



Research paper

The risk environment of anabolic–androgenic steroid users in the UK: Examining motivations, practices and accounts of use

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ABSTRACT

Background: The numbers using illicit anabolic–androgenic steroids are a cause of concern for those seeking to reduce health harms. Using the ‘risk environment’ as a conceptual framework to better comprehend how steroid users’ practices and perspectives impact on health risks, this paper examines steroid user motivations, patterns of use, and the ways in which these practices are accounted for.

Methods: As part of a wider mixed-method study into performance and image enhancing drug (PIED) use and supply in one mid-sized city in South West England, qualitative interviews were undertaken with 22 steroid users. Participants were recruited from a local safer injecting service, rather than bodybuilding gyms, in order to access a wider cross-section of steroid users. A limitation of this approach is potential sample bias towards those showing more health optimising behaviours.

Results: The research findings highlight that patterns of steroid use varied according to motivation for use, experience and knowledge gained. Most reported having had little or no knowledge on steroids prior to use, with first use being based on information gained from fellow users or suppliers—sometimes inaccurate or incomplete. In accounting for their practices, many users differentiated themselves from other groups of steroid users—for example, older users expressed concern over patterns of use of younger and (what they saw as) inexperienced steroid users. Implicit in these accounts were intimations that the ‘other’ group engaged in riskier behaviour than they did.

Conclusion: Examining social contexts of use and user beliefs and motivations is vital to understanding how ‘risk’ behaviours are experienced so that this, in turn, informs harm reduction strategies. This paper examines the ways in which use of steroids is socially situated and the implications of this for policy and practice.

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“It wasn’t an easy decision. We were actually terrified, we were terrified even starting off on the tablets we were like, ‘I don’t know if we want to do this’, but we did. It’s one of those things I suppose once you do it, you get used to it, but yeah I was really apprehensive to be doing it to be honest. There was a lot of negative points. I was more worried about the side effects, how we’d react to it, so, but at the same time we wanted to get bigger quickly, so” (22 year-old male)

Introduction

Nationally, although difficult to measure reliably, survey data strongly suggests that the use of anabolic–androgenic steroids (hereafter referred to as steroids) is on the rise (Kimergård &

McVeigh, 2014b). The Crime Survey for England and Wales estimates that in the period 2014/15 there were 293,000 16–59 year olds who had ever used in their lifetime (0.9% of the population), with 73,000 of these being use in the last 12 months (0.2%) and 24,000 in the last month (Home Office, 2015).

The numbers using steroids and other performance and image enhancing drugs (PIEDs) are a cause of concern for those seeking to reduce health harms, especially as the use of these is no longer confined to body-building enthusiasts seeking to compete. Although the use of steroids to improve and enhance performance, appearance, and musculature is well documented historically, the broadening reasons for changing one’s body (cf Fisher, 2002; McCabe & Ricciardelli, 2004; Olivardia et al., 2004; Shilling, 2003) have extended the use of steroids far beyond its origins in professional sport and bodybuilding (Evans-Brown, McVeigh, Perkins, & Bellis, 2012). Steroid use is now also part of a broader societal milieu (Kraska, Bussard, & Brent, 2010) where increasing numbers seek to optimise their bodies through an ever-widening

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range of licit and illicit drugs and supplements, sometimes overriding health concerns—as highlighted in the above quote.

Health risks in steroid use include serious organ damage, sudden cardiac death, reduced fertility, gynecomastia in men and masculinisation in women as well as a range of other cardiac, liver and health disorders; these, nonetheless, are not inevitable and are, for the most part, dose and administration dependent (Darke & Torok, 2014; Frati, Busardo, Cipolloni, De Dominicis, & Fineschi, 2015; Kanayama, Brower, Wood, & Hudson, 2009; Maravelias, Dona, Stefanidou, & Spiliopoulou, 2005; van Amsterdam, Opperhuizen, & Hartgens, 2010).

Concerns over numbers using and the potential for health harms have led to media hypes about steroids (Kraska et al., 2010) and to declarations that 'Public health faces a new kind of drug problem' (Evans-Brown et al., 2012, p.9). In addressing steroid use, many countries have adopted prohibitionist fear-based approaches to policy, especially within the professional sports arena (Coomber, 2013). Some, such as Sweden, Belgium and Denmark, have adopted zero tolerance measures to steroid use and supply both inside and outside of professional sports—actions which Mulrooney and van de Ven (2015) argue are informed by wider anti-doping policies. Fear-based approaches to dealing with drug-related harms can lead to practices which end up hurting those who were initially intended to be protected by the policy (Coomber, 2013; Reinerman & Levine, 2004; Seear, Fraser, Moore, & Murphy, 2015). Drug harms are shaped, and often exacerbated, by such wider macro-structural factors (Dalgarno & Shewan, 2005; Rhodes, 2002, 2009; Taylor, Buchanan, & Ayres, 2016).

