

ANABOLIC STEROIDS

HARDCORE INFO

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ANABOLIC STEROIDS

People use anabolic steroids for various reasons, some use them to build muscle for their job, others just want to look good and some use them to help them in sport or body building. Whatever the reason, care needs to be taken so that as little harm is done to the body as possible because despite having muscle building effects they also have serious side effects especially when used incorrectly.

WHAT ARE THEY?

Anabolic steroids are man made versions of the hormone testosterone. Testosterone is the chemical in men responsible for facial hair, deepening of the voice and sex organ development, basically the masculine things in a man.

These masculine effects are called the androgenic effects of testosterone.

Anabolic steroids also stimulate growth in tissues such as muscle; this is the anabolic effect of testosterone.

People take anabolic steroids for the anabolic effect.

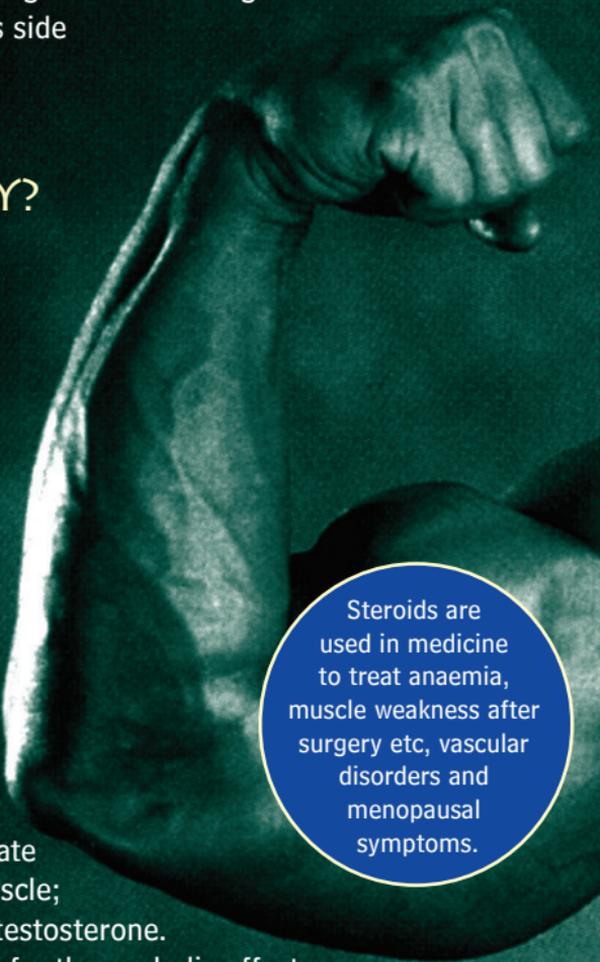
The androgenic effects are some of the side effects experienced.

Science has, as yet, been unable to manufacture a steroid that totally separates the anabolic from the androgenic.

TESTOSTERONE = Male hormone

ANABOLIC = Muscle growth

ANDROGENIC = Masculine effects



Steroids are used in medicine to treat anaemia, muscle weakness after surgery etc, vascular disorders and menopausal symptoms.

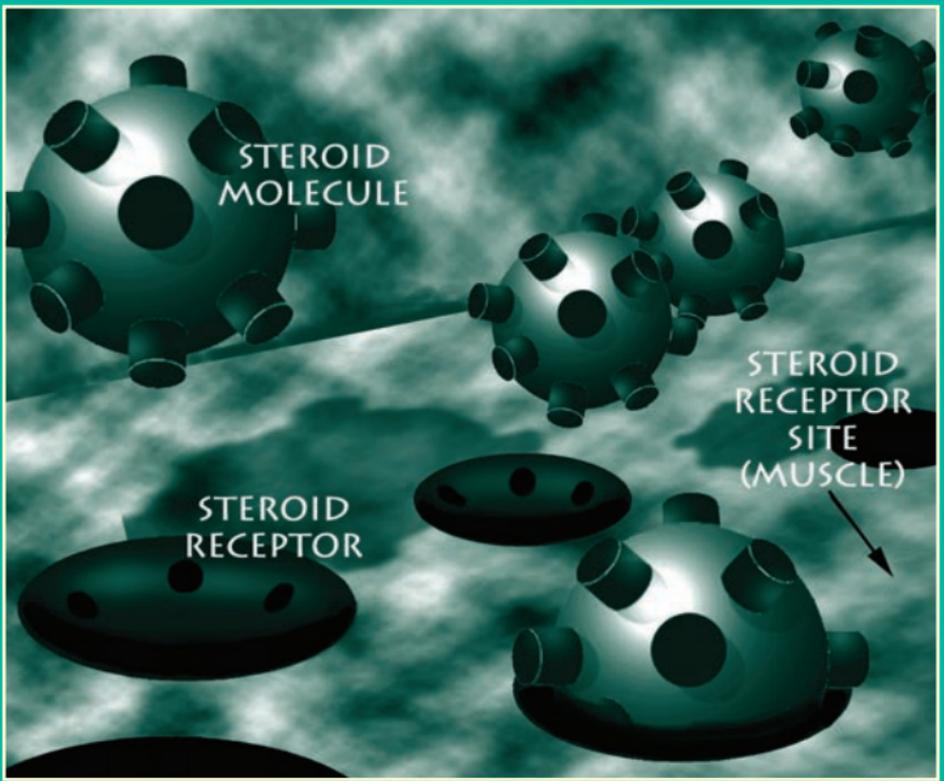
HOW DO THEY WORK?

Steroids like everything else are made up of tiny molecules. When injected or taken orally the steroid molecules travel around the body in the bloodstream, rather like a lorry on motor ways and roads. Just as a lorry driver has places he can park his lorry and deliver his cargo, the steroid molecules have places that they can go. These are called receptor sites. Several parts of the body have these receptor sites. When a steroid molecule parks (or binds) at these receptor sites, different reactions are triggered off. For instance when steroid molecules bind to hair cells, it may result in an increase in facial hair. It may also mean that the brain thinks there is too much hair being grown so it shuts down the growth of hair on the head, so you'd end up bald with a long beard. When steroid molecules bind to muscle cells several things happen:

1. More protein can be used by the body's muscles, so muscle tissue can be built faster if you are on a high calorie diet and training regularly.
2. There is an increase of the muscle fuel stored in the muscles making more energy available for the muscle to work.
3. There is an increase in red blood cells in the body, enabling more oxygen to be delivered to the muscles whilst training and improving the endurance ability of the muscles. This may also account for what is called the steroid PUMP

AROMATISATION

As we stated on the previous page anabolic steroids are man made versions of testosterone (the male hormone). When there is too much testosterone in the body, a process known as aromatisation occurs. The brain tells the body to convert the excess of testosterone into oestrogen (the female hormone). When this happens men can start to develop breasts. This is known as gynaecomastia or bitch tits. This is first noticed by painful bumps under the nipples and is irreversible though the bumps may reduce in size after finishing a cycle.



