

# **Image & performance enhancing drug (IPED) use in the United Kingdom**

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Substance Use & Associated Behaviours

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# NIHR Application Development Award – Image and Performance Enhancing Drugs (IPEDs): Assessment of available intelligence and research gaps to inform intervention evaluation.

## IPED use in the United Kingdom



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## Background

*Application Development Award* for underpinning of current knowledge base to answer the question:

***What interventions are effective and cost effective to prevent and reduce the health harms caused by the use of IPEDs?***

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## **Objectives**

- To estimate the extent and distribution of I PED use in the UK
- To map the current UK I PED literature
- To map the current UK interventions for people who use I PEDs
- To analyse and present the major influences on decision-making of people who use I PEDs

## **Why specific to the United Kingdom?**

- Unique approach to legislation
- High level of needle and syringe programme (NSP) engagement by people who use I PEDs

**WP.1 ASSESS - Anabolic Androgenic Steroid Use Population Size Estimation:  
First Stage Study**

*Work Package Lead: Prof Viv Hope (LJMU)*

**Context:** We do not know the size of the population of people who use Anabolic Androgenic Steroid (AAS) in UK

- Population estimates have been provided by Crime Survey for England & Wales but their validity has been questioned
- Pragmatic but robust estimate of the *likely range* for the size of population using AAS is required

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Estimation process based on working up from available data:

- The number of men using NSPs for AAS use (limited geographical areas)

Additional data from:

- *IPEDinfo* survey
- *CrimeStoppers*
- Injecting equipment sales for a major sales provider

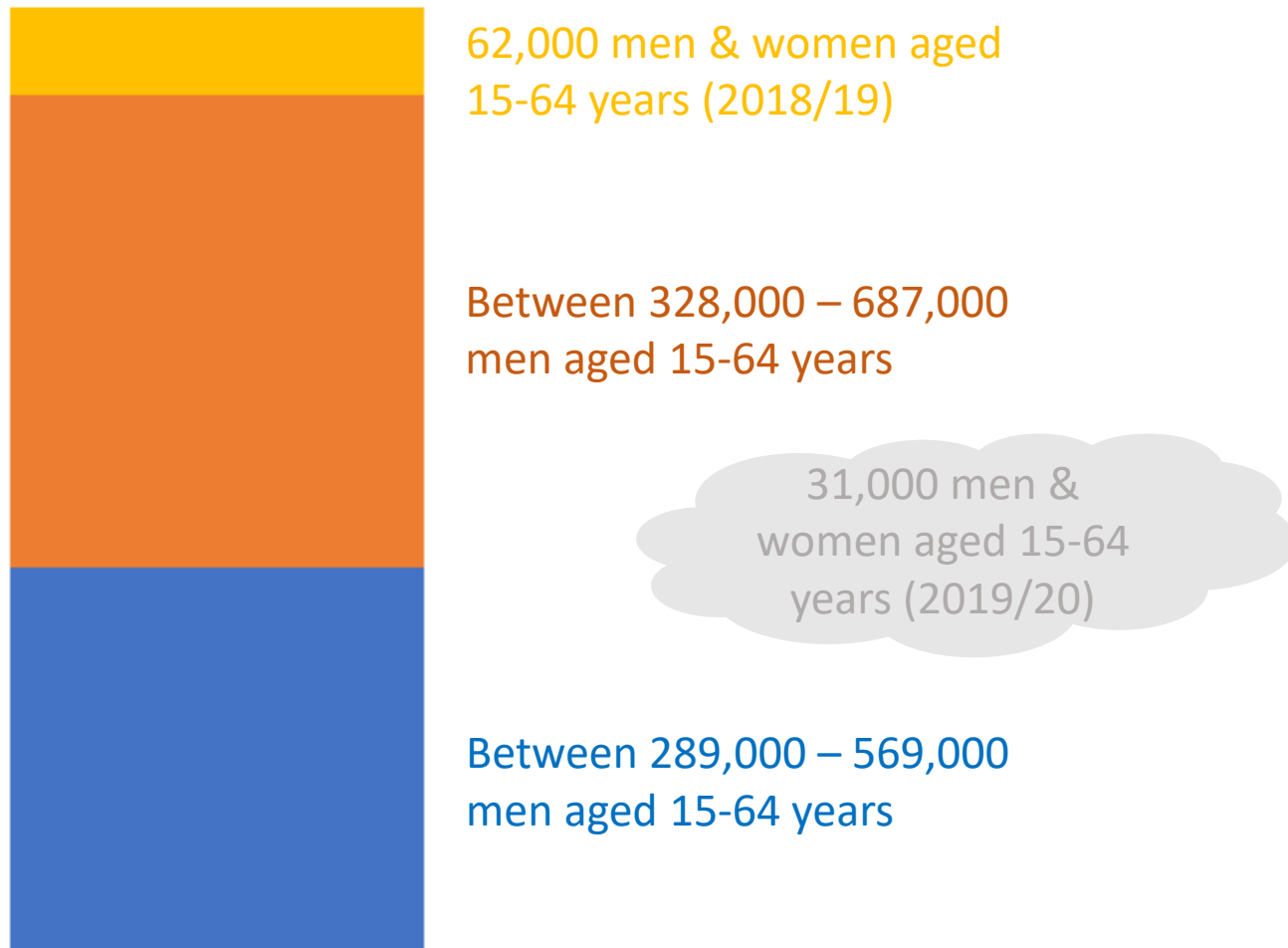
## Delphi panel (3 surveys of 40 participants)

