroids are the most commonly used performance and image-enhancing drugs. Anabolic-androgenic steroids include male hormones such as testosterone that are responsible for characteristics like body hair, deepening of the voice, development of the male sex organs and sex drive. They assist in the growth and repair of tissues, mainly skeletal muscles ('anabolic' effects) and bones. They also have an effect on the development and maintenance of male sex characteristics ('androgenic' effects). There are a number of different brand names of anabolic-androgenic steroids, which differ slightly in chemical structure. They are taken orally, some injected and some are gels or creams that are rubbed on the skin. Anabolic-androgenic steroids were developed to treat specific medical conditions and for veterinary medicine, but use outside of formal medical supervision carries risks.



WHAT ARE THE EFFECTS? 4, 7, 8, 9, 10, 11, 12

Initially, use of anabolic-androgenic steroids results in mood changes, such as euphoria, increased confidence and self-esteem, greater energy and motivation to train harder. Fatigue is lessened and users may experience sleeplessness. Libido may be increased or decreased.

The effects of anabolic-androgenic steroids use can be short term or long term, and may include:

Physical	Psychological
Acne High blood pressure Liver problems Heart problems Increased cholesterol levels Hair loss / baldness Sleeplessness Headaches Tendon injuries Permanent short stature in adolescents Tendon / ligament damage Water retention Specifically for men: Gynaecomastia (abnormal growth of breasts) Shrinking testicles Prostate problems Specifically for women: Clitoral enlargement Smaller breasts Deepening of the voice Specifically for young people: Stunted growth (when high hormone levels from steroids signal to the body to stop bone growth too early) Stunted height (if teens use steroids before their growth spurt)	Increased aggression (e.g. "roid rage") Increased irritability Mood swings Mania Depression Dependence

WHAT ARE THE RISKS? 3, 12, 13, 14, 15, 16

Most performance and image-enhancing drugs mimic hormones and their precursors, so the most likely harms from using these substances will come from disrupting the body's normal hormonal and metabolic balance. For young people, the risk of side effects is increased because the substances are being used while they are still growing.

There is an active black market in anabolic-androgenic steroids and in addition to the legitimate anabolic-androgenic steroids for medical use, there are imitations which may have few, if any, active ingredients and carry the risk of contamination. Some unsterile and dangerous counterfeits have also been reported.

Where needles, vials or other equipment are shared, there may be traces of blood, increasing the risk of transmission of blood-borne viruses (such as hepatitis c virus or HIV). Where the skin has not been properly cleaned, dirt or bacteria may inadvertently enter the bloodstream, carrying risk of infection, inflammation and damage to blood vessels. Injecting an unsterile substance also carries risks of infection or poisoning. Anabolic-androgenic steroids are injected into muscles, unlike other injected drugs which are generally injected into veins. Muscular injections are of a greater volume and large needles are used, and swelling,

redness and discomfort at the injection site are commonly reported. Injecting into small muscle groups increases the risks of injecting into nerves.

Many of these negative effects may be temporary (while using) and may be reversible following an anabolic-androgenic steroids-free period. However, others may be permanent (such as stunted growth when used in adolescence).

ARE ANABOLIC-ANDROGENIC STEROIDS ILLEGAL IN AUSTRALIA?

It is illegal to manufacture, import, possess, use or supply anabolic-androgenic steroids without a legitimate medical prescription or medical practitioner licence in New South Wales. AAS are banned under the Olympic Movement's World Anti-Doping Code Prohibited List of substances and prohibited methods. However, there are a range of animal and human steroids being diverted to the black market and distributed for illegal use.

ARE ANABOLIC-ANDROGENIC STEROIDS ADDICTIVE? ^{3, 11}

It is possible to become physically and psychologically dependent on (addicted to) anabolic-androgenic steroids. Most commonly, anabolic-androgenic steroids tend to be used in 6-12 week cycles followed by rest periods of equal length or longer – which is a different pattern of use to other drugs of dependence. People who are dependent on anabolic-androgenic steroids tend to take far greater weekly doses of steroids and have significantly shorter rest periods than users who are not dependent on anabolic-androgenic steroids. Dependent users are also more likely to experience a range of side-effects (described above) compared to non-dependent users. Some people may use anabolic-androgenic steroids because they have low self-confidence or are dissatisfied with their appearance, but not all users do so for these reasons. Similarly, some people who use anabolic-androgenic steroids take large doses and spend significant time exercising obsessively (particularly weight training) which can lead to strained relationships, social difficulties and problems at work.

WITHDRAWAL ^{7, 8}

Regular anabolic-androgenic steroids users may experience a need or craving if they stop taking the drug. Withdrawal symptoms can be both physiological and psychological. These may include reduced muscle size and strength, decreased libido, fatigue and feeling depressed, nervous, angry or irritable.

OVERDOSE ^{8, 9}

People who used anabolic-androgenic steroids typically use doses of testosterone that far exceed natural concentrations in the body. Anabolic-androgenic steroids (particularly used in these high doses outside medical guidance) may cause irreversible cardiotoxicity (i.e. muscle damage to the heart) when used in high doses for prolonged periods. Anabolic-androgenic steroids use has also been associated with liver toxicity.

