Article title: ‘Shades of Grey’: The Ethics of Social Work Practice in Relation to Un-prescribed Anabolic Androgenic Steroid Use

Orlanda Harvey

Paper published in *Practice* (2018)

To cite this article:
Orlanda Harvey (2018): ‘Shades of Grey’: The Ethics of Social Work Practice in Relation to Un-prescribed Anabolic Androgenic Steroid Use, *Practice*, DOI: 10.1080/09503153.2018.1510480

https://www.tandfonline.com/doi/full/10.1080/09503153.2018.1510480

This paper reflects on some of the ethical dilemmas that social workers face when assessing risk in relation to those using substances. It explores how legislation and societal factors can impact not just on people’s choices and decisions but also on their ‘vulnerability’ and access to services. Vulnerability, a contested term, is linked, in this paper, to assessment of risk. There are ethical issues that arise when assessing risk with people who use Anabolic Androgenic Steroid (AAS) from both service user and professional perspectives. These ethical issues concern a person’s right to choose and make potentially harmful decisions. The paper argues that using a substance such as AAS in and of itself does not suffice to make a person vulnerable but that this does not mean that people using AAS are not in need of support. It suggests that there may be some groups of people who are more at risk to starting AAS use and that social workers should be aware of these. It also recommends the need for further qualitative research to understand the reasons for starting use and support to help people stop using AAS.

Keywords Anabolic Androgenic Steroids (AAS); Image and Performance Enhancing Drugs (IPED); social work; substance use; ethics; vulnerability; body image; media; legislation; risk

1. Introduction

In recent years, there has been an increase in Anabolic Androgenic Steroid (AAS) use in the UK and it is estimated that 61, 000 people in the UK used AAS in 2016/2017 (Webb 2017). However, these statistics are from the UK National Crime Survey statistics, and it is recognised that usage may be under-reported (Advisory Council on the Misuse of Drugs (ACMD) 2010). AAS are categorised as Image and Performance Enhancing Drugs (IPEDs) and can be taken both orally or by intra-muscular injection. There has been an increase in people who use AAS accessing Needle and Syringe Programmes (NSPs) (McVeigh and Begley 2016) and these have become an established part of the services provided for AAS users (Kimergård and McVeigh 2014). The provision of these services remains aligned to the needs of more traditional services users, such as people with opiate dependency, and provide an anonymous needle exchange and harm minimisation service and access to group or one-

to-one support. My initial view, based on my time as a student social worker in a substance misuse team, presumed that the people who use AAS, like other substance using clients would be vulnerable, due to the risks around using non-prescribed substances. Support services, such as these, offer equity of support; however, this assumes a level of homogeneity around the risks, and services for different types of substance users. This is possibly because more traditional clients use illicit drugs that can affect their daily living; however, this is not necessarily true for people who use AAS. A more detailed exploration of the issues revised my opinion, highlighting that the concept of risk around AAS use is complex and raised ethical considerations linked to wider implications to social work practice. Therefore, in this paper I will consider AAS use in relation to social work and vulnerability, risk, harms, ethics, and legislation.

2. From Vulnerability to Risk

The Government's Drug Strategy (UK Home Office 2017) highlighted that the use of IPEDs was a cause for concern particularly related to the associated risks to health. The focus of the Strategy was on preventing people from starting drug use, restricting the availability of drugs, and offering people with drug dependency problems, recovery and support, with a particular emphasis on protecting vulnerable children and adults (UK Home Office 2017). The strategy has people who misuse substances as an example of vulnerable people but gives no definition for the term vulnerable. This is potentially concerning as it assumes that all those who misuse substances are the same and the use of the term vulnerable could be seen as oppressive as it can attribute a 'victim status' (Parker et al. 2012). This may go some way to explain why Services provide similar support to all regardless of the substance used. However, this may be an unfitting status for people who use AAS, as they often are dedicated to maintaining a healthy lifestyle (Zahnow et al. 2018) and choose to use AAS as part of this.

Any individual could be seen as potentially vulnerable (Parker et al. 2012) and as the Drugs Strategy does refer to vulnerable people it is worth reflecting on this concept. One starting point to determine if a group of users might be vulnerable is to consider the definitions of vulnerability within the literature and legislation. The nature of vulnerability has been defined in different ways, and distinctions made between active experience compared to the risks and harm that a particular demographic group are susceptible to (Greenfields, Fanning, and Dalrymple 2012), and this is played out in UK legislation. The Protection of Freedoms Act 2012 states that a 'vulnerable adult' is a person (aged eighteen or over) who is subject to regulated activity. This definition would not necessarily apply to people who use AAS. Some AAS users access support from NSPs and it could be argued this is a regulated activity. However, NSPs are part of a harm reduction strategy (Bates, Jones, and Mcveigh 2013), and users of these services visit voluntarily, don't have allocated workers, and retain their anonymity. Therefore, using such a service to obtain needles could suggest an ability to care for oneself and attendance could indicate a clear intention to protect themselves from harm. This could arguably be true of all those who are accessing the service.

The Care Act 2014 does not refer to vulnerability but instead to adults 'at risk'. This is a potentially more useful term to encapsulate the varied definitions of vulnerability (Greenfields, Fanning, and Dalrymple 2012), as using substances doesn't automatically imply harm, merely risk (Heanue and Lawton 2012), and ethical practice asks social workers to enable people to identify and manage risks to themselves and others (Galvani 2012). The shift to the term 'at risk' in recent UK legislation could be seen as helpful as it allows social

workers to assess risk and balance potential harms against perceived or actual benefits. To remove the concept of vulnerability from the legislation but to use the term 'most vulnerable' in a Government Strategy document that is intended to inform those in professional practice to support people, is potentially unhelpful and even confusing. It might be more useful, at least for the purposes of consistency and assessment, to use the term 'at risk'. It is also unhelpful to include people who use IPEDs in the same Drugs Strategy as those who use illegal substances such as heroin, as the potential harms from use are different and AAS users are often wary of accessing such services for fear of being labelled as 'junkies' (Simmonds and Coomber 2009).

With the aforementioned increase in AAS use in the UK, there is the potential that even social workers, working outside of substance use services, will come across people who use AAS, particularly those working with young people and families. Therefore, it is useful to review the types of harm associated with AAS use and consider if these would lead to a potential increase in risk to the individual or risk to others. Additionally, wider engagement with stakeholders, including social workers, around the issues of using AAS could help to minimise harm (Evans-Brown et al. 2012).

3. Harms Associated with Using AAS

The lifetime prevalence of AAS has been estimated at 3.3% globally, with higher prevalence among males (6.4%) (Sagoe et al. 2014) and, users often use supra-physiological doses (Parkinson and Evans 2006). AAS use is linked with a wide range of potential negative physical harms including: erectile dysfunction, testicular atrophy, liver toxicity, dermal scarring, cognitive problems, gynaecomastia, muscle damage, myocardial injuries, and infertility (Nieschlag and Vorona 2015). Although, these physical harms are unpleasant and could have a significant impact on health they in and of themselves do not necessarily make a person vulnerable but do come with a certain amount of risk. There are also risks from injecting use such as contracting Blood Borne Viruses (BBVs) e.g., Hep C/HiV (Rowe et al. 2017; Pope et al. 2014). Moreover, there are potential psychological effects of use including depression, aggressive tendencies, and anxiety (Barceloux and Palmer 2013; Piacentino et al. 2015; Griffiths et al. 2016). Further risks include the risk of physical and psychological harm from using AAS in combination with illicit substances and/or other IPEDs (Sagoe et al. 2015; Beaver et al. 2008) and risks from self-medication of side-effects (Skårberg et al. 2007). It is noteworthy that people who use AAS will experience these risks to different degrees, and many take time to research the different substances (Christiansen, Vinther, and Liokaftos 2016) and mitigate for side effects. Moreover, people take different approaches to risk management, e.g., one study found only 22% of AAS users accessed BBV tests (Hope et al. 2015) despite the risks and another found that 67% of AAS users did not visit a doctor despite being worried about the negative side effects, as they did not think it serious enough (Zahnow et al. 2017).

