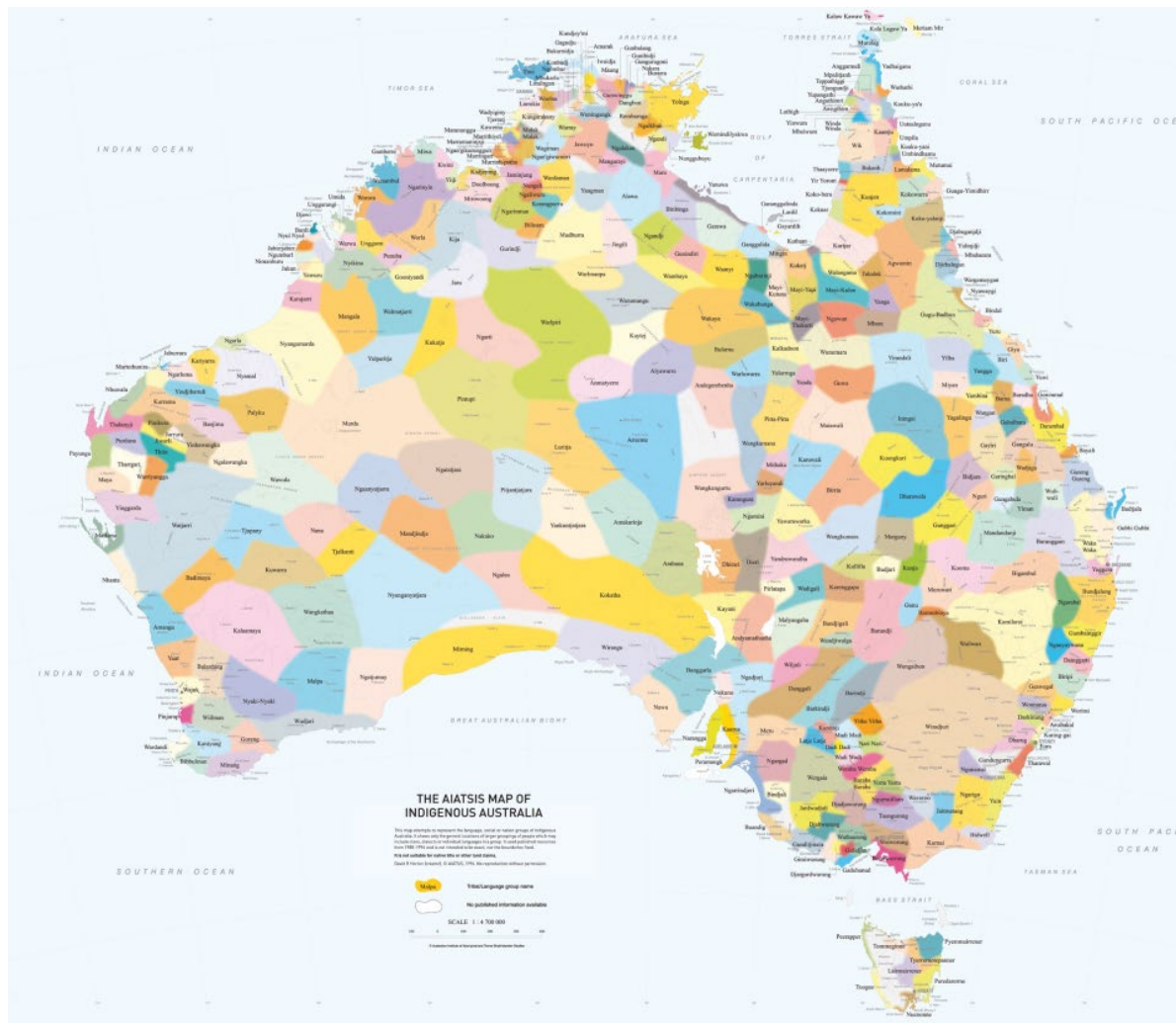


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- Use the chat icon for all questions and comments – *select All panelists and attendees.*
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- A pdf version of today's presentation will be available soon in the chat window.
- A recording of this webinar will be available on our YouTube channel in the coming weeks.



We acknowledge the Traditional Owners of the land on which this event takes place and pay respect to Elders past and present.

This map attempts to represent the language, social or nation groups of Aboriginal Australia. It shows only the general locations of larger groupings of people which may include clans, dialects or individual languages in a group. It used published resources from 1988-1994 and is not intended to be exact, nor the boundaries fixed. It is not suitable for native title or other land claims. David R Horton (creator), © AIATSIS, 1996. No reproduction without permission. To purchase a print version visit: www.aiatsis.ashop.com.au/

The life cycle of health and harm among PIED users

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“The health of PIED users: What do they want, where do they want it, and how?”

Before

- Safer injecting practices
- Baseline health status
- What to actually use
- Post-cycle therapy
- Do you really want to do this?

During

- Health monitoring
- Response to acute harms
- Referrals
- Assess/re-assess

After

- Post cycle therapy
- Health monitoring

Let's take a step back...



PIEDS

‘Performance and/or image enhancing drugs’ a broad term that encapsulates substances used to enhance performance or (body) image

Multivitamin

Creatine

BCAAs

Anabolic-androgenic steroids (‘steroids’)

PIEDS

‘Performance and/or image enhancing drugs’ a broad term that encapsulates substances used to enhance performance or (body) image

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Anabolic-androgenic steroids (‘steroids’)

The most researched regarding non-medical use is anabolic-androgenic steroids (AAS)

The steroids

Steroids - Mass

Dianabol, Danabol. Averbol



Source: pharmabeast.com



Source: anabolic-pharma.com

Anadrol



Source: steroidal.com

Worldly

Steroids – Lean Mass

Deca-Durabolin ('Deca')



Source: pharmabeast.com



Source: chemglobalsupply.com

Anavar



Others

Peptides (growth hormone, insulin)

Anti-estrogens (e.g. Clomid)

Diuretics (e.g. Aldactone)

Thyroid drugs (e.g. Cytomel)

Fat loss (e.g. Clenbuterol)

What are the effects?



