"It's Really Hard to Be a Woman": Experiences of Healthcare Among Women Who Use Performance and Image-Enhancing Drugs (PIEDs)

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Introduction: Women who use performance and image-enhancing drugs (PIEDs) face distinct and under-recognised health risks, yet their engagement with healthcare systems remains poorly understood. While stigma and barriers to care are documented among PIED users, women's perspectives, and how these shape disclosure and help-seeking, remain underexplored. This study examined how women who use PIEDs navigate healthcare, integrating qualitative accounts with quantitative data on healthcare engagement and use patterns.

Methods: Qualitative data were generated through interpretative phenomenological analysis (IPA) of semi-structured interviews with nine women engaged in regular weight training and PIED use. Quantitative data were drawn from a broader survey of women with lifetime PIED use (n = 112), including modules assessing patterns of use, healthcare engagement, and information sources.

Results: Three themes were identified: (i) proactive, self-directed health monitoring in response to gender-specific risks; (ii) systemic barriers and provider knowledge gaps, limiting access to appropriate care and positioning participants as educators; and (iii) the importance of non-judgmental care, with stigma shaping disclosure and trust. Quantitative findings supported these patterns, showing inconsistent disclosure, variable healthcare engagement, and reliance on informal and peer-based information.

Discussion and Conclusions: Findings highlight a disconnect between women's strong health motivation and the accessibility of healthcare systems. Women actively engage in harm reduction, yet often outside formal care due to stigma and limited provider knowledge. Non-judgmental interactions were central to engagement, often outweighing clinical expertise.

Implications: Women who use PIEDs should be recognised as a priority population within AOD and primary care. Clinicians require targeted education and training in non-judgmental, harm reduction–oriented communication. System-level responses should integrate healthcare with peer-informed networks and prioritise gender-sensitive, stigma-reducing service pathways to support safe disclosure and engagement.

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