In developing drug policies on steroid use, it is important to examine how macro-structural factors impact on individual lives. The spaces and places in which individuals carry out their day-to-day lives are influenced by social and structural factors that interplay to increase or reduce risk and/or harm (Rhodes, Singer, Bourgois, Friedman, & Strathdee, 2005; Rhodes & Simic, 2005). In examining drug harms, Rhodes (2009, p.193) calls for a 'social science for harm reduction' grounded in a 'risk environment' framework – an approach that gives primacy to context, both at a macro and micro level, when understanding and seeking to reduce health harms.

The risk environment can be envisaged as the space in which multiple factors (physical, social, economic, policy) interact at different levels (micro, macro) to increase the potential of harm (Rhodes, 2002, 2009). The risk environment approach has had notable success in increasing understanding of why certain risky behaviours persist among groups who are either knowledgeable of the risks related to their behaviours and/or who are motivated to stop those behaviours as well as those less knowledgeable and/or motivated. There is now a growing body of work unpacking the risk environments of substance use in multiple settings, including in relation to overdose (Moore, 2004; Green et al., 2009), syringe sharing (Rhodes et al., 2003; Small, Kerr, Charette, Schechter, & Spittal, 2006; Strathdee et al., 2010), and sex work (Shannon et al., 2008a, 2008b).

The risk environment approach offers a critique on a tendency in the behavioural sciences to emphasise risk practices, such as steroid use, as something primarily determined by individual action and resolved through individual responsibility (Rhodes, 2009). The use of substances – such as steroids – is socially situated, with multiple factors interacting and influencing each individual user. In developing interventions on steroid use, there is a need to understand this wider context as well as the motivations, experiences and patterns of use of steroid users. Examining social contexts of use and the social and cultural meanings individuals attach to their risk practices is vital to understanding how risk behaviours are experienced and displayed so that this, in turn, informs drug policy and practice.

Research methods

This study of the motivations, practices and accounts of steroid users was part of a larger study on PIED use and supply in a mid-sized city in South West England carried out in 2013. For the wider study, the research approach adopted was that of rapid appraisal (RA). RA typically involves mixed-method research with the aim of gathering data about a particular issue in a timely manner in order to provide evidence-based recommendations for policy and practice (Coomber, 2015; Quine & Taylor, 1998; Rhodes, Stimson, Fitch, Ball, & Renton, 1999; Stimson, Fitch, & Rhodes, 1998). In this case, local drug and alcohol service commissioners keen to better service provision wanted to gain insights into the local PIED market as well as find out about the composition of locally sourced PIEDs and user practices and motivations. A total of thirty-two participants were interviewed, including PIED users, gym owners/managers and local suppliers. Ten samples of local 'street' PIEDs were also analysed using gas chromatography–mass spectrometry (GC–MS) and reported on (see Coomber et al., 2014).

This paper focuses on qualitative semi-structured interviews carried out with twenty-two steroid users, a sub-set of the total who, as well as being questioned about the local drug market, were interviewed on their motivations for using steroids and their user practices. The aim for this set of interviews was to explore pathways into steroid use, motivations behind use and behaviours around steroid use. Topics covered were: first experiences of steroid use; types of steroids and other PIEDs used; motivations; sources of knowledge on steroids and injecting; current using and injecting practices; accessing needles; side effects; accessing steroids; and views on harm reduction strategies.

Participants were recruited at a local safer injecting service through purposive and snowball sampling (Shaghghi, Bhopal, & Sheikh, 2011). A poster about the research was put up in the service with a contact number. Service providers and the research interviewers also approached service users directly and asked if they would be willing to participate. Interviews were carried out in a private room, typically at the service, and were audio recorded. At the end of the interview, participants were asked to hand out information leaflets on the research to other steroid users in their network as part of the snowball sampling strategy. Recruitment was focused at the local safer injecting service in order to access a wider cross-section of steroid users than those attending bodybuilding gyms. A limitation of this approach is potential sample bias towards those showing more health optimising behaviours by having accessed the safer injecting service in the first place.

In recognition of participants' concern for total anonymity, audio consent was requested in place of written confirmation (Coomber, 2002). Participants also received £10 as reciprocal payment for their time. Ethical approval for the research was granted by Plymouth University's Faculty of Health, Education and Society Research Ethics Committee.

Interviews were transcribed and the data was coded and analysed thematically, with the assistance of NVivo software (Bazeley & Jackson, 2013). The thematic analysis was inductive and iterative as emergent themes were identified and clarified (Boyatzis, 1998). Initial coding developed from the interview guide, with subsequent codes emerging throughout the coding process.

Sample characteristics

Of the 22 respondents, most were male with only one being female. The majority described themselves as being 'White British', with only two from other ethnicities—one stated he was mixed race and another Asian British. Ages of respondents at the time of interview ranged from 20 to 44 years old, with the average

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