



ANABOLIC STERIODS

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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?

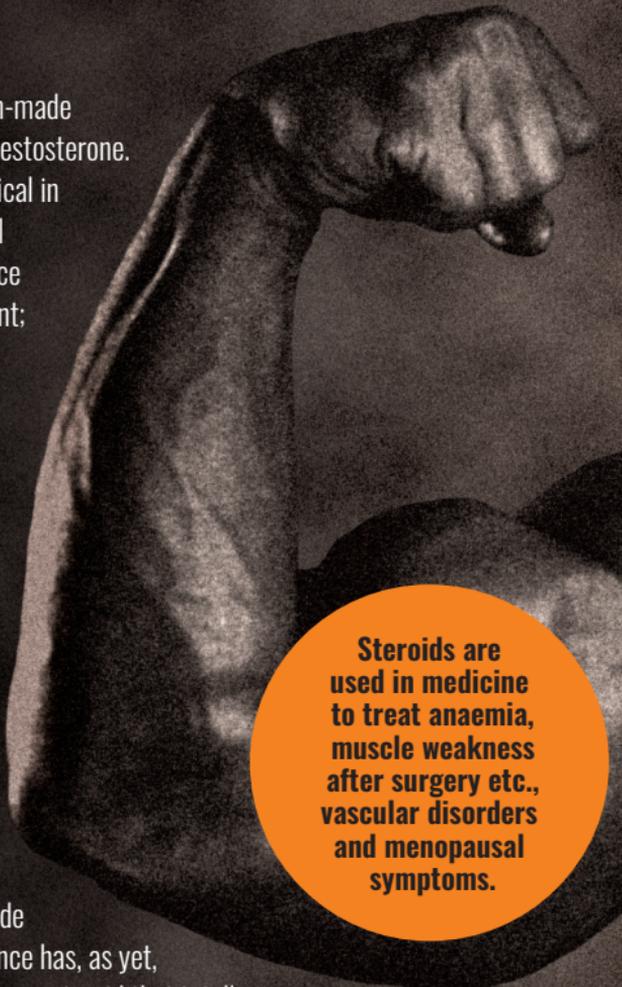
Anabolic steroids are man-made versions of the hormone testosterone. Testosterone is the chemical in men responsible for facial hair, deepening of the voice and sex organ development; basically the masculine things in a man.

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 motorways 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

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.

There is an increase of the muscle fuel stored in the muscles making more energy available for the muscle to work.

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.

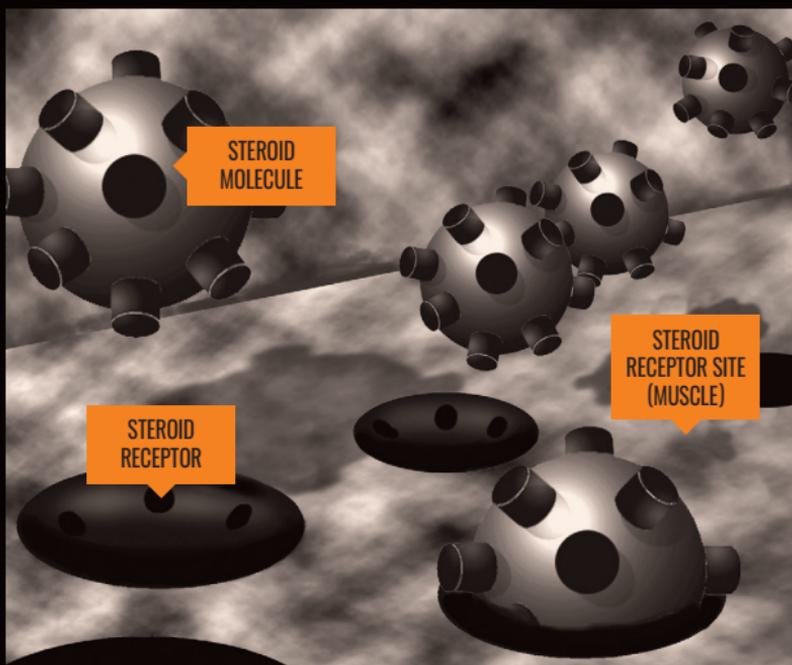
AROMATISATION

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.