MORE MOLECULES – MORE PROBLEMS

More does not mean better or bigger when using anabolic steroids. The receptor sites will only bind so many of the steroid molecules before they become saturated (the lorry park is full up). Those that can't find a site to bind to will just float about causing damage to the liver and kidneys and will be aromatised. It seems that many people are using mega-doses in the hope of getting bigger faster. It does not work. Finding a dose that gives good gains with fewer side effects is a safer and more effective option.

Once saturated with steroid molecules a receptor site can only be rejuvenated by having a good off period between cycles.

AROMATISATION = Men developing female characteristics.

SATURATION = The receptor site is full up.

THE POSSIBLE SIDE EFFECTS OF ANABOLIC STEROIDS



If SIDE EFFECTS ARE EXPERIENCED STOP USING.

Side effects can be avoided or controlled. Ensure you are in good health before using steroids. Try relaxation tapes or books to reduce feelings of aggression, alternative therapies like auricular acupuncture can help reduce aggression and keep liver and kidneys healthy.

WOMEN & ANABOLIC STEROIDS

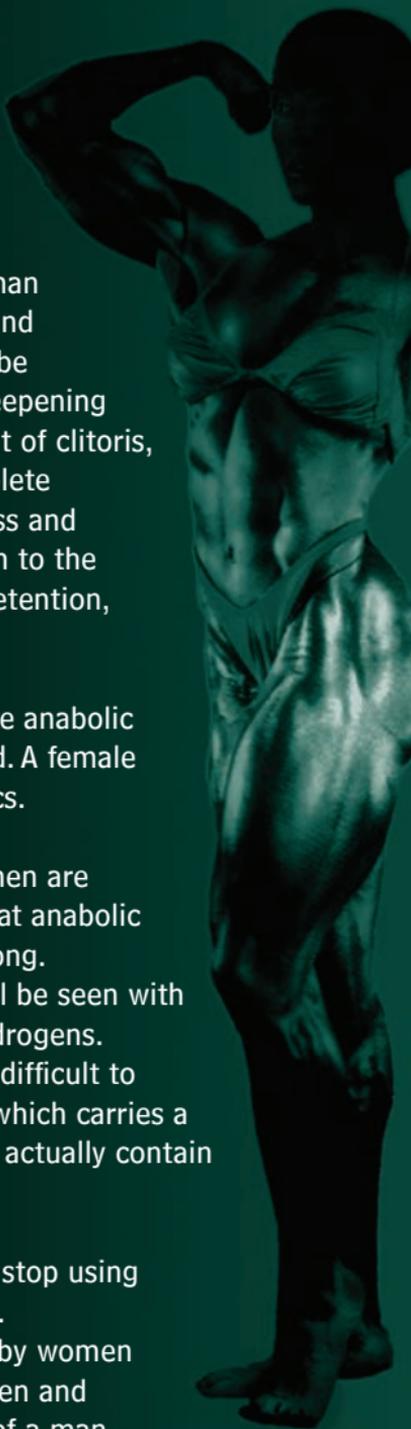
Women who use anabolic steroids are at a much greater risk from side effects. The female body contains a small amount of testosterone which is directly balanced against the amount of female sex hormone, oestrogen. This balance determines the shape and characteristics of a woman such as breasts and body hair and the reproductive cycle.

When an anabolic steroid is taken by a woman the natural hormonal balance is disturbed and masculinising effects can occur. There may be increased growth of body and facial hair, deepening of the voice (both irreversible), enlargement of clitoris, disturbance of the menstrual cycle or complete absence of periods, thinning hair or baldness and increased sex drive. These are all in addition to the usual steroid related side effects of water retention, acne, aggression, etc.

It is very risky for a pregnant woman to take anabolic steroids, the foetus can be severely affected. A female baby could be born with male characteristics.

The extent of the masculine effects on women are dependent very much on the individual, what anabolic steroids are used, how much and for how long. Obviously more of these adverse effects will be seen with the use of testosterone and other high androgens. With so many fake steroids about it can be difficult to control exactly what is being used: a phial which carries a label stating the contents are Winstrol may actually contain testosterone cypionate!

If any of the above symptoms occur, either stop using altogether or choose less androgenic drugs. To minimise these side effects, doses used by women should be a lot lower than those used by men and likewise cycles should be roughly half that of a man.



INJECTING STEROIDS

SOME PEOPLE PREFER ORAL STEROIDS OTHERS PREFER INJECTABLES. IF YOU INJECT YOU NEED TO BE SURE YOU'RE DOING IT RIGHT. LEARN TO INJECT SAFELY. AVOID THE HAZARDS.

It is a good idea for beginners to practice injecting into an orange.

IN AN EMERGENCY RING 999 OR GET TO YOUR LOCAL ACCIDENT AND EMERGENCY DEPARTMENT

1. Always use a new needle to draw up into the syringe and a new needle and syringe for each injection.
2. Steroids are injected into a muscle – normally the buttock or thigh. Never inject steroids into a vein.
3. Never share needles, syringes or multi-use phials
4. Don't inject more than 2mls of fluid into one muscle area at a time. Use a new needle for each injection.
5. Dispose of used needles and syringes in a sharps bin and return them to your needle exchange.
6. Only insert the needle $\frac{3}{4}$ of the way into the muscle so it can be removed easier if it snaps.

If you don't insert the needle far enough into the muscle and then inject a steroid you could cause an abscess!

7. If you feel a hard lump in a muscle where you inject – use another site.
8. If you have any concerns about your health then contact/visit your doctor.



ABSCESSSES

If injections are not done properly infections or abscesses can occur at the injection site. They may be caused by not cleaning the area properly before injecting or by using secondhand needles and syringes – this allows bacteria to enter the site. An abscess can also be caused by a steroid (fluid) not fully dispersing from the injection site. This occurs mainly in people who inject too much in one go or who don't insert the needle far enough into the muscle.