When assessing risk, consideration should also be given to potential harm to others and in the largest study (to date) of 1,955 US AAS users, the typical user was 30 years of age, white, male and in employment (Cohen et al. 2007). However, some studies from the UK and US have shown the onset of use before the age of 18 (Bates and McVeigh 2016; Hildebrandt et al. 2014). With AAS use, harms to others could include harm from an increase in aggressive behaviours (van Amsterdam, Opperhuizen, and Hartgens 2010), from the spreading of BBVs (Rowe et al. 2017) or to children from storing substances and needles in

the home (Nutt 2012). Despite the fact that AAS use has been shown to impact on people's mood (Piacentino et al. 2015), this author could find no causal evidence of people who have lost control whilst using AAS. However, there is significant qualitative evidence in the literature to suggest that AAS can cause people to feel irritated and angry whilst using certain types of AAS (Hanley Santos and Coomber 2017; Dunn 2015) and another study found that compared with non-AAS users, young adult male AAS users reported greater involvement in violent behaviours (Beaver et al. 2008). Social workers need to be aware that a change in mood is a risk from using AAS and could potentially affect an individual's mental health and/or decision making. It is difficult to find causal links for the use of AAS as users tend to take a mixture of drugs, to enhance their body and mitigate side effects and there could be other comorbidities. Therefore, more research into this area is needed to fully understand the effects of AAS use on mood and behavioural change.

4. Risks to the Initiation of AAS Use

If people choose to use AAS, then they are entitled to make that decision, as despite the potential risks of harm, AAS use in the UK is legal. Social workers have a duty to take preventative action, promote support and protection, yet also promote independence and balance rights and risks (The British Association of Social Workers (BASW) 2017). Therefore, consideration should be given to those more at risk of starting use as AAS can have a detrimental impact on a person's physical and psychological health. AAS use among 16 to 24 year olds has increased from 0.1% in 2015/2016 to 0.4% in 2016/2017 (Webb 2017) and there is a risk with adolescent use of AAS of an increase in neurological disorder or development of maladaptive behaviours (Cunningham, Lumia, and McGinnis 2013). Poverty, abuse, and a range of childhood problems have been overly represented in AAS users including poor relationship with parents, history of mental or physical abuse and problems at school (Wichstrom and Pedersen 2001; Skårberg et al. 2007). Many UK social workers are likely to come into contact with young people with such histories in their work and a US meta survey found that 22% of users started use before the age of 20 (Pope et al. 2013). People trans-gendering from female to male (Onakomaiya and Henderson 2016) and people who are gay (Copeland, Peters, and Dillon 2000; Iversen, Hope, and McVeigh 2016) are at risk of initiating use and one study found evidence that some 'recovering' heroin users turn to AAS as a quick fix to look healthy (Cornford, Kean, and Nash 2014). Social pressure in the form of media influence, peer influence, and sport or social norms also emerged as an important driver for the initiation of AAS use (Sagoe, Andreassen, and Pallesen 2014). Additionally, some vocations including doormen, soldiers, police and models, have been found to be motivations to start using AAS (Fogel and Vogel 2012). For social work professionals wanting to understand the differing motivations, it may be of use to explore the typologies of AAS users (Zahnow et al. 2018) that have been recently presented in the literature.

There is an argument to suggest that government guidance could expose young people to environments where AAS is used, as the NHS encourages the promotion of regular exercise for young people (National Institute for Health and Clinical Excellence 2009). Hollingworth (2012) advocates that social care professionals should make these activities a priority. However, the UK Guidance on provision of services for people who use IPEDs suggests that outreach support should be undertaken in gyms (Public Health England 2014) as studies yielding the highest prevalence rates for AAS injection have used gym and fitness centre settings (Sagoe, Andreassen, and Pallesen 2014). There is a need to take into consideration

that those young people who may be seeking to undertake these activities might do so because they have underlying issues about their body identity. Adolescents with poor self-image or conduct problems (J. H. Pope, Kanayama, and Hudson 2012), people concerned about body image, those with low self-esteem and low self-efficacy, and those with muscle dysmorphia or eating disorders, (Rohman 2009; Jenssen and Johannessen 2015; Sagoe, Andreassen, and Pallesen 2014; Walker and Eli Joubert 2011) are all at risk of initiating use. Moreover, the odds of lifetime AAS use were found to be 1.4 times higher for those adolescents who exercised almost daily (Kokkevi et al. 2008).

Social workers incorporating fitness into support plans should consider the risks and be aware that young people may encounter people who use AAS in gym environments who could be seen as 'desirable' role models as they appear muscular and confident. It is widely acknowledged that body shape and physical control are central to a person's sense of identity (Coffey 2016) and adolescent development is said to be connected to a search for identity (Erikson and Erikson 1997) and gender role (O'Neil 2015). It is suggested that the use of AAS for aesthetic gain is 'indicative of the public's appetite for a short cut' (Brennan, Claire Van Hout, and Wells 2013), and the increase in use may simply be a by-product of this or because of the availability of AAS online. However, consideration should also be given to the need to define their masculine identity. A young man's desire to have the perfect masculine body is fuelled by the proliferation of the mesomorphic body shape in the media (Daniel and Bridges 2010). Moreover, internalisation of body ideals mediated the relationship between masculine role norms and body image in the drive for muscularity (De Jesus et al. 2015) and body image concern is a risk factor for AAS use (Kanayama et al. 2006; Jenssen and Johannessen 2015). Arguably, this body ideal is not just targeted at young men, increasingly media representations of middle-age celebrities focus on a muscular physique, and the 2015 UK survey on IPEDs found that a number of participants started use after the age of 40 (Bates and McVeigh 2016). However, the majority of AAS users in the UK 2015 survey initiated use between the ages of 20 and 25 years old (Bates and McVeigh 2016). Could the initiation age of early twenties align to the idea that men can develop a negative self-image due to media pressure and that 'the relationship becomes stronger into early adulthood' (Barlett, Vowels, and Saucier 2008, 295). This speaks to wider societal and ethical perspectives as marketing and media industries promote an image of an ideal male form which is muscular. The representation of male body image in society has changed in recent years as exemplified by Action Man and other toys aimed at boys which have increased their musculature (Pope, Khalsa, and Bhasin 2017). This unrealistic body image is also often found in mainstream reality television programmes (Dallesasse and Kluck 2013). It is not just boys who could be influenced, as girls' ideas of the ideal boyfriend could also be influenced, for example to attain the same body proportion's as Barbie's Ken, an average young man would need to increase his chest by eleven inches (Brownell and Napolitano 1995). The media is full of pictures of 'ripped' men many of whom have been photo-shopped and such images can have a negative impact on how men see themselves (Blond 2008).

