

RECOVERY HAPPENS COUNSELING SERVICES

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Newsletter: Steroid Abuse

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Most of society has been educated about *body image* issues for women. However, Men have *body image* issues too. In the last two years I have seen more and more teen boys talking with me about their own or their friend's use of steroids. The guys want to get big and strong to impress the girls, the other guys and the coach. Therefore, I have decided to put together information on steroids for this newsletter.

What are anabolic steroids?

"Anabolic steroids" is the familiar name for synthetic substances related to the male sex hormones (androgens). They promote the growth of skeletal muscle (anabolic effects) and the development of male sexual characteristics (androgenic effects), and also have some other effects. The term "anabolic steroids" will be used through-out this report because of its familiarity, although the proper term for these compounds is "anabolic-androgenic" steroids.

Anabolic steroids were developed in the late 1930s primarily to treat hypogonadism, a condition in which the testes do not produce sufficient testosterone for normal growth, development, and sexual functioning. The primary medical uses of these compounds are to treat delayed puberty, some types of impotence, and wasting of the body caused by HIV infection or other diseases.

During the 1930s, scientists discovered that anabolic steroids could facilitate the growth of skeletal muscle in laboratory animals, which led to use of the compounds first by bodybuilders and weightlifters and then by athletes in other sports. Steroid abuse has become so widespread in athletics that it affects the outcome of sports contests.

Commonly Abused Steroids:

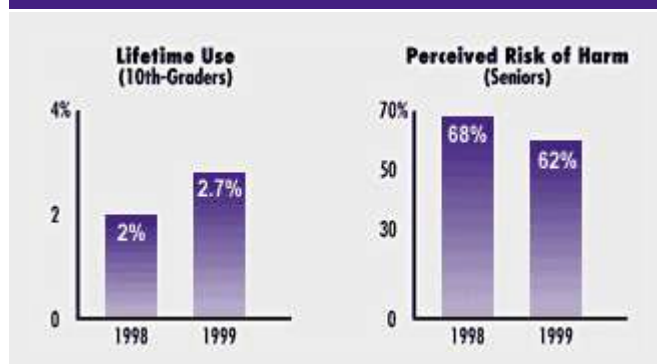
Oral Steroids	Injectable Steroids
■ Anadrol (oxymethalone)	■ Deca-Durabolin (nandrolone decanoate)
■ Oxandrin (oxandrolone)	■ Durabolin (nandrolone phenpropionate)
■ Dianabol (methandrostenolone)	■ Depo-Testosterone (testosterone cypionate)
■ Winstrol (stanozolol)	■ Equipoise (boldenone undecylenate)

What are steroidal supplements?

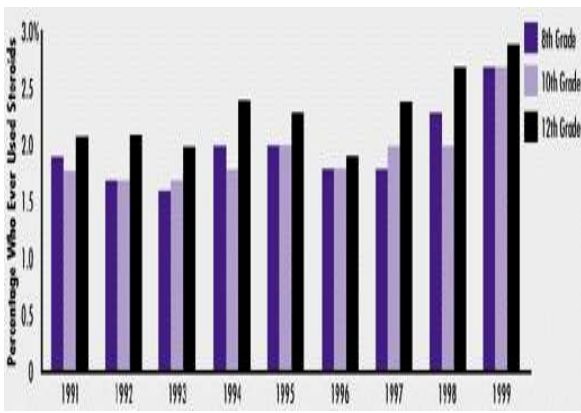
In the United States, supplements such as dehydroepiandrosterone (DHEA) and androstenedione (street name Andro) can be purchased legally without a prescription through many commercial sources including health food stores. They are often referred to as dietary supplements, although they are not food products. They are often taken because the user believes they have anabolic effects. Steroidal supplements can be converted into testosterone (an important male sex hormone) or a similar compound in the body. Whether such conversion produces sufficient quantities of testosterone to promote muscle growth or whether the supplements themselves promote muscle growth is unknown. Little is known about the side effects of steroidal supplements, but if large quantities of these compounds substantially increase testosterone levels in the body, they also are likely to produce the same side effects as anabolic steroids.

What is the scope of steroid abuse in the United States?

From 1998 to 1999, the Monitoring the Future Survey reported an increase in lifetime use of steroids among 10th-graders and a decrease in perceived risk of harm among seniors.



Recent evidence suggests that steroid abuse among adolescents is on the rise. The 1999 Monitoring the Future study, a NIDA-funded survey of drug abuse among adolescents in middle and high schools across the United States, estimated that 2.7 percent of 8th- and 10th-graders and 2.9 percent of 12th-graders had taken anabolic steroids at least once in their lives. For 10th-graders, that is a significant increase from 1998, when 2.0 percent of 10th-graders said they had taken anabolic steroids at least once. For all three grades, the 1999 levels represent a significant increase from 1991, the first year that data on steroid abuse were collected from the younger students. In that year, 1.9 percent of 8th-graders, 1.8 percent of 10th-graders, and 2.1 percent of 12th-graders reported that they had taken anabolic steroids at least once. (see chart on next page)



Commonly Reported Negative Effects:

Both Sexes:

- Increased risk of mood disturbances including mania and depression
- Increased risk of psychosis
- Increased risk of aggressive acts which may injure self or others
- Increased risk of cardiovascular disease
- Increased risk of liver disease and cancer
- Increased risk of kidney disease and cancer
- Risk of HIV and Hepatitis B & C from contaminated needles
- Acne
- Bad breath
- Decreased sex drive
- Baldness
- Water retention
- Muscle cramps
- Aching joints
- Increased risk of muscle tears
- Increased risk of tendon injuries
- Increased risk of nose bleeds
- Insomnia
- Decrease in immune system effectiveness
- Infertility

(Contd.)

Men:

- Increased risk of prostate enlargement and cancer
- Decreased testicular size
- Gynecomastia (growth of breasts)

Women:

- Increased risk of cervical and endometrial cancer
- Increased risk of osteoporosis
- Irreversible enlargement of the clitoris
- Irreversible hoarsening and deepening of the voice
- Irreversible increase in facial and body hair
- Decreased breast size
- Amenorrhea
- Uterine atrophy

Where can I find more information about Steroids?

Fact sheets on anabolic steroids, other illicit drugs, and related topics can be ordered free, in English and Spanish, by calling NIDA Infobox at 1-888-NIH-NIDA (1-888-644-6432) or, for those with hearing impairment, 1-888-TTY-NIDA (1-888-889-6432).

Information on steroid abuse also can be accessed through the NIDA Steroid Abuse Web Site (<http://www.steroidabuse.org/>). Information on illicit drugs in general can be accessed through NIDA's home page (<http://www.drugabuse.gov/>) or by contacting the National Clearinghouse for Alcohol and Drug Information (NCADI) Web Site (<http://www.health.org/>).

Reference:

<http://www.nida.nih.gov/ResearchReports/Steroids/anabolicsteroids5.html>

NIDA: Research Report Series: Anabolic Steroid Abuse

http://oak.cats.ohiou.edu/~kd227599/steroid_facts.htm

