

Harm Reduction among Cisgender Gay and Bisexual Men using Anabolic Androgenic Steroids

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INTRODUCTION

Gay, bisexual, and queer (GBQ) men disproportionately use non-prescribed Anabolic androgenic steroids (AAS) and are at increased risk of AAS-related complications including coronary artery disease, stroke, and infection. This study investigated the effects experienced by individuals using AAS, and harm reduction methods utilized by the GBQ community.

METHODS

We conducted a qualitative study using semi-structured interviews among adult GBQ men with a history of AAS use for a minimum of 8 consecutive weeks. Participants were recruited through convenience and snowball sampling from LGBTQ clinics in New York City as well as online platforms. Interviews were transcribed and coded for content using reflexive thematic analysis. We then abstracted harm reduction quotes and further analyzed them using a public health lens.

RESULTS

Thematic saturation was reached after twelve interviews. All participants (12 of 12) reported harms experienced while using AAS, with the most common being cardiovascular related. Multiple harm reduction techniques were utilized (Table 1) focusing on primary prevention (avoiding development of harm), secondary prevention (screening for harm), and tertiary prevention (reducing severity of harm).

“You know, you're pumping hormones into your body. So there's going to be effects from it. It's, it's those that are more responsible that understand what the effects are and know how to manage them or minimize them.”
 –N, 49yo gay White man

FIGURE 1. HARM REDUCTION SIMULATOR

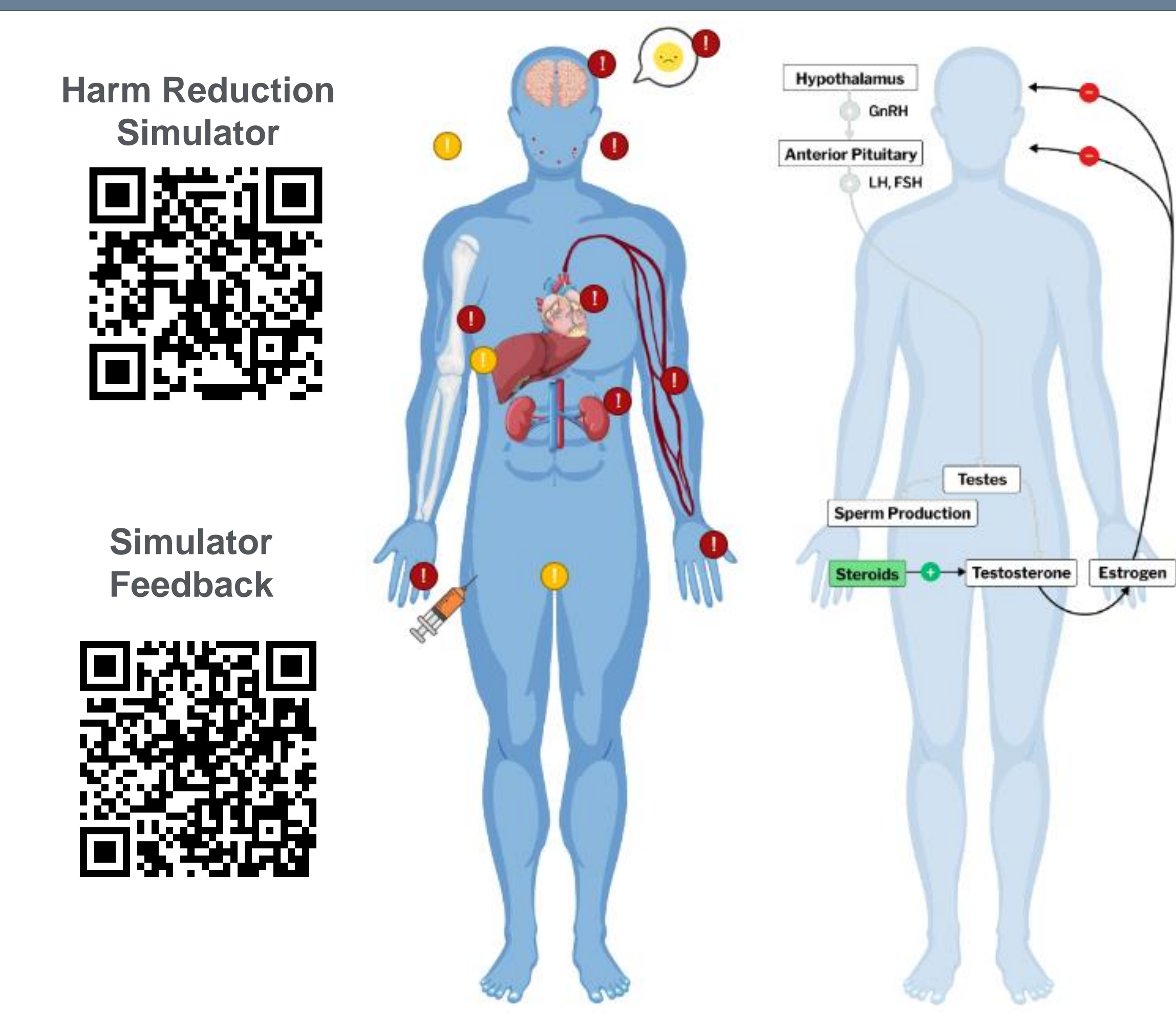


TABLE 1. HARM REDUCTION INTERVENTIONS UTILIZED

Primary Prevention	Secondary Prevention	Tertiary Prevention
<ul style="list-style-type: none"> • “Cycling” AAS • Avoiding oral AAS • Obtaining AAS from “reputable” sources • Sterile injection techniques • Abstinence from other substances • Supplements • Personal trainers 	<ul style="list-style-type: none"> • Patient directed lab testing with: <ul style="list-style-type: none"> • CMP • CBC • Lipids • PSA • Testosterone levels • Blood pressure checks 	<ul style="list-style-type: none"> • Donating blood • Aromatase inhibitors • Selective estrogen receptor blockers (SERMs) • Aspirin • Statins • Angiotensin receptor blockers • Post cycle therapy

CONCLUSIONS

Despite many GBQ men experiencing harms from using anabolic androgenic steroids, community members have developed harm reduction techniques in lieu of abstinence. Many of these techniques embrace clinical reasoning, but additional research is needed to understand the impact of each intervention on the health of individuals using AAS. Additional information as to how to best disseminate and use harm reduction information for this population is needed, with authors developing a simulator (Figure 1) for both patient and provider education.

SELECT REFERENCES

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