A PRACTITIONER'S GUIDE TO

STEROIDS

+ OTHER DRUGS USED TO ENHANCE PERFORMANCE AND IMAGE

Choosing the right needle

NEEDLE SIZE	LENGTH	USES
Green 21G	40 mm / 1.5"	Drawing up oil. Can be used for glutes (upper outer section of buttock)
Blue 23G	30 mm / 1.25"	Glutes (upper outer section of buttock)
Blue 23G	25 mm / 1"	Quads (lateral thigh), deltoids (side shoulder)
Purple 24G	25 mm / 1"	Can be used for IM injection of water based steroids
Orange 25G	25 mm / 1"	Can be used for IM injection of water based steroids
Fixed 1 ml syringe 27, 29 or 30G	12 mm	All subcutaneous (under the skin) injections – insulin / GH etc.

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Injecting essentials

- Never share or reuse anything
- For intramuscular injecting the needle must be long enough to reach deep into the muscle
- Don't inject too much solution into a site – stick to 2 ml barrels for oil based steroids
- Spot injecting increases the risk of complication

Steroid related side effects and risks

GENERAL

- Increases in LDL ('bad cholesterol') and decreases in HDL ('good cholesterol')
- Enlargement of the heart
- Increased risk of developing heart-related complications and / or stroke
- Acne
- High blood pressure
- Liver damage causing jaundice (turning yellow)
- Joint pain
- Mood swings and changes in emotions (including aggression)
- Injecting related complications i.e. abscesses, infection

MALE

- Shut down of testosterone production and HPTA axis leading to shrunken testicles
- Triggering of male pattern baldness
- Erectile dysfunction
- Changes in sex drive
- Development of female breast tissue (gyno)
- Prostate enlargement

FEMALE

- Changes in the reproductive system
- Birth defects (virilisation of female foetus)
- Development of a more masculine physique, shrinkage of the breast tissue, deepening of the voice and coarse skin

ADOLESCENTS

- Stunting of growth
- Early physical maturation
- Joint and bone pain

Terminology

Aromatise	Testosterone conversion to oestrogens
Back water	Bacteriostatic water
Blast and cruise	Administering large amounts between maintenance doses
Cycle	The duration of use i.e. 12 weeks
ED	Every day administration
EOD	Every other day administration
Feminisation	The development of female characteristics
IM	Intramuscular injection
Post Cycle Therapy	Combination of drugs used to restart testosterone production
Spot injecting	Injecting in to smaller muscles (not recommended)
Stack	Taking a combination of drugs during the cycle
Subcut	Subcutaneous injection (under the skin)
Viralisation	Female developing male characteristics
IU (international unit)	An international unit is a measurement for the amount of a substance

Knowing the dose

- The most important thing to establish is how much weight (in milligrams or micrograms) of drug is in each millilitre (volume) of product
- mcg (micrograms) – there are 1000 mcg in 1 mg
- mg (milligrams) – there are 1000 mg in 1 gram
- **With underground lab products, it is not possible to be sure: overdose and underdose is a real possibility**
- Always start with a smaller test dose and gauge reaction

This poster (and other information, including William Llewelyn's comprehensive guides to anabolics and supplements) are available from **exchangesupplies.org**. Further information at **siedsinfo.co.uk** and **exchangesupplies.org**

