

Medical care for doping users in Norway



STEROID PROSJEKTET

BARRIERS TO SEEKING TREATMENT

Fear of stigmatization

Fear of low level of knowledge among clinicians

Fear of sanctions

Fear of quitting use

Believing that their side effects are not serious enough

Lack of knowledge about treatment among users

What users want from healthcare providers

“You should get more help and less moralizing about how stupid you have been. You should feel that you are welcomed and will get the treatment you need, even if it is self-inflicted and illegal.”



What users want from healthcare providers

“There should be skilled clinicians with special training aimed at the use and effect of anabolic steroids”



Medical care for doping users in Norway

Marie
Lindvik
Jørstad



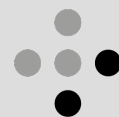
Christine
Wisløff

STEROIDE PROSJEKTET

The Anabolic Steroid Research Group



Astrid Bjørnebekk



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OUTLINE OF PRESENTATION

Medical care – Norwegian setting

Overcoming barriers to seeking treatment

What do we know about the patient group?



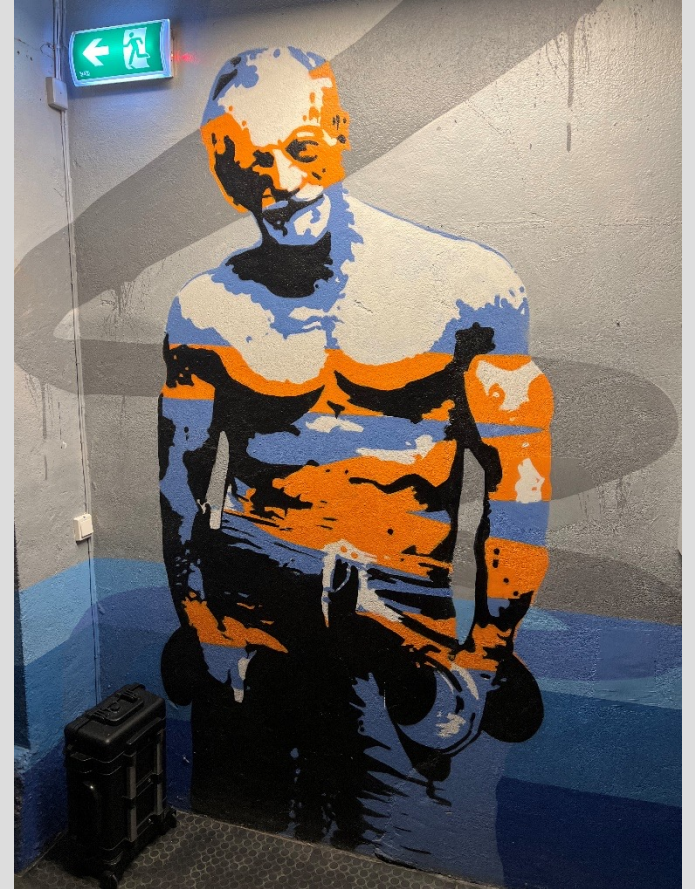
The specialist health service for
substance use disorder treatment

Medical treatment – Norwegian setting

The specialist health service for substance use disorder treatment

National treatment guidelines:

- Outpatient SUD treatment, involving collaboration with other relevant health services
- Map mental health symptoms during withdrawal
- Ensure access to psychotherapy
- Provide treatment of mental health and other symptoms



Medical treatment – Norwegian setting

Three treatment «stages»