Symptoms: Pain or burning at the injection site.
Hard lump(s) at the injection site.

Treatment: See your G.P Use another injection site.

Prevention: Don't use the same site more than twice a week. Only use small volume injections – 1ml or 2ml per muscle area. Alternate injection sites for every injection.

NEEDLE EXCHANGES

A Needle Exchange is a service which provides free needles, syringes and swabs and a safe place to dispose of your used injecting equipment. It is a totally anonymous and confidential service with friendly staff who can provide you with sound advice and information about safer ways to inject. Increasingly many of the services now offer advice and health care to steroid users.

Alternatively some chemists will provide you with free needles and syringes. Again they are totally anonymous. There is usually a limited range of equipment on offer at a chemist.

Both Needle Exchanges and Chemists often have this symbol in the window if they offer a needle exchange service.



INTRAMUSCULAR INJECTION

– HERE'S HOW:

1. Choose your injection site – see diagram. The gluteal muscle (the buttock) is the best.
2. Get all equipment ready on a magazine or clean space.
3. Clean the site with soapy water. Only clean the site with a swab if there is no soap and water available and the site is really dirty.
4. Draw up steroids into the syringe with a fresh needle (both blue and green needles are used for drawing up and injecting – speak to a drugs worker for advice).
4. Remove and dispose of needle in a sharps bin.
6. Place a fresh needle on syringe.
7. Remove any bubbles (for smoother injecting)
8. Stretch skin of the injection site with your finger and thumb.
9. Hold the syringe like a dart and quickly jab the needle into the skin at a right angle.
10. Release the skin.
11. Pull back on plunger a little (if blood appears – withdraw needle, apply pressure, change needle and try again).
12. Take your time and inject slowly (20 seconds or so).
- 12(a). Dispose of all used equipment in a sharps bin (return to your needle exchange/pharmacy).
14. After injecting remove the needle and press onto the site with cotton wool (or a blood proof pad) for five to ten seconds and massage slowly to disperse the drug.
15. Dispose of needle and syringe in a Sharps bin (available from your Needle Exchange).

Remember:
steroids should only ever be
injected into a muscle

The upper, outer quadrant of the buttock is the best place to give an intra-muscular injection like a steroid injection – these areas are inside the shaded boxes.



These yellow marks show the likely pathway of the sciatic nerves, hitting these is very painful and dangerous.

The other intra-muscular injection site is the upper third of the thigh.



ORAL STEROIDS

Injecting steroids carries risks. Oral anabolic steroids are swallowed and therefore don't carry the same risks of injection. However they are not safer.

Nearly all oral anabolic steroids are C-17 Alpha-alkylated. This is a chemical alteration made to the steroid to prolong its life when in the body. This chemical alteration also means that the steroid is more poisonous (toxic) to the liver. Only oral steroids are C-17 Alpha-alkylated and nearly all of them are. The few that are not (such as Andriol) have a much shorter life in the body, are far less poisonous to the liver, but need to be taken much more frequently.

CYCLES

Steroids should not be used all the time as this is harmful to the body. A cycle is a pre-planned length of time typically between 8–12 weeks when an individual uses steroids and other performance enhancing drugs. Following a cycle is an 'off cycle' when no drugs are used and the body is allowed to rest from the side effects and the steroid receptor sites are allowed to 'recharge' or regain sensitivity to steroids. Your 'off' cycle should be the same as your 'on' cycle.

STACKING

During a cycle people may take a combination of two or more drugs. This combination is known as the stack or stacking. When stacking more than one steroid the dose of each can be reduced, with the same effects obtained. This is because more receptors are used than when using a single steroid. Some people find that using certain steroids together optimises the effect of each one, so that various combinations become established as successful and are used repeatedly.

DIET

A HEALTHY DIET
TO AID IN
MUSCLE BUILDING
THAT WOULD ENSURE
ADEQUATE
CARBOHYDRATE
INTAKE WITHOUT
PROTEIN BEING USED
AS AN ENERGY SOURCE
WOULD BE:

CARBOHYDRATES
50%-60%

PROTEIN
30%-35%

FATS
10%

For anabolic steroids to be effective and for growth of muscle tissue to take place there are two other components which are essential to the bodybuilder: regular resistance weight training and adequate, planned diet.

Without these two factors, anabolic steroids are ineffective. Of the two things, it is most commonly diet which is either neglected, disregarded or wrongly planned. The most common mistake is to over estimate the need for protein.

Proteins have traditionally made up a high percentage of bodybuilders diet, the rationale being that proteins build muscle. Though this is true a more important requirement for the body is energy which can be provided by carbohydrate, proteins and fats but is best derived from carbohydrates. Getting enough energy is the body's main priority and if insufficient carbohydrates are eaten then the body will begin to break down protein to be used as energy instead.

All meals and snacks should be based around foods high in carbohydrates and then any other foods chosen afterwards.

Vitamins and minerals are essential. It is best to drink no alcohol but plenty of water.

WHERE DO STEROIDS COME FROM?

Anabolic steroids are only available for non-medical use via the black market and they come from all over the world. With the supply of steroids being via the black market it is nearly impossible to exercise quality control and hence counterfeits and poor quality products swamp the market. Using these products carries a risk of its own, there is no guarantee that what's on the label is actually in the container.

Counterfeit steroids are copies of real ones and are sold as the real thing. They are often made in unsterile conditions and contain products which don't resemble any known steroid. Examples of things sold as steroids are olive oil and evening primrose oil! These products may carry bacteria which when injected could cause abscesses.

Other counterfeits contain steroids but not necessarily the one printed on the label or at a higher or lower dose. This makes controlling dose very difficult. It would obviously be better to avoid these products and so efforts should be made to try and identify genuine products.

SPOTTING A COUNTERFEIT:

Inspect the quality of packaging and wrapping. Legitimate products usually have safety seals, inserts carrying information and are of good quality.

Single shot vials should have even levels.

Never use multi-shot water based steroids

Batch/Lot numbers should be printed in a different ink or paint than the rest of the label, this is because they are printed on after the label. Dates and batch numbers should correspond and make sense.

Check the bottle or vial. Labels should be straight and the stopper on top of the vial should not be able to be turned by hand.