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	BRAND NAME	STREET NAME	HALF LIFE (APPROX)	AROMATISES?	LIVER TOXICITY RISK	ANABOLIC OR ANDROGENIC SKEW	DOSES USED BY MALE BODY BUILDERS These are typical doses used by male body builders. They are, of course, far higher than are ever prescribed to treat testosterone deficiency: side effects should be expected with these doses. You may hear, or read online, about higher recommend doses – but they are unlikely to increase effect, and will increase side effects.
Injectable steroids							
Boldenone Undecanoate	Equipoise	EQ	14 days	Yes	Low	Anabolic	**200 – 400 mg per week** (injections once every 4 – 7 days)
Drostanolone Propionate	Masteron	Masteron	3 days	No	Low	Anabolic	**100 – 150 mg** (injections every other day)
Methenolone Enanthate	Primobolan	Primo	10 days	No	Low	Anabolic	**200 – 400 mg per week** (injections once every 4 – 7 days) – often a choice for women at lower doses
Nandrolone Decanate	Durabolin	Deca	8 days	Yes (low)	Low	Anabolic	**200 – 600 mg per week** (injections once every 4 – 7 days) – often a choice for women at lower doses
Stanozolol	Winstrol	Winnie	1 day	No	Low	Anabolic	**50 – 100 mg daily or every other day** (injections every other day)
Sustanon	Sustanon 250	Sus / Sus 250	15 days	Yes	Low	Androgenic	**250 – 750 mg per week** (injections once every 4 – 7 days)
Testosterone Cypionate		Test Cyp	12 days	Yes	Low	Androgenic	**200 – 600 mg per week** (injections once every 4 – 7 days)
Testosterone Enanthate		Test E	10 days	Yes	Low	Androgenic	**200 – 600 mg per week** (injections once every 4 – 7 days)
Testosterone Propionate		Test Prop	4 days	Yes	Low	Androgenic	**50 – 100 mg every other day** (injections every other day)
Testosterone Suspension			1 day	Yes	Low	Androgenic	**50 – 100 mg daily or every other day** (injections every day)
Trenbolone Acetate	Finaject	Tren Ace	3 days	No	Low	Anabolic	**50 – 100 mg** (injections every other day)
Trenbolone Enathate		Tren E	10 days	No	Low	Anabolic	**200 – 300 mg per week** (injections once every 4 – 7 days)
Trenbolone Hexahydrobenzylcarbonate	Parabolan		10 Days	No	Low	Anabolic	**152 – 228 mg per week** (injections once every 4 – 7 days)
Oral steroids							
4-chlorodehydromethyltestosterone	Turinabol	T-Bol	7 hours	No	High	Anabolic	**20 – 80 mg per day**
Fluoxymesterone	Halotestin	Halo	8 hours	No	High	Androgenic	**20 – 40 mg per day**
Methandrostenolone, Methandienone	Dianabol	D-Bol	6 hours	Yes	High	Anabolic	**20 – 40 mg per day**
Mesterolone	Proviron	Pro V	12 hours	No	Low	Androgenic	**50 – 100 mg per day**
Oxandrolone	Anavar	Anavar	9 hours	No	Medium	Anabolic	**20 – 40 mg per day** – often a choice for women at lower doses
Oxymetholone	Anapolan 50	Oxies	8 hours	Yes	High	Anabolic	**50 – 100 mg per day**
Stanozolol	Winstrol	Winnie	9 hours	No	Medium	Anabolic	**20 – 50 mg per day** – often a choice for women
Testosterone Undecanoate	Andriol		3 hours	Yes	Low	Androgenic	**80 – 160 mg per day**
Aromatase inhibitors and selective oestrogen receptor modulators							
Anastrozol (AI)	Arimidex		3 days				**0.5 – 1 mg every other day**
Exemestane (AI)	Aromasin		24 hours				**12.5 – 25 mg every other day**
Letrozole (AI)	Femara	Letro	2 days				**1.5 – 2.5 mg every other day**
Tamoxifen (SERM)	Nolvadex	Tamoxies	5 days				**10 – 20 mg daily (also see Post Cycle Therapy)**
Post Cycle Therapy (PCT) drugs							
Clomid			5 days				**100 mg every day for 30 days** (50 mg morning, and 50 mg evening)
Human Chorionic Gonadotropin (HCG)		HCG	4 days				**2000 IU every other day for 20 days i.e. 10 doses** **Note: HCG is often taken on cycle at a dose of 250 – 500 IU every 4 or 5 days**
Tamoxifen	Nolvadex	Tamoxies	5 days				**40 mg every day for 45 days** (20 mg morning, and 20 mg evening)
Fat loss and thyroid drugs							
Clenbuterol	Clenbuterol	Clen	1 day				**20 – 120 mcg daily**
DNP	2, 4-dinitrophenol	DNP	36 hours				**200 mg daily** **Note:** high risk of overdose death
Ephedrine	Ephedrine		6 hours				**50 – 150 mg daily**
T3	Cytomel (Liothyronine)	T3	2 days				**25 – 75 mcg daily**
T4	Levothyroxine	T4	5 days				**25 – 150 mcg**
T5 (ECA Stack)	Ephedrine, Caffeine and Aspirin	T5	6 hours				**Ephedrine 50 mg; caffeine 200 mg; Aspirin 300 mg 2 or 3 times daily**
Growth enhancers and peptides							
CJC 1295	Growth Hormone Releasing Peptide	CJC	1 hour				**100 mcg 3 times per day**
Hexarelin	Growth Hormone Releasing Peptide	Hex	1 hour				**100 mcg 3 times per day**
HGH	Human Growth Hormone	Growth	30 minutes – 2 hours				**1 – 10 IU every day**
IGF 1	Insulin Type Growth Factor	IGF	20 minutes				**40 – 120 mcg daily**
IGF LR3	Long Acting Insulin Type Growth Factor	IGF	20 hours				**10 – 50 mcg daily**
Insulin (short acting)	Humalog	Slin	3 – 6 hours duration				**5 IU post workout** **Note:** high risk of overdose death
GHPR2	Growth Hormone Releasing Peptide	GHRP	1 hour				**100 mcg 3 times per day**
GHRP6	Growth Hormone Releasing Peptide	GHRP	1 hour				**100 mcg 3 times per day**
Melanotan 2 / Afamelanotide	Tanning agent	MT2	33 hours				**0.5 – 1 mg daily** (loading phase) **0.5 – 1 mg twice per week** (maintenance)