Three key issues on which broad agreement was needed for estimation of number of men using AAS

1. proportion of men **injecting** AAS **who use NSPs**
2. proportion of men using AAS **only orally** and
3. regional **variations** in AAS use across UK

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The most plausible estimate



Most plausible estimate

- While further refinement is needed ...
- Estimates are substantially higher than the Crime Survey for England & Wales
- Similar to a range of international estimates
- Pronounced regional variations with substantial unmet need of both injectors and non-injectors



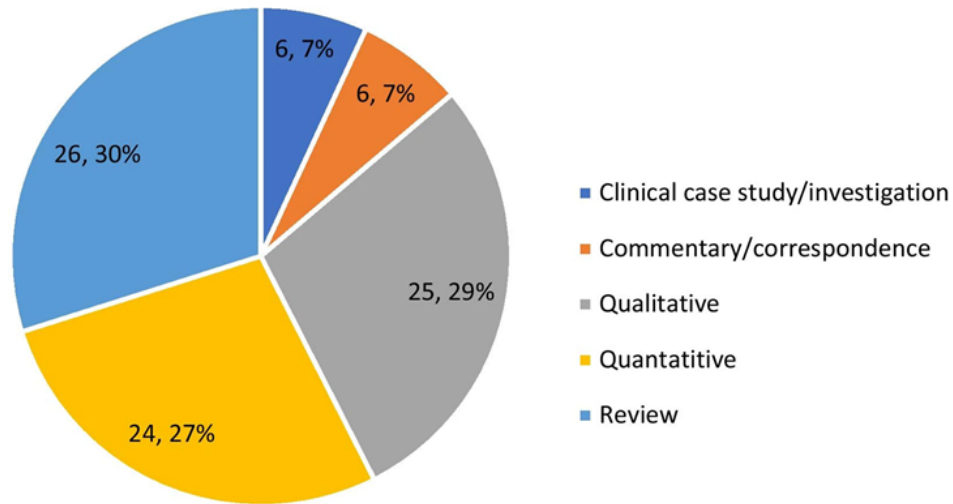
## **WP.2 Scoping review of IPEdD literature**

*Work Package Lead: Prof. Jim McVeigh (MMU)*

**Context:** identification of evidence to inform effectiveness evaluation for benefit of all stakeholders

- Inclusion – IPEdD literature published in last 5 years with UK focus
- Academic searches plus data collection via ASUK Network
- 4,882 outputs – deduplication/screening resulted in **87 publications**
- Data extracted - aim and methods, population, main focus or topic, key findings, implications for policy & practice, and research gaps