Once the steroid solution is drawn up into the syringe, hold it up to the light and check for bits floating about in the liquid. Oil based steroids should be clear and not cloudy.

If in doubt chuck it out.

DRUG INFORMATION

THERE IS NO SUCH THING AS A SAFE DRUG.
ANY TYPE OF DRUG USE CARRIES A RISK.

Before taking steroids you should consider the alternatives such as: a better diet; protein and vitamin supplements; shock training regimes; positive thought.

Steroids should never be used by young people who are still growing as this can affect bone growth.

Following the information in this booklet may reduce some of the risks involved, but there are no guarantees.

The decision to take steroids is yours as is the responsibility if it goes wrong. If you feel the risk is justified try to ensure you have regular check-ups from your G.P.

DRUG DOSAGE

Steroids are prescribed by doctors for various medical conditions. A doctor will prescribe a dose that is recommended as a safe dose. Millions of pounds of research has determined this safe dose. The dose that body builders use is usually way above this limit. Added to this, fake or illicitly manufactured drugs may contain something other than what it says on the label, or could contain what it states on the label but at a higher or lower dose.

The only source of information on dosage for non-medical purposes is from 'Underground' hand books and from other steroid users. The drug information on the following pages is taken from various 'Underground handbooks'. The 'COMMON DOSE' mentioned is not a safe dose, but a dose often used. You don't have to start on these doses. The effects from steroids can take a considerable time to be noticed. Start with a small dose and give it time to work.

STEROIDS

ANADROL

(Oxymetholone)

Oral anabolic steroid.

50mg tablets, 100 tablets/bottle

Strongest oral anabolic steroid available. Highly androgenic though highly anabolic as well, resulting in big strength and weight gains. Anadrol is the biggest threat to users in terms of side effects and because it is C-17 alpha alkylated it is VERY toxic to the liver. It is also the only anabolic steroid to be conclusively linked to liver cancer.

SIDE EFFECTS

Excessive water retention, high blood pressure, acne, hair loss, gynaecomastia, headaches and stomach pains.

After finishing a cycle with Anadrol some people experience a dramatic loss in weight and strength. Cycles should be kept short: 4 or 5 weeks maximum.

COMMON DOSE

1 or 2 tablets per day

ANDRIOL

(Testosterone undecanoate)

Oral anabolic steroid.

40mg capsules, 60 capsules/bottle

Other names: Androxon, Undestor and Restinsol. Seen as small, oval shaped, red capsules.

Promotes rapid strength and weight gains like other testosterone. It also promotes storage of glycogen and ATP (Adenosine Triphosphate), the fuel used by muscles to move. Though Andriol's effects are similar to other testosterone it is slightly safer to take.

Andriol is one of the few oral steroids not C-17 alpha alkylated and therefore causes minimal damage to the liver but for the same reason remains active in the body for a much shorter duration. This means that the drug needs to be taken regularly. Aromatisation minimal.

COMMON DOSE

200mg per day in divided doses.

ANAVAR

(*Oxandrolone*)

Oral anabolic steroid.
2.5mg tablets 100 tablets/bottle

Anavar is a very mild, low androgen, anabolic steroid primarily used to promote strength and muscle hardness without water gains.

It doesn't aromatise at any dose and is therefore ideal for people who may suffer from hypertension and also may encounter gynaecomastia.

Anavar is not used to bulk up though it is sometimes used as part of a bulking stack to accentuate other, highly androgenic steroids.

A popular choice with female athletes due to its low androgenic properties.

SIDE EFFECTS

Very rarely causes adverse effects.

COMMON DOSE

Men: 6 tablets per day has been reported.

Women: 3 tablets per day

DECA-DURABOLIN

(*Nandrolone decanoate*)

Injectable anabolic steroid.
200mg/1ml vial/2ml vial

Deca is a derivative of 19-Nortestosterone and is very popular with steroid users but is also very popular with counterfeiters. It is highly anabolic with moderate and androgenic properties and is excellent for size and strength gains. It causes minimal harm to the liver, aromatises only in excessive doses and increases nitrogen retention.

Deca has been used for cutting and bulking stacks and has been stacked with most drugs, producing very good results. It is an excellent base drug on a cycle.

It has been reported by some athletes that when on a cycle with Deca, previously sore knees, shoulders, etc. are painless.

One problem with Deca for athletes involved in shows and competitions that have testing is that it can show up in tests for up to 12 months after it was taken!

COMMON DOSE

Men: 200–400mg per week

Women: 50–100mg per week

DYNABOLON

(Nandrolone undecanoate)

Injectable anabolic steroid.
80.5mg per injection.

Dynabolon is an Italian made steroid that is similar to Deca-durabolin though a little more androgenic. It has very good anabolic properties. The French version is no longer manufactured.

DURABOLIN

(Nandralone phenylpropionate)

Injectable anabolic steroid.
50mg per ml 2ml vial.

This steroid is almost identical to Deca except that it is faster acting: it gets into the system quickly and is active for less than a week. This means that injections have to be had more often, reportedly twice a week.

Durabolin can produce good results similar to Deca. It is supposed to be one of the safest and effective anabolic steroids around.

SIDE EFFECTS

See Deca-Durabolin.

COMMON DOSE

See Deca-Durabolin.

DIANABOL

(Methandrostenolone)

Oral and injectable anabolic steroid.
5mg per tablet 100 tablets per bottle
or 25mg per ml vial.

Dianabol is a derivative of testosterone with strong anabolic properties and is well known for its ability to produce dramatic gains in size and strength. Dianabol is mainly only available in counterfeit forms, the quality and identity of which is unknown without laboratory analysis – it's difficult to obtain real Dianabol.

Dianabol is a C-17 alpha alkylated steroid and therefore is hard on the liver. It aromatises easily, even at low doses hence a lot of athletes reportedly use it in conjunction with an anti-oestrogen drug to try and minimise the side effects.

SIDE EFFECTS

Aggravation of acne, male pattern baldness, water retention and high blood pressure.

COMMON DOSE

15–30mg per day oral
or 50–100mg weekly
intra-muscularly.

ESICLENE

(Formebolone)

Injectable anabolic steroid.
2ml per ampoule. 6 ampoules per box.