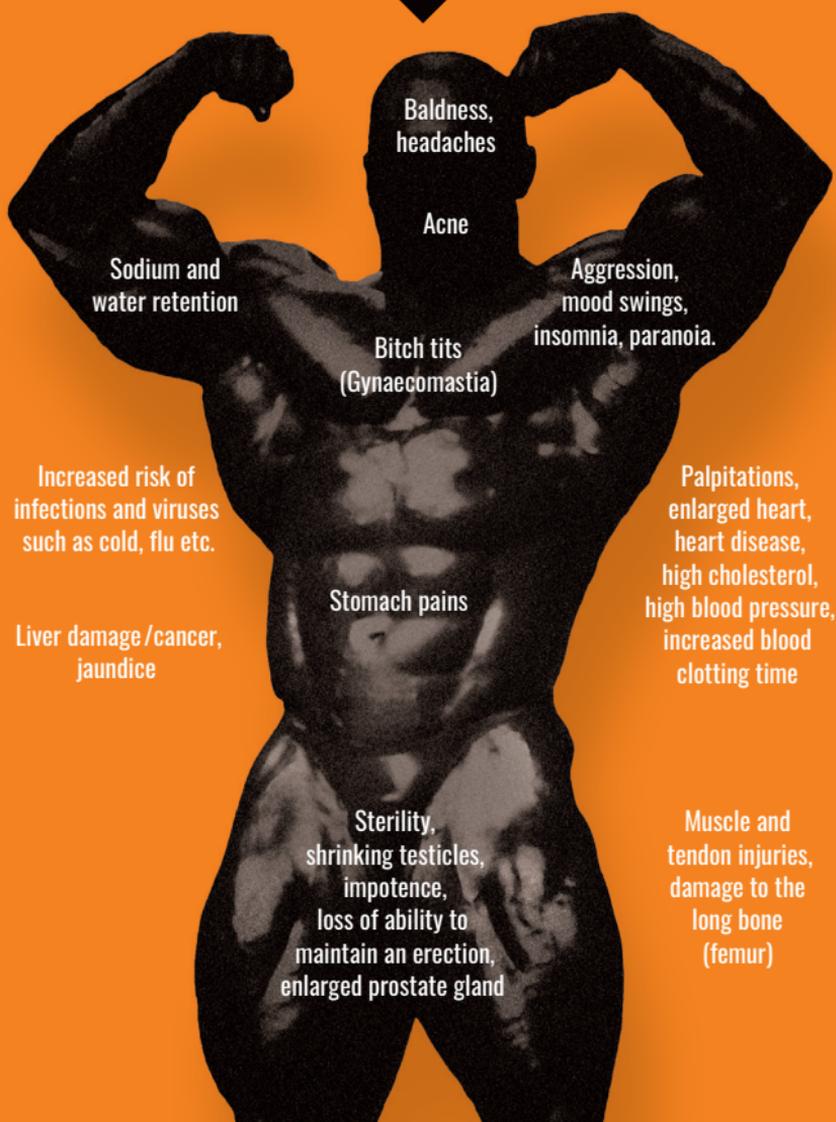


Once saturated with steroid molecules a receptor site can only be rejuvenated by having a good off period between cycles.

AROMATISATION = Men developing female characteristics

SATURATION = The receptor site is full up

THE POSSIBLE SIDE EFFECTS OF ANABOLIC STEROIDS



STOP USING IF SIDE EFFECTS ARE EXPERIENCED

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 AND ANABOLIC STEROIDS

Women who use anabolic steroids are at a much greater risk from side effects.

