

# Trenbolone’s disproportionate role in steroid-related harms

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## Introduction

- Trenbolone likely represents an attractive option to anabolic-androgenic steroid (AAS) users given it has been found to be significantly more potent than other AAS (Beg et al., 2007) – see Table 1.
- Trenbolone, is often administered via injection (Underwood, 2023).
- Myth has developed among AAS injectors with Trenbolone reportedly having more dramatic effects, such as extreme mood disturbances (Piatkowski et al., 2023).
- We aimed to report on the reported harms of Trenbolone among AAS injectors and how this differs from other AAS.

Table 1. Injectable anabolic-androgenic steroid table

Injectable Anabolic-Androgenic Steroids		
Testosterone C-17 esters	19-Nortestosterones	Dihydrotestosterone (DHT) derivatives
Testosterone cypionate (Test C)	Nandrolone compounds (Deca Durabolin, NPP)	Mesterolone (Proviron)
Testosterone enanthate (Test E)	<b>Trenbolone compounds (“Tren,”)</b> 	Drostanolone (Masteron)
Testosterone propionate (Test P)		Stanozolol (Winstrol)
Testosterone decanoate		Metenolone (Primobolan)
Boldenone undecylenate (Equipoise, EQ)		
Sustanon 250 (Blend of testosterone esters)		

## Methods

- A number of AAS users were interviewed regarding their usage practices ( $N=16$ ) – see Table 2.
- A narrative emerged regarding the physical and psychological harms which accompanied their AAS use of which Trenbolone played a central role.
- Data were analysed thematically.

Table 2. Participant information

P	G	Age	Lifetime Steroid Use	Lifetime Tren Use
1	M	24	Y	N
2	M	29	Y	Y
3	M	25	Y	Y
4	M	31	Y	Y
5	M	31	Y	Y
6	M	34	Y	Y
7	M	38	Y	Y
8	M	40	Y	Y
9	F	27	Y	N
10	F	28	Y	N
11	F	28	Y	N
12	F	30	Y	N
13	F	27	Y	N
14	F	30	Y	N
15	F	33	Y	N
16	F	45	Y	Y

## Results

- Eight participants had used trenbolone, although all participants viewed it as having the most deleterious consequences for those who used it.
- Users reported an extreme shift in risk profile for psychosocial harms, particularly increased aggression, and violent behaviour, as well as impulsivity regulation issues.

Quotes from participants

*Trenbolone User: But being on tren [trenbolone] man, like if someone cut me off in traffic and I can be like oh whatever, but whatever I didn't die. This is great. On tren man I'll be like yelling out my window blasting that c\*\*t, telling him to pull over, like let's go f\*\*king fight. This is bulls\*\*t.*

*Trenbolone User: I would lose it I'd go buck wild man. Shouting, throw, throwing things, one time I even punched a wall. Mentally like, it isn't a good drug.*

*Trenbolone User: I will never touch tren again. The psychological effects of that, I was not ready for and was not capable of handling. My mind pretty much just went to mush. Like I was just an angry c\*\*t. You couldn't have told me anything different – even if you if you were right, I was still right like it was just f\*\*ked, so I think this drug plays a massive role in the psychological aspects.*

*AAS User (Non-Trenbolone): They keep using, keep using, keep using. But as a consequence of that, they might destroy their relationships, or make silly decisions that maybe someone who wasn't using tren maybe would have thought twice about and gone, 'Morally this is not the best decision'.*

## Discussion and Conclusions

- The data suggests several psychosocial harms arising for Trenbolone and users are somewhat cognisant of these.
- The findings provide insight into how the use of AAS arises from situations that are created and transformed during substance use.
- We contend that the proliferation and normalisation of Trenbolone, through several avenues, represents a vehicle through which to understand the ‘context’ of AAS in Australia.
- There may be potential to separate specific AAS into different classes based on the level of harm to the community – Trenbolone being unique in its’ categorisation.

## Implications for Translational Research

- Given that some users had ‘sworn off’ Trenbolone, instead opting for testosterone or DHT-derivatives believed to be less harsh on their physical and psychological health.
- Interpretation of this could lead to ‘organic’ alignment of drug policy in Australia.
- Further projects exploring this area are needed.

## References

- Beg, T., Siddique, Y., & Afzal, M. (2007). Chromosomal damage induced by androgenic anabolic steroids, stanozolol and trenbolone in human lymphocytes. *Advanced Environmental Biology*, 1(1), 39-43.
- Underwood, M. (2023) Taking ‘the god of all steroids’ and ‘making a pact with the devil’: Online bodybuilding communities and the negotiation of trenbolone risk, in Henning, A. and Andreasson, J. (eds) *Doping in Sport and Fitness (Research in the Sociology of Sport volume 16)*. Emerald Publishing Limited: Bingley. Pp111-136. <https://doi.org/10.1108/S1476-28542022000016007>
- Piatkowski T.M., Neumann D.L., & Dunn, M. (2023) “My Mind Went to Mush”: A qualitative exploration of trenbolone use among the performance and image enhancing drug community. *Drug & Alcohol Review*. 1-11. <https://doi.org/10.1111/DAR.13656>