

The harm reduction practices of female steroid users

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Introduction

- Steroid use can have severe physical and psychological impacts for women, such as masculinisation and mental health concerns [1, 2].
- Despite these risks, women continue to use steroids [2, 3].
- Understanding the strategies they use to navigate these risks is necessary.

Methods

- Ten women who were using steroid participated in a semi-structured interview regarding their lived experiences of using these substances and how they manage the risks associated with them – Please see Table 1 for details.
- This data was analysed using thematic analysis.

Results

- The findings demonstrate three overarching themes: the practices and attitudes of steroid use among this cohort, health checking behaviours women engage in, and support networks utilised for harm reduction – Please see Table 2.

Table 1. Participant information

P	Gender	Age	Strength Sport	Years Training	Steroid Use
1	F	31	Powerlifter	10	Y
2	F	42	Powerlifter	4	Y
3	F	42	Powerlifter	8	Y
4	F	45	Powerlifter	10	Y
5	F	32	Powerlifter	5	Y
6	F	29	Powerlifter	14	Y
7	F	27	Powerlifter	5	Y
8	F	38	Strongwoman	12	Y
9	F	27	Powerlifter	5	Y
10	F	54	Powerlifter	20	Y

Discussion and Conclusions

- The strategies women use to prevent or mitigate harms associated with steroid use include health checking behaviours and harm reduction practices.
- Women reported having mixed experiences with GPs, similar to male steroid users [4].
- In contrast to men, however, women acknowledged but did not necessarily practice Post-Cycle Therapy [5].
- While some women reported being aware of the potential harms associated with steroid use, others appeared to be unaware or were willing to take higher risks.
- Women who were younger and more motivated by competition appeared to be at greater risk.

Implications for Translational Research

- Further research is required to understand precisely the education and resources this group is most interested in and how healthcare could be more appropriately provisioned to them – for example, through optimising engagement strategies of providers.
- These strategies are particularly important for younger women using steroid as they appear to be at higher risk of harms.

Table 2. Quotes from participants

1. Practices and attitudes of use: “I’ll still be doing it for a long while”	<p><i>P7: Probably as long as I’m still doing these competitive competitions. Yeah. I see myself being in the sport for a long time. Yeah, I guess until then. Yeah. I couldn’t give you a timeframe. Sorry. I’ll still be doing it for a long while.</i></p> <p><i>P4: I see girls like in their 20s. And they just chasing it so bad and so hard. And they’ll do whatever it takes. And they go I call it going down the rabbit hole. They go down to Alice in Wonderland, they go down the rabbit hole, and they just don’t consider the ramifications of what they’re doing.</i></p>
2. Health strategies for harm reduction	<p><i>P1: So, I get my bloods done at least twice a year, if not four times.</i></p> <p><i>P4: I take but also my bloods and all of my health supplements. So, things like vitamin D and astragalus [Huang Qi], tudca [tauoursodeoxycholic acid], and like anything that I take, like, you know, my hydration and the salt in my diet.</i></p> <p><i>P8: So I’d spoken to someone and they’re like, look, go up to 20 [mg] on the var [Anavar: Oxandrolone], then 30 [mg], then 40 [mg], and then taper off and then stay off.</i></p> <p><i>P7: So, most of the ladies, they wean themselves off or they just take smaller doses, but I just stop and then just go back into normal training without it until six weeks out of comp. Yeah. So, I just stopped.</i></p> <p><i>P2: I have a very good GP [general practitioner] actually, but I don’t know whether I trust her to be able to talk to her about it.</i></p> <p><i>P9: Unfortunately, from the experience that I’ve had with GPs in the past, anytime I am honest and tell them why I’m actually getting it, they’re more focused on telling me not to [use] than actually helping me.</i></p>
2.2 Post-cycle therapy (PCT)	<p><i>P7: So, most of the ladies, they wean themselves off or they just take smaller doses, but I just stop and then just go back into normal training without it until six weeks out of comp. Yeah. So, I just stopped.</i></p> <p><i>P2: I have a very good GP [general practitioner] actually, but I don’t know whether I trust her to be able to talk to her about it.</i></p> <p><i>P9: Unfortunately, from the experience that I’ve had with GPs in the past, anytime I am honest and tell them why I’m actually getting it, they’re more focused on telling me not to [use] than actually helping me.</i></p>
2.3 Healthcare providers	<p><i>P4: I now have someone who I pay, who that that basically is how they earn a living is advising people on performance enhancing drugs and cycles.</i></p> <p><i>P2: One of the girls I train with, she’s done power lifting for a very long time at a very high level so I’m quite open with her and I think I’m the only other person that she talks to about her steroid use.</i></p> <p><i>P8: don’t think anyone actually really knows. It’s like taking pills [ecstasy] when you go out on the weekend or something, do you really know what’s in them?</i></p>
3. Support networks for harm reduction	<p><i>P4: I now have someone who I pay, who that that basically is how they earn a living is advising people on performance enhancing drugs and cycles.</i></p> <p><i>P2: One of the girls I train with, she’s done power lifting for a very long time at a very high level so I’m quite open with her and I think I’m the only other person that she talks to about her steroid use.</i></p> <p><i>P8: don’t think anyone actually really knows. It’s like taking pills [ecstasy] when you go out on the weekend or something, do you really know what’s in them?</i></p> <p><i>P1: tried Anavar, but I didn’t see any results off that. But it may have also been because it wasn’t legit. So, when I first started using things, I wasn’t very savvy to the fact you could get test kits and everything. So, I didn’t see really many results of that.</i></p>
3.1 Drug coaching	<p><i>P4: I now have someone who I pay, who that that basically is how they earn a living is advising people on performance enhancing drugs and cycles.</i></p> <p><i>P2: One of the girls I train with, she’s done power lifting for a very long time at a very high level so I’m quite open with her and I think I’m the only other person that she talks to about her steroid use.</i></p> <p><i>P8: don’t think anyone actually really knows. It’s like taking pills [ecstasy] when you go out on the weekend or something, do you really know what’s in them?</i></p>
3.2 Peer support	<p><i>P4: I now have someone who I pay, who that that basically is how they earn a living is advising people on performance enhancing drugs and cycles.</i></p> <p><i>P2: One of the girls I train with, she’s done power lifting for a very long time at a very high level so I’m quite open with her and I think I’m the only other person that she talks to about her steroid use.</i></p> <p><i>P8: don’t think anyone actually really knows. It’s like taking pills [ecstasy] when you go out on the weekend or something, do you really know what’s in them?</i></p>
3.3 Drug checking	<p><i>P4: I now have someone who I pay, who that that basically is how they earn a living is advising people on performance enhancing drugs and cycles.</i></p> <p><i>P2: One of the girls I train with, she’s done power lifting for a very long time at a very high level so I’m quite open with her and I think I’m the only other person that she talks to about her steroid use.</i></p> <p><i>P8: don’t think anyone actually really knows. It’s like taking pills [ecstasy] when you go out on the weekend or something, do you really know what’s in them?</i></p>

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