1) Before quitting

- Quitting abruptly
- Prepare for what to expect

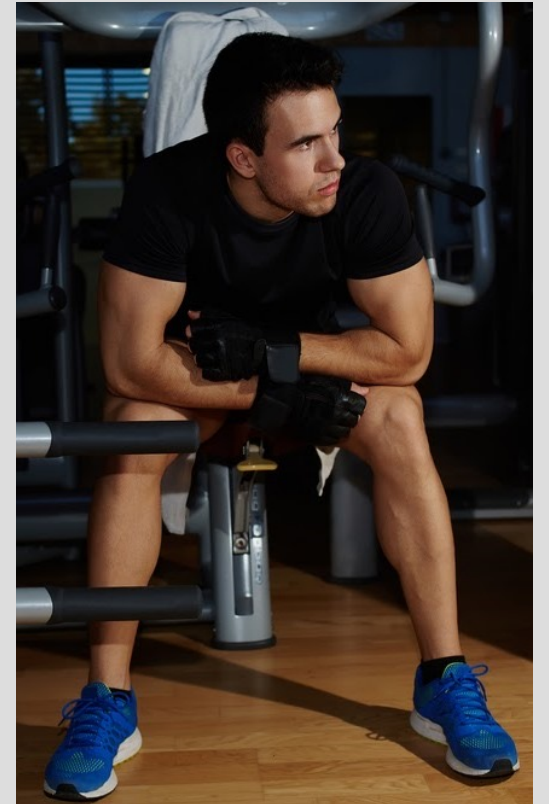


Medical treatment – Norwegian setting

Three treatment «stages»

2) Withdrawal phase

- Frequent follow-up
- Examination of physical and psychological health
- Psychopharmacological treatment



Medical treatment – Norwegian setting

Three treatment «stages»

3) Stabilization phase

- Treatment of underlying problems
- Prevent relapse
- Re-establish social relations
- New identity



Status in Norway 2013

- No patients in treatment?
- No systematic mapping of AAS use among SUD patients
- Lack of experience among clinicians



Tailored individual information sessions

Treatment
options



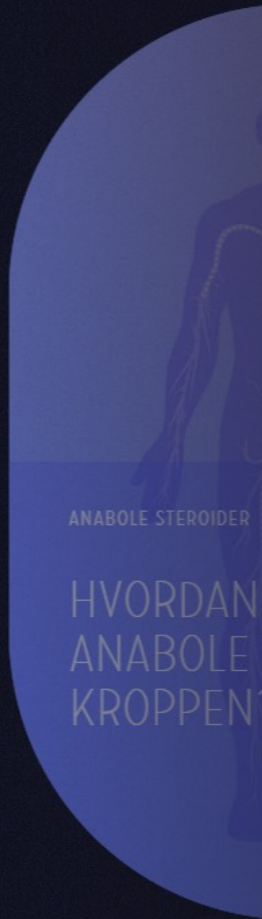
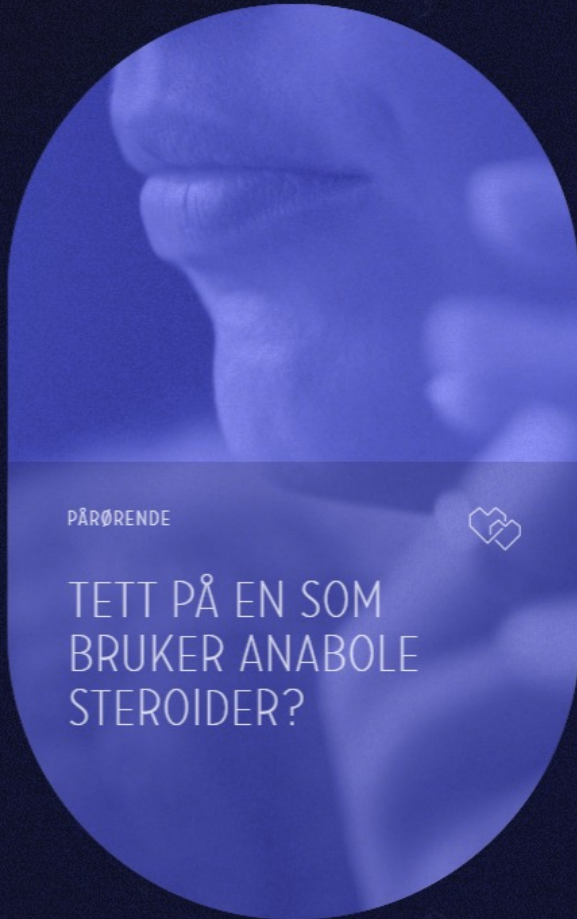
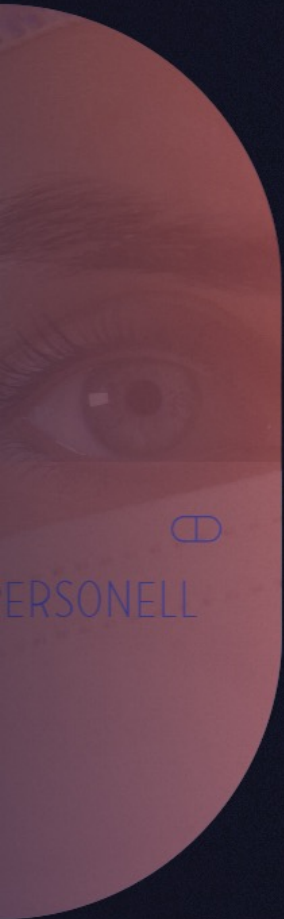
Clarify fear
of sanctions