This body ideal is further emphasized through social media and the popularity and idolisation of young people who use AAS e.g., Zyzz, now deceased, still has millions of followers on his webpages. He stated one of his reasons for choosing to body-build (and there is online evidence of him using AAS) was about image:

I had a girlfriend of 17, who was pretty but slightly chubby, when I was a skinny nerd, she kept pointing out how skinny I was & always looked at other guys with good bodies which was one of the reasons I wanted to start going to the gym. Needless to say when I saw her 2

years later her jaw dropped, brushing her off at that moment was probably the best feeling I have experienced in my life *[text in Zyzz transformation progress video]* (Underwood 2017)

Or, Jon Skywalker, who self-promotes his change in physical appearance from AAS use and has a personal motto of 'lifes too short to be unaesthetic *(sic)*' (Skywalker 2017). Studies have shown that men choose an ideal body that is more muscular than themselves and estimate that women prefer a more muscular male body (Pope et al. 2000) and the media does influence the drive for muscularity (Cramblitt and Pritchard 2013; De Jesus et al. 2015; Melki et al. 2015). Retailers and the media promote various ideal body images whilst taking no responsibility for the negative impact they have on their audience. It seems ironic that for years people have acknowledged the damage caused by the proliferation of idealised images of women's bodies to females' self-esteem yet now society is putting men in a similar position.

In assessing risk around substance use, people who are diagnosed with substance dependence could be considered at greatest risk of harm as people can feel they do not have any other options other than to continue using the substances despite any harmful consequences. The ICD-10 (World Health Organisation 2010) lists AAS as non-dependence producing substances whereas the DSM-5 (American Psychiatric Association 2013) categorises AAS under other substances but does not explicitly state non-dependent and instead has criteria for substance use disorders (e.g., mild anabolic steroid use disorder). Although social workers do not diagnose dependency, it is important that they have an understanding that there has been a case put forward for AAS dependency in order to be able to make an appropriate risk assessment. Kanayama et al.'s (2009) analysis concluded on the basis of seven studies that 30% of AAS users develop dependence based on DSM-IV criteria and therefore it is a valid diagnostic entity. Kanayama and Pope (2016) suggest that one route to AAS use is via its potentially hedonic properties, in that AAS users often say that using AAS gives them a sense of 'invincibility' (Pope et al. 2014). The other two routes to dependency suggested relate to the neuroendocrine effects and body image concerns (Kanayama and Pope 2016). The DSM-5 saw the introduction of Muscle Dysmorphia as a defined type of body dysmorphia (Kanayama and Pope 2016; American Psychiatric Association 2013) and cites AAS use a potential risk with this condition.

Potentially, therefore, the risks of using AAS can change over time. Psychological side effects can increase with severity of use (Pagonis et al. 2006) as can the likelihood of developing more harmful physical side effects such as cardiovascular toxicity (Kanayama, Hudson, and Pope 2008). Moreover, one way to overcome the feelings of depression that some users experience at the end of a cycle (Griffiths et al. 2016) would be to start a new cycle or use a low dose continuously. It could be that the longer people use AAS, the more likely it is that they could be at risk of developing a dependency. Rogers (2013) argues that as well as psychological and physical harms, dependent use may increase their likelihood of being targeted by unscrupulous dealers, as the nature of the use has changed from voluntary to involuntary. Although, it could be argued that even with dependent use, people make choices around that use. However, their choice to continue to use rather than seek support may be because they are not aware of other options available to them, that the benefits of use outweigh the negative effects for them or because of a lack of experience or support.

5. The Legal Situation

One aspect of risk is that of potential exploitation. In the UK, the legislation on AAS contributes to wider societal ethical dilemmas as AAS are classified as Class C substances and although it is legal to use it is illegal to supply it (Misuse of Drugs Act, 1971). In 2012, changes in the law made it illegal to import steroids by ordering them online and having them delivered to you from outside the UK. Consequently, people seeking to import them from overseas have to bring them in person. However, regardless of the legality it is easy to buy steroids online and many of the sites that offer advice on use also advertise the products.

Thiroux and Krasemann (2014) ask if people should use laws and rules as the basis for their choices. If so, then the legality for personal use in the UK could be seen as justification to use, yet creates a dilemma for them as obtaining AAS may necessitate users breaking the law as it is potentially prohibitively expensive to keep travelling overseas to purchase the drugs. For people in professions, such as law enforcement or the military, who choose to use AAS, the issue around legality is especially challenging. For example, the police are deemed an at risk profession for AAS use (Hildebrandt et al. 2007; Fogel and Vogel 2012) and the UK's police work under a code of conduct with an obligation not to misuse legal substances (College of Policing 2014). This then puts them at the potential risk of reprisal for their actions. However, it also asks the question, how do you determine misuse? AAS use is legal, and potentially therefore misuse would come from supplying AAS but not personal use. Yet, one press report highlights a case of a police officer who thought that he was not breaching regulations and was sacked for misconduct for personal steroid use (Evening Chronicle, 2011).

Current UK law has the potential to put people at risk as it forces licit users of AAS to engage in criminal networks to purchase substances while having no legal recourse and no consumer rights. Moreover, this could place them at risk by forcing them into an unregulated black market, and illicitly purchased products can be of variable strength (Nutt 2012), adulterated (Van Hout and Kean 2015) or counterfeit (Cho et al. 2015; Coomber et al. 2014). Much of the harm of drug use is linked with stigmatisation and criminalisation, and society should be responsive to vulnerability and strive to promote autonomy (Ben-Ishai 2012). In one sense, the current legal situation does allow people to exercise autonomy. By permitting personal use, people who use AAS are not criminalised in the same way as those who use illicit substances. If AAS use was illegal, this might increase risks by potentially increasing the stigma and stopping people from accessing services. However, the current law, legislation and policy surrounding AAS use sends mixed messages both to people who use and those who support them. It is important for social workers to be aware of the confusion and stigmatisation that this can create for people who use AAS, and it may be why AAS users might distrust professionals and be reticent about disclosing their use. People who use AAS suggest that the risks of using AAS are akin to those of tobacco or alcohol (Walker and Eli Joubert 2011). Such products are legal to purchase however if alcohol was discovered today, Nutt et al. (2007) argue that it could be classified as a class A drug based on the forms of harm from use. Ethics deal with identifying rights and wrongs of human conduct, and should consider the part 'self-interest or the interests of others play in making moral decisions and judgements' (Thiroux and Krasemann 2014, 2). Does the fact that alcohol consumption is part of everyday life and brings in significant tax revenue, e.g., in 2009/2010 around 2% of the UK government's total revenue from taxation (Collis, Grayson, and Johal 2010) influence the legislation? The current UK drugs legislation although intended to minimise risk could be

seen as unethical and unhelpful. Taylor et al. (2016) put forward that the social construction of drugs and drug users should be challenged, that a new approach is needed which is not about punishment and prohibition but instead focused on understanding people's individual situations and motivations and AAS should be seen in this light.

Caring professionals may base their moral judgements on using a Class C substance, which could lead to inequalities in access to services. In one study, a participant explained that his doctor had no time for him, and expressed his frustration that the doctor would have done had he been seeking help for the consequences of smoking or drinking (Walker and Eli Joubert 2011). This distrust of medical professionals by people who use AAS is found across a large range of studies (Grogan et al. 2006; Zahnow et al. 2017; Cohen et al. 2007; Maycock and Howat 2005). The implication being that carrying out activities that cause harm, but are socially acceptable and possibly engaged in by the professional themselves, allows access to services. However, engaging in drug-related activities that people believe to be 'wrong' is more likely to result in discrimination, possible exclusion and leave people at risk of having to find alternative options which are often more risky e.g., self-treating (Hope et al. 2015; Skårberg et al. 2007). People who choose to use AAS are stigmatised by the press and public, possibly influenced by media stories of 'roid rage' (Griffiths, Murray, and Mond 2016; Maycock and Howat 2005), and can feel stigmatised by medical professionals (Yu, Hildebrandt, and Lanzieri 2015). Some people who use AAS want professional medical support (Pates and Barry 1996; Cohen et al. 2007) and many do not trust their doctor to tell them they use AAS (Grogan et al. 2006; Cohen et al. 2007; Parkinson and Evans 2006).

