# A well-steroid user clinic

*A drug team's experience of running a specialist needle exchange for steroid users*

THE EXTENT OF steroid use is unknown, and research into their effects has been hampered by problems in recruiting subjects. Medical problems reported include cancer of the liver and kidneys, jaundice, high blood pressure, heart attacks, strokes, raised cholesterol levels, interference with control of blood sugar, stunted growth, acne, and testicular atrophy.[1-6] HIV has been reported following needle sharing amongst anabolic steroid users.[7] Health promotion, HIV and hepatitis prevention, are clearly highly relevant to these drug users.

Reported psychological effects include mania, depression, persecutory ideas, dependence and extreme aggression.[8] The defences of steroid-induced insanity and diminished responsibility have been used successfully in cases of extreme violence and murder on both sides of the Atlantic.[9, 10]

Mid Glamorgan Community Drug Team runs from eight peripatetic sites, targeting all its services on injecting drug users. During March 1990 an anabolic steroid user called in, saying that he was unable to obtain suitable injecting equipment for viscous, oil-based steroids. Only U100 insulin syringes with fine-bore needles were available for sale from pharmacists. He had shared injecting equipment with fellow steroid users and had little knowledge of safe injecting techniques.

In the following months steroid-using client numbers increased. Most displayed a worrying level of ignorance about the risks. Information in the various, much-photocopied, 'handbooks' on steroids is often misleading or wrong.

In our clinics it was clear that steroid users and illicit drug users had little in common: steroid users do not see themselves as 'drug users', and other drug users are intimidated by their size, if not their manner. To expand choice and attract those who might not attend other facilities, we decided to provide steroid users with their own service. (Existing clinics, pharmacists and local agencies continue to welcome steroid users for needle exchange.)

The Well-Steroid Users Clinic, as we dubbed the new service, is run one evening per fortnight at a site central to the county – feasible because the steroid users we see are mostly employed and own cars. Clinic staff include a nurse, a doctor and a volunteer, backed by other drug team members. The new service was advertised to existing needle exchange clients, who were also given leaflets for wider distribution. A poster campaign at gymnasia was considered, but met with hostile reactions from some gym owners: word of mouth has proved the most effective means of attracting clients. Services provided by the clinic are:

**Needle exchange:** 2ml or 5ml syringes are supplied, with 21g 1.5" or 23g 1.25" hypodermic needles. Mediswabs, condoms and a harm minimisation leaflet are given to all attenders.

**Steroid information:** There is a high level of interest in scientific research on steroid effects and details of scientific papers are frequently requested. With this in mind, a factual *Steroid Users Handbook* is in preparation.

**Injection advice:** Sterile injecting techniques are taught, including the storage and cleaning of multi-dose ampoules. Advice is given on intramuscular injection to avoid nerve and blood vessel damage. The centre of the quadriceps (thigh) muscle is probably the safest area for self-administration but is not favoured because lumps and scabs cannot be hidden by a bathing costume. The deltoid (shoulder) muscle may be used, but shares the aesthetic problem and may be painful. As a result, the buttock is the preferred site. To avoid accidental injection into a vein or artery, users are advised to draw back the plunger of the syringe before injection. Should blood enter the syringe they are advised to remove the needle, apply pressure to stem bleeding, and then try again at another site.

**Health assessment and feedback:** Anonymous demographic data and needle exchange use are recorded for all clients. The optional health check is now the main attraction. When possible, all measures are repeated on and off steroids. We record details of drugs used, injecting practice and training behaviour. Physical status is monitored, including blood pressure and weight, and the psychological impact of the drugs is measured using tests for aggression, depression and anxiety. Relevant laboratory screening is offered, including full blood count, renal and liver function, blood sugar, cholesterol and triglyceride levels. With this knowledge we are able to define and feed back detrimental health changes and counsel individuals accordingly. We believe that this will motivate change in those steroid users most at risk. ■


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*by*

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