REFERENCES

1. Momaya, A., Fawal, M., & Estes, R. (2015). Performance-enhancing substances in sports: a review of the literature. *Sports Med*, 45(4), 517-531. doi:10.1007/s40279-015-0308-9
2. Sagoe, D., Andreassen, C.S., and Pallesen, S. (2014). The aetiology and trajectory of anabolicandrogenic steroid use initiation: a systematic review and synthesis of qualitative research. *Substance Abuse Treatment, Prevention, and Policy*, 9(27).
3. Larance, B., Degenhardt, L., Dillon, P., Copeland, J. (2005). Use of performance and image enhancing drugs among men: A review. National Drug and Alcohol Research Centre Technical Report 232.
4. Bird, S. R., Goebel, C., Burke, L. M., & Greaves, R. F. (2016). Doping in sport and exercise: anabolic, ergogenic, health and clinical issues. *Ann Clin Biochem*, 53(Pt 2), 196-221. doi:10.1177/0004563215609952
5. White, V. & Williams, T. (2016). Australian secondary school students' use of tobacco, alcohol, and over the counter and illicit substances in 2014. Report prepared for the Drug Strategy Branch, Australian Government Department of Health by the Centre for Behavioural Research in Cancer, Cancer Council, Victoria.
6. Australian Institute of Health and Welfare (2017). 2016 National Drug Strategy Household Survey Report. AIHW: Canberra.
7. Corrigan, B. (1996). Anabolic steroids and the mind. *The Medical Journal of Australia*, 165(4).
8. Pope, H. G., Jr., Wood, R. I., Rogol, A., Nyberg, F., Bowers, L., & Bhasin, S. (2014). Adverse health consequences of performance-enhancing drugs: an Endocrine Society scientific statement. *Endocr Rev*, 35(3), 341-375. doi:10.1210/er.2013-1058
9. Kanayama, G., Hudson, J. I., & Pope, H. G., Jr. (2008). Long-term psychiatric and medical consequences of anabolic-androgenic steroid abuse: a looming public health concern? *Drug Alcohol Depend*, 98(1-2), 1-12. doi:10.1016/j.drugalcdep.2008.05.004
10. van Amsterdam, J., Opperhuizen, A., & Hartgens, F. (2010). Adverse health effects of anabolic-androgenic steroids. *Regul Toxicol Pharmacol*, 57(1), 117-123. doi:10.1016/j.yrtph.2010.02.001
11. Ip, E. J., Lu, Debbie H., Barnett, Mitchell J., Tenerowicz, Michael J., Vo, Justin C., Perry, Paul J. (2012). Psychological and Physical Impact of Anabolic-Androgenic Steroid Dependence. *Pharmacotherapy: The Journal of Human Pharmacology and Drug Therapy*, 32(10), 1875-9114. doi:10.1002/j.1875-9114.2012.01123
12. Kam, P. C. A. Y., M. (2005). Anabolic steroid abuse: physiological and anaesthetic considerations. *Anaesthesia*, 60, 685-692.
13. Larance, B., Degenhardt, L., Copeland, J., & Dillon, P. (2008). Injecting risk behaviour and related harm among men who use performance- and image-enhancing drugs. *Drug Alcohol Rev*, 27(6), 679-686. doi:10.1080/09595230802392568
14. Hope, V. D., McVeigh, J., Marongiu, A., Evans-Brown, M., Smith, J., Kimergard, A., . . . Ncube, F. (2015). Injection site infections and injuries in men who inject image- and performance-enhancing drugs: prevalence, risks factors, and healthcare seeking. *Epidemiol Infect*, 143(1), 132-140. doi:10.1017/S0950268814000727
15. Evans-Brown, M., McVeigh, J., Perkins, C. and Bellis, M.A. (2012). Human Enhancement Drugs: The Emerging Challenges to Public Health. (E. Clark Ed.). Great Britain: Centre for Public Health, North West Public Health Observatory.
16. Brennan, R., Wells, J. S., & Van Hout, M. C. (2016). The injecting use of image and performance-enhancing drugs (IPED) in the general population: a systematic review. *Health Soc Care Community*. doi:10.1111/hsc.12326



FOR MORE INFORMATION

We have listed some of the national telephone helplines and websites below.

For free and confidential advice about alcohol and other drugs, call the
National Alcohol and Other Drug Hotline
1800 250 015

It will automatically direct you to the Alcohol and Drug Information Service in your state or territory. These local alcohol and other drug telephone services offer support, information, counselling and referral to services.

Australian Drug Foundation

Provides information about drugs and links to services in each state and territory
www.adf.org.au

DrugInfo Line

Provides information about drugs and alcohol. Open 9am–5pm, Monday to Friday
1300 85 85 84 or **03 8672 5983**. Or visit **www.druginfo.adf.org.au**

Just Ask Us

Provides information about drugs, alcohol, health and well-being
www.justaskus.org.au

Kids Helpline

Free, private and confidential telephone and online counselling service for young people aged 5–25 years
Open 24 Hours **1800 55 1800**

Lifeline

24 hour crisis line **131114**
Also available is one-on-one chatlines for crisis support, visit
www.lifeline.org.au/Find-Help/Online-Services/crisis-chat

Counselling Online

Free, confidential counselling service for people using drugs, their families and friends
www.counsellingonline.org.au

National Drugs Campaign

Australian Government website provides information about illicit drugs and campaign resources.
www.australia.gov.au/drugs

Family Drug Support

For families and friends of people who use drugs or alcohol
1300 368 186



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