

**Christianne Andonovski**

---

**From:** Inquiry into Drug Law Reform [REDACTED]  
**Sent:** Sunday, 12 March 2017 8:11 PM  
**To:** LRRSC  
**Subject:** New Submission to Inquiry into Drug Law Reform

Inquiry Name: Inquiry into Drug Law Reform

Dr. Katinka van de Ven  
[REDACTED]

[REDACTED]

[REDACTED]

**SUBMISSION CONTENT:**

--

Why Australia should stop ramping up their steroid laws and help users instead (see attachment)

--

File1: [58c5108d92495-Final Check Australia Steroids Harm Reduction Law KC RZ.pdf](#)

File2:

File3:

# **Why Australia should stop ramping up their steroid laws and help users instead**

By Dr. Katinka van de Ven and Dr. Renee Zahnow

There is a growing body of evidence to suggest that people in Australia are increasingly using performance and image enhancing drugs (PIEDs). While the use of PIEDs has traditionally been limited to elite athletes and professional bodybuilders, it has become abundantly clear that it has become a mainstream choice for men and women in order to gain muscle, to become leaner and fitter, or to get stronger. Particularly worrisome is that a significant amount of young Australian men are consuming a range of PIEDs, including steroids and human growth hormone, in order to bulk up and to improve their appearance in general (Dunn & White, 2011; Iversen et al., 2013).

A number of population studies have shown that the use of PIEDs in Australia is relatively low (see Dunn et al., 2014; Seear et al., 2015). For example, the Australia's National Drug Strategy Household Survey reported that only 0.1% of the population have used steroids in the past year - these figures are similar for substances such as heroin, GHB and Ketamine. Despite the apparently relatively low prevalence of use, academics and experts believe that the real figure is much higher: basing this on the dramatic increase of PIEDs detected at the border (Australian Criminal Intelligence Commission, 2016) and the amount of users accessing needle and syringe programs (NSP) in Australia (Dunn et al., 2016). The Australian Needle and Syringe Program Survey, for instance, reports that nationally the prevalence of PIEDs as the drug last injected increased from 2% in 2009 to 7% in 2013 (Chow et al., 2014). Increases in NSP attendances by steroid users were particularly evident in New South Wales (NSW) (4% in 2009 to 11% in 2013) and Queensland (1% in 2009 to 13% in 2013). Interestingly, the largest increases in steroid use appear to have occurred in two jurisdictions with the toughest steroid legislation in the country.

*What potential health harms are there for steroid users?*

Steroid use may lead to a number of serious harmful short- and long-term effects including high blood pressure, heart attack, stroke, acne and skin infections, liver damage, tendon rupture, premature baldness and stunted bone growth in adolescents (Kanayama et al., 2008). There are also psychological implications such as addiction, mood syndromes and body image disorders. Health care providers report that in particular muscle dysmorphia – which often goes hand in hand with steroid use - is a growing issue amongst young men. However, in many cases these individuals go undiagnosed due to little awareness and knowledge of this body image disorder (Kanayama et al., 2010).

There are also side effects that are often not considered when it comes to PIED users. The widespread use of illicitly manufactured products sourced through the black market puts steroid users at risk of adverse reactions to tainted products (Evens-Brown et al., 2009). Further, as many of these substances are injected, there are potential harms from unsafe injecting practises. While injecting PIED users do not tend to share needles and syringes, Larance and colleagues (2008) note that injection

