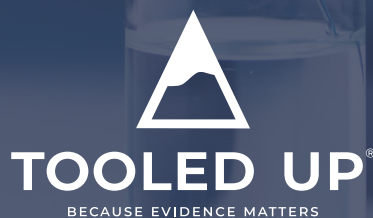




# A QUICK GUIDE TO STEROIDS

Recent headlines in which the parents of a professional bodybuilder blamed his use of steroids for his death have thrown a spotlight on these drugs. This Quick Guide, developed in conjunction with [Tooled Up Education](#), covers information that parents and carers need to know about steroids, as well as signposting to additional resources.



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## WHAT ARE STEROIDS?

Steroids are probably the best known of the group of drugs often referred to as performance and image enhancing drugs. All the substances within this group are generally taken by individuals wishing to improve something about themselves: generally their strength or sporting performance, or their physical appearance.

The term steroid is a bit of a misnomer, as it refers to the molecular structure of many different chemicals. Some of these – usually referred to as corticosteroids – have medical uses, such as prednisolone, beclometasone and fluticasone, all of which have a place in the management of asthma.

**Anabolic steroids are quite different, and it is these that are prone to misuse.**

**The most widely known anabolic steroid is testosterone**, a hormone that occurs naturally in the body. During puberty, boys experience a surge in testosterone which leads to the development of what are regarded as masculine features: a deeper voice, the growth of body hair, and increased muscle tissue. It is this last which leads individuals to misuse anabolic steroids, to help “bulk up” in order to increase sporting performance (through increased strength and endurance, and quicker recovery), or perhaps because of a perception that a rise in muscle mass will enhance their physical appearance.

**There are many other anabolic steroids** – so called because their structures resemble that of testosterone, and they have similar effects – such as nandrolone and trenbolone, and as with all drugs they may be referred to by a wide variety of street names such as “tren”, “juice” and “roids”. Other drugs that are sometimes used for similar purposes to anabolic steroids include growth hormones, peptides, and selective androgen receptor modulators (SARMs), all of which can stimulate muscle growth. For the purposes of this Quick Guide, the term “steroids” will be used to refer to all of these as a class.

Many, if not all, of these drugs have been implicated in [doping](#), which refers to the practice of using a substance to gain an advantage in a physical competition (hence the reason for drug testing in many sports). Because of their potential for misuse, steroids are tightly controlled in many countries, which means there is often a thriving black market, frequently through gyms and sports clubs as well as online.

While getting to grips with the prevalence of steroid use is challenging, [in the UK](#) it seems that the majority of users are young men, with a significant number starting as teenagers. Steroids do not appear to be one of the drugs tracked in death rate statistics, though [stories appear in the news](#) from time to time in which the family and friends of someone who has died point towards steroids as a contributing factor.



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## WHAT'S THE PROBLEM?

There are **many risks** associated with steroid use, including liver abnormalities such as hepatitis, increased blood pressure (because steroids encourage the body to retain water), acne, disturbed sleep, confusion, depression, and paranoia. Young people can experience stunted growth, and the increased confidence that many experience can tip into aggression and violence (including becoming sexually abusive). Changes to the male reproductive system can result in reduced sperm output and quality (impacting on fertility) and growth in breast tissue while testicles shrink and hair is lost, while females can experience menstrual problems, an enlarged clitoris, growth of facial and body hair, deepening of the voice, and decreased breast size. While some effects are reversible when the individual stops using the steroids, for others this is not the case, meaning the consequences can be far-reaching.

Steroids are not regarded as being physically dependence-forming in the way that some drugs are, but it is possible to develop a psychological dependence to any substance, and in the case of steroids this may stem from the user feeling they cannot function – as well or at all – without taking them. Withdrawal symptoms after stopping can feel very difficult, with the low mood and depleted energy levels that some experience causing them to go back on steroids rather than trying to continue without.

Like all drugs, steroids can interact with a range of substances including some medicines, which can make the effects and side effects (and risks) unpredictable. Steroids are also dangerous for individuals with **certain health conditions**. For example, they can cause a dip in blood sugar levels for people with diabetes, worsen pre-existing kidney and liver disease, and potentially cause already-present cancers to grow.



In the UK, steroids are **Class C** drugs, meaning that supplying them – other than by a pharmacist against a prescription written by a healthcare professional – is illegal, and carries the potential of a hefty prison sentence and fine. While steroid testing isn't routinely part of the checks a police officer may carry out if someone is driving erratically or dangerously, being regarded as unsafe behind the wheel is an offence. Unlike most other Class C drugs, it is legal to possess steroids, but only for personal use, and questions would normally be asked about their purpose.



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## WHAT IS THE IMPACT?

