Peer support and drug checking for people who use Anabolic Androgenic Steroids: a mixed-methods evaluation of SteroidQNECT and ROIDCheck

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Introduction: *People who use anabolic androgenic steroids (AAS) and other image and performance enhancing drugs (IPEDs) face significant harm yet remain excluded from harm reduction services. This study evaluated SteroidQNECT, a peer-delivered support service, and ROIDCheck, an AAS drug checking programme.*

Methods: *A convergent mixed methods design was employed, integrating quantitative data (client contact records, n=179; laboratory results from 171 AAS samples; training feedback surveys; post-service surveys from an Individualised Intervention group, n=29, and a Community Pathway group, n=170) with reflexive thematic analysis of interviews with consumers and harm reduction workers (n=10), stakeholders (n=5), and organisational staff (n=4).*

Results: *SteroidQNECT delivered 179 peer contacts and 43 training activities across three states. Qualitative findings identified the peer model as the foundational mechanism, enabling therapeutic trust and generating workforce and sector-level impacts. ROIDCheck identified compound mislabelling in 15.2% of samples; 73.0% were underdosed and fewer than 10% accurately dosed, the first systematic, laboratory-verified evidence of AAS market adulteration in Australia. Results were perceived as helpful by 100% of Individualised Intervention and 87.6% of Community Pathway respondents. Critically, 88.5% of Individualised Intervention participants reconsidered AAS use following personalised results ($p<.001$), versus 27.7% of Community Pathway participants ($p<.001$); changes were harm-oriented, with 69.6% considering dosage reduction and 100% moving toward fewer compounds.*

Discussions and Conclusions: *These findings demonstrate that peer-delivered, non-abstinence oriented harm reduction is feasible and effective for a population historically excluded from AOD services. The divergence in reconsideration rates confirms personalised drug checking as an active behaviour change ingredient, consistent with risk communication theory. ROIDCheck's political cessation represents a significant loss of harm reduction and surveillance capacity.*

Implications on communities, practice, policy: *Findings support investment in peer workforce capacity, expanded service reach, a national IPED harm reduction model, and restoration of drug checking. Priority populations include women, transgender and gender diverse people, young people, and CALD communities.*

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