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Superheroes - Image and Performance Enhancing Drug (IPED) use within the UK, Social Media and Gym Culture

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Anabolic androgenic steroids (AAS) are the drug of choice in many cultures of the UK. Whilst there is an abundance of evidence relating to the physiological (Dodge and Hoagland, 2011) and psychological (Ip, et al., 2012) effects of steroid abuse on the individual, surprisingly there is a paucity of information relating to the perspectives of steroid users regarding the social impact of steroid use on self and society. The lack of data from steroid users has implications for forensic and legal medicine. Specifically, evidence is limited in terms of the user's voice. This is a crucial omission; the unheard voices of steroid users have much to offer into future research. 24 IPED using participants (using substituted names to protect anonymity), engaged in semi structured interviews to discuss their own personal usage, culture issues, social media and more.

Social Opinions of IPEDs

AAS and IPEDs usage needs to be discussed, however, due to the social context surrounding them, it presents issues. Jack explains; **“Steroids are a bit of an anomaly because its mad, in substance misuse people tend to brag, ‘Oh I do a quarter of cocaine on a Friday, half ounce’, but steroids are a funny one because it's very rare that you'll actually get somebody go, ‘Well I...’, they'll minimise it, and the general rule of thumb is ‘Well I take two Dianabol a day’. They are probably on ten.**

Richard adds to this when discussing his personal relationships with steroids; **“We have no secrets me and this girl. Except for this (referring to steroids). She wouldn't mind if I told her I did some crack but if I told her I took steroids she wouldn't even want to know me!”** We view other drugs as socially acceptable such as heroin, MDA, weed etc., but with anabolics, they are looked down upon. This may explain the reluctance to be one hundred percent truthful. Stephen explains his views on the perception of anabolics from individuals who are not part of the culture; **“AAS are shamefully misunderstood and thus seen as the Devil. If I had a £1 for every time someone blurts out “they make the penis shrink”, I'd be substantially rich! Cocaine and other recreational drugs are seen as “mischief” whereas AAS are considered highly dangerous by the vast majority of the uninformed populous. I've seen one doctor actually say one vial of testosterone could kill.....Completely ludicrous”.**

Jack said **“It's the pressures you've got, you know. We all know you can find Brad Pitt's steroid course what he took for Troy online. You can find it. He took Winstrol, Clen, Viromone and T5s, that's what he dieted on to get like he did for Troy”.**

Supply and Demand

AAS and IPEDs used to be only bought from one person (dealer) from a gym (Maycock. and Howat, 2007). Not anymore due to the rapid rise in use and popularity. William explains how steroid use is increasing in recent years **“Yes, two reasons; better refinement of products and methodology, the further the science progresses the more people will be tempted to push it and move into the mainstream. Secondly, Bitcoin and the Dark Web. I’ve purchased from the Dark Web before, a cheap pharmaceutical grade product, what’s not to like?”**

Sarah describes her ex-partner’s method of obtaining a source of funding for AAS. **“He actually said to me; he was at university to use his loan to pay for his steroids”**. From this, we can see the great lengths some people will go to get AAS in the pursuit of a more muscular body. Speaking with an ex-dealer called Wayne, I asked him do people go on holidays to get anabolics or just take anabolics to then go on holiday? His reply; **“a friend of mine goes to Turkey, goes on holiday, and he brings back a load of steroids. Guys goes to Morocco, Egypt, and Pakistan, so at the same time, they can cover the cost, make a profit and get a holiday out of it as well. So it’s probably a combination of both. Andrew backs this up by saying “I know a lot of lads who go on the juice six weeks before holiday. You hardly see them ever in the gym, and they smash it in six weeks just for the holiday photos”**.

Next Generation of Users

Richard describes how he sees the next generation when it comes to using anabolics **“I think for me, you have got a generation now that think that by taking performance enhancing compounds is going to make them into superman. The thing is they’re not training, haven’t ten years of training under their belt. They want quick fixes; it’s totally wrong because it gives bodybuilding a bad name”**. This desire for instant results and validation is part of the youth generation who have no patience to wait due to the modern era they have been born into. Take the “like” button on any SNS as an example - it is instant reward.