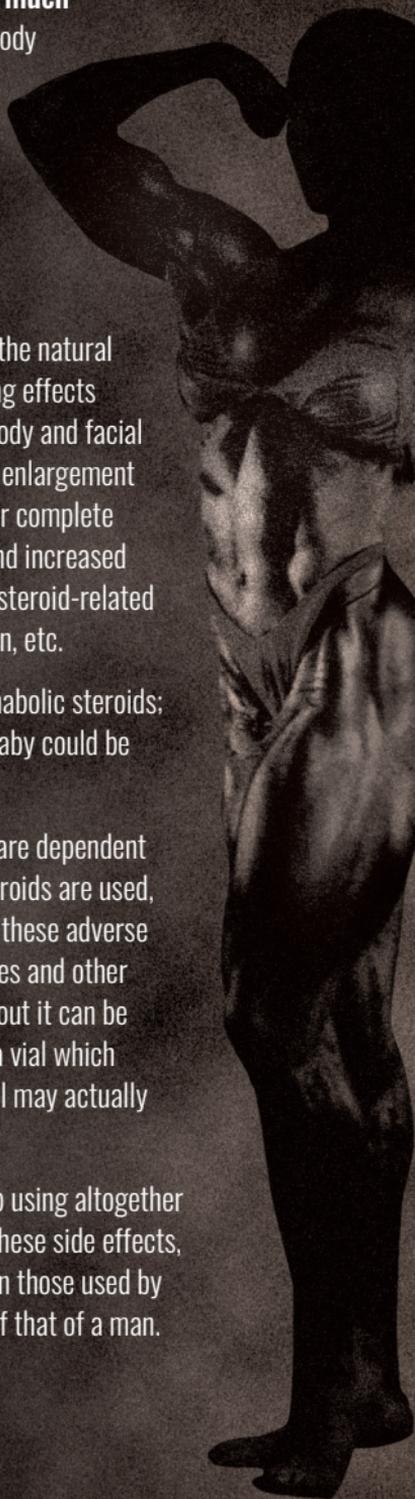
The female body contains a small amount of testosterone which is directly balanced against the amount of female sex hormone, oestrogen. This balance determines the shape and characteristics of a woman such as breasts and body hair and the reproductive cycle.

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, which 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 vial 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.

- 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 vials.
- 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.

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



**IN AN EMERGENCY RING 999
OR GET TO YOUR LOCAL A&E DEPARTMENT**

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 GP Use another injection site
PREVENTION	Don't use the same site more than twice a week Only use small volume injections – 1 ml or 2 ml 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.

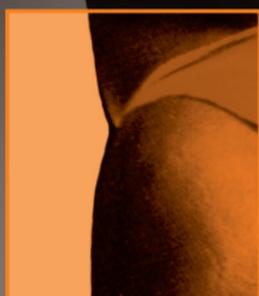
INTRAMUSCULAR INJECTION

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). Some use short orange needles for the deltoid muscle (shoulder). Inject more slowly when using a thinner needle.
- 5 Remove and dispose of needle in a sharps bin** (available from your needle exchange).
- 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).
- 13 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.
- 14 Dispose of all used equipment in a sharps bin** (return to your needle exchange / pharmacy).

**REMEMBER: STEROIDS SHOULD ONLY
EVER BE INJECTED INTO A MUSCLE**

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



These dotted orange lines show the likely pathway of the sciatic nerves.

Hitting these is very painful and dangerous.

The other intramuscular 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 inside 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 to 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 as an absolute minimum equal to the on cycle, but time off should be longer than time on, especially when using long entered steroids like test enanthate, test cypionate, test decoanate.

STACKING

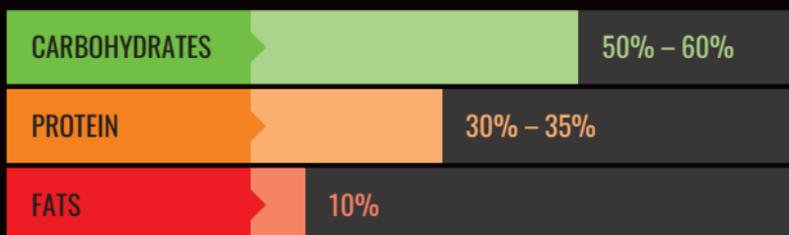
During a cycle people may take a combination of two or more drugs. This combination is known as the stack or stacking.

