

The modes of administration of anabolic-androgenic steroid (AAS) users: are non-injecting people who use steroids overlooked?

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Short Report

The modes of administration of anabolic-androgenic steroid (AAS) users: are non-injecting people who use steroids overlooked?

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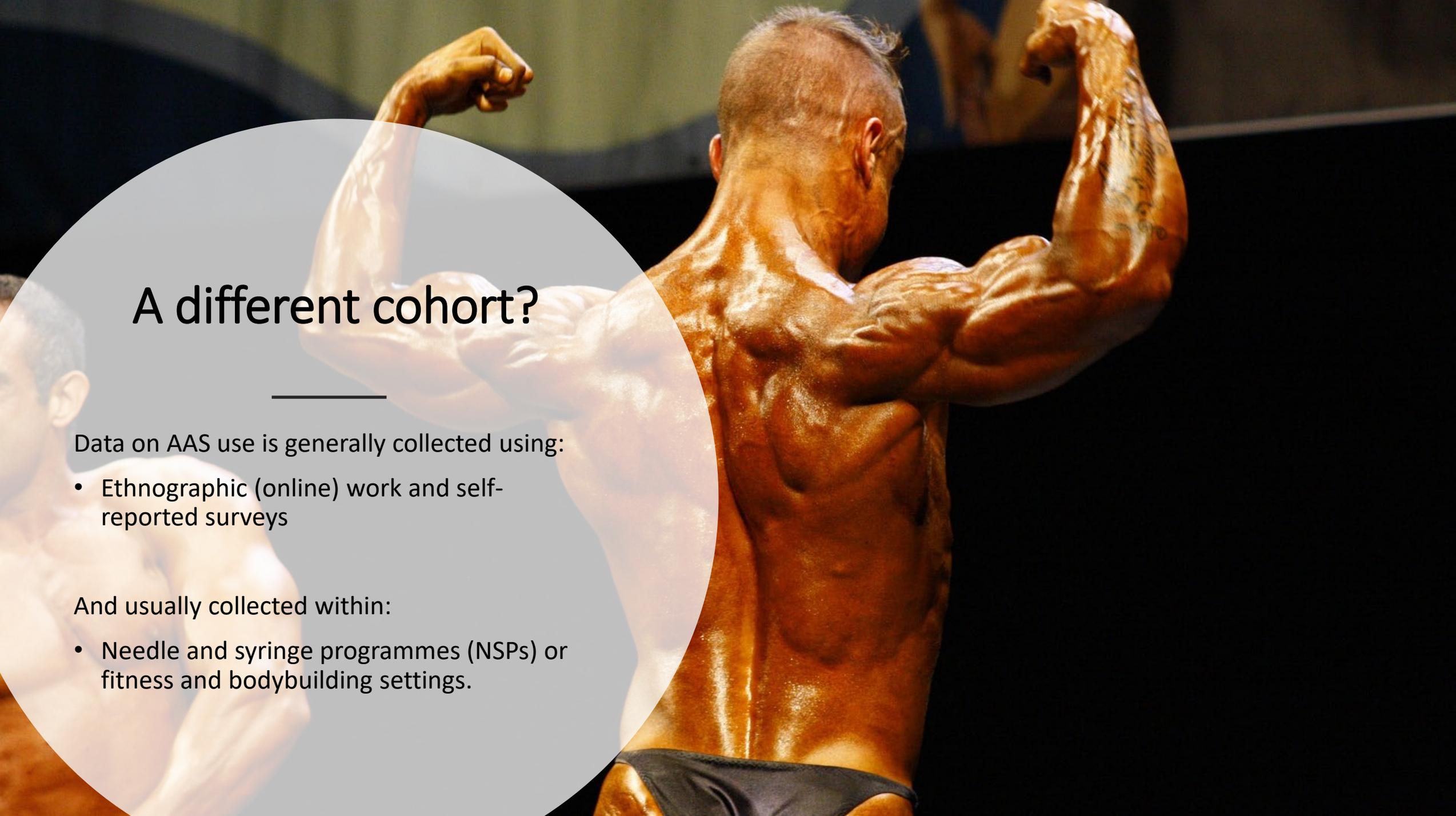
Abstract

Introduction: There is increasing public health concern about the use of anabolic-androgenic steroids (AAS). Understanding of drug use patterns and practices is important if we are to develop appropriate risk-reduction interventions. Yet, much remains unclear about the modes of administration adopted by AAS

Introduction: what do we know?



