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IN GEAR
A GAY MAN’S GUIDE TO STEROIDS
Testosterone also has a controlling effect on levels of strength, self-confidence, physical aggression and sex drive.

For many years now, anabolic steroids have been used by athletes, bodybuilders and gym users – including, increasingly, gay men – to aid in the rapid development of muscle.

The full name for steroids is anabolic-androgenic steroids (anabolic steroids for short).

‘Anabolic’ and ‘androgenic’ are Greek words which refer to the different effects that the steroids have on your body – anabolic referring to the steroids’ ‘tissue-building’ effects and ‘androgenic’ referring to their ‘masculinising’ effects. Different steroids vary in the ratio of anabolic and androgenic properties they possess.

Used correctly and safely and (most crucially) combined with a good diet and a strenuous workout regime, the anabolic properties of the steroids can

WHAT ARE ANABOLIC STEROIDS AND WHAT DO THEY DO?
Anabolic steroids are synthetic hormones which are essentially very similar to testosterone, a natural hormone which stimulates growth and muscle development in both men and women.

In men, testosterone also affects male body characteristics such as a deep voice and the growth of body hair.
help users develop muscle and gain weight more quickly than by hard work alone. Steroids can do this by increasing the capacity of the muscles to build protein, store energy and absorb oxygen.

The androgenic effects of steroids – similar to the masculinising effects that natural testosterone has on the male body – can increase your self-confidence, your sex drive and your levels of aggression and competitiveness. Steroid users are also able to train harder in the gym and recover more quickly from strenuous workouts.

But steroids are by no means problem-free.

Steroids also cause many different side-effects. Some of them are very common; some are less common but potentially very harmful to your health. If you take large amounts of steroids over a long period of time you could be provoking health problems which may not be apparent for years to come.

Steroids increase the capacity of the muscles to build protein, store energy and absorb oxygen.

The effects they might have on your body are, for example, not entirely predictable. There are many different types of steroids which have many different effects. And different steroids can have differing effects in different people, depending on their metabolism and their lifestyle.

HOW MANY GAY MEN TAKE STEROIDS AND WHY DO THEY TAKE THEM?
The use of steroids by gay men in London grew steadily through the 1980s and 1990s and has remained stable over the past five years.

In London and the UK, there are now thousands of gay men who have used steroids as a short-cut to achieving the size, the body shape and the muscles they want but couldn’t achieve without devoting most of their spare time to working out in the gym.

In 1999, a survey of men at lesbian and gay Pride events up and down the country found that 1.4% of gay men (that’s one in every 70) had used steroids in the previous 12 months.

The majority of gay steroid-users appear to be in their 30s and 40s, but some are in their late teens and early 20s, and some are in their 50s, 60s and even 70s.

The London gay scene is dominated by clubs where the well-toned, ‘gym-fit’ body-beautiful is the image of choice. The attractions of using steroids as a short-cut to building muscles are clear.

Steroid users and doctors say that it is not uncommon for a man to be able to gain 15 or 20 kilos in body weight and transform the shape of his body within a few months.

A recent survey of more than 700 gay men using gyms in central London found that 100 of the men had used steroids in the previous 12 months.

The HIV-positive men surveyed were twice as likely to be using steroids as the HIV-negative men, with half of the HIV-positive steroid-users saying they were taking steroids for medical reasons.
HOW ARE STEROIDS TAKEN?
Steroids come in two forms:
• oral tablets
• water or oil-based solutions for injecting into muscle (see page 28).

Surveys suggest that more than two-thirds of gay men who use steroids use injectable steroids, such as sustanon, deca-durabolin, winstrol and testaviron.

The other third are taking oral tablets, such as dianabol or one of a range of testosterone tablets.

An average course of steroids (known as ‘a cycle’) lasts between four and twelve weeks. For a beginner, this would involve taking a regular dose of one steroid over a period of several weeks, or taking overlapping courses of two steroids – one (such as sustanon) to help bulk up muscles and then a second (such as winstrol) to help make the bulked-up muscle more defined.

During the ‘cycle’, it is important to train hard, eat well, drink lots of water and get lots of rest. (Taking steroids is not something that can easily be fitted into an already overcrowded, busy and stressful life.)

Some gay steroid-users might achieve what they want with just one cycle of steroids. Others might do more than one cycle.

It’s important to recognise that, after each cycle, you need to give your body a break from the steroids. This break is called ‘an off-cycle’. It should last for at least four weeks and preferably for the same length of time as the cycle itself.

If you don’t give your body this break, you run a greater risk of some of the more serious side-effects.
THINGS TO DO IF YOU ARE THINKING ABOUT TAKING STEROIDS

It’s advisable to talk to a doctor about the general state of your health before taking steroids. Ideally, you should undergo tests to check that your heart, liver and kidneys are all functioning well.

A drugs information service will advise you on how to find a doctor who can perform the tests and interpret the results for you. There is a steroid users’ support service for gay and bisexual men in Soho in central London (see page 49). And there is at least one private gay doctor in London who has experience of advising gay steroid-users. If you are HIV-positive, it’s a good idea to talk to your HIV treatment centre.

Whether you are HIV-negative or HIV-positive, it may not be a good idea to use steroids:

- if you are in any way frail or sickly
- if you have muscular or skeletal problems
- if you have a family history of heart disease
- if you are not already a reasonably fit and athletic person
- if you have had problems with your liver or your kidneys
- if you have high cholesterol levels
- if you suffer from diabetes.

If you do decide to take steroids, it is also a good idea to consult a qualified trainer at your gym and also consult a dietician. (For more about diet, see page 40.)

The most important and most sensible thing to do if you are even just thinking about taking steroids is to be well informed.

The chemistry of steroid use is pretty complicated, and it can take a while to get to grips with the names and effects of the different types of steroids which are available. Give yourself plenty of time to check out some of the websites listed on page 51.