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.

For anabolic steroids to be effective and, for growth of muscle tissue to take place, there are two 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 overestimate the need for protein.

A healthy, muscle-building diet ensures adequate carbohydrate intake, without protein being used as an energy source:



Proteins have traditionally made up a high percentage of bodybuilders' diets, 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 illicit market and they come from all over the world. With the supply of steroids being via underground labs it is nearly impossible to exercise quality control, so 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 that can cause abscesses when injected.

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 GP.

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 bodybuilders 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' handbooks 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.

ANADROL

(Oxymetholone)

Oral anabolic steroid.

50 mg tablets,
100 tablets per 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

One 50 mg tablet should be max dosage. It is recommended splitting them in two – taking half every 12 hours. They should only be used for 4 to 5 weeks maximum.

ANDRIOL

(Testosterone undecanoate)

Oral anabolic steroid.

40 mg capsules,
60 capsules per bottle.

Other names: Androxon, Undestor and Restinsol.

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

200 mg per day in divided doses.

ANAVAR

(Oxandrolone)

Oral anabolic steroid.

2.5mg tablets, 100 tablets per bottle.

50mg tablets.

Anavar is an 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 tend to take up to 50mg per day in two 25mg doses through the day. 50 to 100mg usually results in increased alanine transaminase (ALT) levels.

Women's dosage: 5 to 10mg 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 also with counterfeiters. It is highly anabolic with moderate 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!

SIDE EFFECTS

'Deca dick' (decreased libido).

COMMON DOSE

Men: 200 to 400mg per week.

Women: 50 to 100mg per week.

DYNABOLON

(Nandrolone undecanoate)

Injectable anabolic steroid.
80.5 mg 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

(Nandrolone phenylpropionate)

Injectable anabolic steroid.
50 mg per ml 2 ml 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

'Deca dick' (decreased libido).

COMMON DOSE

Men: 200 to 400 mg per week.

Women: 50 to 100 mg per week.

DIANABOL

(Methandrostenolone)

Oral and injectable anabolic steroid.
5 mg tablets, 100 tablets per bottle,
or 25 mg per 1 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.

SIDE EFFECTS

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

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.

COMMON DOSE

15 to 30 mg per day oral or

50 to 100 mg weekly intramuscularly.

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 delts. The effect normally lasts for 20 to 30 hours and during that time the muscle has more definition and hardness. It is injected into the muscle with a 25G 1/2 inch needle and 1 to 2 ml 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, (2 ml) per bicep. Some people use Esiclene on a regular basis, e.g. once a week, in an attempt to accelerate growth in lagging biceps and calves. Esiclene is commonly tested for 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.

COMMON DOSE

200 to 400 mg per week
(injections once every 4 to 7 days).

EQUIPOISE

(Equibold, Boldenone undecylenate)

Injectable anabolic steroid.

50 mg per cc, 10/50 cc vials.

Equipoise is a widely used, oil-based veterinary 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.

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

SIDE EFFECTS

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

COMMON DOSE

Equipoise takes a long time to build up to be effective and very long time to clear body after the cycle.

200 to 400 mg per week
(injections once every 4 to 7 days).

PRIMOBOLAN DEPOT

(Methenolone depot)

Injectable anabolic steroid.

50 to 100 mg per ml, 1 ml ampoules.

100 mg dose is from Germany.

50 mg 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: 200 mg per week.

Women: 100 mg per week.

PROVIRON

(Mesterolone)

Most commonly used as an oestrogen antagonist, i.e. 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.

COMMON DOSE

50 to 100 mg per day.

PRIMOBOLAN ORALS

Primobolan is a very low androgen and highly anabolic steroid, making it a popular choice with women bodybuilders. It is not C-17 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 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 to 100 mg per day.

Women: 25 to 50 mg per day.

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.

COMMON DOSE

250 to 500 mg a week.

STROMBA, STROMBAJECT (Stanozolol)

Stromba:

Oral anabolic steroid.

5 mg per tablet,

100 tablets per bottle

Strombaject:

Injectable anabolic steroid.