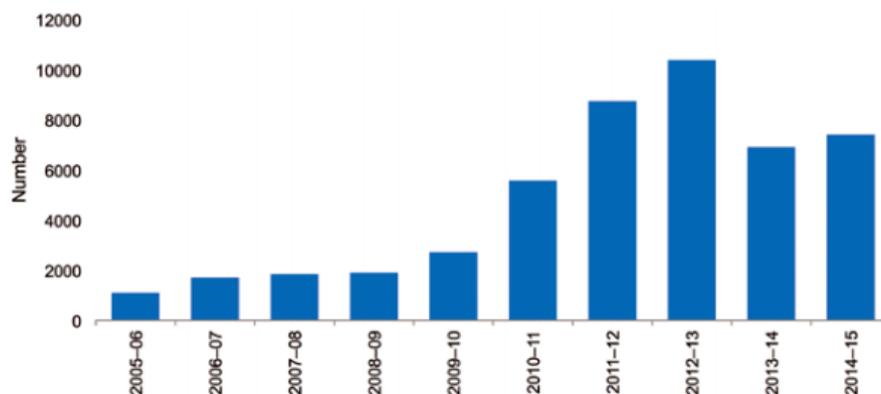
from a shared vial or bladder is much more common, which may allow transmission of blood-borne viruses such as Hepatitis C (HCV), HIV and Hepatitis B (HBV). Although in Australia relatively small numbers of PIED users self-report as being positive for HCV, HBV or HIV (Dunn et al., 2014), in the UK there is evidence of a HIV prevalence of 1.5% in men who inject PIEDs, which is comparable to that in those who inject opioids or stimulants (Hope et al., 2013). In addition, Larence and colleagues (2008) report that 41% of men who injected steroids reported an injection-related health problem in the previous month and 6% reported ever experiencing an injection site abscess. It is therefore clear that there is potential for blood-borne and injection site infection to occur within this group. So, how is Australia dealing with steroid use as an emerging public health issue?

### *Australia beefing up its steroid laws*

In recent years there has been an increased law enforcement focus on the use of steroids in Australia. In Queensland steroids were reclassified as a schedule one drug in 2014 - meaning that they are now classified alongside heroin, cocaine and amphetamines in the highest category of dangerous illicit drugs. Under this legislation, the maximum penalty for possession or supply of steroids is 25 years in jail. Similar tough penalties have been introduced in NSW and Victoria.

The move to increase penalties is a response of the continued increase of PIED detections at the Australian border since 2004-05. While the total numbers of PIED seizures has steadily increased at the Australian border, with a peak in 2012-13 (increase of 18.7%), the number of detections fell by a third in 2013-14 (33.5%), to slightly rise again in 2014-15 (7.2%) (see figure 1). The ACC's *Organised Crime in Australia 2015* report suggests that this decrease in border interceptions could be the result of an increase of domestic production coupled with increasingly easy access to steroids over the internet.

*Figure 1.* Number of PIED detections at the Australian border, 2003–04 to 2014–15 (Source: Australian Criminal Intelligence Commission, 2016)



While border detections have decreased in recent years national steroid arrests have continued to increase since 2005-06. Despite having the toughest legislation, Queensland accounts for the greatest proportion of national steroid arrests (58% in 2014-15). The greatest proportion of arrestees are steroid consumers not steroid suppliers suggesting that the current criminal justice approach may have limited capacity to stem distribution (see figure 2).

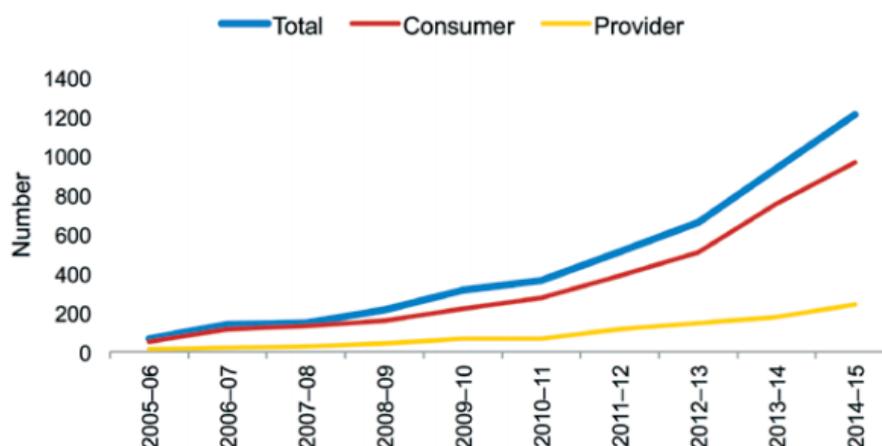


Figure 2. Number of national steroid arrests, 2005-06 to 2014-15 (Source: Australian Criminal Intelligence Commission, 2016)

