

# A QUICK GUIDE TO **Drugs & Alcohol**

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**THIRD EDITION**

by the National Drug and Alcohol Research Centre (NDARC)

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Health



NEW SOUTH WALES

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# STERIODS

**anabolic-androgenic steroids: *steroids, anabolic steroids, anabolics, roids, gear, juice***

**Anabolic-androgenic steroids** (referred to as ‘anabolic steroids’ or simply ‘steroids’) are typically derivatives of testosterone. Testosterone is the natural male hormone that is responsible for the primary and secondary sex characteristics such as body hair, deepening of the voice, development of the male sex organs and sex drive. Steroids can assist in the growth and repair of tissues, mainly skeletal muscles and bones (**anabolic** effects). They also have an effect on the development and maintenance of male sex characteristics (**androgenic** effects).

Steroids were developed to treat medical conditions and have been prescribed to restore hormone levels in hypogonadal men (a condition in which the body does not produce enough testosterone), improve bone density, and to increase body weight and muscle mass in wasting syndromes associated with HIV. They are a member of a class of drugs referred to as ‘performance and image-enhancing drugs’, which are substances used to enhance sporting or athletic performance or physical appearance. Although groups like bodybuilders, weightlifters and athletes may use steroids for competitive advantage, some men use them to achieve a muscular physique.

## Steroids and the law

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It is illegal to manufacture, import, possess, use or supply steroids without a prescription or medical practitioner licence in New South Wales.

Steroids are banned under the Olympic Movement’s World Anti-Doping Code Prohibited Classes of Substances and Prohibited Methods.

## How steroids are used

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Steroids are used in a variety of ways, depending on their form. There are many different brand names of steroids, developed for either human or veterinarian use, which differ slightly in chemical structure. Increasingly, there are a range of pro-hormones being developed, which when metabolised by the body,

purport to increase testosterone levels. Typically, steroids are either taken orally in tablet form or via intra-muscular injection, but there are also some gels or creams that are applied to the skin.

### How common is steroid use?

The 2016 National Drug Strategy Household Survey found that 0.6% of the population reported any lifetime use of steroids for non-medical purposes, and 0.1% had used steroids in the past year. These proportions have remained stable over many years of monitoring, although are likely to be an under-estimate of use among specific groups of men.

The Australian Institute of Health and Welfare (AIHW) conducts a National Drug Strategy Household Survey every three years. The data collected by the survey provides detailed information on alcohol, tobacco and other drug use within Australia, as well as community attitudes to drug use. The survey covers both legal and illegal drugs.

For the latest survey results, visit the AIHW website and go to the National Drug Strategy Household Survey page: <http://www.aihw.gov.au/alcohol-and-other-drugs/data-sources>

## Effects

Steroids are associated with a range of adverse effects, even when prescribed under medical supervision. When used outside medical guidance, people typically take much higher doses than those prescribed. Two or more different steroids are sometimes used concurrently ('stacking'), often mixing oral and injectable forms. These practices are likely to increase the risk of adverse effects.

Physical effects of steroids include acne, high blood pressure, liver problems, heart problems, increased cholesterol levels, hair loss/baldness, sleeplessness, headaches, tendon injuries, permanent short stature in adolescents, tendon / ligament damage and water retention. Side effects specific to men include abnormal growth of breasts (gynaecomastia), reduced testicle size, reduced sperm count and prostate problems. Reduced fertility among men may persist following cessation of steroids. Side effects specific to women include clitoral enlargement, smaller breasts and voice changes (deepening). Many of these effects among women are irreversible.

The psychological effects of steroids include increased aggression (colloquially referred to as ‘roid rage’), increased irritability, mood swings, depression and dependence.

## **Using steroids with other drugs**

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The risks of taking higher doses, and combining steroids with other performance and image-enhancing drugs or other medications, are not fully understood.

## **Steroid use in pregnancy**

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The risks of non-medical steroid use in pregnancy are not fully understood. It is likely that the androgenic effects may impact on the development of fetal sex characteristics, but steroid use in women is typically rare.

## **Dependence**

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Some steroid users develop a dependence syndrome, characterised by chronic steroid use despite adverse effects on physical, psychosocial or occupational functioning. Although steroid dependence shares many features with other drug dependence, such as a well-documented withdrawal syndrome, steroids do not immediately produce euphoria or intoxication.

## **Withdrawal**

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Regular steroid users may experience a need or craving if they stop taking the drug. Withdrawal symptoms can be both psychological and physiological. They may include feeling depressed, nervous, angry or irritable. Prolonged steroid use can result in the suppression of natural testosterone production for a period of time, resulting in physical withdrawal symptoms such as changes in sex drive and sleep.

## **Overdose**

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Steroids (particularly used in high doses outside medical guidance) may cause irreversible heart damage when used in high doses for prolonged periods. Steroid use has also been associated with liver damage.

## **Treatment**

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People who use steroids do not generally seek treatment for their drug use and there are few treatment options that can be recommended.