Such judgements by professionals serve to reinforce stigma, however, the professionals themselves are faced with ethical dilemmas concerning use that could cause harm. However, with social work practice having at its heart values such as acceptance, self-determination of the service user and non-judgementalism, hopefully AAS users would not experience such stigma when working with social work practitioners.

6. Potential Ethical Issues for Social Workers

An ability and commitment to act ethically is a key part of the services social workers offer (British Association of Social Workers Policy Ethics and Human Rights Committee 2012). Central to any ethical decision-making process are one's own values (Dolgoff, Harrington, and Loewenberg 2005), and social workers are encouraged to reflect on their values when dealing with substance use (Galvani 2015).

Prior to working directly in a substance use service, my understanding of AAS was limited to lay knowledge mainly influenced by media representations e.g., Arnold Schwarzenegger and the concept of 'roid rage'. This could be true of other professionals as we are influenced by our culture and the predominant media portrayal of people who use AAS is negative (Griffiths, Murray, and Mond 2016).

Social workers often face ethical dilemmas when having to balance confidentiality against the duty to protect others (Reamer 2013). For example, if a partner has confided their use to a social worker, but has kept this secret from his family, does the social worker have the right to disclose when considering risk? For example, if, the AAS user has a partner and children is

a risk to the children from the storage of needles at home? How does the social worker's own understanding of AAS use impact on their decision-making? The risks of harm to others based on the available evidence are not conclusive, and it could be a breach of confidentiality to disclose. Moreover, AAS use is legal for personal use in the UK. On the other hand, the potential to put others at risk should not be ignored, and as such should be included in the risk assessment, with the intent, if possible, to discuss the particular risks with the person who is using AAS. Moreover, as relation-based practice is present within social work practice (Trevithick 2012), the risk assessment could be the starting point for a discussion and open the potential for social workers to support their clients to reflect on their choices.

The proliferation of muscular stereotypes in the media could have ethical implications. Arguably, the UK Government has a responsibility to address such matters through regulation e.g., banning the proliferation of photo-shopped 'unrealistic' images. However, this comes with its own challenges relating to the question of personal freedoms. Particularly, when working with adolescents, social workers could face an ethical dilemma in that what they may consider to be sensible choices for the client could differ from what the client believes is beneficial (Dolgoff, Harrington, and Loewenberg 2005). For example, a service user could argue that using AAS decreases their risk of being harmed by others and increases their confidence (Vassallo and Olrich 2010) and may be unaware of or unconcerned about the potential side effects, for example 'I felt I was skinny & got bullied…it makes me feel good & strong' (Walker and Eli Joubert 2011). They may see the positive gains outweighing the negative problems and may not be considering long term plans such a starting a family, and as such may give lower weight to such potential side effects as infertility, yet this could have serious implications for their future. According to Kant, an unconditional right is for a person to determine their own destiny (Dolgoff, Harrington, and Loewenberg 2005) and this is enshrined in UK law as people have the right to make unwise choices (Mental Capacity Act, 2005). This could prove challenging for a professional as, if using AAS improves a person's self-confidence and they believe it gives them a better quality of life, then that is their decision. Yet the ACMD (2010) expresses particular concerns for the potential negative impact of AAS use on the physiological and behavioural development of young people. As there is no guidance for supporting those who use AAS, social workers may face dilemmas in relation to managing risks presented by those who wish to enhance their physical appearance. An awareness of the societal pressures that might be influencing a young person's decision making could be useful when having conversations with them about such topics as self-image and IPED use.

One extreme example of where the media rhetoric could influence values and ultimately decisions relates to the Prevent agenda. Prevent is the UK Government led strategy on safeguarding people and communities from the threat of extremism and is one of the four elements of the Government's counter-terrorism strategy (HM Government, 2011). There have been reports that people in Western countries use AAS in preparation for racially motivated atrocities e.g., Anders Breivik and Omar Mateen (Melle 2013; Wilber 2016) and more recently press reports in the case of Kalid Masood for the Westminster attacks (Slawson 2018). In his manifesto, Breivik (2011) recommends the use of steroids for strength and improved physical performance. Controversially, under Prevent, professionals are asked to identify people vulnerable to radicalisation and identify the signs (HM Government 2011). Could a sudden decision to start using AAS be a sign of radicalisation? Should this be reported? When considering AAS use in such cases as extreme violence, evidence-based practice is problematic as the evidence is limited to one case study and several media stories that don't provide robust academic evidence. However, it would be beneficial for social

workers to be aware of the range of motivations for use. It is clear that, in such complex scenarios, to maintain an ethical social work practice requires as complete a picture as possible, which could be gained from 'rigorous assessment and respectful intervention' (Stanley et al. 2015, 1).

7. Conclusion

In conclusion, the majority of people who use AAS are not vulnerable as a result of their use, even though they are potentially putting their own health at risk and these risks may increase should they become dependent on AAS. This is because they are not a proven risk to others, there is a low risk of overdose, AAS is legal for personal use, and there is no evidence that they are unable to manage daily living whilst using AAS. However, there may be a subgroup of people who are more at risk to starting use e.g., men who have been bullied, have low self-esteem, pre-existing mental health conditions or poor body image perception. Often social workers will find themselves working with people from this subgroup and they need to be aware of the risks for starting AAS use but also acknowledge that just because there is an increased risk that does not necessarily mean that this is a fait accompli as there are multiple factors that influence the initiation of AAS use. Further qualitative research considering the reasons for starting use and support to help people stop using AAS would be beneficial. People who use AAS seem to be an almost invisible population of users who may benefit from specialised support. This exploration has raised questions around the vulnerability of AAS users, and the risks for starting use, as well as considering the ethics of how the media portrays masculinity, and the UK legal status of AAS. It is particularly concerning that society is subjecting men to unrealistic stereotypes for body image perfection that have long been a challenge for women, rather than seeking to celebrate the natural figure. In relation to social work practice, this discussion has highlighted the need for social workers to be aware that some of the people that they might be supporting might be more susceptible to initiating AAS use, or may be using AAS and unaware of the potential long-term harms. It would be helpful for social work practitioners to understand the motivations for AAS use so that they are able to have frank discussions about the associated risks. As with most social work dilemmas, when working with people, there are rarely fixed solutions, only individual situations, perspectives and a need to balance risk.

Acknowledgements

Dr. Margarete Parrish – Bournemouth University. Professor Jonathan Parker – Bournemouth University.

References

Advisory Council on the Misuse of Drugs. 2010. "Consideration of the Anabolic Steroids." Home Office. 2010. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/144122/anabolic-steroids.pdf.

American Psychiatric Association. 2013. *Diagnostic and Statistical Manual of Mental Disorders: DSM 5*. 5th ed. Washington, D.C.: APA.

Amsterdam, Jan van, Antoon Opperhuizen, and Fred Hartgens. 2010. "Adverse Health Effects of Anabolic–androgenic Steroids." *Regulatory Toxicology and Pharmacology* 57: 117–23.

https://doi.org/10.1016/j.yrtph.2010.02.001.