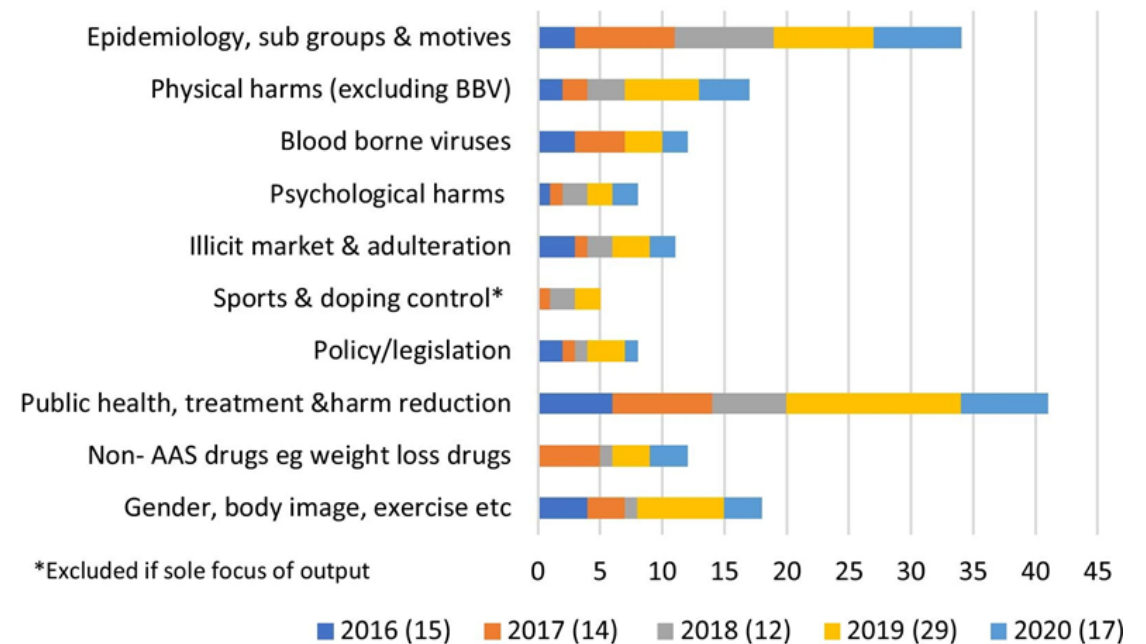
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Methodologies of IPED research outputs 2016–2020

- Mostly AAS for muscular enhancement, small number on weight loss (4), melanotan (2) synthol (1)
- Most commonly - Public health/harm reduction or
- epidemiology and motivations

- Mostly peer reviewed publications - with book chapters (12) and reports (6)
- Mix of quantitative /qualitative and review publications



\*Excluded if sole focus of output

Focus of IPED research outputs 2016–2020

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- Many of the papers were descriptive
- Low hanging fruit
- Common feature was the highlighted importance of meaningful involvement of people with lived experience, reinforcing the principles of co-production in the development of both research and future intervention
- No effectiveness evaluations related to interventions (prevention, treatment, harm reduction or support for cessation of use) were published during the review period

## **WP3 Mapping of current interventions targeting IPE use**

*Work Package Lead: Dr Ian Boardley (University of Birmingham)*

**Context:** lack of information on characteristics & distribution of services to prevent/delaying use, and/or reduce harms from IPEs

- Data requested on specific interventions for people who use (or contemplating the use of) IPEs from major UK substance use services & information from publicly available websites (e.g., Talk to Frank, SDF)
- Practitioners on ASUK Network

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## Information obtained from harm reduction NSP services only

Category	Definition
Specialist Knowledge	Knowledge or expertise through experience or through specific training
Information Provision (e.g., leaflets)	Either through advice or availability of specialist literature
Health Monitoring (e.g., Blood Analysis)	Provision of specialist (i.e., other than in relation to BBV) health monitoring that may include referral pathways to specialists (e.g., blood monitoring, liver scans, ECGs)
Dedicated Clinic Times	Dedicated clinic times that are reserved and advertised specifically for IPED clients
Outreach Services (e.g., gyms)	Offering outreach services specifically targeting people using IPEDs (e.g., outreach in gyms)