See Winstrol

TESTOSTERONE CYPIONATE

Injectable anabolic steroid.

200 mg per ml, 10 ml vial.

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.

COMMON DOSE

200 to 600 mg per week

(injections once every 4 to 7 days).

TESTOSTERONE ENANTHATE

Injectable anabolic steroid.
Usually supplied 250 mg per ml.

Other name: Testoviron depot

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 cypionate and Testosterone enanthate are virtually interchangeable in effect and profile.

COMMON DOSE

200 to 600 mg per week
(injections once every 4 to 7 days).

TESTOSTERONE PROPIONATE

Injectable anabolic steroid.
100 mg per ml, 10 ml vial.

Other name: Testoviron

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 propionate is usually dosed EOD (every other day).

COMMON DOSE

50 to 100 mg every other day
(injections every other day).

TESTOSTERONE SUSPENSION

Injectable anabolic steroid.
100 mg per ml, 10 ml or 30 ml vial.

Water-based, highly anabolic and highly androgenic testosterone. Extremely fast-acting, so that it only remains active in the body for about a day.

SIDE EFFECTS

This is one of the worst testosterones for side effects, especially when used for prolonged periods, which 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.

Testosterone suspension is rubbish for bodybuilding due to short half life and side effects, only really used by strength athletes to get max strength and aggression for one rep max lifting.

COMMON DOSE

50 to 100 mg every other day
(injections every other day).

TESTOSTERONE TERAMAX (Testosterone DC1 Heptylate)

French testosterone which comes in 50 mg, 100 mg and 250 mg per ml strengths.

TRENBOLONE

Trenbolone is a strong androgen that has no oestrogenic 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.

Various 'underground' illicitly-produced preparations containing trenbolone are seen, including Trenbolone acetate, Trenbolone hexahydrobenzylcarbonate, Trenbolone enanthate or Tri-tren (a blend of all three), usually in 10ml amps.

SIDE EFFECTS

Acne, body/facial hair growth and hair loss. Trenbolone will also suppress natural testosterone production. One of the biggest risks is to the cardiovascular system; it really affects those trying to do high impact cardio, like MMA fighters etc. Also, mood changes like aggression, and emotional detachment are commonly reported.

COMMON DOSE

Trenbolone acetate: 50 to 100 mg (injections every other day).

Trenbolone enanthate: 200 to 300 mg per week (injections once every 4 to 7 days).

Trenbolone hexahydrobenzylcarbonate: 152 to 228 mg per week (injections once every 4 to 7 days).

WINSTROL

(Stanozolol, Stromba, Winstrol Depot)

Injectable anabolic steroid.
50 mg per ml or 50 mg tablets.

Winstrol is a derivative of di-hydro-testosterone and has quite low androgenic properties. The side effects with this item are meant to be fairly 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.

The injectable form is water-based and still C-17 alpha alkylated, so the liver function problems are still an issue. There are also increased risks of injecting injuries like abscesses with water-based steroids, and they are reportedly more painful to inject than oil.

COMMON DOSE

Men: 3 to 5 ml per week.

Women: 1 to 2 ml per week.

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 women 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)

1 mg 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, gynecomastia and water retention can be effectively blocked.

SIDE EFFECTS

Hot flushes and hair thinning.

COMMON DOSE

Typical dosage 0.5mg 2 to 3 times per week (it's very strong compared to Tamoxifen), if taking high doses of steroids, might need as much as 0.5 to 1mg per day, but it's easy to over do it and end up with side effects from having low oestrogen: joint pain, low mood and low libido can be caused by low oestrogen.

CLENBUTEROL

20 mcg tablets.

This is not an anabolic steroid but is reported to have anabolic properties. It 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 so opinions differ as to its effects. Some have reported no effects at all.

SIDE EFFECTS

Anxiety, insomnia and shakiness.

COMMON DOSE

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

20 to 120 mcg daily.

CYTOMEL

(Triacana, Tertroxin,
Liothyronine sodium)

20 mcg tablets, 100 tablets per pack.