Perhaps most important of all, give yourself time to think about the possible unwanted and perhaps unexpected side-effects which steroids can have.
COMMON SIDE-EFFECTS
Common side-effects which you might notice as soon as you start using steroids include:

- insomnia (sleeplessness)
- feelings of ‘buzzing’ or jumpiness
- distorted and blurred vision
- headaches
- indigestion and other gastric problems
- purple or red spots on the body
- swelling of the legs and feet
- persistent bad breath.

(Gastric problems may be more pronounced in men who use oral tablets.)

Nearly all of the gay steroid-users interviewed for a recent survey (96%) reported that they had experienced some side-effects.

Shrinkage of the testicles was experienced by 51%, insomnia by 48%, depression after stopping taking a cycle of steroids by 25% and raised blood pressure by 19%.

The steroid-users surveyed were more likely to be depressed than those who weren’t using steroids, and twice as likely to have thoughts of suicide.

OILY SKIN, ACNE and CYSTIC ACNE
Steroids cause the skin to become much more oily. This can lead to blocked pores, spots and acne, which may be very serious, especially on the shoulders or the back. Deep-rooted spots can even turn into painful cysts.

BLOATEDNESS, WATER RETENTION and HIGH BLOOD PRESSURE
As you build up your muscles when you are taking steroids, as much as 20% of the bulk you gain is due to water retention in the muscles. This is what gives men who take steroids a rather bloated appearance. The bloatedness does subside over a few weeks. But it is important to be aware that water retention can lead to raised blood pressure. Nearly one in five gay men (19%) experienced raised blood pressure while they were taking steroids.

PHYSICAL INJURIES DURING TRAINING
It is not uncommon for men who use steroids to cause themselves physical injury during training. When you are on steroids, you are able to train harder and longer. This can lead to injuries such as strained and torn muscles and tendons.

You may be even more likely to damage yourself if, when you begin an off-cycle, you try to train as hard as you were doing before.

SPECIAL DANGERS TO ADOLESCENTS AND YOUNG MEN
Doctors and health workers usually advise that men under the age of 24 should not use steroids. Steroids can prematurely halt the natural growth process, including the growth of bones.

The growth process continues through adolescence and the teenage years and does not finally stop until around the age of 24.

If you take steroids before your natural growth period has stopped, you may end up being shorter in stature than you might naturally have been.

Nearly all of the gay steroid-users interviewed for a recent survey reported that they had experienced some side-effects.
SERIOUS POTENTIAL HEALTH PROBLEMS

Steroids can seriously affect your liver, your kidneys and your heart. And they can increase your cholesterol levels, thus increasing your risk of heart attack.

Steroids can also cause serious sexual problems and can lead to infertility. They can also cause psychological problems.

YOUR LIVER & YOUR KIDNEYS

Steroids can disrupt the natural balance of enzymes produced by your liver and lead to inflammation of the liver, jaundice and liver poisoning. Steroids which are taken orally are more likely to have an adverse effect on the liver.

Steroids will also put extra pressure on your kidneys as your body works overtime to deal with the waste products produced by the drugs and by the changes occurring in your body. The importance of drinking lots of water cannot be over-emphasised (see page 42).

And some users take milk thistle, a herbal remedy available in capsules from health food stores, to help detoxify the liver.

YOUR HEART & YOUR CHOLESTEROL LEVELS

Steroids can disrupt your cholesterol levels, lowering the levels of ‘good cholesterol’ and raising the levels of ‘bad cholesterol’. The increase in ‘bad cholesterol’ can lead to a condition known as atherosclerosis, which is a thickening of the lining of the arteries. Steroids taken orally (particularly those which are described as ‘alpha-alkylated’) are most likely to cause this disruption of cholesterol levels.

It is also thought that prolonged use of steroids may lead to heart disease. If there is a history of heart disease in your family, it is important to be wary of taking steroids without proper medical advice.
SEXUAL PROBLEMS

Because taking steroids involves boosting the levels of the male hormone testosterone in your body, in the short term they can increase your sex drive. You may feel extremely horny for a few weeks – until your body adjusts your hormone levels by shutting down your natural production of testosterone.

This shutting down can cause some short-term and long-term problems, such as:

• shrinking of the testicles
• reduced sperm count and, in the long-term, infertility
• difficulty in getting a hard on and even impotence
• premature balding
• difficulty or pain in urinating
• development of female-type breasts
• an enlarged prostate and, in the long term, an increased chance of developing prostate cancer.

Half of gay steroid-users surveyed in London (51%) said they experienced shrinkage of the testicles.

The development of female-type breasts (known as ‘bitch tits’) can be caused when excess testosterone in your body converts (or ‘aromatises’) into the female hormone oestrogen.

In a recent case, a young gay man developed breasts within a few weeks of taking steroids. The risk of this happening varies enormously from person to person. Experienced steroid-users often take an additional drug such as tamoxifen citrate to combat oestrogen production. (Tamoxifen citrate is commonly used as an anti-breast cancer drug.)

Premature baldness, loss of sex drive, low sperm count and infertility are all potential longer term problems for men who take repeated cycles of steroids over a long period. Apart from baldness, these problems can correct themselves, if you take an extended break from steroids. Taking more steroids to combat loss of sex drive might only make the problem worse in the long run.
PROBLEMS FOR YOUR PARTNERS AND FRIENDS

Taking steroids may have a serious effect on your relationships with your sexual partner and your friends.

It is not unusual for steroid-users to find that their personality and their lifestyle change. You may be happy with the effects that steroids are having on your body, and you may enjoy going out clubbing and mixing with other men who have taken steroids, but your partner and your friends may not be so happy. They may feel you are drifting away from them, or that you have become too aggressive, too ‘cocky’ and too over-confident for their liking. You may become sexually aggressive too, and your sexual partners may not find that to their liking.

SAFER SEX, SEXUAL HEALTH & HIV

Steroids can increase your self-confidence and your sex drive. If you are feeling doubly horny, it may be easy to get carried away and forget to use condoms during anal sex.

Surveys have shown that HIV-positive steroid-users are more likely to report high-risk behaviour than HIV-positive men who do not use steroids. The same may be true of HIV-negative men who use steroids.