- Population studies show that lifetime AAS use remains relatively low over time, but there are other indicators which indicate that their use is growing (e.g. AAS clients in NSPs).
- Non-prescribed AAS use is a public health concern.
- People use both injectable and oral AAS (often both)
- A person's first experience using AAS, regardless of the mode of administration, typically occurs before their mid to late 20s.
- The onset of oral use of AAS is likely to be slightly earlier than the onset of the use of injectable AAS.

A photograph of a bodybuilder from behind, flexing their muscles. The bodybuilder is very muscular and has a dark, tanned skin tone. They are wearing black briefs. The background is dark and out of focus. A large, semi-transparent white circle is overlaid on the left side of the image, containing text.

A different cohort?

Data on AAS use is generally collected using:

- Ethnographic (online) work and self-reported surveys

And usually collected within:

- Needle and syringe programmes (NSPs) or fitness and bodybuilding settings.

NSPs and public health responses

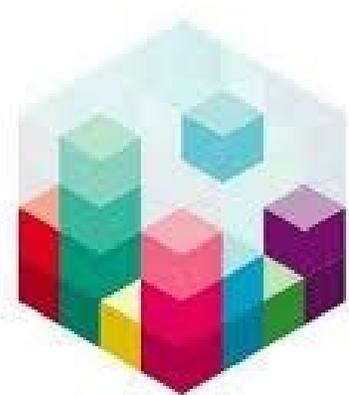
NSPs are **one of the main health services** where steroid users present themselves.



While NSPs are an important avenue for users to obtain credible information, they are **primarily designed to deliver services to injecting drug users** (e.g. distributing injecting equipment)



A subset of people who use steroids may therefore **NOT** be in contact with any form of intervention or health service provider.



GLOBAL DRUG SURVEY

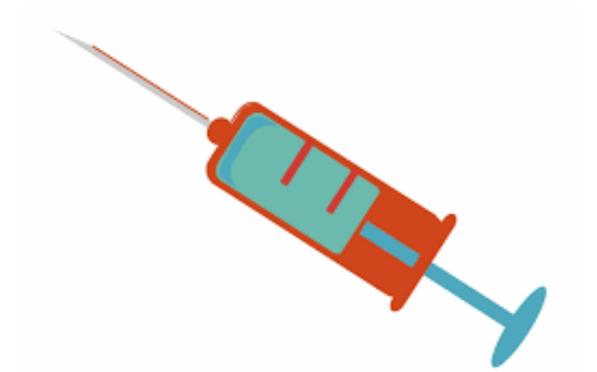
Methodology

- GDS 2015
- Males who reported using injectable or oral AAS in their lifetime (N = 1,008)
- Global Sample
- Analysis:
 - Student t-tests and Pearson's chi-square, logistic regression analysis & Likelihood Ratio Test.
 - All statistical tests were two tailed and significance level was set at 0.05.

Results: Modes of administration

Modes of administration AAS users	%
Inject only in lifetime	35.62%
Oral only in lifetime	35.84%
Both inject & oral AAS in lifetime	28.54%

	Used oral AAS first	Used injectable AAS first	T-test
Years to mode transition	2.69 years	3.81 years	-1.26



Discussion: are non-injecting people who use steroids overlooked? Yes!



Most reported using a single mode of administration; oral (35.84%) or injection (35.62%).



Generally, limited engagement with health services, but NSPs are experiencing growing client group.



BUT these non-injecting steroid users are unlikely to engage with NSPs.



This group may never engage with harm reduction information, medical advice and referrals, or not until a late stage of their drug using career when/if transition to injecting steroid use occurs.



BUT delayed intervention in drug abuse is associated with greater adverse effects, dependence and risky patterns of use.



Discussion: online solutions?

- NSPs are currently the primary point of health service engagement.
- NSP form the main healthcare environment for medical & harm reduction advice on steroids.
- BUT NSP-based resources are unlikely to reach or be appropriate to those who do not inject AAS.
- **Need to set up interventions outside of NSPs** to reach this group: online interventions and engagement via online communities?



Discussion: we need to engage the community!

- **Engage with young men:** what type of information are they interested in and how should it be delivered?
- **Involving steroid communities** in designing and implementing prevention and harm reduction interventions
- Programmes focussed on harm reduction **need to go beyond injecting related risks**

Thank you!

Questions?

Contact:

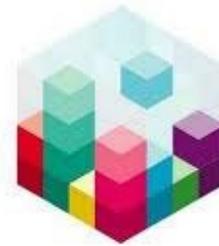
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