**Written evidence from East Riding of Yorkshire Council**

What does needle exchange date from the East Riding of Yorkshire tell us about patterns of Image and Performance Enhancing Drug use?

1. **Introduction.**

   1.1. This submission was prepared in response to the first question to be addressed by the select committee “What is the extent of health harms resulting from drug use?” and in particular looks at the evidence from the East Riding’s needle exchange service relating to the use of Image and Performance Enhancing Drug (IPED) use. While there is no reason to believe that there is anything unusual about drug use in the East Riding it is does have a fairly well established system for issuing colour coded packs of equipment designed for particular types of drug use through local pharmacy needle exchange and using a web-based programme called Pharmoutcomes to help manage the contract and record information regarding the collection of the packs. The East Riding needle exchange service was recognised in 2017 when it was a finalist in the Municipal Journal awards for behaviour change.

   1.2. We believe that this evidence shows that there is a significant number of people in the East Riding who are regular IPED users, that this pattern of use has largely emerged over the last ten years and that this may represent a significant long term population health risk.

   1.3. Needle exchange data has severe limitations – not everyone gets needle from a local exchange as they can be bought on line or passed to drug users other than the person who collected them (“secondary distribution”), or used for a different type of injecting to that for which the pack was intended, but the data does shed light on illicit drug use by a population of people not in treatment, by definition a hard group to obtain information on.

2. **Background.**

   2.1. The East Riding service emerged in its present form in 2008 and was developed by East Riding of Yorkshire council working closely with the Local Pharmacy Committee and community drug treatment services. The scheme has undergone various tweaks over the years and at present issues the following packs:

Pack contents.
2.2. For the purposes of this submission the most significant pack is the green pack, which is designed for injecting anabolic steroids into muscles. The needle used for this is thicker and longer than those used for injecting heroin unless it is injecting into the groin but the East Riding uses a separate pack for groin injecting (the grey pack) and it is likely that most green packs are used for injecting IPEDs, mostly steroids which are injected into muscles. East Riding needle exchange data gives evidence of the increase in the levels of injecting, see the table below (2014 marks the introduction of pharmoutcomes giving good real time data, the data for 2008 and 2009 was collected manually).

<table>
<thead>
<tr>
<th>Pack</th>
<th>Yellow</th>
<th>Small Yellow pack</th>
<th>Red</th>
<th>Blue</th>
<th>Green</th>
<th>Grey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contents</td>
<td>20 X INSULIN NEEDLES/SYRINGES</td>
<td>5 X INSULIN NEEDLES/SYRINGES</td>
<td>15 X 1ML BARRES</td>
<td>15 X 1ML BARRES</td>
<td>10 X 2ML BARRES</td>
<td>15 X 2ML BARRES</td>
</tr>
<tr>
<td>20 X SWABS</td>
<td>5 X SWABS</td>
<td>15 X 1ML BARRES</td>
<td>15 X 1ML BARRES</td>
<td>10 X 2ML BARRES</td>
<td>15 X 2ML BARRES</td>
<td></td>
</tr>
<tr>
<td>20 X CITRIC SACHETS</td>
<td>5 X CITRIC SACHETS</td>
<td>15 X SWABS</td>
<td>15 X SWABS</td>
<td>10 X LONG GREEN NEEDLES</td>
<td>10 X SWABS</td>
<td></td>
</tr>
<tr>
<td>1 X 0.5I SHARPS BIN</td>
<td>1 X 0.5I SHARPS BIN</td>
<td>15 X CITRIC SACHETS</td>
<td>15 X CITRIC SACHETS</td>
<td>10 X SWABS</td>
<td>15 X CITRIC SACHETS</td>
<td></td>
</tr>
</tbody>
</table>

Notes:
- This small pack was designed for use with people who are in shared or temporary accommodation and who struggle to store and manage the larger packs. It was introduced as part of a campaign to reduce the finding of discarded needles in public places.
- For injecting into veins. A slightly thicker detachable needle that can still be used in arms etc but is more for veins that have been pushed a bit deeper through continuous injecting.
- For injecting into veins. Same thickness as the red pack but reaches deeper veins such as the groin or legs. For those who have a good technique and can reach the deeper veins easily.
- For injecting into muscles. Green needle to draw up with and replace with blue needle to inject. Sites include buttock, shoulder and thigh.
- Although blue needle can be used for muscles, this pack is for vein injecting. Used for groin and very deep veins, thick needle that will not break easily although will leave a bigger hole, causing more damage.