Using condoms for anal sex is the best way to avoid picking up or passing on HIV and other sexually transmitted infections.
MOOD SWINGS & MENTAL HEALTH PROBLEMS
Steroids can cause exaggerated mood swings and can also cause or exacerbate mental health problems.

Many steroid-users report an increased sense of well-being while they’re ‘on cycle’. They feel better about their bodies and are far from afraid to show it.

But the feelings of self-confidence and energy can give way to depression and lethargy, especially during off-cycles.

A quarter of gay men who take steroids say they feel depressed after they have finished a course of steroids, and gay men who use steroids are more likely than normal to have thoughts of suicide.

Sometimes the confidence associated with taking steroids can turn to irritability, argumentativeness or overly competitive behaviour.

Anger and mood swings are common, and some steroid-users report feeling out of control of their anger. This phenomenon is often known as ‘roid rage’.

It is not uncommon for steroids-users to be unaware that they are losing their temper a lot. Sometimes they need to have it pointed out to them. And this lack of awareness could lead to problems at home and at work.

If you are concerned about your moods or your mental health, it’s worth talking to someone you trust for an outside perspective. It could be a friend, a partner, a drugs worker or a counselling service (see pages 49-51).

CAN I BECOME DEPENDENT ON STEROIDS?
Deciding to use steroids may be the first step on a seductive slippery slope. If they work well for you, you may find yourself using a cycle of steroids every six months or so, to maintain and rebuild muscles that might have wasted away since your previous cycle.

You may also get locked into a desire to carry on taking
Anorexia is probably the best known body dysmorphic disorder. Anorexics fail to eat adequately because they think they are fatter than they really are.

The type of body dysmorphia suffered by some steroid-users is known as ‘muscle dysmorphia’ (also known as ‘reverse anorexia’ or ‘bigorexia’). Sufferers think they are underweight and puny when the opposite is true. They may become excessively preoccupied with and even seriously distressed by small or even imaginary defects in their appearance.

Sometimes the only way to break out of this disorder is through counselling to help the sufferer understand what’s happening and help him break away from it. (See listings, pages 49-52.)

Steroids over a long period of time. This will increase your chances of facing long-term health risks.

Long-time steroid-users may have difficulty in stopping steroid use, experiencing cravings and withdrawal symptoms (all of which are the classic symptoms of addiction).

With steroids, these symptoms may be more psychological than physical. But more than half of regular users who stop taking steroids experience physical symptoms such as fatigue, weakness, headaches and depression (which may sometimes be severe).

You may get withdrawal pains which go away if you start taking steroids again. This in itself may reinforce your feeling of being dependent on steroids.

Half of regular users who stop taking steroids experience fatigue, headaches and depression.

People who suffer from body dysmorphic disorder have a distorted perception of how they look. They think they are smaller and thinner, or bigger and fatter, than they actually are.

Body Dysmorphia, Muscle Dysmorphia, and ‘Bigorexia’

The image of the beautiful body is so dominant in the gay press and in many gay clubs that it is likely that most gay men at some point in their lives go through a period of worrying about their body image.

Gay men who use steroids are probably more concerned than most about how they look. And it is not uncommon for some steroid-users to begin to suffer from what is called body dysmorphia (also known as body dysmorphic disorder).

It’s not the steroids themselves which cause the disorder; the process of trying to get bigger and build more muscle probably just exacerbates the worries that steroid-users already have about the way they look.

People who suffer from body dysmorphic disorder have a distorted perception of how they look. They think they are smaller and thinner, or bigger and fatter, than they actually are.

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Sometimes the only way to break out of this disorder is through counselling to help the sufferer understand what’s happening and help him break away from it. (See listings, pages 49-52.)
WILL STEROIDS ACTUALLY GIVE YOU WHAT YOU WANTED?
Keen devotees of steroids often claim that almost everyone who takes them is satisfied with the results they achieve.

But do bear in mind that this does not mean that everyone can benefit from steroids. And bear in mind too that there are large numbers of gay men who consider taking steroids but then decide not to go ahead – for a variety of reasons.

They may have decided that their health is not really robust enough to be put under the stress of a course of steroids. Or they may feel that, for them, the idea of swallowing or injecting chemicals while they are going to the gym, exercising and staying healthy seems a bit of a contradiction in terms.

Perhaps they don’t want to run the risks of all the different physical and psychological side-effects. Or maybe they decide that they really don’t have the space in their busy lives to devote to the research, the eating, the resting and the gym-time that they realise is required.

Perhaps they aren’t prepared for the inevitable change in their self-image or the changes in how they might relate to their friends and their partner.

Or perhaps they worry that things might turn out very differently from what they were hoping for.

Gay health workers who have spent time advising men who take steroids say that only about 60-70% get what they are looking for from steroids.

The other 30% might put on more fat than muscle, or put on muscle and weight but lose it again really quickly over just a few weeks. Some even find that their metabolism is such that they just can’t develop their muscles any more than they have done naturally over the years.

Some gay men will set out hoping to achieve the classic, toned look with great pecs, arms and abs on a relatively slim frame, and yet they end up putting on a lot more weight and a lot more fat than they ever expected.

The body shape you want could prove to be very elusive. If you want to change your body because you want to attract a certain type of man, it’s worth asking yourself how you will feel if the look you finally achieve proves to be attractive only to men who are really not your type.

Gay men in their late 30s, in their 40s or even their 50s may be drawn to taking steroids because they feel that their chances of developing their body naturally with hard work alone are starting to run out.

If you are younger, it’s a good idea – before making the decision to take steroids – to consider the natural alternatives. If you enjoy going to the gym, then build on that. Spend more time doing what you enjoy and find out what you can achieve through natural growth mixed with hard work.
WHERE DO STEROIDS COME FROM?
The black market in steroids has been growing since the 1970s and 1980s. In the early days, most of the steroids being used for bodybuilding were lawfully manufactured drugs which had been diverted to the black market through theft and fraudulent prescriptions.