William describes the button as **“Is an instant endorphin rush. It’s a pat on the back, it’s approval you aren’t getting elsewhere, it’s validation that what you are doing is right. Everyone likes that, and anyone who says otherwise is a liar”**. This instant generation wants results quickly, and AAS is a simple analogy of this. This admiration of others shows a wanting to be like someone either by what they represent (attractive body) or what they gain (social status) or as Bourdieu says to be dominated through symbolic violence. This symbolic violence is best

explained by Alexander; **“If you are looking at pro bodybuilders and fitness models on Facebook day in and day out, it could give somebody a complex (and in turn take steroids as a quick fix. I have seen it happen" I mean I have seen guys in the gym take steroids, and it's just because they have seen people on Facebook, TV etc. who look good and in turn, they think by taking steroids they can be like that".**

Richard went on to say **“I think that there is pressure on kids to be bigger, more shredded, better in bed, less of a pussy, etc. This has always been the same but, taking steroids seems to be becoming more of a viable solution for people”.**

Comparing between adolescents and those that were being interviewed, it highlighted that the individuals use these drugs for competitive sport, their job and finally out of curiosity. Very few declared their main reason was just based on wanting to stand out and be the biggest person there to gain as much social capital. Andrew reflects on seeing young kids on AAS; **Me personally, they shouldn't be taking steroids at that age. I've seen them on the stage they're massive. You can't get big like that at that age, no way. You see a 12-year-old, a 19-year-old, I've seen them on the stage, even 20, 21 years old, you know, and they're massive. I'm jealous. Good luck to them, you know, but to me, they're not giving their bodies a chance, they'll suffer in years to come.**

Shift in the Gym Environment

Speaking with Andrew about how he has seen social media impact his experience of the gym, **“I think a massive part of it, is everyone that's into just training and looking good, what I noticed when I was on social media is someone would go on training, and they're looking good, they'd take a picture of themselves ripped. That their status photo and they want everyone to see them”.** Ray in his vast years of training at the same gym (over 25 years) says how his gym setting has de-evolved **“A lot of lads used to come in and now they don't. Whether it's illness or whatever but we all used to sit down as a social club. We always used to sit down and have a coffee. Come in for a coffee and chat, laugh. Be half an hour before you started training. Then for some reason, it just seemed to die off. Whereas now, I come into the gym I don't have a coffee, I just get in, train and leave - that's it.**

Updated, Non-Bias and Correct Education

A number of the participants expressed their concerns about poor sources of information and those claiming to be "experts" giving out bad advice. Matthew describes his encounters **"Too large a majority of people who I've discussed steroid use with have little to no understanding of the effects of steroids. Their use has been based off a friend's recommendation, to which they do no background research and directly consume the drugs based on advice – all for the aim of gaining size in a shorter time frame. This is heavily influenced by a social "competition" which often looms over younger gym members, where people feel as though they are simply competing with fellow gym members for size; regardless of whether they even know the person"**. These self-proclaimed experts are doing more harm than good. Regarding our health, we have professionals who have dedicated their lives to learn a craft to ensure the best quality advice.

Why ignore them?

With that being said Richard's comment falls in line with the example; **"There needs to be, and always has needed to be, an open dialogue on the likes of social media educating people about it. The problem is that individuals who do, are not very good poster children"**.

Summary

What has been identified from the discussions and data are multiple themes. These themes include the following; (1) Culture of Steroid Abuse, (2) Supply and Demand, (3) Damage to Social Life and finally, (4) Next Generation of Users.

- (1) This culture has many facets which have been identified in the data as; a code of silence to not let others know you are using despite the openness of other forms of social drug use. There are multiple reasons for taking IPEDs in the first instance from sporting to wanting to just be bigger or for a specific job. The prevalence of IPED use is well known and from the interviews widespread. Some see to get where they have to be in life or reach their goals there is a pressure to take these drugs. Finally, the inherent benefit of social and physical capital of taking these drugs is well documented.

- (2) To get access to these drugs avenues have been identified from the dark web however, getting the correct information still poses a challenge and misinformation is rife on the internet. Still it is very easy to get access of all forms of IPEDs from gym dealers to online suppliers.
- (3) With the rise and use of social media in combination with the increase in IPED use it makes for a potent mix. Long term use may lead to reliance on getting external validation from likes/followers to provide social and or physical acceptance on ones body image. May become addictive behaviour and lead to body dysmorphia and or muscle dysmorphia.
- (4) These next generation of users are going to be documenting their body transformations more and more and communicating through social media extensively. The reliance to pass information through Facebook, Instagram and or YouTube will be and is heading towards normal models of communicating. It will eventually lead to the next evolution of steroid use which may be taking drugs purely to be bigger to gain more likes, followers and admirers online. This in some instances from the comments may already be happening. Online virtual lives are more rewarding than their real life as individuals who partake in body modifications find others with similar interests online and their behaviours is reinforced and ultimately accepted by virtual peers through positive reinforcement of said actions. This leads to (in their eyes) more social and physical capital.

This popularity does not seem to be slowing down or any methods to reduce access to IPEDs has not stopped people from obtaining them. Understanding the user experience and viewpoint is vital in supporting the work of forensic and legal medicine practitioners.

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