

Petitioner submission of 16 June 2023

PE2024/B: Create a national, public information programme to raise awareness of the impacts of steroids, selective androgen receptor modulators, and other performance enhancing drugs

SUMMARY OF KEY POINTS:

- The government response focuses on HIV/BBVs and not the negative effects of IPEDs (image and performance enhancing drugs).
- Data collection, though important, will not reduce the number of IPED users.
- Their multi-agency approach does not seem to include health and fitness industry professionals.
- Though the Government highlights a co-design approach with young people, this does not explicitly include young people with a lived experience of IPED use.
- The response does not highlight any specific strategy to tackle social media influencers, or the perception that new IPEDs like SARMs are safe to use.
- With an estimated 3.3% (or ~180,000) people in Scotland who will use steroids in their life, the government response does not go far enough.

MAIN RESPONSE

I read the [Scottish Government's response](#) with interest, but feel there are a number of issues in their response that I would like to address.

To begin with, I was deeply confused by the Scottish Government's focus on HIV and other Blood Borne Viruses (BBVs) in their response. This does not relate to the primary harm caused by steroid misuse.

A 2019 Literature review¹ of 109 papers found a number of attempts to treat harms resulting from PED misuse. These included:

- 31 papers discussing hepatic and kidney disorders

¹ Bates, G., Van Hout, MC., Teck, J.T.W. *et al.* Treatments for people who use anabolic androgenic steroids: a scoping review. *Harm Reduct J* **16**, 75 (2019).

- 26 papers discussing cardiovascular disorders
- 13 papers discussing musculoskeletal disorders
- 12 papers discussing psychiatric disorders

I would highlight that despite a comprehensive review of papers discussing the harms caused by androgenic anabolic steroids, HIV and BBVs are not mentioned. I would therefore suggest the Scottish Government's response is prioritising the wrong issues in their collaboration with the SDF. Delivering this programme as part of a sexual health programme, when existing research tells us the main harms are hepatic and kidney disorders or cardiovascular disorders, is wholly inappropriate. Additionally, whilst needle sharing is a mechanism for HIV/BBV transmission, not all IPEDs involve needle use. This intervention would therefore have, at best, a minimal impact on the health and wellbeing of IPED users.

I welcome the Scottish Government's commitment to improving data collection, and would highlight that the conclusion of the aforementioned literature review highlights that:

“Evidence is urgently required to support the development of effective services for users and of evidence-based guidance and interventions to respond to users in a range of healthcare settings.”

However, data collection alone does nothing to improve the wellbeing of the approximately 3.3% (or 180,000)² of people in Scotland who will use steroids in their lifetime. Nor will an improvement in data collection inherently reduce this figure.

The Scottish Government's aim to bring together a multi-agency group of practitioners is important, but I fear it will not be truly effective without involving health and fitness practitioners such as personal trainers, organisers of body-builder tournaments, and other similar professionals. I would also encourage this group to work in partnership with the co-design group they allude to later in their response, to ensure that their approach is appropriately geared towards young people. I'd also encourage the Committee to review this group's terms of reference to ensure that they have 'teeth' and will meaningfully enact change for the benefit of IPED users.

Whilst I welcome the Scottish Government's engagement with young people through a co-design approach, I would highlight that they do not

² Sagoe D, McVeigh J, Breindahl T, Kimergard A. Synthetic growth hormone releasers detected in seized drugs: New trends in the use of drugs for performance enhancement. *Addiction*;110(2):368-9.

explicitly say if or how they are engaging with those with lived experience of IPED use. I would further argue, given that some estimates of high school IPED use can reach as high as 12% of school-age boys³, this approach does not do enough to ameliorate the potentially devastating impact IPEDs could have on these young people's lives.

Lastly, I would highlight that the Government response fails to directly acknowledge the new issues being raised by SARMs. Given that these are legal (and for clarity, I am not suggesting the Scottish Government makes a section 30 order request or otherwise attempts to change this fact), many young people could be misled into believing that these are safe; or at least safe enough for them to use without serious side effects. I would encourage the Committee to question what the Scottish Government intends to do to tackle this new form of IPED, or to tackle the social media influencers touting it as a safe and effective way of improving someone's performance or image.

Ultimately, I believe the Scottish Government response shows a veneer of activity to disguise a policy of inaction, and they should be encouraged to take more significant action more urgently.

³ Boyce EG. Use and Effectiveness of Performance-Enhancing Substances. *Journal of Pharmacy Practice*. 2003;16(1):22-36.