As more and more drugs were banned, many drug companies stopped legitimate production altogether, but their products are copied in factories overseas, in southern and eastern Europe, China and Mexico. These counterfeit drugs may present greater health risks because they are manufactured without controls and thus may be impure, mislabeled or simply bogus.

Steroid dealers have been known to print their own bogus packaging, fill ampoules with something like sesame seed oil and then sell their products as if they were genuine.

SPOTTING FAKE AND BOGUS PRODUCTS
There is a lot of information about spotting bogus steroids on websites which carry detailed information about different products (see page 51).

Some unscrupulous dealers will package and sell junior aspirin and tell you it’s steroids. At best you may be sold something harmless – at worst, something which is potentially dangerous.

Don’t buy from anyone you don’t know. Don’t buy from anyone you don’t trust. And, at the same time, don’t trust your dealer to be necessarily telling you the truth.

The advice he is giving you may be plain wrong or he may be trying to sell you something which isn’t right for you or isn’t what you want, simply because he has it and he’s got to get rid of it.

Steroids which are made to a reasonable standard, even in an unlicensed laboratory, will come with their own packaging, labelling and security features. To check whether this has been interfered with or whether you are being sold totally dud products, check the packaging to see if it looks legitimate. Its seals should be unbroken, and it should have an expiry date and lot number in different colours. There should also be an instruction leaflet inside.

Be informed about the size, colour and dosage of different pills, and be very wary of anything unusual or unexpected.

If you are buying steroids to inject, there are other things you should look out for, too. When held up to the light, the liquid in vials, ampoules or bottles should be clear, with no floating bits. IF IN DOUBT, DON’T BUY THEM!

Some observers say that lots of steroids available on the ‘gym market’ in London are counterfeit and may contain no active ingredients at all. They may even contain non-sterile fluid which, when injected, can cause infection. (In the United States, as many as two out of every ten lots of steroids sold on the black market are diluted or fake, have no active ingredient or are contaminated, with contamination being the biggest problem.)

The SUSSED clinic in Soho has a guide to steroid packaging which can be consulted every first Friday of the month (see page 49 for details).
ADVICE ON INJECTING

WHERE TO GET CLEAN NEEDLES
You can obtain free injecting equipment from drugs advice agencies or pharmacies which operate a ‘needle exchange’ scheme. Some chemists will give you free equipment or will sell it to you.

If you see this logo in the window, you’ll know they participate in the free, national needle exchange scheme.

In most needle exchanges you do not have to exchange old needles for new ones. You should be able to get a supply of new, sterilised needles, without having used needles to return.

While you are there, take the opportunity of getting some free face-to-face advice.

To find your local drug service and also to find out which drug services act as needle exchanges, call FRANK (formerly the National Drugs Helpline) on 0800 77 66 00.

Or visit the FRANK website at www.talktofrank.com and look in the website’s Getting Help section.

RISK OF HIV AND HEPATITIS
Always use only brand-new, sterile injecting equipment – a new needle and a new syringe.

Sharing any injecting equipment (needles, syringes, vials or multi-dose bottles or bags) poses a potential risk of HIV and/or the hepatitis B and C viruses being passed on.

Even if the equipment has not been used for a while, it can still contain these viruses.

The golden rule is ‘don’t use it if you’re unsure’.

HOW TO INJECT SAFELY
Steroids should always be injected into a large muscle – usually the upper, outer quadrant of one of your buttock, or sometimes the thigh. The fleshiness of the buttocks helps you avoid blood vessels and major nerves. Injecting an oily steroid liquid into a vein or an artery could be fatal. And injecting into a nerve...
could cause severe pain and even paralysis. Do not inject into your arms, calves or other small muscles. There are more nerves and blood vessels in those muscles.

Blue or green needles should be used, as they are the right size. Anything smaller won’t go far enough into the muscle, may break during use, and will make it hard to push the liquid in.

Use one needle for drawing up the steroid solution from the bottle, ampoule or phial, and then use a new one for injecting. (The needle used for drawing up gets blunted as you pierce the seal and is therefore more likely to cause scarring and infection).

To ensure there is no air inside, hold the syringe with needle pointing upwards and tap the side of the syringe. Press the plunger slowly until a droplet appears on the tip of the needle.

Remove your clothing and clean the injection site with soap and water.

Stretch the skin of site with finger and thumb.

Jab the needle three quarters of the way into the site at a right angle (like a dart).

Release the skin and gently pull back the plunger. If there’s no blood, inject slowly.

If there is blood, remove the needle and apply pressure until the bleeding stops and then try another site. Injecting into the bloodstream, into veins or arteries, can be fatal.

After injecting, remove the needle and press the site with a cotton wool ball or tissue for 5-10 seconds.

Slowly massage the site to disperse the steroid.

Always dispose of used needles carefully. You can get personal ‘sharps bins’ (specially designed for safe disposal) from needle exchanges and some pharmacies. If you don’t have one, remove the needle and insert it into the syringe barrel. In an emergency you could use an empty drinks can or glass jar, but these are not ideal.

To minimise the risk of scarring and infection, alternate injection sites and try to avoid using more than 2ml per injection.

If you develop any signs of infection after an injection – temperature, redness and/or pus at the injection site – see a doctor as soon as possible.
• Stimulant drugs like E, speed and coke don’t create energy, they simply allow you to borrow it from tomorrow’s supply. When tomorrow comes, it’s payback time. So, in addition to losing weight, you might not have enough energy for good, hard work-outs.

• Drink and drugs place additional strain on your liver.

• Remember that using cocktails of drugs increases the physical effects of them all.

STEROIDS AND OTHER DRUGS
For most users, steroids are only a part of their drug intake.

Commonly, party drugs like E, speed, coke, alcohol and cannabis are taken throughout cycles.

It’s worth bearing the following points in mind:

• Drugs like speed and E, combined with clubbing, might make you lose weight.
• While club drugs might seem to be the solution to feeling mentally flat and worn out, in fact they will accentuate such psychological side-effects as depression, anxiety and mood swings.

