

STEROIDS

Steroids are also known as anabolic steroids, roids, gear or juice.

History of the drug

Androgenic steroids are sex hormones produced in large quantities in males and in smaller quantities in females. Testosterone is responsible for the masculinising or androgenic effect. It is this tissue-building effect (anabolic) we see as part of natural muscle and masculine development in adolescent and adult males.

In 1935, scientists discovered the primary male hormone – testosterone. They then began to explore the effects of supplementing testosterone in men with low testosterone levels and in women with breast conditions and cancers to improve their quality of life. Anabolic Androgenic Steroids (AAS) are used to treat medical conditions such as osteoporosis (fragile bones in women) and hypogonadism (small genitals) in men.

In the 1950s, many weight lifters began using AAS to increase muscle bulk and intensify training. By the 1960s, this use was widespread in many sports. People using anabolic steroids include: competitive athletes, those concerned with body image, bodybuilders, occupational users like security guards, construction workers and adolescents – typically young males attempting to reach the same physical stature or athletic performance portrayed in popular media. This has led to the development of testing for drugs in many sports, particularly when played at the elite level. In 1988, well known Canadian athlete, Ben Johnson, was stripped of his Olympic gold medal for testing positive to AAS.

Forms of the drug

AAS are available in various strengths as

tablets, or as a liquid for injecting. Some of the most common types are:

Injectable human steroids

- Deca-durabolin®
- Sustanon 250®
- Primobolan depot®

Injectable veterinary steroids

- Drive®
- Stanzol®
- Banrot®

Oral tablets

- Anapolan 50®
- Andriol®
- Primobolan tablets®.

As well as the legitimate steroids, there are a number of counterfeit anabolic steroids on the black market. Many of these have few – if any – active ingredients. Most of the steroids that body builders take are synthetic compounds based on the structure of testosterone.

Drug effects

AASs bind to specific receptor sites in muscles and other parts of the body. These receptors then trigger a range of various effects, depending on the cell type, arising from molecular reactions. The amount of tissue building and male characteristics e.g. beard growth, that occurs as a result of taking one of these drugs is dependent on many different factors. These include gender, genetic characteristics, exercise, age and diet.

Early effects

During the first few days of taking an AAS, water retention can take place, which may sometimes add two to three kilos to body weight. Each user will have their own pattern of use, but common features are:

- Cycling, where steroids are used for a

set period of time, followed by a period of no use – many users vary the dose they administer within each cycle

- Stacking, where two or more different anabolic steroids are combined and used.

Risks and harms

Use by adolescents carries a high risk of permanent damage to bones and muscle tissue, resulting in permanent short stature. Psychological impairments can include increased aggression, increased irritability, inability to deal with frustration, mood swings and depression. 'Roid rage' is a term that may be used to describe the aggressive behaviour of some AAS users. While there is no accepted description of this phenomenon, it may represent the extreme end of some users' natural aggression. It is possible to become dependent on anabolic steroids.

Physical effects include acne, hypertension, liver problems, heart problems, increased cholesterol levels, hair loss, sleeplessness, headaches, tendon and ligament injuries, and water retention.

Specific MALE physical effects include shrinking testicles, prostate problems and breast tissue development, also called 'bitch tits' or 'gynaecomastia'.

Specific FEMALE physical effects include clitoral enlargement, smaller breasts and voice changes.

Unsafe injecting practices when using AASs also carries the risk of transmission of HIV and other blood-borne diseases such as hepatitis C.

Concerns about drugs used for a combined effects

Insulin is alleged to have the same effects as AAS despite no scientific evidence to support the belief that insulin increases muscle bulk.

Serious dangers are associated with its use, and several 'insulin-related deaths' have been reported in Australia among body-builders.

Human Growth Hormone acts on carbohydrates, fats and protein. This drug can cause serious growth problems including overgrowth of hands, feet and face (acromegaly), pathological growth of the heart, and joint pain.

Amphetamines and ephedrine may be combined and used by body builders for a stimulant effect during training, and as an aid when reducing body fat and 'cutting up'.

Clenbuterol, thyroxine and diuretics may also be combined for fat-reducing effects and 'cutting up'. There is very little knowledge of these drug combination effects. In many cases, the use of these drugs without proper medical supervision – when combined with AAS – may be life-threatening.

Danger signs

If a person in your family is using an AAS and becomes aggressive or violent, look after yourself and other family members as an urgent priority. Their actions may be unpredictable and irrational, even towards those they love. If necessary, seek help from the police, social services or others, or remove the AAS user from the situation.

Withdrawal

Phone Alcohol & Drug Information Service (ADIS) for details about withdrawal and support options.

Detox and treatment

Oestrogen antagonists (*proviron* and *human chorionic gonadotrophin*) may be used to manage side-effects such as gynaecomastia and shrinking testicles. Phone ADIS for details of services able to provide treatment and support options.

Helping others with hard-won experience

PERSONAL STORY

Some parents go through the extended trauma of a child with a drug dependency, and become stronger people as a result. Ted now uses his knowledge and experiences to help parents facing similar issues.



My story is a common one, and one that I hear often over the phone. Fortunately, in my case it has a happy ending.

My daughter, Louisa, was a bright, happy, outgoing child who adored animals, but at 13 years of age she began using marijuana extremely heavily. She left school in year eight, mixed with a pretty unpleasant group, got into trouble with the police, was violent, repeatedly trashed the house and stole from us – the story goes on.

The lack of coordinated services was frustrating, but fortunately I heard of a group in Canberra that was similar to Family Drug Support – it was called Drugs in the Family. I went to a meeting and found support from others in similar circumstances, and still others whose children had come through it, albeit after a long struggle.

Knowing that there was light at the end of the tunnel gave me much hope. I learned to focus on problems I could solve, rather than those I couldn't. I also learned how to be non-judgmental, and not try to control other people. Most importantly, I learned to look after myself, and to use the 'I' word rather than 'You'.

In 2000 Family Drug Support was looking for volunteers. I completed the training in November; my first shift was two weeks later, and one every three weeks or so since then. It is always humbling to meet other volunteers, particularly at the weekend retreats. I am always amazed at the strength and resilience of people, particularly those with stories much grimmer than mine.

I am still very nervous before each shift, but this passes quickly. My reward? This is when a caller says 'Talking to you has made me feel a lot better'. I stay involved because I know from experience how much it helps people to talk about what they are going through, and, hopefully I can explain that people *do* get through it.

My most amusing volunteer experience? I was going out immediately after my shift, and to save time I was dressing between phone calls. Having just undressed, you guessed it – the phone rang.

Was there time to throw on some clothes before answering? Deciding that the caller's needs for support were more important than my own need for modesty, I took the call as I was – what would that caller have thought had they known they were talking to someone who was completely naked!?

Family Drug Support has telephone volunteers in many States. If you are interested in volunteering, ring 02 4782 9222 for details of the next course.