Barceloux, Donald G, and Robert B Palmer. 2013. “Anabolic—Androgenic Steroids.” *Disease-a-Month* 59 (Anabolic-androgenic steroids): 226–48. https://doi.org/10.1016/j.disamonth.2013.03.010.

Barlett, Christopher P, Christopher L Vowels, and Donald A Saucier. 2008. “Meta-Analyses of the Effects of Media Images on Men’s Body-Image Concerns.” *Journal of Social & Clinical Psychology* 27 (3): 279–310.

Bates, Geoff, Lisa Jones, and Jim Mcveigh. 2013. *Update of NICE Guidance PH18 on Needle & Syringe Programmes: Qualitative and Quantitative Review Updates*. https://doi.org/10.13140/RG.2.1.2944.8569.

Bates, Geoff, and Jim McVeigh. 2016. “Image and Performance Enhancing Drugs: 2015 Survey Results.” CPH, Liverpool John Moores University. 2016. http://www.ipedinfo.co.uk/resources/downloads/2015 National IPED Info Survey report.pdf.

Beaver, Kevin M KM Kevin M, Michael G Vaughn, Matt DeLisi, and JP Wright. 2008. “Anabolic-Androgenic Steroid Use and Involvement in Violent Behavior in a Nationally Representative Sample of Young Adult Males in the United States.” *American Journal of Public Health* 98 (12): 2185–87. https://doi.org/10.2105/AJPH.2008.137018.

Ben-Ishai, Elizabeth. 2012. “Responding to Vulnerability: The Case of Injection Drug Use.” *IJFAB: International Journal of Feminist Approaches to Bioethics* 5 (2): 39. https://doi.org/10.2979/intjfemappbio.5.2.39.

Blond, Anna. 2008. “Impacts of Exposure to Images of Ideal Bodies on Male Body Dissatisfaction: A Review.” *Body Image* 5 (3): 244–50. https://doi.org/10.1016/j.bodyim.2008.02.003.

Breivik. 2011. “Anders Behring Breivik’s Complete Manifesto ‘2083 – A European Declaration of Independence’ | Public Intelligence.” 2011. https://publicintelligence.net/anders-behring-breiviks-complete-manifesto-2083-a-european-declaration-of-independence/.

Brennan, Rebekah, Marie-Claire Claire Van Hout, and John Wells. 2013. “Heuristics of Human Enhancement Risk: A Little Chemical Help?” *International Journal of Health Promotion & Education* 51 (4): 212. https://doi.org/10.1080/14635240.2013.818295.

British Association of Social Workers Policy Ethics and Human Rights Committee,. 2012. “The Code of Ethics for Social Work.” British Association of Social Workers. 2012. https://www.basw.co.uk/codeofethics.

Brownell, Kelly, and Melissa Napolitano. 1995. “Distorting Reality for Children: Body Size Proportions of Barbie and Ken Dolls.” *The International Journal of Eating Disorders* 18 (3): 295–98. http://www.ncbi.nlm.nih.gov/pubmed/8556027.

Cho, Sooyeul So-Hyun, Hyoung Joon Park, Ji Hyun Lee, Jung-Ah Ah Do, Seok Heo, and Jeong Hwa Jo. 2015. “Determination of Anabolic-Androgenic Steroid Adulterants in Counterfeit Drugs by UHPLC-MS/MS.” *Journal Of Pharmaceutical And Biomedical Analysis* 111: 138–46. https://doi.org/10.1016/j.jpba.2015.03.018.

Christiansen, AV, AS Vinther, and Dimitris Liokaftos. 2016. “Outline of a Typology of Men’s Use of Anabolic Androgenic Steroids in Fitness and Strength Training Environments.” *Drugs: Education, Prevention and Policy* Early onli (April): 1–11. https://doi.org/10.1080/09687637.2016.1231173.

Coffey, Julia. 2016. *Body Work: Youth, Gender and Health*. Youth, Young Adulthood and Society. London: Routledge.

Cohen, Jason, Rick Collins, Jack Darkes, and Daniel Gwartney. 2007. “A League of Their Own: Demographics, Motivations and Patterns of Use of 1,955 Male Adult Non-Medical Anabolic Steroid Users in the United States.” *Journal of the International Society of Sports Nutrition, Vol 4, Iss 1, p 12 (2007) VO - 4* 4 (1): 12. https://doi.org/10.1186/1550-2783-4-12.

College of Policing. 2014. “Code of Ethics: A Code of Practice for the Principles and Standards of Professional Behaviour for the Policing Profession of England and Wales.” http://www.college.police.uk/What-we-do/Ethics/Documents/Code_of_Ethics.pdf.

Collis, James, Andrew Grayson, and Surjinder Johal. 2010. “Econometric Analysis of Alcohol Consumption in

the UK - Gov.UK." HM Revenue and Customs. 2010. https://www.gov.uk/government/publications/econometric-analysis-of-alcohol-consumption-in-the-uk.

Coomber, Ross, Adele Pavlidis, GH Santos, Michael Wilde, Wiebke Schmidt, and Clare Redshaw. 2014. "The Supply of Steroids and Other Performance and Image Enhancing Drugs (PIEDs) in One English City: Fakes, Counterfeits, Supplier Trust, Common Beliefs and Access." *Performance Enhancement and Health* 3 (3–4): 135–44. https://doi.org/10.1016/j.peh.2015.10.004.

Copeland, Jan, Richard Peters, and Paul Dillon. 2000. "Anabolic-Androgenic Steroid Use Disorders among a Sample of Australian Competitive and Recreational Users." *Drug and Alcohol Dependence* 60 (January): 91–96. http://10.0.3.248/S0376-8716(00)80011-3.

Cornford, Charles S., Joe Kean, and Adam Nash. 2014. "Anabolic-Androgenic Steroids and Heroin Use: A Qualitative Study Exploring the Connection." *International Journal of Drug Policy* 25 (5): 928–30. https://doi.org/10.1016/j.drugpo.2014.06.002.

Cramblitt, Brooke, and Mary Pritchard. 2013. "Media's Influence on the Drive for Muscularity in Undergraduates." *Eating Behaviors* 14 (December): 441–46. http://10.0.3.248/j.eatbeh.2013.08.003.

Cunningham, RL, AR Lumia, and MY McGinnis. 2013. "Androgenic Anabolic Steroid Exposure during Adolescence: Ramifications for Brain Development and Behavior." *Hormones and Behavior* 64 (2): 350–56. https://doi.org/10.1016/j.yhbeh.2012.12.009.

Dallesasse, Starla L, and Annette S Kluck. 2013. "Reality Television and the Muscular Male Ideal." *Body Image* 10 (3): 309–15. https://doi.org/10.1016/j.bodyim.2013.02.004.

Daniel, Samantha, and Sara K Bridges. 2010. "The Drive for Muscularity in Men: Media Influences and Objectification Theory." *Body Image* 7 (1): 32–38. https://doi.org/10.1016/j.bodyim.2009.08.003.

Dolgoff, Ralph., Donna. Harrington, and Frank M Loewenberg. 2005. *Ethical Decisions for Social Work Practice*. Brooks/Cole--Thomson Learning.

Dunn, Matthew. 2015. "Commentary on Lundholm et Al. (2015): What Came First, the Steroids or the Violence?" *Addiction* 110 (1): 109–10. https://doi.org/10.1111/add.12752.

Erikson, Erik H, and Joan M Erikson. 1997. *The Life Cycle Completed*. New York: W.W. Norton.