Esiclene is an Italian made steroid used by bodybuilders as a muscle inflammatory. When injected into a muscle it will cause that muscle to increase in size, temporarily. It is generally most effective when used in biceps, calves or rear deltoids. The effect normally lasts for 20–30 hours and during that time the muscle has more definition and hardness.

It is injected into the muscle with a 25G x 1/2 inch needle and 1-2ml are shot into one muscle. Esiclene is only usually effective in two muscle groups at a time.

It is used for up to seven days before a contest and some people have claimed to have gained an inch to their arms or calves in that time. Some use it the night and/or morning before a show to get extra peak on each bicep at 1 amp, (2ml), per bicep. Some people use Esiclene on a regular basis, like once a week in an attempt to accelerate growth in lagging biceps and calves. Esiclene is a commonly tested for drug in competitions. It is quite hard to come by.

SIDE EFFECTS

Soreness with inflammation in the muscle injected into, though it contains a painkiller to minimise pain.

EQUIPOISE

(Equibold, Boldenone undecyclenate)

Injectable anabolic steroid.
50mg per cc, 10/50cc vials.

Equipoise is a widely used, oil based veterinarian steroid. It has high anabolic and moderate androgenic properties and when stacked with a low androgenic steroid, is effective for cutting. It can enhance strength dramatically when stacked with testosterone.

Very few side effects are documented with this drug though athletes report consistent good results. Equipoise presents as a low risk to the liver whilst aromatising only with some people. Can cause a small amount of water retention.

Counterfeits are common, some versions like those under Solvay label contain no steroid at all.

COMMON DOSE

3–6ml per week.

PRIMOBOLAN DEPOT

(Methenolone depot)

Injectable anabolic steroid.
50-100mg per ml. 1ml ampoules.
100mg dose is from Germany.
50mg dose is from Mexico.

The depot version of Primobolan is also effective whilst on a low calorie diet and again is also mainly used prior to contest. The depot lasts much longer in the system and therefore injections are only required about once a week. Some find Primo-depot effective on a bulking cycle though it is not usual to see large gains. It is used however because it is relatively safe. It doesn't aromatise, isn't toxic and it's low in androgens.

COMMON DOSE

Men: 200mg per week
Women: 100mg per week

PRIMOBOLAN ORALS

Primobolan is a very low androgen and highly anabolic steroid, making it a popular choice with women body builders. It is not C17 alkylated.

Primo is generally used before competitions and though quality muscle gains are made with it, it is not renowned for dramatic size and strength increases.

It is reported that Primo is one of a very few anabolic steroids which have an effect whilst the athlete using it is on a reduced calorie diet. Primobolan gets out of the system fast and has been used successfully for up to three weeks before a contest.

COMMON DOSE

Men: 50-100mg per day
Women: 25-50mg per day

PROVIRON

(Mesterolone)

Most commonly used as an oestrogen antagonist, ie. it prevents the binding of oestrogen at receptor sites and thus minimises, if not totally stops, the aromatising effects of other steroids. Proviron is also used by both men and women to harden muscles. Women use Proviron with other steroids.

PRONABOL

This is another brand name for methandrostenalone, (Dianabol)

SUSTANON

Sustanon is a compound of four testosterone derivatives that are known to react positively together. The four testosterone derivatives are: propionate, phenylpropionate, isocaproate and decanoate.

Sustanon is fast acting but also long acting and can remain in the system for four weeks so injections need only be given every two weeks. It is highly anabolic and androgenic but because less is required to get results, fewer side effects are usually experienced: less aromatisation, less water retention and less toxicity to the liver. Sustanon is popularly used in a weight gaining cycle with an oral anabolic steroid, giving very good results.

TESTOSTERONE CYPIONATE

200mg/ml. 10ml vial. Injectable

Cyp is an oil based testosterone. Effects are typical of all testosterone derivatives: very anabolic, highly androgenic, aromatises easily and causes the body's production of testosterone to be dramatically disturbed. Water retention has been reported by some athletes. Big size and strength gains are seen with Cyp making it a very popular steroid with athletes. It has been stacked with other steroids to yield even greater results. Appears on the market under the brand name of Depo-Testosterone.

STROMBA, STROMBAJECT *(Stanozolol)*

Stromba: Oral anabolic steroid.
5mg per tablet. 100 tablets per bottle

Strombaject: injectable anabolic steroid.

SEE WINSTROL

TESTOSTERONE ENANTHATE

200mg/ml. 10ml vial. Injectable

This is a long acting testosterone. It is highly anabolic and androgenic, aromatises easily and is moderately toxic to the liver. Thought by some not to be as effective as Cyp though more convenient as injections are only taken every ten days.

TESTOSTERONE PROPIONATE

100mg/ml. 10ml vial. Injectable

Oil based testosterone which is characteristically highly anabolic and androgenic. Users exhibit the usual side effects associated with testosterones. Propionate is similar to Cypionate although it is shorter acting and needs to be taken every five days.

TESTOSTERONE SUSPENSION

100mg/ml. 10ml or 30ml vial. Injectable.

Water based testosterone. Very fast acting, highly anabolic and highly androgenic. It is so fast acting that it only actually remains active in the body for about a day. Testosterone Suspension is one of the worst testosterones in terms of side effects and is very hard on the body. Adverse effects include: water retention, gynaecomastia, acne, aggression, baldness, testicular atrophy, infertility (reversible) and impotence. The effects are far worse when used for prolonged periods. It is highly toxic to the liver. Huge gains have been reported with this testosterone.

TESTOVIRON

Testosterone Propionate

TESTOVIRON DEPOT

Testosterone Enanthate
250mg/ampoule

TESTOSTERONE TERAMAX

(Testosterone DC1 Heptylate)

French Testosterone which comes in 50mg, 100mg and 250mg/ml strengths.

TRENBOLONE ACETATE

Trenbolone is a strong androgen that has no estrogenic activity, making it popular for increasing muscle hardness, definition and strength without water retention. Structurally trenbolone is a 19-nor steroid derivative of nandrolone, although it's much more androgenic. Trenbolone is like for like a much better builder than nandrolone and is probably the most anabolic of all the non-oestrogenic steroids.

Finaplix is a cattle implant in 20mg pellets, which contain trenbolone acetate. It does not come in a readily useable form. It is common for one or two pellets to be ground up and mixed with a 50/50 water/DMSO mix and applied to the skin daily or ground up and snorted up the nose. It is possible to make an injection mix, but this requires some expertise and carries the risk of infection if this is not done in a sterile environment. Various 'underground' illicitly produced preparations containing trenbolone are seen including 'Finabolan'.