This is a thyroid hormone drug which is used by athletes, especially for a pre-contest regimen. It is meant to be used in the treatment of an underactive thyroid. Athletes use 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 underactive. 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.

COMMON DOSE

25 to 75 mcg daily.

EPHEDRINE HYDROCHLORIDE

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

At unusually high doses, side effects 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; these 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, some athletes can feel that they can't train without ephedrine.

COMMON DOSE

50 to 150 mg daily.

GHB / GBL

(Gamma Hydroxybuterate)

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

Bodybuilders first took it in the USA for its sleep-inducing effects, and for growth hormone stimulation. It is also used as a diuretic, although rarely used by bodybuilders these days.

SIDE EFFECTS

GHB is a drug that has been used recreationally in night clubs. Although 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 / GBL can cause both physical and psychological dependence. Withdrawal for those dependent should be supervised by a specialist doctor as it can be life threatening.

GHB is a Class C Drug.

GROWTH HORMONE

(Somatropin, Somatrem, Somatonorm)

Human Growth Hormone (HGH) is naturally found in humans, especially during teenage years. It is given to those who suffer from short stature due to HGH deficiency.

Athletes take HGH 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 HGH use can be unpredictable and disappointing.

The body can produce antibodies to HGH which destroy it and hence render it useless and ineffective.

HGH stimulates and regulates the production of insulin-like growth factor-1 or IGF-1 (see page 30). 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 HGH 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. Internal organs 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, the 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 HGH excess have a short life expectancy and age quicker. Further research into the use of HGH by athletes needs to be done to establish whether these same effects can be expected by people introducing high doses of HGH to their body themselves.

The use of HGH 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.

COMMON DOSE

1 to 10 IU every day.

INSULIN

Over the past few years, the use of the insulin has been reported among bodybuilders because of its anabolic effect and difficulty in detection by urine 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 between 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 a 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 involves 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. Therefore, if it is taken at the gym, care must be taken to avoid heat exposure. 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 HGH.

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.

COMMON DOSE

40 to 120 mcg daily.

HUMAN CHORIONIC GONADOTROPIN (hCG, Pregnyl)

500 IU per ampoule.
1500 IU per ampoule.
5000 IU per ampoule.
Six ampoules per box.

hCG is a hormone used in the treatment of infertile women. It is also used in men 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 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 gonadotropin.

COMMON DOSE

2000 IU every other day for 20 days
i.e. 10 doses.

Note: hCG is often taken on cycle at a dose of 250 to 500 IU every 4 or 5 days.

TAMOXIFEN

(Nolvadex)

10 mg per tablet.

This is an anti-oestrogen drug used primarily in the treatment of oestrogen-dependent tumours, like 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

10 mg to 20 mg 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, and their compounds and derivatives, 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 chorionic gonadotropin
Bolandiol	Norandrostenedione
Bolasterone	Norandrosterone
Bolazine	Norboletone
Boldenone	Norelostebol
Boldione	Norethandrolone
Bolenol	Noretiocholanolone
Bolmantalate	Oripavine
Butanediol	Ovandrotone
Calusterone	Oxabolone
4-Chloromethandienone	Oxandrolone
Chorionic Gonadotropin (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 / GBL	Stenbolone
Mebolazine	Testosterone
Mepitiostane	Tetrahydrogestrinone
Mesabolone	Thiomesterone
Mestanolone	Trenbolone
Mesterolone	Zeranol
Methandienone	Zilpaterol
Methandriol	

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, and 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 inside the body, which 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 cause dangerous depletion of body salts and in high doses can cause deafness and heart failure.

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

GYNAECOMASTIA: A man developing breasts, which 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 hepatitis 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 vials 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 injecting 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.

VIAL: Container for injectable drug.

SHARPS BIN: Container for used injecting 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 man and is caused by the androgenic properties of anabolic steroids.

If you are worried about the effects of steroids on your health speak to your GP. Tell the doctor what drugs you are taking and in what doses. If you have a GP who is unhelpful, contact your local drug service. They will be able to help you, and 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.

[>] 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
Some swearing

[£] funding
Self-financed



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