

facts

Contacts

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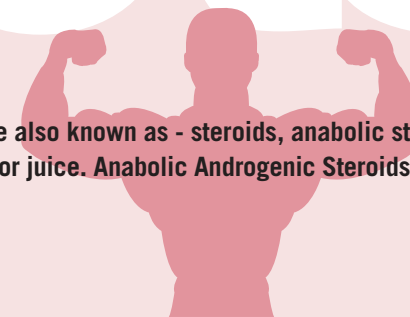
facts



Steroids

Common Names

Steroids are also known as - steroids, anabolic steroids, roids, gear or juice. Anabolic Androgenic Steroids (AAS).



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 effects (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. AAS are used to treat medical conditions such as osteoporosis (fragile bones in women), and hypogonadism (small genitals) in men.

In the 1950's many weight lifters began using AAS to increase muscle bulk and intensify training. By the 1960's 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®, Stanazol®, 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

AAS 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 eg: 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 AAS, water retention can take place, which may sometimes add 2 or 3 kilos to the body's weight.

PHYSICAL EFFECTS INCLUDE:

Acne, hypertension, liver problems, heart problems, increased cholesterol levels, hair loss, sleeplessness, headaches, tendon and ligament injuries, water retention.

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

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

Unsafe Injecting practices when using AAS also carries the risk of transmission of HIV and other blood borne diseases such as Hepatitis C. See FACT SHEET No.9 Infectious disease and injecting practices for more details.

Each user will have their own pattern of use but common features are:

- **Cycling** - 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** - is when 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 tissue resulting in permanent short stature. Psychological impairment such as 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 user's natural aggression. It is possible to become dependent on anabolic steroids.

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 and feet and face (acromegaly) and 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 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 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 ADIS for details about withdrawal and support options. See **FACT SHEET No.1 Contacts**.

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. See **FACT SHEET No.1 Contacts**.