SIDE EFFECTS

Acne, body/facial hair growth and hair loss. Trenbalone will also suppress natural testosterone production.

WINSTROL

(*Stanozolol, Stromba,
Winstrol Depot*)

50mg/ml or 2mg/tablet.

Winstrol is a derivative of di-hydro-testosterone and has quite low androgenic properties. The side effects with this item are meant to be quite low with none of the adverse effects obtained with the use of testosterone. When used by women however virilisation effects can occur even at low dosage levels. It has been used in various combinations of stacks to bulk, harden and cut.

COMMON DOSE

Injectable

Men: 3–5ml per week

Women: 1–2 ml per week

Oral (tablets)

Men: 16–30mg per day

Women: 4–8mg per day

OTHER DRUGS

ALDACTONE

(Spironolactone)

25mg tablets

Aldactone is a mild diuretic used in the treatment of high blood pressure. Athletes have used it against water retention and females have used it as an anti-androgen.

SIDE EFFECTS

Muscle cramping, gastro-intestinal disturbances, gynaecomastia, heart problems and dizziness.

Other diuretics include:
Frusemide, Burinex, Amiloride.

ARIMIDEX

(Anastrozole)

1mg tablets

Arimidex is a new drug developed for the treatment of breast cancer in women. It is classed as a 'selective oral aromatase inhibitor and works by blocking the enzyme aromatase, subsequently blocking the production of oestrogen. It appears to be far more effective at this than Tamoxifen and Proviron.

When used in conjunction with strong, readily aromatising androgens such as Dianabol, gynnecomastia and water retention can be effectively blocked.

SIDE EFFECTS

Hot flushes and hair thinning.

CLENBUTEROL

20mcg tablets

This is a drug which is not an anabolic steroid but is reported to have anabolic properties.

It is a drug which is not pharmaceutically available in Britain, (at time of writing), but it is used in other countries as a beta agonist in the treatment of asthma. It was noted that it had muscle building and fat reducing properties in addition to its therapeutic value in the treatment of asthma and thus eventually began to be used by bodybuilders.

It is still relatively new to the bodybuilding scene and subsequently opinions differ as to its effects. Some have reported no effects at all.

SIDE EFFECTS

Anxiety, insomnia and shakiness.

Cycles with Clenbuterol should be kept to very short periods like two days on and two days off as body tolerance develops rapidly.

CYTOMEL

*(Triacana, Tetroxin,
Liothyronine sodium)*

20mcg tablets.

100 tablets per pack

This is a thyroid hormone drug which has been and still is being used by athletes, especially for a pre-contest regimen. It is meant to be used in the treatment of under-active thyroid. Athletes are using it in an attempt to increase the metabolism of carbohydrates, lipids and proteins. Use of Cytomel or any other thyroid hormone drug is very risky. With prolonged use there is a risk of hypothyroidism, or the thyroid becoming under-active. In this instance the person would require medical attention and thyroid medication for the rest of their life.

SIDE EFFECTS

Nervousness, tremors, headache, insomnia, muscle cramps, restlessness, excitability, diarrhoea and weight loss.

Other thyroid hormone drugs include: Thyroxine, Eltroxin.

EPHEDRINE HYDRCHLORIDE

Ephedrine is a stimulant drug similar to amphetamine and if taken in high doses induces feelings of stimulation and euphoria. Ephedrine is contained in some medicines bought from chemist shops and is used to treat colds, asthma, etc. Athletes reportedly use it for its stimulant effects therefore increasing endurance, stamina and motivation during training. It also acts as an appetite suppressant and is therefore used to reduce body fat.

SIDE EFFECTS

When taken in doses higher than those recommended by a doctor, include: raised blood pressure, increased heart rate, nausea and vomiting, palpitations, agitation and restlessness, anxiety, insomnia, dry mouth and cold finger tips and toes. With high doses there is also a risk of psychosis and paranoia developing, symptoms will usually go away once use of the drug is stopped. Ephedrine may add to the side effects of other drugs, for example, when used with anabolic steroids, both can cause high blood pressure. Although not physically addictive, athletes can feel that they can't train without ephedrine.

GHB

(Gamma Hydroxy Buterate)

GHB is claimed to increase natural growth hormone secretions. It has an effect on the pituitary hormones, specifically growth hormone and prolactin.

Body builders first took it in the USA for its sleep inducing effects, and for growth hormone stimulation. It is also used as a diuretic.

SIDE EFFECTS

GHB is a drug that has been used recreationally in night clubs, though some report it gives an ecstasy type rush it can also have quite devastating effects such as rapidly falling into a deep unconsciousness/coma for 3 to 4 hours, amnesia, vomiting, loss of muscle control and muscle spasms, etc.

The side effects are very dose specific but are far more common when GHB is taken with alcohol.

GHB is a Class C Drug.

COMMON DOSE

1 teaspoon of the powder mixed with water before sleep.

GROWTH HORMONE

(*Somatropin, Somatrem, Somatonorm*)

Growth hormone is naturally found in humans, especially during teenage years when it is largely responsible for the growth into an adult. It is given to those who suffer from short stature due to growth hormone deficiency.

Athletes take it to promote growth of muscle tissue as well as to alter body stature and improve fat conversion into energy. Expectations of growth hormone may have been a little too high as the results reported by some athletes suggest that the outcome of the use of growth hormone can be unpredictable and disappointing. The body can produce antibodies to the growth hormone which destroy it and hence render it useless and ineffective.

Human Growth Hormone stimulates and regulates the production of Insulin Like Growth Factor-1 or IGF-1 (see page 31). It seems that any benefits gained from these two are best seen when both are used together, although results are again, very unpredictable and often disappointing.

SIDE EFFECTS

The adverse effects of taking excessive levels of human growth hormone are numerous but there are two which are more noticeable to the eye: gigantism and acromegaly.

Acromegaly is a condition with symptoms that include enlarged hands, feet, fingers, nose, ears, etc. Organs of the body may also be enlarged. Elongation of the mandible and jaw bone occurs as well as the forehead becoming more prominent. Skin can become coarse and thick, voice can deepen and increased body hair may be evident. Fingers and toes may become spade-like in shape. Severe joint pain and bone abnormalities can occur. People who have this condition due to natural growth hormone excess have a short life expectancy and age quicker. Further research into the use of growth hormone by athletes needs to be done to establish whether these same effects can be expected by people introducing high doses of growth hormone to their body themselves.