That growth in steroid use is most apparent in jurisdictions where recent legislative changes have increased penalties suggests enhancing law enforcement measures may be an ineffective response to steroid use. Scholars researching the impact of drug policies on other illicit substances have reached similar conclusions – for example, Lee and Ritter (2016) point out drug busts have little impact on the availability of drugs.

### *Consequences of the law enforcement approach*

PIED use is motivated by a desire to build muscle and enhance appearance. As is the case with drug use broadly, users can be considered rational consumers who make a deliberate choice to use steroids to achieve the desired effect. Social and cultural factors are very influential in the decision to use drugs and research suggests that the illegality of a particular substance is rarely taken into consideration by individuals considering drug use (AIHW, 2011). Importantly, evidence from the ‘war on drugs’ shows that criminal justice measures are not only expensive but that this approach reduces neither consumption nor supply and has limited effects on the protection of public health (Costa, 2008; Count the Costs, 2012).

Increasing penalties associated with use and possession of steroids is unlikely to prevent uptake or encourage desistance and may result in a number of unintended negative consequences. For example, criminalisation can impede access to medical services (Fincoeur et al., 2014) and information by discouraging both users and health care practitioners from engaging in an open dialogue about drug use. This can lead to an exacerbation of adverse effects and reliance on inaccurate or incomplete information sourced from friends, dealers and the internet. Tougher penalties for drug

use and possession can undermine law legitimacy (NSW Bar Association, 2014) and distract from key harm minimisation messages such as those promoting safe injecting practices. Other unintended negative consequences of criminal justice responses to steroid use have been noted including a growing black market (Paoli & Donati, 2015); users are driven underground (Kayser & Smith, 2008); geographical displacement of PIED users and suppliers (Van de Ven, 2016); and increased risk of bad quality PIEDs (Graham et al., 2009).

### *What about harm reduction strategies?*

To make matters worse, as Seear et al. (2015) note, “Australia’s existing harm reduction framework appears ill-equipped to deal with this emerging trend, and is underprepared to meet the challenges that it may pose” (p. 449). Indeed, studies indicate that NSP workers often are unfamiliar with the substances injected and the specificities of injecting practice and risk (Dunn et al., 2014; Seear et al., 2015). NSP and other healthcare providers also report difficulties with engaging and reaching this group, as they often do not see themselves as ‘drug users’ (McVeigh et al., 2012).

As a result, most PIED users turn to their peers or the Internet to obtain information or to seek help, instead of through educational programmes or healthcare services (Kimergård & McVeigh, 2014a). Users therefore often have inaccurate information about the effects of PIEDs, as well as about how to use these substances.

In order to respond to the increase in steroid use effectively we need to improve prevention and harm reduction strategies. Attention should be paid to methods that have proven to be successful in addressing the use of PIEDs within the general population. In relation to young users, research for example has shown that anti-doping education programs, such as the Athletes Training and Learning to Avoid Steroids (ATLAS) program, are effective in preventing PIED use, particularly when combined with practical strength training (Sagoe et al., 2016). The adoption of evidence based harm reduction strategies such as school-based education programs have the greatest potential to curb PIED use by empowering individuals to make decisions based on accurate information.

The current harm reduction initiative in Victoria, the Steroid Education Project in Melbourne, lags far behind services for alcohol and other illicit drugs in terms of funding and resources. The Steroid Education Project, run by Kay Stanton, provides face to face and over the phone counselling for steroid users. Kay also delivers training to NSP staff in the Melbourne area. However, greater resourcing is required to extend this program to allow for training in NSPs across the state and to deliver training to general practitioners. Given the reluctance of steroid users to engage with traditional drug services (Brennan et al., 2016; Kimergård & McVeigh, 2014b), general practitioners may be an important avenue for providing harm minimisation messaging to this group (Zahnow et al, in press).