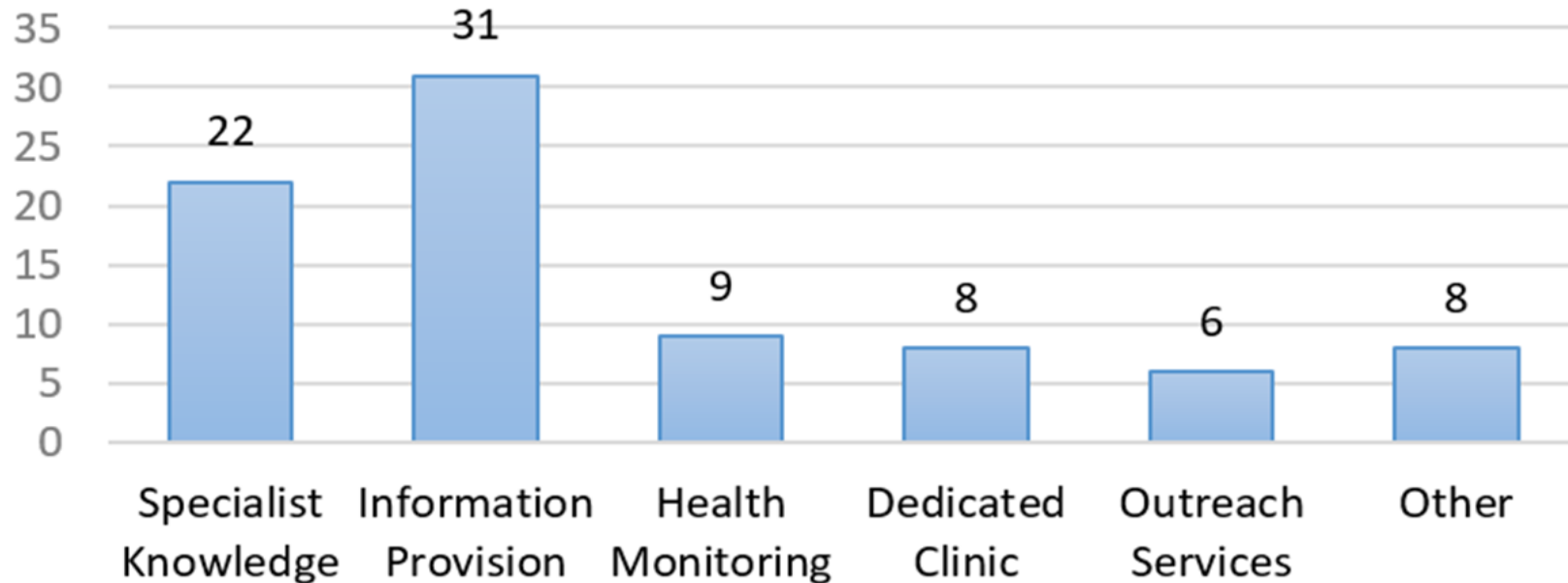
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Data on 35 interventions: 20 by major providers

England 24

Scotland 8

Wales 3



- Highlighted the need for the development of quality standards
- Relatively few specialist services despite recommendations from NICE, ACMD and Public Health England
- Increasing role of private providers

## **WP.4 Systems analysis of influences on I PED decision-making**

*Work Package Lead: Dr Geoff Bates(University of Bath)*

- **Context:** Poor understanding of diverse practices and associated harms relating to I PED use
- To identify what influences decision-making about harmful I PED use and to gain an understanding of their complex relationships - a systems mapping approach
- 17 participants included practitioners, academics, public health professionals, policymakers, and people from the gym culture including those who had used I PEDs
- 4 additional interviews were carried out with people who used I PEDs.

