

“They’re scared to ask for help”: The role of criminality on the health outcomes of anabolic-androgenic steroid (AAS) users

Piatkowski, T.,¹ Gibbs, N.,² & Dunn, M.³

¹School of Applied Psychology, Griffith University
²Department of Social Sciences, Northumbria University
³Institute for Health Transformation, Deakin University

Contact: t.piatkowski@griffith.edu.au

Introduction

- Among anabolic-androgenic steroid (AAS) users are generally not willing to discuss use to ‘outsiders’ and this makes them a ‘hard-to-reach’ group for medical/health professionals [1].
- Adding to the challenge is the criminal element which AAS use represents, given the number of national AAS arrests increased 218 per cent over the last decade.

Methods

- This study triangulated views of male (n=8) and female (n=7) AAS users (Mage=35.4, SD=9.1) as well as healthcare providers (N=8) regarding how the criminality surrounding AAS had an impact on AAS users’ health behaviours and help-seeking.
- Data were analysed thematically.

Results

- An overarching narrative was developed regarding the harms which emerge from the illegality of AAS with three overarching themes: “They’re scared to ask for help”: The tension arising from punitive measures, Stressed and Fearful: Legal ramifications are the biggest obstacle, and Criminality and Health Engagement: “What if the police are watching me”.

Discussion and Conclusions

- The escalation of AAS criminalisation that has impacted both consumers and healthcare professionals has exacerbated the challenges associated with their interaction, further impeding a relationship already fraught with obstacles.
- Consequently, users remain entrenched within the illicit market, with few options for harm reduction intervention.

Quotes from Participants

Themes	AAS Users	Healthcare Providers
“They’re scared to ask for help”: The tension arising from punitive measures	<ul style="list-style-type: none"> • P20 [AAS User]: I don't publicly acknowledge it [AAS use] because obviously there are legalities involved with what we do... I don't want people viewing me differently just because of the way they see [AAS] use. Like, the way that the law portrays it. • P2 [AAS User]: It's the way that they're [AAS] viewed by people. Because of that, you have to be careful. We talk about them at [place] because most of us are using. Outside that though no way. 	<ul style="list-style-type: none"> • P6 [GP]: I think stigma and prejudice are the dominant things. And so that link with it ... being illegal means that they're scared to ask for help. • P8 [NSP Coordinator]: The illegality of steroid use would be a factor in terms of people not getting help. • P16 [GP]: Those laws push the supply and the dosing and the control underground, and so they remove it from general medical care. And I know that doctors are scared to engage on the issues of steroid use.
The tension arising from punitive measures, Stressed and Fearful: Legal ramifications are the biggest obstacle	<ul style="list-style-type: none"> • P4 [AAS User]: I guess 'cause you're doing something wrong for starters and then you go asking questions and they start asking questions too. So I [think] just that's the biggest reason why. You're looking at who you actually can trust which is mates [AAS-using peers]. Cause they have just done it before, which is, you know, they aren't doctors and no one really. They've just done a course before and yeah, I guess you should find out yourself when you do it, you learn from your mistakes. • P13 [AAS User]: I've been caught before... I was living with a guy, and our house got raided because of him, and they found my stuff. I had to go to court, and I got a fine. That was really stressful in itself. And like, I didn't feel like I was doing anything wrong – I was just using it for myself, for a performance sport. I know it's illegal, but it's not like I'm selling it or anything like that. 	<ul style="list-style-type: none"> • P12 [NSP Coordinator]: They're doing something that's illegal as well, so that can be a bit of a deterrent for going and asking for extra help. • P6 [GP]: And I don't think many people in the fitness community or the gym community or the gay community even know about the reality of their illegal status. So I think it's attractive well, especially for young men, that they might source drugs um without prescription and then not realise that they're breaking the law. And so I think it's a very dangerous one because no one deserves to throw away any of their life in jail because they were seeking to use a substance that probably doesn't have a big effect on other people other than themselves.
Criminality and Health Engagement: “What if the police are watching me”	<ul style="list-style-type: none"> • P11 [AAS User]: At the end of the day, these are illegal substances so that's also tricky as well. To be able to publicly create something for them and then all sudden everyone's probably fearful about getting engaged because, like what if the police are watching me? • P18 [AAS User]: There needs to be more education, more opportunity for education. A pathway to break down the taboo of the conversation of it as well. 	<ul style="list-style-type: none"> • P16 [GP]: Yes, as a GP, not knowing where the line is as to, are you supporting this person in doing the illegal activities or not? • P22: [NSP Worker] I think particularly the steroids, it would just be nice to have some sort of public health response that meets user's needs, keeps them safe.

Implications for Translational Research

- The study advocates for a rethinking of AAS policies, considering a potential reclassification aligned with a framework to destigmatise use and promote harm reduction.
- This shift would require comprehensive research to assess its impact on public health, user behaviour, and harm reduction outcomes.
- Further research is required with the specific intention to build evidence for the revision of AAS policy in Australia.

References

1. Richardson, A., & Antonopoulos, G. A. (2019). Anabolic-androgenic steroids (AAS) users on AAS use: Negative effects, 'code of silence', and implications for forensic and medical professionals. *Journal of Forensic and Legal Medicine*, 68, 101871. <https://doi.org/10.1016/j.jflm.2019.101871>
2. Crime and Corruption Commission, Queensland (2021). *Illicit drug markets in Queensland: 2019-2020 intelligence assessment*. <https://www.ccc.qld.gov.au/publications/ccc-annual-report-2020-21>