The use of growth hormone may be limited by the fact that it is very expensive to buy. Because of the cost of HGH and IGF-1 their use is more commonly seen amongst those who can best afford it and more often, the professional bodybuilders.

INSULIN

Over the past few years the use of the insulin has been reported among body builders because of its anabolic effect and difficulty in detection by piss tests. There are claims and counter claims as to its effectiveness, but one thing everybody agrees on is its potential to kill.

Diabetes is due to a lack of insulin synthesis and secretion. A proportion of diabetics will have to use insulin, extracted from animals or synthetically produced, to maintain control. The use of insulin by healthy individuals can cause diabetes.

Any diabetic will tell you how difficult it is to regulate insulin intake, as the safe doses vary from individuals, brands, the type of insulin, the mixture, the diet, the level of exercise and use of other drugs including aspirin. Even a little excess of insulin, can trigger sudden and severe hypoglycaemia (where your brain is starved of glucose). This results in sudden seizures /fits, diabetic coma and can result in sudden death. This has led some people to call insulin 'the most dangerous anabolic drug'.

Insulin is a complex polypeptide hormone and plays a key role in the body's regulation of carbohydrates, fat, and protein metabolism. As such, it is the primary stimulus for muscle growth. Insulin on its own will not stimulate any muscle growth as it lacks the Human Growth Hormone (HGH), necessary to stimulate production of Insulin-Like Growth Factor-1 (IGF-1). It has been reported that bodybuilders are stacking insulin with HGH.

The natural balance of chemicals in your body is highly complex and finely tuned. The anterior pituitary gland releases HGH, thyroid stimulating hormone, and luteinizing hormone into the blood stream. A little of the HGH goes directly to the bone cells where it initiates a small amount of growth. This direct effect is also what causes the small increase in muscle growth caused by injecting HGH. Most of the HGH in the bloodstream is destroyed by the liver. Meanwhile the HGH causes the liver to manufacture IGF-1 under direct influence of insulin manufactured by the pancreas. The IGF-1 travels to the muscles where insulin drives it into the muscle cells. Once inside the cells, IGF-1, again in combination with insulin, initiates muscle protein synthesis.

It is still unclear as to the effectiveness of using this combination of drugs. Diabetics have great difficulty putting on muscle, HGH has been tried with insulin dependent diabetics, but it didn't work. The reasons are not fully understood as it is a chain of finely balanced chemical events. Studies have shown that enhancing insulin without branch amino acids has little effect. High blood insulin levels require high blood levels of the thyroid hormone T3. Thyroid hormone T4 also influences production of IGF-1. So unless you manipulate thyroid levels (very tricky) extra muscle growth is inhibited.

For it to work you would need a steady, slightly enhanced level of insulin over an extensive period of time. This can not be achieved with injection. Insulin can only be injected as it is inactive if swallowed. Any excess insulin would be recognised as toxic by the liver and turned into triglycerides and stored as body fat. So an excess could rapidly make you fat.

Despite this theory, some bodybuilders have used and made claims for insulin's effectiveness, often using it 'out of competition' with an enhanced protein diet.

Insulin should be kept refrigerated before injection. But it is reported that it is used whilst at the gym, care must therefore be taken to avoid exposure to heat. There are a variety of ways it is used, often immediately after a workout, a small dose of insulin is subcutaneously injected (just under the skin). Within the next fifteen minutes, a carbohydrate drink is consumed. An hour or so after injecting insulin, a meal or protein drink is consumed. Without the meal/protein drink, blood sugar levels would drop dangerously low and the user will most likely go into a state of hypoglycaemia. Many people feel sleepy after injecting insulin, but sleep is dangerous as the insulin takes its peak effect during sleep. Sleepiness, hunger, blurred vision, dizziness and abnormal behaviour are signs of hypoglycaemia and requires the immediate consumption of a food or drink containing sugar.

Insulin's effectiveness as an anabolic, depends on what you read and who you believe. But it is not a drug to be used without careful thought and research by the individual. Even then the difficulties of getting the dosage correct and risks of sudden death are very real.

INSULIN-LIKE GROWTH FACTOR (IGF-1)

The use of Insulin - Like Growth Factor-1, (IGF-1) has recently been reported. IGF-1 shows insulin like properties and is produced naturally by the liver, under positive control of growth hormone. IGF-1 has been shown to produce anabolism in humans. It appears that high nutritional states are necessary, as anabolic effects have been made catabolic by reduced calorie intake. Like Insulin the main danger appears to be hypoglycaemia, though oedema and jaw pain are recognised side effects. It is also very expensive and packed as a powder, so easy to cut or fake.

HUMAN CHORIONIC GONADOTROPHIN (H.C.G) (*Pregnyl*)

500 IU/ampoule,
1500 IU/ampoule,
5000 IU/ampoule.
Six ampoule per box.

HCG is a hormone used in the treatment of infertile women. It is also used in males experiencing delayed puberty where its use has been to stimulate the body's own production of testosterone. Athletes use HCG for this same reason, to stimulate the production of testosterone which is very often suppressed by the use of anabolic steroids. Some sources also claim that they have experienced their best gains from a cycle when they they have been using HCG simultaneously. If HCG is used it should be in short bursts of two or three weeks at a time with an off cycle of at least a month. This is due to the possibility that prolonged use of HCG could suppress the body's own production of gonadotrophin.

NUBAIN

(Nalbuphine Hydrochloride)

10mg/ml injection.

1ml and 2ml ampoules

This preparation is an opioid analgesic used for the management of pain and peri-operative analgesia and has no place in the gym. Some unscrupulous dealers are ripping off athletes by pushing Nubain as an anabolic steroid receptor site rejuvenator – in reality it does not affect these sites in any beneficial way. The only role Nubain could possibly have in the gym is as a pain reliever but its use as such could not be justified when the risks and side effects are considered, the worst one being the potential for dependence. Addiction to an opiate type drug is a problem that no athlete requires and ultimately it would mean that a drug taken with the belief that it will enhance performance will only impede performance.

SIDE EFFECTS

Nausea and vomiting, drowsiness, constipation, dry mouth, slow pulse, sweating, palpitations, tolerance and dependence.