There is an urgent need to reconsider steroid use as a public health issue, as opposed to a criminal justice concern. Harsher penalties for users will do nothing to address misinformation about steroids or underlying issues of body image dissatisfaction, depression and mental health issues among young Australian men. Efforts to curb

PIED use needs to be led by the evidence surrounding ‘what works’ including empowering users to make informed decisions through education.

### **Disclaimer**

All opinions expressed in this article are our own, and do not necessarily represent the views of any organisations that we work for or are affiliated with.

### **References**

- Australian Criminal Intelligence Commission (2016). *Illicit drug data report 2014-15*. Retrieved from <https://www.acic.gov.au/sites/g/files/net1491/f/2016/08/acic-iddr-2014-15.pdf?v=1470178813>.
- Australian Institute of Health and Welfare (2011) 2010 *National Drug Strategy Household Survey Report, Drug Statistics Series No 25*. Canberra: Australian Institute of Health and Welfare.
- Brennan, R., Wells, J. & Van Hout, M. (2016). The injecting use of image and performance-enhancing drugs (IPED) in the general population: a systematic review. *Health & Social Care in the Community*, doi10.1111/hsc.12326.
- Chow, S., Iversen, J., & Maher, L. (2014). *Drug injection among participants in the Australian Needle and Syringe Program Survey, 2009-2013*. Retrieved from <https://ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/IDRSOctober2014%20%28supplement%29.pdf>.
- Costa, A.M. (2008). *Making drug control ‘fit for purpose’: Building on the UNGASS decade*. Austria: United Nations Office on Drugs and Crime.
- Count the Costs (2012). *The alternative world drug report: counting the costs of the war on drugs*. Retrieved from <https://www.unodc.org/documents/ungass2016/Contributions/Civil/Count-the-Costs-Initiative/AWDR-exec-summary.pdf>.
- Dunn, M, McKay, F.H., & Iversen, J. (2014). Steroid users and the unique challenge they pose to needle and syringe program workers. *Drug and alcohol review*, 33(1), 71-77.
- Dunn, M. & White, V. (2011). The epidemiology of anabolic-androgenic steroid use among Australian secondary school students. *Journal of Science and Medicine in Sport*, 14(1), 10-14.
- Dunn, M., Henshaw, R., & McKay, F.H. (2016). Do performance and image enhancing drug users in regional Queensland experience difficulty accessing health services. *Drug and Alcohol Review*, 35, 377-382.
- Evans-Brown, M., Kimergård, A. & McVeigh, J. (2009). Elephant in the room? The methodological implications for public health research of performance-enhancing drugs derived from the illicit market. *Drug Testing and Analysis*, 1, 323-6.
- Fincoeur, B., van de Ven, K., & Mulrooney, K.J.D. (2014). The symbiotic evolution of anti-doping and supply chains of doping substances: how criminal networks may benefit from anti-doping policy. *Trends in Organized crime*, 18(3), 229–250.
- Graham, M.R., Ryan, P., Baker, J.S., Davies, B., Thomas, N.E., Cooper, S.M., Evans, P., Easmon, S., Walker, C.J., Cowan, D., Kicman, A.T. (2009). Counterfeiting