• While ‘on cycle’, it would be sensible to moderate or stop your use of other drugs if you can. Those who have existing mental health, heart or blood pressure problems, or glaucoma, should avoid stimulant drugs altogether.

**GHB**
*(gamma-hydroxybutyrate)*

In July 2003, GHB was made a controlled Class C drug. A prosecution for possession may attract a two-year sentence, and the maximum penalty for supplying the drug is now 14 years.

Nevertheless GHB is still used by gay men for sex and for clubbing because of the feelings of euphoria and loss of inhibition that it induces.

GHB is also popular among steroid-users because of the belief that the drug can stimulate the body’s production of natural growth hormone. Many steroid-users also take it to help them sleep, which is essential for allowing the body to grow. The drug is thought to aid recovery from workouts and reduce muscle stiffness.

If taken in too large a dose or with alcohol, GHB can induce vomiting, muscle spasms, disorientation, poor co-ordination, coma and even death. There are reports from nightclubs and saunas of gay men collapsing after taking too much GHB or mixing it with alcohol and other drugs.

When production of GHB went underground, it became almost impossible to know how strong any particular dose of the drug might be. It used to be fairly safe to say that one teaspoon of GHB mixed with water was a relatively safe dose either for clubbing, sex or sleeping. Now, however, one teaspoon could either have very little effect or could be enough to make you collapse.

**Speed/amphetamine and ephedrine.**

Speed and ephedrine have some popularity among gym-goers because they give additional energy to work out longer. They also have diuretic qualities (they make you urinate more), which may help alleviate water retention (a common side-effect of steroid use).

Caution: Taking stimulant drugs on top of steroids places extra strain on your liver and can exacerbate depression and mood swings. People with high blood pressure or heart problems should avoid taking extra stimulants, as should people with mental health conditions.
ADVICE FOR MEN WHO ARE HIV-POSITIVE

Many HIV-positive gay men in London use steroids. In fact, one survey has shown that the HIV-positive men using central London gyms are more likely to be using steroids than the HIV-negative men using the same gyms.

The survey showed that half of the HIV-positive men they interviewed were using steroids simply to increase their muscle mass, for the same purely cosmetic reasons as HIV-negative men. But the others said they were using them for a variety of medical reasons. Many of those may have been prescribed a medically recognised steroid or doses of testosterone by their HIV treatment centre.

Some of the men may have been using steroids to counteract weight loss and wasting of their muscle tissue. This may have been caused by a bout of HIV-related illness or, more generally, by the fact that some anti-HIV drugs and even HIV itself can cause the level of testosterone in the body to drop.

Some doctors in HIV treatment centres may have prescribed steroids or testosterone to HIV-positive gym users with a view to helping them improve their body image and low self-esteem.

If you are HIV-positive, you are recommended to speak frankly to your HIV treatment centre, if you are thinking about taking steroids.

If a doctor is willing to prescribe testosterone or a steroid for you, he or she may feel that this would be better than seeing you run the risks of infections and other health problems associated with taking black market drugs.

There are a number of extra health concerns you should be aware of and which you should discuss fully with your HIV treatment centres.
ADVICE FOR MEN WHO ARE HIV-POSITIVE

DEPRESSION AND SUICIDAL THOUGHTS
Many men who take steroids are likely to suffer from depression and also to have thoughts of suicide. And, since HIV-positive men are generally more likely to suffer depression than HIV-negative men, taking steroids could exacerbate these potential problems.

BLOOD SUGAR AND CHOLESTEROL
Both anti-HIV drugs and some anabolic steroids may cause variations in blood sugar and cholesterol levels, leading to the risk of diabetes and heart problems.

THE LIVER
Both anti-HIV drugs and steroids put extra strain on your liver.

HIV TREATMENTS AND STEROIDS
Some anti-HIV drugs (in particular ritonavir/Norvir) may interfere with your liver’s ability to break steroids down. This could lead to a build-up in your blood of up to two to three times the intended level of steroids, increasing the risk of side-effects. If you’re on protease inhibitors, particularly ritonavir, it may be worth starting on a lower steroid dose (say half) and then waiting to see whether you get the desired effects before stepping up your dose. Ideally, you should talk to your HIV doctor about this beforehand.

Another protease inhibitor, indinavir (Crixivan), has been linked with kidney problems. Creatine (see page 44) also places stress on your kidneys. Together they may cause more serious damage.

If you are HIV-positive, it’s advisable to consult your doctor before taking steroids.
For steroids to produce their desired effects, a good diet and exercise regime are crucial.

Experts differ on the proportions of the different elements, but the ideal diet when you are taking steroids should be made up of somewhere between 40% and 60% carbohydrates, between 20% and 30% protein and between 15% and 30% fats.

The proportions might be:

• 60% carbohydrates, 20% protein and 20% fats
• 55% carbohydrates, 25% protein and 20% fats
• 40% carbohydrates, 30% protein and 30% fats.

You will need to consult a dietician and buy a good book on diet which will tell you how much of each of these key elements are contained in a wide range of different foods.

The percentages need to be worked out from the number of calories contained in the carbohydrate, protein and fat you eat. Fats are a concentrated energy source, yielding nine calories per gram, compared to the four per gram found in protein and carbohydrate.

You should eat at least two grams of protein per kilo of your body weight every day.

The website of the Dieticians in Sport and Exercise Nutrition – www.disen.org and in particular www.disen.org/nutrition/nutrition_frame.htm – has a good guide to how much fat, protein and carbohydrate are contained in sample portions of a variety of different foods.

Carbohydrate is as important as protein, because it is carbohydrate which provides the energy for working out, but also, crucially, provides the body with the energy to transform the protein you eat into the muscle you want.

If you don’t eat enough carbohydrate, you might find that your body has to start using up muscle tissue to provide you with energy, so your workout will be having the opposite effect from what you want.

You should eat regularly and often during the day – a series of small meals rather than two or three large meals.

