

Information sought, information shared: exploring performance and image enhancing drug user-facilitated harm reduction information in online forums

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Background

The internet is an important source of information about a range of health issues

People can seek information and share personalised accounts

Forums an important avenue for knowledge exchange, particularly those engaging in illicit or stigmatising behaviour → anonymity (Fox et al, 2005; Henwood et al, 2003; Soussan & Kjellgren, 2014)

A rise in peer-to-peer education, knowledge sharing, and opportunities to engage with others who do what you do

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Background

Peers and social networks are an important component of the PIED community

These networks are important when considering supply (Kraska et al, 2010; van de Ven & Mulrooney, 2017; Coomber et al, 2014), distribution of injecting equipment (Dunn, Henshaw & McKay, 2016; Dunn, McKay & Iversen, 2014), and information sharing (Fincoeur, van de Ven & Mulrooney, 2015; Kimergard, 2015; Maycock & Howat, 2005)

Information shared through networks (Maycock & Howat, 2007)

Face-to-face interactions moderated through a strict social protocol (Monaghan, 2002)

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Aim

To explore and characterise discussions regarding PIED-related harm on dedicated online forums.

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Method

Online search for forums using Google

Australian-based online forums were identified as ideal

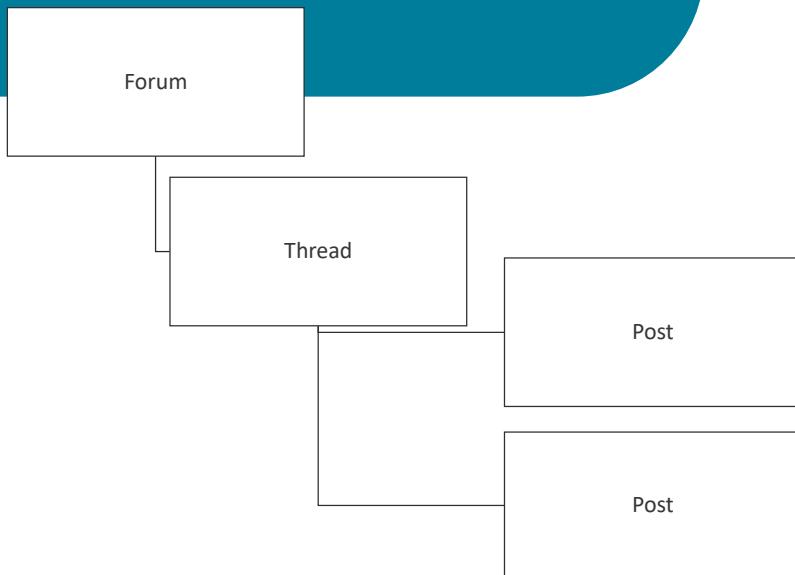
First three pages of Google search results used

Inclusion criteria: be moderated, have a forum that was regularly used, publically accessible and searchable, be open to PIED use

Exclusion criteria: not AU based, largely news based, or predominantly served as product advertisement



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Results

134 threads and 1,716 individual posts from 450 unique avatars were included in the analysis

Analysed threads as a whole

Two overarching themes:

1. Discussion about personal experiences and advice and recommendations
2. Referral to services and referring to research

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Theme 1 – Personal experience, advice, recommendations

Concerned with sharing advice, experience, information, tips, and knowledge

Often not informed by evidence from the scientific literature

Anecdotes both positive and negative

Rarely presented as fact

“After my first long cycle (over 7 months) I came off for 12 whole months. Ran 50mg clomid (prescribed by urologist) for 6 months, then came off and took nothing for another 6. While on clomid the highest my test levels got to was 800. Then, when I stopped the clomid they went back down to the 300s.....this was after a full year. I'm not saying this is your case, but I think anyone who decides to take AAS has to realize they are potentially making a long term commitment.”

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Theme 1 – Personal experience, advice, recommendations

Shared ratings and reviews of products; again, personal experience

A bias towards discussing positive effects but also described negative experiences

Anonymity allowed members to discuss important topics that perhaps wouldn't occur in open forums

*"Member 1: If you are prone to anxiety don't do it. It will f**k with your head.*

Member 2: I agree this stack put me in some dark places."

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Theme 1 – Personal experience, advice, recommendations

Opportunity for interaction – disagreements, arguments, soliciting opinions of experienced members who were respected by all

*"Check this sh*t out @... What do you recommend?"*

Seek: Side effects, results, course duration/type, products

Receive: Specific instruction, advice, recommendations

"You should have done bloods earlier, but if your E2 is not excessively elevated there's no reason to take an AI prior to PCT now. Waiting for gyno symptoms isn't the best way to go either."

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Theme 2 – Referral to services and referring to research

Members actively sought to increase their knowledge and education about the substances they were using and how they could get the results they were seeking

Experienced members shared knowledge and experience

Much of the advice was of a harm reduction nature

Acknowledged the limitations of their own knowledge

Engagement with health professionals was recommended prior, during, and post-course

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Theme 2 – Referral to services and referring to research

Inexperience, lack of understanding, incomprehension not tolerated

Frustration at the naivety of novice users; perception of a disregard for personal safety

“Blast a bit of HCG with some zinc and folate, then get a semen analysis done to see where you at. There was a similar thread a month ago, search for that thread and have a read what you need to do and why.”

Would sometimes direct members to the scientific publications

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Summary

Members wanted to take a more active role in monitoring their health and understanding the risks of using AAS and other PIEDs

Clear bias towards the positive effects, but open discussions about negative effects such as mental health

Online communities operate similarly to real-world PIED communities, with clear hierarchies and the need to display cultural knowledge to be accepted

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Discussion (1)

Seeking advice or feedback is a form of harm reduction (Marshall et al, 2015)

Peer-led support has been a widely adapted strategy of harm reduction

Stigmatised behaviour → seek information anonymously → quality of information?

Information exchanges contain a mixture of anecdotal evidence and scientific literature, with the former being given higher credence (Brennan et al, 2016)

Acknowledged own limitations

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Discussion (2)

Forum users did not use health-related language; not explicitly talking about 'harm' or 'harm reduction'

Discussions approached this topic in other ways – what substances should be used, course advice, safer injecting practices, etc

Health professionals may be able to play a role in reducing harm by using the language these communities use

Use high-ranking members as a conduit between health/medical professionals and PIED using communities



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Tighe *et al* (2017). *Harm Reduction Journal*. 14:48

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