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- 51 factors were identified as important influences on harmful IPE use and formed the components of the system represented in the map
- These were grouped into nine themes to support our understanding of the system:

Identity

Beliefs about risk and harms

Social environment

Health professionals

Cognitive processes

Health and wellbeing

Beliefs about healthcare

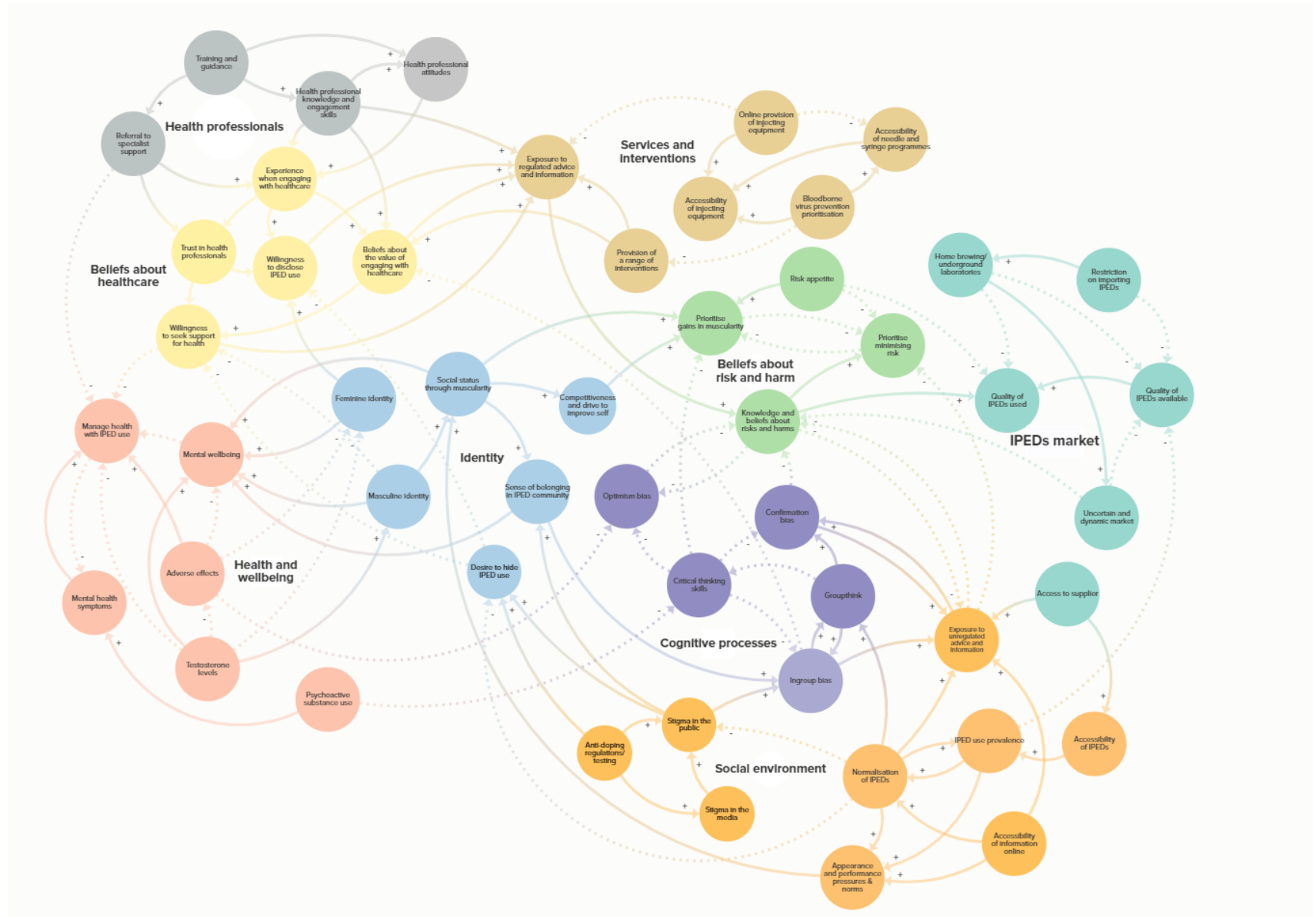
Services and interventions

IPEs market



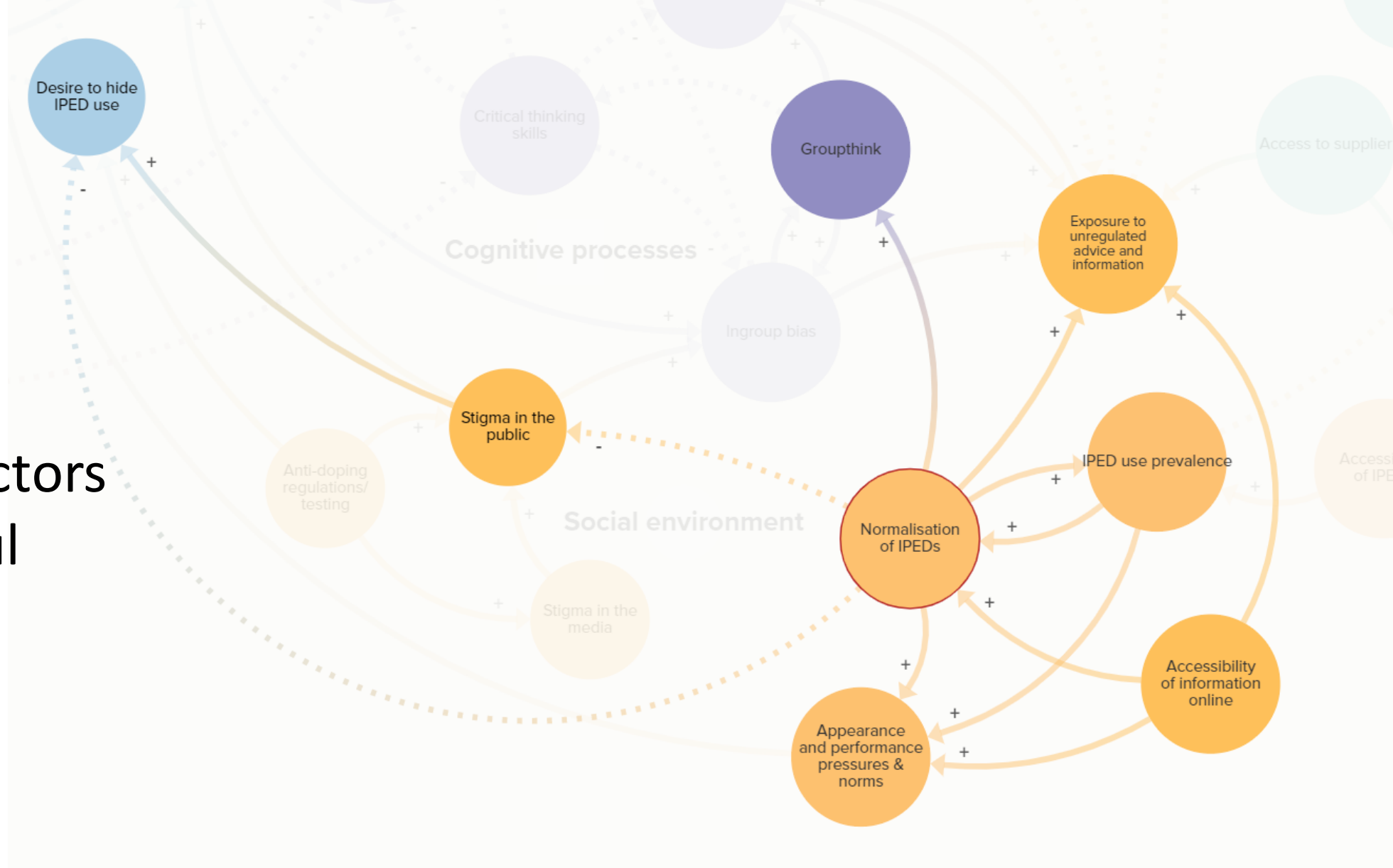
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Influencing factors  
on the harmful  
use of IPEDs



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## Influencing factors on the harmful use of IPEDs



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**Generating evidence on the use of Image and performance enhancing drugs in the UK: results from a scoping review and expert consultation by the Anabolic Steroid UK network**

- Further papers in preparation
- More information
- Wednesday, 17 November 2021 13:00 (GMT)



Free webinar: **IPED use in the UK** <https://bit.ly/3GDO7JC>

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