Your meals should be structured around a good helping of carbohydrates. Good sources of carbohydrates include wholemeal bread, brown rice, wholewheat breakfast cereals, rice, pasta, potatoes, some vegetables and fruit.

Protein is derived from meat, fish, milk, peas, beans, pulses, grains (in bread, pasta etc), soya products and peanuts are also all good sources of protein.
High-protein drinks and supplements can also be useful and easily consumed immediately after a workout.

Amino acid L-glutamine is the most abundant amino acid in muscle tissue, so it’s well worthwhile to supplement your diet with extra L-glutamine.

You can get your intake of fat from meat and fish, pulses and vegetables. Try to avoid saturated fats (from meat, butter, cream etc), because they will increase your cholesterol levels which the steroids will also do. This could be bad for your blood circulation and for your heart. Eggs and offal (such as liver, kidneys, black pudding) are particularly high in cholesterol.

Poly-unsaturated and mono-unsaturated fats (from fish, beans, pulses and vegetables) are healthier. Use olive oil instead of butter for cooking, and choose lean rather than fatty meat and consider eating fish as often as meat. Tuna, cod, plaice, sea bass, tilapia, squid and prawns are all recommended.

Also, it’s good to use lower-fat versions of dairy foods – semi-skimmed milk, yoghurt instead of cream.

Eating a portion of oily fish (such as sardines, mackerel or salmon) every week is a good way to help protect against heart problems, as these fish supply you with essential ‘omega 3’ fatty acids.

Multi-vitamin and mineral supplements are also important.

In terms of both diet and workout plan, ideally, you should consult a nutritionist, dietician or qualified trainer.

THE IMPORTANCE OF DRINKING WATER CANNOT BE STRESSED ENOUGH!

You should drink at least three litres of water a day when taking steroids (particularly orals).

Water is a vital component in the diet for building muscle, as muscle cells are made up of 70% water, with the rest being mostly protein. Water allows nutrients such as amino acids (the basic components of protein) as well as vitamins and minerals to circulate in your body and to be readily available wherever they will be needed for the muscle-building process.

Crucially, water also helps to flush waste products from your system. It will help your kidneys to process and get rid of all of the waste products from the steroids you are taking, as well as the waste products from the development of new muscle.

Steroids can cause kidney damage so it’s best to help protect them as much as possible.

If you are exercising hard or for long periods of time in the gym, you might want to drink dilute squash, a suitable sports drink or diluted fruit juice, rather than just plain water, as these will supply some carbohydrate as well as fluid.

For information specially written for people with HIV who are working out, visit www.aidsmap.com/events/forumReports/june_2003.pdf

VITAMIN AND MINERAL SUPPLEMENTS

Getting the right amounts of vitamins and minerals is, of course, essential. The best way to ensure that you do this is by eating a healthy diet of fresh food.

There are two problems with trying to get your vitamins and minerals from dietary supplements in tablet or powder form:

These supplements are not necessarily very readily absorbed by the body. At high doses, they may actually be poisonous. For people with HIV, it’s thought that high doses of vitamins A and E and the mineral zinc may actually harm your immune system.

If you want to take a supplement, try a basic multivitamin. With any supplements, always follow the advice on the packaging. Consult a doctor or dietician/nutritionist before taking doses above those stated on the packaging.
CREATINE

Creatine is an amino acid, an essential building block of protein. It occurs naturally in our bodies and can be found in all protein foods too (see page 40 on diet).

Taken in supplement form, it has gained popularity recently with people who weight train, as it increases endurance and energy during training and encourages greater size gain.

That said, it is not an anabolic steroid and does not increase muscle growth capacity. It is also thought to encourage water-retention in muscles, providing short-term size growth which is quickly lost when use of creatine is stopped.

Caution: Some people experience nausea, vomiting and stomach cramps and also need to defecate (shit) a lot more when first taking creatine. If too large a dose is taken, other more serious side-effects can occur, such as stomach ulcers.

Creatine is toxic in doses higher than 20 grams per day. It also places stress on the kidneys, since all excess protein is processed out of the body by the kidneys into the urine. Drinking about three litres of still water throughout the day is essential.

In the US, there have been a number of deaths attributed to kidney failure induced by creatine use. If you already have kidney problems avoid using creatine.

See also advice for those on indinavir, page 38. Most problems people experience seem to be associated with overuse. Always follow the instructions on the packaging.
GETTING CHECKED OUT BY A DOCTOR BEFORE TAKING STEROIDS

More and more GPs report that they have patients who they know to be taking steroids, and many confess that they are not entirely confident that they have the levels of knowledge needed to be able to advise steroid users adequately.

In places such as Durham, the Wirral, Nottingham, Cardiff and London, where there are drugs agencies and doctors who offer support services to steroid-users, it may be easier to find a doctor who is willing and able to offer health checks to users before, during and after steroid use. In London, there is one gay doctor running a private practice who offers this service.

The policy of the British Medical Association and the General Medical Council, which set ethical guidelines for doctors, is that it would be unethical to prescribe steroids to a patient.

The publication states that the General Medical Council does not prohibit doctors from providing ‘any care or treatment where the doctor’s intention is to protect or improve the patient’s health’. This could include needle exchange facilities, advice and guidance about steroids and other drugs, counselling, advice and treatments for side-effects.

Drugs in Sport: The pressure to perform also gives tentative support to harm reduction clinics for steroid-users (such as those in Durham and elsewhere) which offer blood and liver function tests as well as comprehensive advice on steroids and diet.

Such specialist services, the BMA argues, may achieve harm reduction by helping steroid users ‘attain their desired body shape with lower doses of drugs, or perhaps by using less dangerous drugs’.
WHERE TO GO FOR FURTHER HELP...

GAY DRUG SERVICES

SUSSED 'Steroid Users' Support Service
Drop-in support and information service for gay and bisexual men, every first Friday of the month, 6pm-9pm, at CLASH (Central London Action on Street Health) 11 Warwick Street, Piccadilly W1 020 7734 1794
(The service is provided in association with the Hungerford Drug Project, part of the national drugs agency Turning Point.)