Evans-Brown, M, J McVeigh, C Perkins, and M Bellis. 2012. "Human Enhancement Drugs: The Emerging Challenges to Public Health." North West Public Health Observatory, Liverpool John Moores University. https://doi.org/10.1016/B978-0-12-373932-2.00384-7.

Evening Chronicle,. 2011. "South Tyneside PC Sacked for Gross Misconduct." *Chronicle Live*, July 20, 2011. https://www.chroniclelive.co.uk/news/north-east-news/south-tyneside-pc-sacked-over-1401815.

Fogel, Curtis A, and Curtis A Vogel. 2012. "Vocational Steroid Use : Reconsidering the Effectiveness of a Prohibition Approach." *Kultūra Ir Visuomenė* 3 (1): 141–42.

Galvani, Sarah. 2012. *Supporting People with Alcohol and Drug Problems: Making a Difference*. Bristol: The Policy Press, University of Bristol.

———. 2015. "Alcohol and Other Drug Use: The Roles and Capabilities of Social Workers." Public Health England and Manchester Metroplitain University. http://cdn.basw.co.uk/upload/basw_25925-3.pdf.

Greenfields, Margaret, Agnes Fanning, and Roger Dalrymple. 2012. *Working with Adults at Risk From Harm*. Berkshire: McGraw-Hill Education.

Griffiths, Scott, Richard Henshaw, Fiona H McKay, and Matthew Dunn. 2016. "Post-Cycle Therapy for Performance and Image Enhancing Drug Users: A Qualitative Investigation." *Performance Enhancement & Health* 5 (November): 103–7. https://doi.org/10.1016/j.peh.2016.11.002.

Griffiths, Scott, Stuart B Murray, and Jonathan M Mond. 2016. "The Stigma of Anabolic Steroid Use." *Journal of Drug Issues* 46 (4): 446–56. https://doi.org/10.1177/0022042616661837.

Grogan, Sarah, Sarah Shepherd, Ruth Evans, Sam Wright, and Geoff Hunter. 2006. "Experiences of Anabolic Steroid Use: In-Depth Interviews with Men and Women Body Builders." *Journal of Health Psychology* 11 (6): 845. https://doi.org/10.1177/1359105306069080.

Hanley Santos, Gisella, and Ross Coomber. 2017. “The Risk Environment of Anabolic–androgenic Steroid Users in the UK: Examining Motivations, Practices and Accounts of Use.” *International Journal of Drug Policy* 40 (New Psychoactive Substances and Human Enhancement Drugs): 35–43. https://doi.org/10.1016/j.drugpo.2016.11.005.

Heanue, Kim, and Chris Lawton. 2012. *Working with Substance Users*. Maidenhead: McGraw-Hill/Open University Press.

Hildebrandt, T, JW Langenbucher, A Flores, S Harty, and H Berlin. 2014. “The Influence of Age of Onset and Acute Anabolic Steroid Exposure on Cognitive Performance, Impulsivity, and Aggression in Men.” *Psychology of Addictive Behaviors* 28 (4): 1096–1104. https://doi.org/10.1037/a0036482.

Hildebrandt, Thomas, James W Langenbucher, Sasha J Carr, and Pilar Sanjuan. 2007. “Modeling Population Heterogeneity in Appearance- and Performance-Enhancing Drug (APED) Use: Applications of Mixture Modeling in 400 Regular APED Users.” *Journal of Abnormal Psychology* 116 (4): 717–33. https://doi.org/10.1037/0021-843X.116.4.717.

HM Government,. 2011. “The Prevent Strategy.” https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/97976/prevent-strategy-review.pdf.

Hollingworth, Katie E. 2012. “Participation in Social, Leisure and Informal Learning Activities among Care Leavers in England: Positive Outcomes for Educational Participation.” *Child and Family Social Work* 17 (4): 438–47. https://doi.org/10.1111/j.1365-2206.2011.00797.x.

Hope, Vivian, Jim McVeigh, Andrea Marongiu, Michael Evans-Brown, Josie Smith, and Andreas Kimergard. 2015. “Injection Site Infections and Injuries in Men Who Inject Image- and Performance-Enhancing Drugs: Prevalence, Risks Factors, and Healthcare Seeking.” *Epidemiology & Infection* 143 (1): 132–40. https://doi.org/10.1017/S0950268814000727.

Hout, Marie-Claire Claire Van, and Joseph Kean. 2015. “An Exploratory Study of Image and Performance Enhancement Drug Use in a Male British South Asian Community.” *International Journal of Drug Policy* 26 (9): 860–67. https://doi.org/10.1016/j.drugpo.2015.03.002.

Iversen, Jenny, Vivian Hope, and Jim McVeigh. 2016. “Access to Needle and Syringe Programs by People Who Inject Image and Performance Enhancing Drugs.” *International Journal of Drug Policy* 31 (2016): 199–200. https://doi.org/10.1016/j.drugpo.2016.01.016.

Jenssen, Ida Heimly, and Kim Berg Johannessen. 2015. “Aggression and Body Image Concerns among Anabolic Androgenic Steroid Users, Contemplators, and Controls in Norway.” *Body Image* 12 (1): 6–13. https://doi.org/10.1016/j.bodyim.2014.08.009.

Jesus, Arthur Y. De, Lina A. Ricciardelli, Ann Frisén, Linda Smolak, Zali Yager, Matthew Fuller-Tyszkiewicz, Phillippa C. Diedrichs, Debra Franko, and Kristina Holmqvist Gattario. 2015. “Media Internalization and Conformity to Traditional Masculine Norms in Relation to Body Image Concerns among Men.” *Eating Behaviors* 18: 137–42. https://doi.org/10.1016/j.eatbeh.2015.04.004.

Kanayama, Gen, Steven Barry, James Hudson, and Jr. Harrison Pope. 2006. “Body Image and Attitudes toward Male Roles in Anabolic-Androgenic Steroid Users.” *The American Journal of Psychiatry* 163 (4): 697–703. https://doi.org/10.1176/appi.ajp.163.4.697.

Kanayama, Gen, Kirk Brower, Ruth Wood, James Hudson, and Jr. Harrison Pope. 2009. “Issues for DSM-V: Clarifying the Diagnostic Criteria for Anabolic-Androgenic Steroid Dependence.” *The American Journal Of Psychiatry* 166 (6): 642–45. https://doi.org/10.1176/appi.ajp.2009.08111699.

Kanayama, Gen, James Hudson, and Jr. Harrison Pope. 2008. “Long-Term Psychiatric and Medical Consequences of Anabolic-Androgenic Steroid Abuse: A Looming Public Health Concern?” *Drug & Alcohol Dependence* 98 (1/2): 1–12.

Kanayama, Gen, and Jr. Harrison Pope. 2016. “History and Epidemiology of Anabolic Androgens in Athletes and Non-Athletes.” *Molecular and Cellular Endocrinology* 464 (March): 4–13. https://doi.org/10.1016/j.mce.2017.02.039.

Kimergård, Andreas, and Jim McVeigh. 2014. “Variability and Dilemmas in Harm Reduction for Anabolic Steroid Users in the UK: A Multi-Area Interview Study.” *Harm Reduction Journal* 11 (1): 1–23.

https://doi.org/10.1186/1477-7517-11-19.

Kokkevi, Anna, Anastasios Fotiou, Anina Chileva, Alojz Nociar, and Patrick Miller. 2008. “Daily Exercise and Anabolic Steroids Use in Adolescents: A Cross-National European Study.” *Substance Use & Misuse* 43 (14): 2053–65. https://doi.org/10.1080/10826080802279342.