TAMOXIFEN

(Nolvadex)

10mg/tab

This is an anti-oestrogen drug used primarily in the treatment of oestrogen dependent tumours as in breast cancer. It is used by anabolic steroid users in an attempt to counteract the effects of aromatisation, or oestrogen on the male body. Therefore it is used to prevent gynaecomastia, oedema and female pattern fat distribution. For some people Tamoxifen works but its effects can't be guaranteed, it seems that this is very much dependent on the individual.

COMMON DOSE

10mg- 20mg per day.

RECREATIONAL DRUGS

Stimulant drugs like amphetamine, ecstasy or cocaine can raise blood pressure and cause the heart to beat faster.

Extreme care needs to be taken by steroid users who may already have high blood pressure. Stimulant drugs as well as a drug like cannabis can add to the effects of paranoia that steroids can produce.

STEROIDS AND THE LAW



The law around steroids is a bit of a complex mess. The Home Office amended the Misuse of Drugs Act 1971 to bring anabolic steroids and other similar drugs into Class C of the act.

Drugs listed on the next page, plus compounds and derivatives of these were covered under the act from September 1st 1996 and with subsequent amends to the act.

Anabolic steroids are prescription only medicines. It is an offence to import, export, produce or supply these drugs. It is also an offence to intend to supply or sell them. So for instance if you got caught with a large amount and the police thought you were going to sell or give them to someone else, even just your mates, you could (in theory) be charged. Maximum penalties for supply offences are up to 14 years, plus a fine.

However, It is NOT an offence under the Misuse of Drugs Act to possess anabolic steroids for personal use. They can also be imported or exported provided they are not 'fakes' and in a medicinal form for personal use and you bring them back yourself. It is no longer legal to buy them from the internet.

The difficulty of course is in deciding (and proving) what is personal use and to an extent, what counts as a 'medicinal product' and knowing what is a fake and what's not.

DRUGS COVERED UNDER THE MISUSE OF DRUGS ACT

The following substances and any compounds
and derivatives (specified in the act)

Atamestane	Methenolone
Anderostene	Methyltestosterone
Androstene	Metribolone
Androstenedione	Mibolerone
Androstenediol	Nandrolone
Androstane	Non-human chronic gonadotrophin
Bolandiol	Norandrostenedione
Bolasterone	Norandrosterone
Bolazine	Norboletone
Boldenone	Norelostebol
Boldione	Norethandrolone
Bolenol	Noretiocholanolone
Bolmantalate	Oripavine
Butanediol	Ovandrotone
Calusterone	Oxabolone
4-Chloromethandienone	Oxandrolone
Chronic Gonadotrophin (HCG)	Oxymesterone
Clenbuterol	Oxymetolone
Clostebol	Prasterone
Danazol	Propetandrol
Desoxymethyltestosterone	Prostanozol
Drostanolone	Quinbolone
Enestebol	Roxibolone
Epitiostanol	Silandrone
Ethyloestrenol	Somatotropin
Fluoxymesterone	Somatrem
Formebolone	Somatropin
Furazabol	Stanolone
Gestrinone	Stanozolol
GHB	Stenbolone
Mebolazine	Testosterone
Mepitiostane	Tetrahydrogestrinone
Mesabolone	Thiomesterone
Mestanolone	Trenbolone
Mesterolone	Zeranol
Methandienone	Zilpaterol
Methandriol	

GLOSSARY

ANABOLIC: The process of muscle or tissue building.

ANDROGENIC: The virilising or masculising effects.

AROMATISATION: The excessive amount of testosterone is converted to oestrogen. Hence female characteristics appear in men.

CATABOLIC: This is a process where tissue is broken down, occurs during illness and periods of immobilisation. Heavy resistance training can inflict this state upon muscles. Anabolic steroids are said to block or prevent this state.

C-17 ALPHA-ALKYLATED: A chemical alteration made to a steroid to prolong its life when in the body, this also increases toxicity to the liver. This term applies only to oral steroids and nearly all of them.

CYCLE: A pre-planned length of time for the use of steroids, followed by an **OFF CYCLE:** A period when no steroids are used to allow the body to recover.

DIURETIC: Substance that makes you wee more, used to counteract side effects of steroids. Can be dangerous by depleting body salts and in high doses deafness and heart failure can occur.

ERGOGENIC AID: Something that enhances muscle performance; not necessarily a drug, a piece of equipment can be an ergogenic aid.

GYNAECOMASTIA: A male developing breasts, can occur with aromatisation. Slang name 'Bitch Tits'.

HEP B: Hepatitis B virus. A common virus among drug injectors.

HEP C: Hepatitis C virus, even more common among drug injectors than HEP B. Both can lead to serious liver damage.

HIV: The virus that can cause AIDS. Steroid users who share equipment including needles, syringes and multi-use phials risk contracting or transmitting these three viruses. Whilst there is some doubt about HEP C, HEP B and HIV can also be sexually transmitted.

NEEDLE EXCHANGES: Schemes for providing people with clean injection equipment and advice. They also provide a place to dispose of injecting equipment. Condoms are also available. It is a free and confidential service.

OESTROGEN: Sex hormone capable of developing and maintaining female characteristics.

PHIAL: Container for injectable drug.

SHARPS BIN: Container for used injection equipment.

STACK/STACKING: During a cycle an individual may take a combination of two or more anabolic steroids together. The dose of each steroid can be reduced whilst obtaining the same effects.

TESTICULAR ATROPHY: Shrinking of the testicles.

TESTOSTERONE: Male sex hormone.

VIRILISATION: Process of attaining the characteristics of a mature male and is caused by the androgenic properties of anabolic steroids.

ANABOLIC STEROIDS – Hardcore Info

[i] code A10 | version 2.0
Print date 01/2016

[>] aims
To provide information about the nature and effects of more than 30 types of steroids and related products. It includes information about side effects, dangers and how to reduce the associated risks.

[>] audience
Steroid users, aged 18+

[v] content
No swearing

[£] funding
Self-financed

If you are worried about the effects of steroids on your health speak to your G.P. Tell the doctor what drugs you are taking and in what doses. If you have a G.P who is unhelpful, contact your local drug service, they will be able to help you, some even have services for users of steroids. They are also the place to go to find out about your local needle exchange scheme. This service will be free and confidential.



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