Contains information and harm reduction leaflet
Contains information and harm reduction leaflet
Contains information and harm reduction leaflet
Contains a leaflet giving information on steroids and intramuscular injecting
Contains a leaflet giving harm reduction information on groin injecting

![Green Packs Transactions 2008-2016](chart.png)

3.1. The analysis of data in 2018 suggested that over half of all new registrations at East Riding Needle exchanges over the previous year (144 people) were steroid users,
compared to 138 heroin users. The total number of registrations where steroids has been given as the main drug is over 400 but this will include people who have stopped using and others who pick up needles on behalf of others. There are an estimated 1000 or so heroin users in the East Riding, comparable estimates are not available for IPED users but based on needle exchange data the number of IPED users in the East riding must be in the 100s and could be a similar number. The East Riding has a population of around 360,000, with an older demographic than the country as a whole. The needle exchange data also suggests that while most steroid users were aged between 20 and 40 there were young people starting to inject in their teens and 15 aged over 40, with one over 60. There is also good reason to believe that younger steroid users may not be accurately represented in this data as they may well be relying on secondary distribution through older IPED users and some anabolic steroids can be taken orally. It is likely that many people start with oral steroids – though the toxicity of the liver of this method means IPED users often move to injecting fairly soon after initiation. An audit in 2016 indicated that most IPED users had been using for at least a year prior to registering with a needle exchange.

4. **Harms related to IPED use.**

4.1. There is limited evidence that IPED use is linked to crime apart from those directly related to the use of a banned substance. Anecdotal evidence would suggest anabolic steroid use may contribute to some assaults and disorder and possibly to domestic abuse. Our evidence would suggest most users are not otherwise committing crime and are paying for the drugs with money that has been earned lawfully. Given the prevalence of use there must be a large market illicit market supplying the demand for these drugs.

4.2. There are known to be a number of health harms related to IPED use, see for example: https://www.nhs.uk/conditions/anabolic-steroid-misuse/. Again anecdotally it is possible that some health harms are not fully recognised and IPED users are turning up at dermatology clinics with severe acne, osteopaths with shoulder injuries, sexual health clinics with sexual dysfunction, of suffer mental health problems exacerbated by IPED use. These harms are not necessarily being identified or as related to IPED use. Given that widespread use of IPEDs is a function of the last 10 years or so the long term and population level effects are yet to be known but there is evidence to suggest that the long term risks of IPED use may become a burden in future years.

4.3. A particular concern is the risk of transmitting blood borne viruses through sharing needles. While some IPED users are health conscious and unlikely to share equipment or use other recreational drugs this is not true of all users and there are
particular risks associated with use in prisons, where sharing equipment is more likely. Our needle exchange data would suggest some users are injecting other types of drugs as they collect equipment for injecting into veins or subcutaneously, this may be the use of other types of IPEDs, apart from steroids (e.g. Human Growth Hormone or peptides), or it might reflect recreational injecting drug use. This mixing of IPED users with recreational injecting drug users increases the risk of the spread of blood borne viruses, of which Hepatitis C is the greatest concern in the East Riding

5. Addressing IPED use.

5.1. Many local areas, including the East Riding, have attempted to engage IPED users in treatment, generally with limited success. IPED users see themselves differently to other drug users and do not engage with community treatment services. They will use needle exchanges and the East Riding has had some success engaging drug users through specialist clinics and use of the Internet. The people who come into treatment are generally not seeking to stop using, but are looking for advice on safe and effective use and value staff who have expertise in this field. There is limited evidence on effective ways of working with IPED users, which is understandable given its relatively recent emergence as a problem and there may be different types of IPED users with different motives who response to different treatment approaches.

5.2. There are various theories to account for the rise of IPED use. The expansion of the drugs market and the use of the Internet has made them more available, there is evidence that men are more concerned with appearance and body image has become more important to them. There is also anecdotal evidence of use in professions where there may be an advantage in having greater size and strength. IPED use may have become more “normalised” within gym culture. The impression given is that the threat of legal sanctions does not deter users or small scale dealers of IPEDs, many of which work within “closed markets” where the risks of detection are perceived as low.

5.3. Developing treatment approaches to IPED use creates challenges for treatment services who have largely been focussed on illicit heroin users. IPED users do not see themselves as being “addicted” and as sated above, do not approach services with a view to becoming abstinent. IPED users may be interested in reducing the risks from their drug use and are interested in results but this may pose dilemmas for services. A good example of this is the use of post cycle therapies for anabolic steroid users. It is safer for steroid users to take the drug for a period and then stop for a while to allow their bodies to recover, and in particular re-start the production of testosterone. The process of restarting the production of testosterone can be supported through drugs used in “post cycle therapies”. A less safe approach to
cycling is to use large amounts of anabolic steroids and then use a lower dose instead of stopping (known as “cruising and blasting”). Most websites selling anabolic steroids will sell drug used in post cycle therapies and these may reduce the harm related to the steroid use and provide an alternative to the more dangerous “cruising and blasting” approach but this is to advocate the use of unlawfully provided drugs to facilitate the taking of other banned substances.

Tony Margetts

Substance Misuse Manager, East Riding of Yorkshire Council