Maycock, Bruce, and Peter Howat. 2005. “The Barriers to Illegal Anabolic Steroid Use.” *Drugs: Education, Prevention & Policy* 12 (4): 317–25. https://doi.org/10.1080/09687630500103622.

McVeigh, Jim, and Emma Begley. 2016. “Anabolic Steroids in the UK: An Increasing Issue for Public Health.” *Drugs: Education, Prevention & Policy* 24 (3): 278–85. https://doi.org/10.1080/09687637.2016.1245713.

Melki, Jad, Eveline Hitti, Michael Oghia, Afif Mufarrij, and Oghia Mufarrij. 2015. “Media Exposure, Mediated Social Comparison to Idealized Images of Muscularity, and Anabolic Steroid Use.” *Health Communication* 30 (5): 473–84. https://doi.org/10.1080/10410236.2013.867007.

Melle, Ingrid. 2013. “The Breivik Case and What Psychiatrists Can Learn from It.” *World Psychiatry* 12 (1): 16–21. https://doi.org/10.1002/wps.20002.

Nieschlag, Eberhard, and Elena Vorona. 2015. “Medical Consequences of Doping with Anabolic Androgenic Steroids: Effects on Reproductive Functions.” *European Journal of Endocrinology* 173 (2): 47. https://doi.org/10.1530/EJE-15-0080.

Nutt, David. 2012. *Drugs - without the Hot Air: Minimizing the Harms of Legal and Illegal Drugs*. Cambridge: UIT Cambridge.

Nutt, David, Leslie King, William Saulsbury, and Colin Blakemore. 2007. “Development of a Rational Scale to Assess the Harm of Drugs of Potential Misuse.” *Lancet* 369 North (9566): 1047–53.

O’Neil, James M. 2015. “A Developmental Model of Masculinity: Gender Role Transitions and Men’s Psychosocial Growth.” In *Men’s Gender Role Conflict: Psychological Costs, Consequences, and an Agenda for Change.*, 95–119. Washington, DC, US: American Psychological Association. https://doi.org/10.1037/14501-006.

Onakomaiya, Marie, and Leslie Henderson. 2016. “Mad Men, Women and Steroid Cocktails: A Review of the Impact of Sex and Other Factors on Anabolic Androgenic Steroids Effects on Affective Behaviors.” *Psychopharmacology* 233: 549–69. https://doi.org/10.1007/s00213-015-4193-6.

Pagonis, Thomas A, Nikiforos V Angelopoulos, George N Koukoulis, and Christos S Hadjichristodoulou. 2006. “Psychiatric Side Effects Induced by Supraphysiological Doses of Combinations of Anabolic Steroids Correlate to the Severity of Abuse.” *European Psychiatry* 21 (8): 551–62.

Parker, Jonathan, Sara Ashencaen Crabtree, Wing Hong Chui, Tadakazu Kumagai, Ismail Baba, Azlinda Azman, Christine Haselbacher, Hadi Ridha Ashkanani, and Peter Szto. 2012. “WAVE: Working with Adults Who Are Vulnerable -- a Comparison of Curricula, Policies and Constructions.” *Social Work Review / Revista de Asistenta Sociala* 11 (3): 159–76.

Parkinson, Andrew B, and Nick A Evans. 2006. “Anabolic Androgenic Steroids: A Survey of 500 Users.” *Medicine & Science in Sports & Exercise* 38 (4): 644–51. https://doi.org/10.1249/01.mss.0000210194.56834.5d.

Pates, Richard, and Cindy Barry. 1996. “Steroid Use in Cardiff: A Problem for Whom?” *Journal of Performance Enhancing Drugs* 1 (3): 92–97.

Piacentino, Daria, Georgios Kotzalidis, Antonio del Casale, Maria Rosaria Aromatario, Cristoforo Pomara, Paolo Girardi, and Gabriele Sani. 2015. “Anabolic-Androgenic Steroid Use and Psychopathology in Athletes. A Systematic Review.” *Current Neuropharmacology* 13 (1): 101–21. https://doi.org/10.2174/1570159X13666141210222725.

Pope, Harrision, Amanda Gruber, Barbara Mangweth, Benjamin Bureau, Christine DeCol, Roland Jouvent, and James Hudson. 2000. “Body Image Perception among Men in Three Countries.” *The American Journal of Psychiatry* 157 (8): 1297–1301. https://doi.org/10.1176/appi.ajp.157.8.1297.

Pope, Harrison, Ruth Wood, Alan Rogol, Fred Nyberg, Larry Bowers, and Shalender Bhasin. 2014. “Adverse Health Consequences of Performance-Enhancing Drugs: An Endocrine Society Scientific Statement.”

Endocrine Reviews 35 (3): 341–75. https://doi.org/10.1210/er.2013-1058.

Pope, Jr. Harrison, Gen Kanayama, Alison Athey, Erin Ryan, James Hudson, and Aaron Baggish. 2013. "The Lifetime Prevalence of Anabolic-Androgenic Steroid Use and Dependence in Americans: Current Best Estimates BT - Am J Addict." In *American Journal on Addictions*, 23:371–77. https://doi.org/10.1111/j.1521-0391.2013.12118.x.

Pope, Jr. Harrison, Gen Kanayama, and James Hudson. 2012. "Risk Factors for Illicit Anabolic-Androgenic Steroid Use in Male Weightlifters: A Cross-Sectional Cohort Study." *Biological Psychiatry* 71 (Addiction: Risk and Recovery): 254–61. https://doi.org/10.1016/j.biopsych.2011.06.024.

Pope Jr., Harrison, Jag Khalsa, and Shalender Bhasin. 2017. "Body Image Disorders and Abuse of Anabolic-Androgenic Steroids Among Men." *JAMA: Journal of the American Medical Association* 317 (1): 23–24. http://10.0.3.233/jama.2016.17441.

Public Health England. 2014. "Providing Effective Services for People Who Use Image and Performance Enhancing Drugs." 2014. http://www.nta.nhs.uk/uploads/providing-effective-services-for-people-who-use-image-and-performance-enhancing-drugs.pdf.

Reamer, Frederic G. 2013. *Social Work Values and Ethics*. 4th ed. Foundations of Social Work Knowledge. New York: Columbia University Press.

Rogers, Wendy. 2013. "Vulnerability and Bioethics." In *Vulnerability: New Essays In Ethics And Feminist Philosophy*, edited by S Mackenzie, C; Rogers, W, Dodds, 60–87. Open University Press.

Rohman, Lebur. 2009. "The Relationship Between Anabolic Androgenic Steroids and Muscle Dysmorphia: A Review." *Eating Disorders* 17 (3): 187–99. https://doi.org/10.1080/10640260902848477.

Rowe, Rachel, Israel Berger, and Jan Copeland. 2017. "'No Pain, No Gainz'? Performance and Image-Enhancing Drugs, Health Effects and Information Seeking." *Drugs: Education, Prevention & Policy* 24 (5): 400–408. https://doi.org/10.1080/09687637.2016.1207752.

Rowe, Rachel, Israel Berger, Bilal Yaseen, and Jan Copeland. 2017. "Risk and Blood-borne Virus Testing among Men Who Inject Image and Performance Enhancing Drugs, Sydney, Australia." *Drug and Alcohol Review*, February. https://doi.org/10.1111/dar.12467.