ANTIDOTE – LGBT DRUG AND ALCOHOL SERVICES
Free advice, support and counselling for gay men at centres in Brixton, Kings Cross, Lewisham and Soho. Plus two gay men’s support groups meeting in Soho.
The Hungerford Drug Project 32A Wardour Street, Soho W1 020 7437 3523 Mon-Fri 10am-6pm

DASL (Drug and Alcohol Service for London)
Information, counselling and support.
Capital House 134-138 Romford Road Stratford E15 020 8257 3068 www.alcoholleast.org.uk email: services@dasl.org.uk

LEGAL ADVICE
Release (24-hour legal information helpline) – 020 7603 8654 www.release.org.uk

STEROIDS AND THE LAW
Since 1996 anabolic steroids have been subject to the controls of the Misuse of Drugs Act 1971 and are classified as Class C drugs.

This class includes tranquillisers such as Diazepam (‘Valium’), Temazepam, Chlordiazepoxide (‘Librium’) and Nitrazepam (‘Mogadon’). Cannabis was added to this class in 2004.

Class C drugs are considered to be less dangerous than drugs in Class A and B such as heroin, Ecstasy, LSD and amphetamines. But they are considered dangerous enough to be controlled.

It is not automatically illegal to possess steroids. However, steroids are considered to be ‘prescription-only’ drugs and can only legally be sold by pharmacists to people who have a doctor’s prescription.

Every year a small number of people are prosecuted for possession of steroids.

It is against the law to supply steroids to other people. In 2004, the maximum sentence for supplying steroids or other Class C drugs was raised from five years to 14 years in prison. Prosecutions for supply of steroids, however, appear to be quite rare.

There have been calls to ban possession of steroids, but there are fears that this would push steroid use further underground and make it more dangerous.

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LEGAL ADVICE
Release (24-hour legal information helpline) – 020 7603 8654 www.release.org.uk

OTHER DRUGS & NEEDLE EXCHANGE SERVICES
Your local drug service may be able to provide a range of services: sterile injecting equipment, advice on injecting, information and support; they may even be able to carry out some health checks. At the very least, they will be able to put you in touch with a more appropriate service.

To find your local drug service and also to find out which drug services act as needle exchanges, call FRANK (formerly the National Drugs Helpline) on 0800 77 66 00 Or visit the FRANK website at www.talktofrank.com and look in the Getting Help section.

SOME NEEDLE EXCHANGES IN CENTRAL LONDON

HUNGERFORD DRUG PROJECT – MOBILE NEEDLE EXCHANGE, Centrepoint, Tottenham Court Road The Hungerford Drug Project operates a mobile needle exchange service. The vehicle is parked behind the Centrepoint building (opposite Tottenham Court Road tube station). The service operates Monday-Friday 1pm–7pm.

CARAVAN NEEDLE EXCHANGE
St Mary’s Hospital Site Wharf Road, Paddington W2 Monday-Wednesday & Friday 11am-1pm & 2pm-5pm 020 7725 1418 or 020 7725 6699
HEALTHY OPTIONS TEAM – MILE END ROAD
Healthy Options Team
564 Mile End Road E3
Monday-Friday 9am-1pm,
2pm-5pm 020 8983 4888

THE SPACE KC – EARLS COURT
The Space KC
4 Hogarth Road, Earls Court SW5
Monday, Tuesday, Wednesday,
Friday 2.30pm-5.30pm,
Thursday 2pm-5pm (women-only)
020 7373 2335

DRUGLINK – SHEPHERDS BUSH
Hammersmith & Fulham Druglink
The Old Coach House
103A Devonport Road
Shepherds Bush W12
Monday, Thursday, Friday
10am-5pm, Tuesday 10am-6pm,
Wednesday 2pm-6pm
020 8749 6799

BLENHEIM PROJECT – PORTOBELLO ROAD
Blenheim Project
321 Portobello Road W10
Monday-Friday 1pm-4pm,
and Tuesday 6pm-9pm

NEEDLE EXCHANGES IN CAMDEN AND ISLINGTON
FINCHLEY ROAD
Response
(Community Drug Service)
457 Finchley Road NW3
020 7941 1700
nikki.denny@rfh.nthames.nhs.uk

SEVEN SISTERS ROAD
St. Mungo’s Substance Use Team
1 Hercules Place
Seven Sisters Road N7
020 7263 3800 ext 6605/6609
email: suec@mungos.org
www.mungos.org

ISLINGTON – LIVERPOOL ROAD
Angel Drug Services
38-44 Liverpool Road Islington N1
0207 354 4777

KINGS CROSS – MOBILE NEEDLE EXCHANGE
Angel Drug Project
Mobile Needle Exchange
Birkenhead Street, Kings Cross N1
Monday-Friday 6pm-9pm

FINSBURY PARK – STROUD GREEN ROAD
DASH – Drug Advisory
Service Haringey
80 Stroud Green Road
Finsbury Park N4
Monday, Tuesday & Thursday
2pm-5pm, Wednesday 4pm-7.30pm

COUNSELLING
If you feel you need counselling
about drugs, contact one of the
drugs organisations listed above.
Elsewhere, one-to-one counselling
with a professional counsellor
is available through all of the
following gay organisations. HGLS
and PACE can offer counselling
for gay couples. And there are
specialist sexual health counsellors at THT and PACE as
well as in all sexual health clinics.

(For listings of sexual health clinics, pick up a copy of the free
booklet, Need Help? Advice?
Information? See page 53
for details.)

TERRENCE HIGGINS TRUST (THT)
52-54 Gray’s Inn Road WC1
THT counselling service
020 7835 1495,
Mon-Fri 9.30am-5.30pm
www.tht.org.uk

HEALTHY GAY LIVING
COUNSELLING SERVICES
Unit 34, The Hop Exchange
24 Southwark Street
London Bridge SE1
020 7407 3550

PACE
34 Hartham Road N7
020 7700 1323
Sexual health counsellor –
Stephen Weaver 020 7697 0014
www.pacehealth.org.uk

EAST LONDON OUT PROJECT
56-60 Grove Road E17
020 8509 3898

LONDON FRIEND
86 Caledonian Road N1
020 7837 3337 daily, 7.30-10pm
www.londonfriend.org.uk

PINK THERAPY SERVICES
1 Harley Street W1
020 7291 4480
www.pinktherapy.com
Private therapy practice, whose
website has listings of gay-friendly
therapists all over the UK.