- in performance- and image-enhancing drugs. *Drug Testing and Analysis*, 1(3), 135-142.
- Hope, V.D., Harris, R., McVeigh, J., Cullen, K.J., Smith, J., Perry, J.V., DeAngelis, D., & Ncube, F. (2016). Risk of HIV and Hepatitis B and C Over Time Among Men Who Inject Image and Performance Enhancing Drugs in England and Wales: Results From Cross-Sectional Prevalence Surveys, 1992-2013. *Journal of Acquired Immune Deficiency Syndromes*, 71(3), 331-337.
- Larance B., Degenhardt, L., Copeland, J., & Dillon, P. (2008). Injecting risk behaviour and related harm among men who use performance- and image-enhancing drugs. *Drug Alcohol Review*, 27(6), 679-686.
- Lee, N., & Ritter, A. (2016, March 1). Australia's recreational drug policies aren't working, so what are the options for reform? Retrieved from <https://theconversation.com/australias-recreational-drug-policies-arent-working-so-what-are-the-options-for-reform-55493>.
- Iversen, J., Topp, L., Wand, H., & Maher, L. (2013). Are people who inject performance and image-enhancing drugs an increasing population of needle and syringe program attendees? *Drugs and Alcohol Review*, 32(2), 205-207.
- Kanayama, G., Hudson, J.I., & Pope Jr. H.G. (2008). Long-term psychiatric and medical consequences of anabolic-androgenic steroid abuse: a looming public health concern? *Drug and Alcohol Dependence*, 98(1-2), 1-12.
- Kanayama, G., Hudson, J.I., & Pope Jr. H.G. (2010). Illicit anabolic-androgenic steroid use. *Hormones and Behavior*, 58(1), 111-121.
- Kayser, B., & Smith, C.T. (2008). Globalisation of anti-doping: the reverse side of the medal. *British Medical Journal*, 337, 85-87.
- Kimergård, A., & McVeigh, J. (2014a). Environments, risk and health harms: a qualitative investigation into the illicit use of anabolic steroids among people using harm reduction services in the UK. *British Medical Journal*, 4(6).
- Kimergård, A. & McVeigh, J. (2014b). Variability and dilemmas in harm reduction for anabolic steroid users in the UK: a multi-area interview study. *Harm Reduction Journal*, 11, 19-31.
- McVeigh, J., Evans-Brown, M., & Bellis, M.A. (2012). Human enhancement drugs and the pursuit of perfection. *Adicciones*, 24(3), 185-190.
- New South Wales Bar Association (2014). *Drug Law Reform*. Retrieved from [http://www.nswbar.asn.au/docs/webdocs/Drugs\\_DP\\_final1.pdf](http://www.nswbar.asn.au/docs/webdocs/Drugs_DP_final1.pdf)
- Paoli, L., & Donati, A. (2015). *The Sports Doping Market*. New York: Springer.
- Sagoe, D., Holden, G., Nygaard Karlsholm Rise, E., Torgersen, T., Paulsen, G., Krosshaug, T., Lauritzen, F., & Pallesen, S. (2016). Doping prevention through anti-doping education and practical strength training: the Hercules program. *Performance Enhancement & Health*, 5(1), 24-30.
- Seear, K., Fraser, S., Moore, D., & Murphy, D. (2015). Understanding and responding to anabolic steroid injecting and hepatitis C risk in Australia: A research agenda. *Drugs: Education, Prevention and Policy*, 22(5), 449-455.

Van de Ven, K. (2016). 'Blurred lines': Anti-doping, domestic policies and the performance and image enhancing drug (PIED) market in Belgium and the Netherlands. *Performance Enhancement & Health*, 4(3), 94-102.

Zahnow, R., McVeigh, J., Ferris, J. & Winstock, A. (in press). Adverse effects, health service engagement and service satisfaction among anabolic androgenic steroid users. *Contemporary Drug Issues*.

Dr. Katinka van de Ven



Research Fellow  
National Drug and Alcohol Research Centre  
The University of New South Wales  
Sydney  
NSW 2052

[Redacted contact information]

Dr. Renee Zahnow



Postdoctoral Research Fellow  
Institute for Social Science Research  
The University of Queensland  
UQ Long Pocket Precinct  
80 Meiers Rd  
Dianella Building, Room 215  
Indooroopilly, Queensland 4068

[Redacted contact information]