Sagoe, Dominic, Cecilie Schou Andreassen, and Ståle Pallesen. 2014. "The Aetiology and Trajectory of Anabolic-Androgenic Steroid Use Initiation: A Systematic Review and Synthesis of Qualitative Research." *Substance Abuse Treatment, Prevention & Policy* 9 (1): 24. https://doi.org/https://doi.org/10.1186/1747-597X-9-27.

Sagoe, Dominic, Jim McVeigh, Astrid Bjørnebekk, MS Essilfie, CS Andreassen, and Ståle Pallesen. 2015. "Polypharmacy among Anabolic-Androgenic Steroid Users: A Descriptive Metasynthesis." *Substance Abuse Treatment, Prevention & Policy* 10 (12). https://doi.org/10.1186/s13011-015-0006-5.

Sagoe, Dominic, Helge Molde, Cecilie S. Andreassen, Torbjørn Torsheim, and Ståle Pallesen. 2014. "The Global Epidemiology of Anabolic-Androgenic Steroid Use: A Meta-Analysis and Meta-Regression Analysis." *Annals of Epidemiology* 24 (5): 383–98. https://doi.org/10.1016/j.annepidem.2014.01.009.

Simmonds, Lesley, and Ross Coomber. 2009. "Injecting Drug Users: A Stigmatised and Stigmatising Population." *International Journal of Drug Policy* 20 (2): 121–30. https://doi.org/10.1016/j.drugpo.2007.09.002.

Skårberg, Kurt, Ingemar Engstrom, Kurt Skarberg, and Ingemar Engstrom. 2007. "Troubled Social Background of Male Anabolic-Androgenic Steroid Abusers in Treatment." *Substance Abuse Treatment, Prevention, and Policy VO - 2* 2 (20): 20. https://doi.org/10.1186/1747-597X-2-20.

Skywalker, Jon. 2017. "Jon Skywalker - Life and Aesthetics Journey - YouTube." 2017. https://www.youtube.com/watch?v=da8esdRCTrY.

Slawson, Nicola. 2018. "Khalid Masood Took Steroids before Carrying out Westminster Attack." *The Guardian Online*, January 15, 2018. https://www.theguardian.com/uk-news/2018/jan/15/khalid-masood-took-steroids-before-carrying-out-westminster-attack.

Stanley, Tony, Jenny Robb, Sue Harris, and Rebecca Joy Novell. 2015. "The Role of the Social Worker in

Tackling Violent Extremism."
http://adcs.org.uk/assets/documentation/Practice_Guidance_the_role_of_the_social_worker_in_tackling_violent_extremism.pdf.

Taylor, Stuart, Julian Buchanan, and Tammy Ayres. 2016. "Prohibition, Privilege and the Drug Apartheid: The Failure of Drug Policy Reform to Address the Underlying Fallacies of Drug Prohibition." *Criminology & Criminal Justice: An International Journal* 16 (4): 452–69. https://doi.org/10.1177/1748895816633274.

The British Association of Social Workers. 2017. "Professional Capabilities Framework." BASW. 2017. https://www.basw.co.uk/pcf/.

Thiroux, Jacques, and Keith Krasemann. 2014. *Ethics Theory and Practice*. Pearson Custom Library. Harlow, Essex, England : Pearson, [2014].

Trevithick, Pamela. 2012. *Social Work Skills and Knowledge: A Practice Handbook*. 3rd ed. Maidenhead: McGraw-Hill/Open University Press.

UK Home Office. 2017. "2017 Drug Strategy."
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/628148/Drug_strategy_2017.PDF.

Underwood, Mair. 2017. "Research Paper: Exploring the Social Lives of Image and Performance Enhancing Drugs: An Online Ethnography of the Zyzz Fandom of Recreational Bodybuilders." *International Journal of Drug Policy* 39 (January): 78–85. https://doi.org/10.1016/j.drugpo.2016.08.012.

Vassallo, Mario J, and Tracy W Olrich. 2010. "Confidence by Injection: Male Users of Anabolic Steroids Speak of Increases in Perceived Confidence through Anabolic Steroid Use." *Int J Sport Exerc Psychol* 8 (1): 70–80. https://doi.org/10.1080/1612197X.2010.9671935.

Walker, Dawn-Marie, and Hercules Eli Joubert. 2011. "Attitudes of Injecting Male Anabolic Androgenic Steroid Users to Media Influence, Health Messages and Gender Constructs." *Drugs & Alcohol Today* 11 (2): 56. https://doi.org/10.1108/17459261111174019.

Webb, Lucy. 2017. "Extent and Trends in Drug Use." In *Drug Misuse: Findings from the 2016/17 Crime Survey for England and Wales*, edited by Dan Broadfield, 11/17, 1–10. Home Office.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/633349/drug-misuse-2017-hosb1117.pdf.

Wichstrom, Lars, and Willy Pedersen. 2001. *Use of Anabolic-Androgenic Steroids in Adolescence: Winning, Looking Good or Being Bad? Journal of Studies on Alcohol*. Vol. 62. Alcohol Research Documentation. https://doi.org/10.15288/jsa.2001.62.5.

Wilber, Del Quentin. 2016. "Orlando Gunman Omar Mateen Was Likely a Long-Term Steroid User." Stuff.Co.Nz. 2016. http://www.stuff.co.nz/world/americas/florida-nightclub-shooting/82181292/Orlando-gunman-Omar-Mateen-was-likely-a-long-term-steroid-user-autopsy-shows.

World Health Organisation. 2010. *International Statistical Classification of Diseases and Related Health Problems*. 10th ed. Vol. 2. http://apps.who.int/classifications/icd10/browse/2016/en#/F55.

Yu, Jessica, Thomas Hildebrandt, and Nicholas Lanzieri. 2015. "Healthcare Professionals' Stigmatization of Men with Anabolic Androgenic Steroid Use and Eating Disorders." *Body Image* 15 (September): 49–53. https://doi.org/10.1016/j.bodyim.2015.06.001.

Zahnow, Renee, Jim McVeigh, Geoff Bates, Vivian Hope, Joseph Kean, John Campbell, and Josie Smith. 2018. "Identifying a Typology of Men Who Use Anabolic Androgenic Steroids (AAS)." *International Journal of Drug Policy* 55 (May): 105–12. https://doi.org/10.1016/j.drugpo.2018.02.022.

Zahnow, Renee, Jim McVeigh, Jason Ferris, and Adam Winstock. 2017. "Adverse Effects, Health Service Engagement, and Service Satisfaction Among Anabolic Androgenic Steroid Users." *Contemporary Drug Problems* 44 (1): 69–83. https://doi.org/10.1177/0091450917694268.

Disclosure Statement

This author has no competing interests.

Orlanda Harvey (MA) is a PhD student within the Faculty of Health and Social Sciences at Bournemouth University with a research interest in image and performance enhancing drug (IPED) use. After spending 17 years in leadership and management training, she recently requalified as a Social Worker and became interested in IPED use after working with an Addiction Community Team. As a result, her MA dissertation focused on identifying what Social Workers need to know about people who chose to use IPED. Her PhD research is a mixed methods study into anabolic androgenic steroid (AAS) use and aims to explore and describe how AAS use contributes to specific behavioural issues and what AAS users perceive as the barriers to and opportunities for accessing support services. She is interested in the practice implications for social work and related inter-professional teams working in services that offer support to people who use AAS. Correspondence to: Orlanda Harvey, Bournemouth University, Lansdowne Campus, Royal London House, 109 Christchurch Road, Bournemouth BH1 3LT, United Kingdom. Email: harveyo@bournemouth.ac.uk