As well as the risks already described, there are some circumstances under which the dangers increase:

- **Someone who uses steroids may already be psychologically or emotionally fragile** – if suffering from low self-esteem or body dysmorphia, for instance – so side effects such as mood swings can be very difficult to handle.
  - **Over-training!** Because steroids can mean users recover from strenuous exercise more quickly than would otherwise be the case, over-training is a very real possibility, and this can take its toll mentally as well as physically.
  - **Dosing of steroids varies greatly**, with widespread practices including stacking (taking different products in multiple combinations, often at much higher doses than would be prescribed), cycling (essentially taking a course of steroids, often at high doses, and taking some time off before repeating the course; these cycles usually last between four and 12 weeks), and pyramiding (combining stacking and cycling by starting a low dose of one or more steroids, then increasing the amount over time until a maximum is reached, before taking a rest period then starting the process again). All of these pose risks in different but overlapping ways.
- **Many products sold as steroids are counterfeit** – hence unknown entities, as they will vary in what they contain, as well as in terms of strength, quality and safety – or designed for use in animals rather than humans. This makes the effects and risks highly unpredictable.
  - **There is also a risk of taking steroids inadvertently**, as there are many products available that claim to enhance sporting performance. Something that is purchased outside usual retail outlets – through someone at the gym, for example – **may contain steroids**, even though it claims to be a protein supplement or similar.
  - **While steroids are usually taken orally – in pill or powder form – there are injectable versions available.** This is the **most dangerous way of taking any drug** as it introduces the risk of infection due to poor administration technique or lack of hygiene, as well as the possibility of contracting a blood-borne disease such as hepatitis or HIV if injecting equipment is shared.
  - **Steroid use can be career ending for athletes, whether professional or amateur, and whatever the sport.** Someone who tests positive for steroids – or any other banned substance – is likely to be disqualified from competing and may face a lifetime ban.



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Boundary setting

## WHAT CAN PARENTS DO?

Parents and carers have a significant role to play in helping their children make decisions about drug use, including steroids.

Here are some tips:



### Distinguish between medicines and drugs.

The therapeutic uses of corticosteroids can make use of anabolic steroids seem legitimate and safe, but this is not the case unless a healthcare professional has been involved. This won't be the case if someone is [self-medicating](#).



### Fitness should feel safe.

If your child adopts a gym or new sporting habit, talk to them lightly about how they feel about it (and the others who go). While physical activity is to be encouraged, it should always be in a [positive and safe environment](#).



### Tap into instincts.

Not everything is bought on the high street these days, but a seller that feels dodgy – or maybe too good to be true – may well be exactly that.



### Discuss doping.

People often have strong views on drug use in sport, so shining a light on how steroids sit alongside other [doping agents](#) such as stimulants, painkillers and erythropoietin can highlight the message that this is cheating and there are no short cuts.



### Be alert to changes.

Physical changes are a natural part of adolescence, but be alert to body shape or mood altering significantly and suddenly.



### Be aware of body image struggles.

Everyone [questions what they see](#) in the mirror from time to time, but encourage your teen to treat themselves as they would a friend – with kindness and a focus on the good things. Modelling this behaviour yourself is a powerful starting point.

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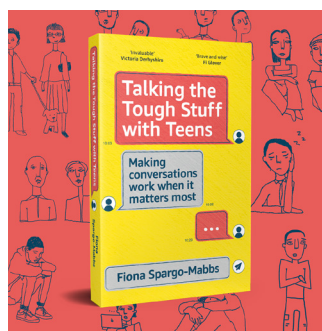
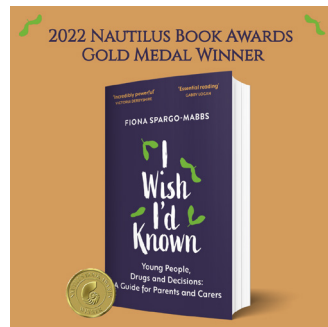
## WHERE CAN I GO FOR MORE INFORMATION?

Healthy, open, non-judgemental conversations with young people can be – literally – life-saving.

**Fiona Spargo Mabbs OBE**, founder and director of the **DSM Foundation** has written two books that are packed with advice and information.

### Award-winner, ***I Wish I'd Known***

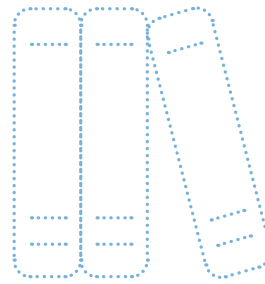
interweaves the story of one family's terrible loss with calm, measured and practical suggestions for parents about young people, drugs and decisions.



### ***Talking the Tough Stuff with Teens***

draws extensively on hundreds of conversations with young people and parents in

focus groups and school and college workshops, to give a warm and compassionate framework for tackling tough conversations about difficult things, without judgement or anger. It covers everything from curfews and screen time, to sex, self-harm and suicide.



Resources to check out

**The DSM Foundation**, our drugs education charity, has a number of resources to support parents and carers in their conversations with young people including a [video on steroids](#) made by Head of Education and Engagement Asha Fowells.

Useful information on steroids can be sourced from [Talk to Frank](#), [Drug Science](#) and [Drug Wise](#), and on understanding risks, reducing harm and seeking support from [Crew](#).

Remember that none of the resources listed here are a substitute for clinical advice and if you are worried about your child, your first port of call should always be your GP (or other relevant medical professional).

**Tooled Up Education** is thrilled to be collaborating with the DSM Foundation. Tooled Up brings evidence-based resources to school communities and enjoys strong relationships with some of the most respected researchers and organisations in the world. The Tooled Up Team dedicates its time to studying thousands of hours of research evidence and turning this into easy to use resources, in the form of videos, articles, podcasts, activities and tips to try.