

Anabolic steroids

What are anabolic steroids?

Anabolic steroids are a group of hormones which occur naturally in the body. They are responsible for growth, physical development and functioning of reproductive organs. In men the main hormone is testosterone which is also responsible for masculine features such as the growth of body hair and the deeper voice. Anabolic steroids also have a building effect on the body and increase muscle tissue.

Anabolic steroids have a limited medical use in the UK, mainly in the treatment of anaemia.

They are not to be confused with corticosteroids which are commonly used for a number of medical conditions. In recent years anabolic steroids have been used non medically by bodybuilders, athletes and other sports people. They may come in tablet form and be taken orally, or in liquid form and prepared for injection.



Prevalence

Use of anabolic steroids has rapidly increased in the UK in recent years. No one knows for sure how many users there are but some surveys show between 20 and 40 per cent of those attending some gyms use them. Those identified as using steroids include sports people, bodybuilders, doormen and security guards.

Many people who use anabolic steroids are 'self improvers'. They like to think of themselves as healthy and fit and getting ahead in the world. Even if they are injecting, they do not think of themselves as drug users, any more than somebody who regularly takes vitamin pills.

Young men are getting involved in taking steroids not for sporting purposes or competitive body building, but to improve their body image. There are some reports of 'reverse anorexia' - people thinking they can never be big enough.

What should be done about steroid use?

No one seems sure what to do. The government have recently changed the law to increase the penalties for supplying steroids but possession for personal use is still not an offence. Some people want to go further and ban possession but other people say this would just push steroid use further underground and make it more dangerous.

The injecting of steroids has also caused great concern. Injecting is the most dangerous way of taking drugs. A big dose may be taken in one go and injecting can lead to serious infection, especially hepatitis and HIV if injecting equipment is shared. Needle exchanges were originally set up to mainly help heroin injectors make sure they used clean injecting equipment and avoided sharing works. Some have now attracted many steroid users, up to a third of those using the service in some cases.

The response to the use of steroids and other performance enhancing drugs in sport has led to widespread drug testing. Most people agree that taking drugs to gain an advantage is cheating, but some athletes say the situation has got out of hand so that they cannot even take something for a cold before a sporting event. It is also clear that there are ways of beating drug tests, either by using drugs that mask the presence of banned drugs like steroids, or other performance-enhancing drugs that are currently undetectable.

History

Use of performance enhancing drugs has been going on ever since the Olympic Games of ancient Greece. Anabolic steroids were first used by athletes in the mid 1950s and by the 1960s their use was widespread.

They were banned by the International Olympic Committee in the 1970s, but this didn't stop their use and in the 1980s doping became a big issue at the Olympic Games and other sporting events. Drug testing came into many sports and a number of famous athletes failed tests and were banned from competing. As drug testing became more sophisticated new ways were found to avoid being found positive.

The law

Anabolic steroids are Prescription Only drugs under the Medicines Act. They can only be sold by a pharmacist on the presentation of a doctor's prescription. Anabolic steroids are also class C drugs under the Misuse of Drugs Act. It is not an offence to possess anabolic steroids for personal use as long as they are in a medicinal form and are not counterfeit. It is an offence to supply them. Therefore police tend to arrest for steroid possession only if they can prove the drugs are counterfeit or not in a medicinal form (and therefore not prescribed by a doctor). A small number of arrests and convictions are made on this basis each year.

Effects/risks

Although medical experts disagree, on balance it seems that taking anabolic steroids combined with intensive training and a high protein diet builds body weight and increases the size of muscles. They also often make users feel more aggressive and competitive and better able to perform strenuous physical activity.

There are reports of regular users becoming physically violent and sexually abusive, in a fit of so called 'roid rage'. But whether those involved had violent tendencies in the first place is unclear.

Users often take steroids in multiple combinations and at much higher doses than would be prescribed medically. Some of the main risks include:

- Liver abnormalities and a rare form of hepatitis.
- Hypertension steroids encourage the body to retain water and raise blood pressure.
- HIV and other infections if users inject and share injecting equipment.
- Stunted growth in young people.

• Changes in male reproductive system. Sperm output and quality is reduced and can take 6 months to return to normal. Sex drive may at first increase but then be lowered. Some men have also experienced over-development of their breast tissue.

Changes in the female body

Women report increased sex drive, menstrual problems and enlarged clitoris. They also run the risk of developing 'male' features such as growth of facial and body hair, deepening of the voice and decreased breast size. Once these happen they are usually irreversible even when steroid use stops.

Problems such as sleep disorders, confusion, depression and paranoia. These tend to lessen once steroid use is stopped.

Counterfeit steroids pose additional risks. Many are made without the controls of legitimate drugs, and so vary in purity and also safety. Like most illicit drugs, you can never be sure of what is in them. Because steroids users often inject their drugs, sometimes in large quantities over a long period of time, they bypass their body's natural defences to impurities and infections and run considerable risks. Counterfeits also vary in strength, which again can affect the safety of short and long-term use.

Whilst not regarded as drugs of physical dependence regular steroid use can lead to psychological dependence when the user is convinced they cannot perform well without being on drugs. Some users say they feel lacking in energy and depressed after stopping steroids and continue to use them rather than face these symptoms.

Updated – October 2006

Other Sources of information

Local organisations that offer Assessment & Treatment options for people with addictions:

EDAS - Mental Health and Alcohol & Substance Misuse Support in Poole Tel 01202 735777 hello@edasuk.org www.edasuk.org

EDAS/REACH YP – Free and confidential drug and alcohol service for under 25s who live in the Borough of Poole and County of Dorset Tel 0800 0434656 www.edasuk.org/yp

WE ARE WITH YOU

Tel 01202558855 www.wearewithyou.org.uk

EDP

Tel 01305 571264 info@edp.org.uk

National organisations that offer treatment, advice, information & support for people with addictions:

ALCOHOL CHANGE

Tel 020 3907 8480 www.alcoholchange.org.uk

FRANK

Tel 0300 1236600 Text 82111 www.talktofrank.com

Contact us: Helpline 01202 735777 (Weekdays 8:30am to 4:00m, 24-hour answer phone) Email: hello@edasuk.org

EDAS Head Office - 54A Ashley Road, Parkstone, Poole BH14 9BN

<u>Statement</u>

Our information and research is designed to help you make informed choices about the services that we provide. From time to time, for illustrative purposes, we may make reference to commonly available products (such as relaxation CDs and popular self-help books). We do not endorse or advertise the use of any specific product.

Disclaimer:

While we make every effort to use up-to-date and reliable sources, we cannot accept liability for errors in the sources that we use and also cannot guarantee to find all the information relevant to your enquiry or request. All responsibility for interpretation of and action upon that information rests with you. This information and advice is offered on the understanding that if you intend to support your treatment with complementary or alternative approaches then it is advisable to consult your GP to ensure that they have a complete understanding of your situation and the complementary or alternative approach that you are considering.

ID: ED-DS-21112011v2 Literature search completed: Drugscope - October 2012 Sheet published: October 2012 Review Date: October 2013



This organisation has been certified as a producer of reliable health and social care information.

www.theinformationstandard.org