ALBANY TRUST
239a Balham High Road SW17 7BE
020 8767 1827

WEBSITES
For general information:
www.drugscope.org.uk
www.recovery.org.uk/druginfo/
index.html
http://espn.go.com/special/s/
drugsandsports/steroids.html
www.health.org/govpubs/phd561/
st3.aspx
http://steroidlaw.com/
http://www.rightdiet.net/links/
steroidinformation.html

For information about
individual steroids:
www.worldpharmacy.bz
www.anabolic-steroids.com
www.steroidworld.com
www.roids.co.uk
www.ironsup.f9.co.uk/index.html

For information about GHB:
www.brookes.ac.uk/health/libra/
ghb.html
www.projectghb.org/english.htm
www.elitefitness.com/articledata/
ghb.html

For a discussion of steroid use
and the ‘gay body image’:
www.gaypsychotherapy.com/
jglssgym.htm
www.gaypsychotherapy.com/
GLRbody2.htm

For advice from a gay doctor:
www.freedomhealth.co.uk
FURTHER READING

ANABOLIC STEROIDS AND OTHER PERFORMANCE ENHANCING DRUGS by Patrick Lenehan, June 2003, published by CRC Press (part of the Taylor & Francis Group (www.tandf.co.uk)


USE OF ANABOLIC STEROIDS AND ASSOCIATED HEALTH RISKS AMONG GAY MEN ATTENDING LONDON GYMS by Graham Bolding, Lorraine Sherr & Jonathan Elford, Addiction, Volume 97, pages 195-203, published by the Society for the Study of Addiction to Alcohol and Drugs

MEDICAL ASPECTS OF DRUG USE IN THE GYM, Drugs and Therapeutics Bulletin, Volume 42, Number 1, January 2004, pages 1-5, published by the Consumers’ Association


INFORMATION ABOUT HIV/AIDS TREATMENTS

OVER THE PHONE...

THT DIRECT 0845 1221 200
Mon-Fri 10am-10pm, Sat & Sun noon-6pm
www.tht.org.uk/living.htm

THE INFORMATION EXCHANGE at the Chelsea and Westminster Hospital
020 8746 5929
Mon-Fri 1pm-5pm
email: infoex@chelwest.nhs.uk
www.hivgum.demon.co.uk/mw2/infoex/page1.html

POSITIVELINE 0800 1696806
Mon-Fri 11am-10pm, Sat & Sun 4-10pm

ON THE WEB...

www.aidsmap.com
www.ukcoaltition.org
www.positivenation.co.uk

INFORMATION ABOUT SEXUAL HEALTH

WEBSITES

www.metromate.org.uk
www.hivgum.demon.co.uk
www.freemoms.org.uk
www.aidsmap.com
www.tht.org.uk
www.youchose.org.uk
www.gmhp.demon.co.uk
www.avert.org
www.ssha.info

FREE BOOKLETS AVAILABLE IN GAY BARS

The Camden and Islington Gay Men’s Team produces a range of information booklets for gay men. They are available free in gay venues.

CONDOMS
EVERYTHING A GAY MAN NEEDS TO KNOW

CRUISING FOR SEX
A guide to safer sex for gay men who have a lot of sexual partners.

GOOD SEXUAL HEALTH A GAY MAN’S GUIDE
A guide to sexually transmitted infections, how to treat them and how to avoid them.

AIDS – A GAY MAN’S GUIDE
An easy-to-read introduction to the illnesses caused by HIV/AIDS and anti-HIV treatment drugs.

HIV – A GAY MAN’S GUIDE
A fully illustrated guide to the basic facts about HIV and AIDS.

HIV AND ME
The complete gay guide to the HIV test and living with the virus.

KEEP IT UP
A gay man’s guide to staying HIV-negative.

NEED HELP?...ADVICE?...INFORMATION?
A comprehensive credit-card sized listing of gay helplines, booklets, addresses and websites.

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Mon-Fri 11am-10pm, Sat & Sun 4-10pm

ON THE WEB...

www.aidsmap.com
www.ukcoalition.org
www.positivenation.co.uk

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WEBSITES

www.metromate.org.uk
www.hivgum.demon.co.uk
www.freemoms.org.uk
www.aidsmap.com
www.tht.org.uk
www.youchose.org.uk
www.gmhp.demon.co.uk
www.avert.org
www.ssha.info

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IN GEAR – A gay man’s guide to steroids

Researched, written, designed and published by the Camden and Islington Gay Men’s Team.

Special thanks to:
Guy Crawford and Carolyn Partrick of the Camden and Islington Gay Men’s Team, Jeremy Woods, Andrew La Bray and Roy Jones at CLASH (Central London Action on Street Health), Des Kirby at Turning Point’s Hungerford drug project, Richard Smith at Gay Times magazine, Dr Séan Cummings, Dr Pierre Bouloux of the Royal Free Hospital, Graham Bolding of St Bartholomew School of Nursing and Midwifery, and to our four models who offered their services for free.

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Text: David Smith and the Camden and Islington Gay Men’s Team (based on the first edition of In Gear, written by Glen Monks)
Design: Rachel Black
Photographs: Mark Glenn
(All photographs are posed by models. No inference should be made that any individual model has used anabolic steroids.)
Printing: Linards, www.linards.co.uk, 01707 333 716

Camden & Islington Gay Men’s Team,
Specialist Services – HIV Prevention
Camden Primary Care Trust,
St Pancras Hospital,
4 St Pancras Way,
London NW1 0PE
Tel: 020 7530 3911
Email: tim.green@camdenpct.nhs.uk