Do You Know...

Generic and trade names: oxymetholone (Anadrol), methandrostenolone (Dianabol), stanozolol (Winstrol), nandrolone decanoate (Deca-Durabolin), testosterone cypionate (Depo-Testosterone), boldenone undecylenate (Equipoise) and others

Street names: the juice, the white stuff, roids

What are they?
Many kinds of steroids occur naturally in various hormones and vitamins. Drugs known as “anabolic steroids” are made in laboratories and have the same chemical structure as the steroids found in the male sex hormone testosterone. The muscle-building (anabolic) and masculinizing (androgenic) effects of these drugs make them appealing to athletes and bodybuilders.

The primary use of anabolic steroids is to promote growth in farm animals. In humans they are sometimes prescribed to treat delayed puberty, some types of impotence and wasting of the body caused by AIDS and other diseases.

Steroidal “supplements,” such as dehydroepiandrosterone (DHEA), are converted into testosterone or a similar compound in the
body. Although little research has been done on steroidal supplements, if taken in large quantities, they likely produce the same effects and the same side-effects as anabolic steroids.

Where do steroids come from?
Anabolic steroids manufactured by pharmaceutical companies are available legally only by prescription. Most of the steroids used by athletes are smuggled, stolen or made in illegal laboratories.

What do steroids look like, and how are they used?
Anabolic steroids come in the form of tablets, capsules, a solution for injection and a cream or gel to rub into the skin. Weightlifters and bodybuilders who use steroids often take doses that are up to 100 times greater than those used to treat medical conditions.

Regimented methods of taking steroids are believed to enhance the effects of these drugs and lessen harm to the body. However, there is no scientific evidence to back up these claims. Such methods include:
- Cycling: a period of taking and then not taking the drugs in the belief that the drug-free cycle allows the body to recover normal hormone levels
- Pyramiding: taking doses in cycles of six to 12 weeks, starting with a low dose, then slowly increasing it, and then decreasing the amount to zero, believing this allows the body time to adjust to the high doses
- Stacking: taking two or more types of steroids, mixing oral and injectable forms, believing the different drugs interact to have greater effect.

Who uses steroids?
Most anabolic steroid use is non-medical. The main users are athletes—to improve their performance—and bodybuilders and young men—to develop a more muscular appearance. Steroid use has also been found among people who have experienced abuse or assault who wish to build muscles in order to protect themselves better.

Steroid use is banned by the International Olympic Com-

mittee and many other amateur and professional sports organizations. But because drug testing is costly, tests of professional athletes are generally “random,” and are often preceded by a warning. Regular mandatory testing is standard only at the international level of competition.

A 2011 survey of Ontario students in grades 7 to 12 reported that 1.2 per cent had used anabolic steroids at least once. A 2004 survey of Canadians (aged 15+) reported that 0.6 per cent had used anabolic steroids at least once.

How do steroids make you feel?
Steroids can produce a variety of psychological effects ranging from euphoria to hostility. Some people who take steroids say the drugs make them feel powerful and energetic. However, steroids are also known to increase irritability, anxiety and aggression and cause mood swings, manic symptoms and paranoia, particularly when taken in high doses.

High doses, especially when taken orally, cause nausea, vomiting and gastric irritation. Other effects include fluid retention and trembling.

Are steroids dangerous?
Yes. Taking high doses of steroids increases risk of:
- enlargement and abnormalities of the heart, blood clots, high blood pressure, heart attack and stroke; steroid-related heart failure has occurred in athletes younger than 30
- aggression and violence (“roid rage”)
- negative personality change, mania and depression; depression may persist for a year after drug use is stopped
- hepatitis, liver enlargement and liver cancer
- reduced fertility in both women and men
- tendon ruptures, cessation of growth in adolescents
- hepatitis or HIV if steroids are injected using shared needles, and infections if steroids are injected with dirty needles.
Are steroids addictive?
Yes, they can be.

Addiction to steroids differs from many other drugs in that tolerance to the effects of the drug does not develop. However, people who abuse steroids meet criteria for addiction if they:
- continue to take steroids, even when they experience negative physical or emotional effects
- spend large amounts of time and money obtaining the drugs
- experience withdrawal symptoms such as mood swings, fatigue, restlessness, depression (which, if persistent, can sometimes lead to suicide attempts), loss of appetite, insomnia, reduced sex drive and the desire to take more steroids.

What are the long-term effects of taking steroids?
Some of the effects of steroids disappear when drug use is stopped, but others are permanent. The effects of long-term use include:
- acne, cysts, oily hair and skin, and thinning scalp hair in both sexes
- feminization in men, including permanent breast development
- testicle shrinking, difficulty or pain urinating and increased risk of prostate cancer in men
- masculinization in women, including reduction of breast size and body fat, coarsening of the skin, enlargement of the clitoris, deepening of the voice, excessive growth of body hair, loss of scalp hair and changes or cessation of the menstrual cycle; with long-term use, some of these effects may be permanent
- in children or adolescents, the high levels of testosterone stop bone growth, preventing them from ever growing to full height
- aggression and violence; personality changes revert when drug use is stopped.