What are the effects?

1. No one takes just one substance

2a. People cycle on and off (that is, they take something for a period, then stop for a period)

2b. People 'blast & cruise' (that is, they take a large initial dose for a period, then drop that dose down)

3. Doses are greater than in a clinical setting

What are the effects? (Dunn, Cooper & Farrell, 2013)

Physical effects: Sore injecting sites, acne, headaches, high blood pressure, tendon injuries, nose bleeds, liver problems, kidney problems, lymph node swelling, heart problems, decreased testes size, gynecomastia, impotence, reproductive problems, prostate problems, stomach cramps, muscle cramps, fevers/infections, scarring/hard lumps, muscle pain, painful erections, persistent bleeding, swelling of arms/legs, abscesses, infections requiring antibiotics or hospitalisation, interference with body's ability to produce testosterone.....

Psychological effects: mental health problems, such as self-reported aggression, depression, increased irritability, anxiety, mood swings, increased suspicion and paranoia, increased impulsivity, fatigue, insomnia, and decreased libido

What are the effects?

Smit & de Ronde (2018)- Retrospective case review of 180 patients who visited an AAS clinic in the Netherlands

96% experienced at least one side effect

38% acne

34% gynaecomastia

27% agitation

Experienced 'on cycle'

34% decreased libido

20% erectile dysfunction

Experienced after

How can we talk about the life cycle and health?

We could...consider the obvious phases

Before



- Safer injecting practices
- Baseline health status
- What to actually use
- Post-cycle therapy
- Do you really want to do this?

During



- Health monitoring
- Response to acute harms
- Referrals
- Assess/re-assess

After



- Post cycle therapy
- Health monitoring

Pros and cons

Allows to intervene before use occurs

Allows us to help the (potential) user reflect on their choices/decisions/plans

Builds rapport for the rest of the life cycle

We don't see people in these discrete periods

May not have the time to engage clients (e.g. NSPs)

Misses the nuances that may be linked to motivations to use

We could... consider motivations for use

Body image

Performance

Occupation

Health

Why use?

Body image

- Large volume of literature to support the notion that men have body image concerns
- ‘Drive for muscularity’
- Body types:
 - Bulk & muscle
 - Increased lean body mass & decreased body fat
 - Strength/functionality
- Increase social feedback & confidence

Why use?

Performance

- Elite athletes, yes, but also sub-elite and ‘weekend warriors’
- Increased strength and endurance
- Recovery after intense activity or injury
- Commercialization of sport
- Sport as a ‘career’ – limited spots

Why use?

Occupation

- Prison officers, bouncers, personal trainers, manual labourers, models
- ‘Body capital’
- *“It’s just the look you know, if people see me at 71 kilos they think that I am nothing and they can walk all over me, but if they see me at 95 kilos completely different story you know, no one will talk back to you at that weight.”*
- *“Basically in my industry it is a very competitive industry, so for one if you are looking bigger and you look good, that probably being on the steroids just gives you the upper hand”*

Why use?

Health

- Self-medication
- Testosterone-replacement therapy
- Often practised because of an inability to access testosterone through health practitioners (who were either reluctant or unable to prescribe) (Underwood, 2020)
- Self-medication because of price, ease of access, reliability of supply, and because health practitioners were perceived as lacking expertise regarding testosterone use (Underwood, 2020)



DEAKIN
UNIVERSITY AUSTRALIA
Worldly

Pros and cons

Allows for a more tailored intervention that may be related to the underlying motivation (e.g. body image & mental health)

A better 'in' (e.g. training for an upcoming competition)

Different workforces may see different groups (e.g. GPs and low testosterone)

Can cover the whole life cycle at the one point

Motivations overlap

May not disclose motivations to each person they encounter (GP, NSP worker, PT)

These motivations may be even *more* nuanced

We could...consider who uses these substances (Zahnow et al 2018)

**You Only Live Once
(YOLO)**



Younger, use oral AAS, higher alcohol levels/binge drinking, few adverse effects

Well-being



Mostly AAS, fewer types of AAS, moderate alcohol/other illicit use, few adverse effects

Athlete



Oral & injectable AAS, a range of PIEDs, low alcohol/higher illicit, more adverse effects

Expert



Fewer AAS types, uses other PIEDs, rarely drink/illicit, few adverse effects

Pros and cons

Allows for a more tailored intervention that may be related to the person (e.g. young people and alcohol)

Knowing the type of person may allow us to tailor advice based on what they are using (e.g. more PIEDs vs less; injectable vs oral)

People are greater than the sum of their parts

Types may not be generalizable (e.g. young male AAS users may be using more illicit)

How can we talk about the life cycle and health?

Before

Body image

**You Only Live Once
(YOLO)**

Expert

Athlete

After

Performance

Well-being

Occupation

During

Health

Before

**You Only Live Once
(YOLO)**

Body image

Point for intervention, possibly prevention, ensuring they're linked in to services

Health issues such as health status testing, consideration of what PIEDs they're going to use, do they have a target to reach and will they stop when they reach it, alcohol use

During

Expert

Performance

Probably no point for intervention or prevention

May be a chance for you to gain some knowledge

“Training for a competition?”

“What are you using?”

“I’m seeing some younger guys, can I get your advice...”

Questions?

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Thanks for joining us today!

Next week...**Wednesday 4 November 2020**

‘SMART Recovery: A summary of the research’

Dr Peter Kelly

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