Flexible

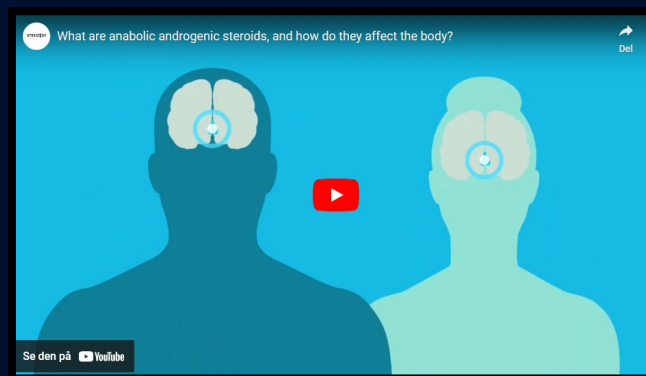
Free

Clinical experience

INFORMATION
SERVICE



Velkommen til Steroidelab. Her kan du lære mer om anabole steroider, høre andres erfaringer eller få hjelp til å slutte.



1,5 million views
Ads 70 million views
Increase in information seekers



Status in Norway 2024

- More patients in treatment
- Better mapping of AAS use among SUD patients
- More experienced clinicians
- More clinicians seeking guidance



Two main types of users in treatment

Anabolic steroids



Substance use + anabolic steroids

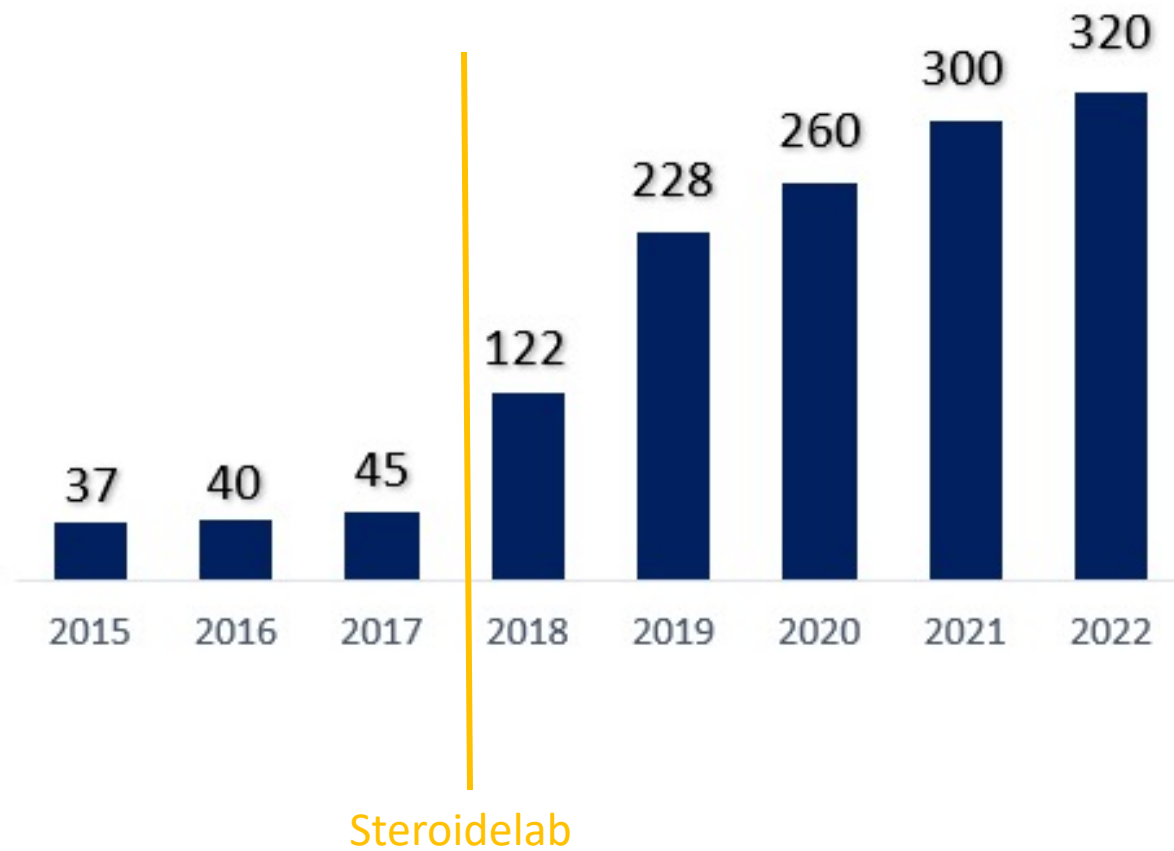


Two main types of users in treatment

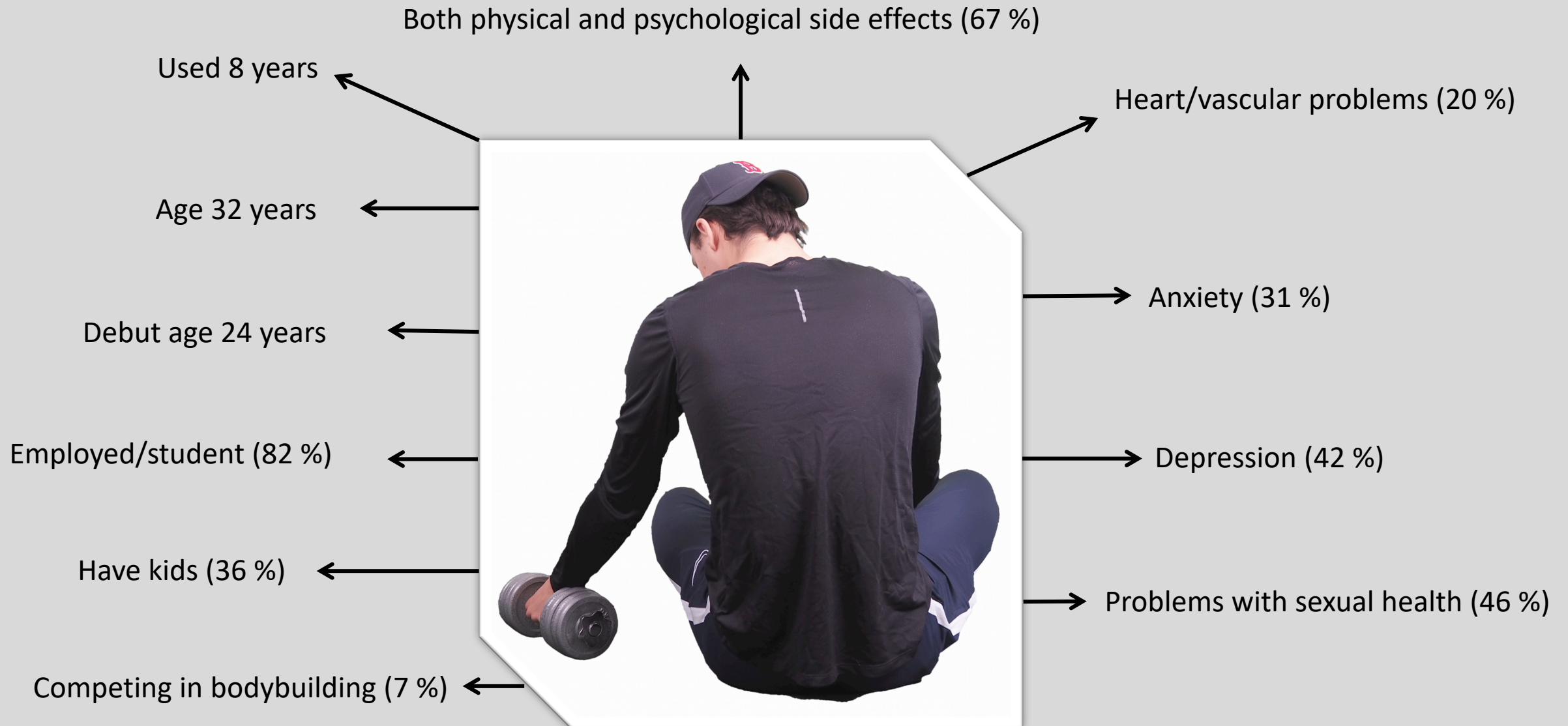
Anabolic steroids



NUMBER OF
INFORMATION
SESSIONS



Who are the information seekers in need of treatment? (n= 1029)

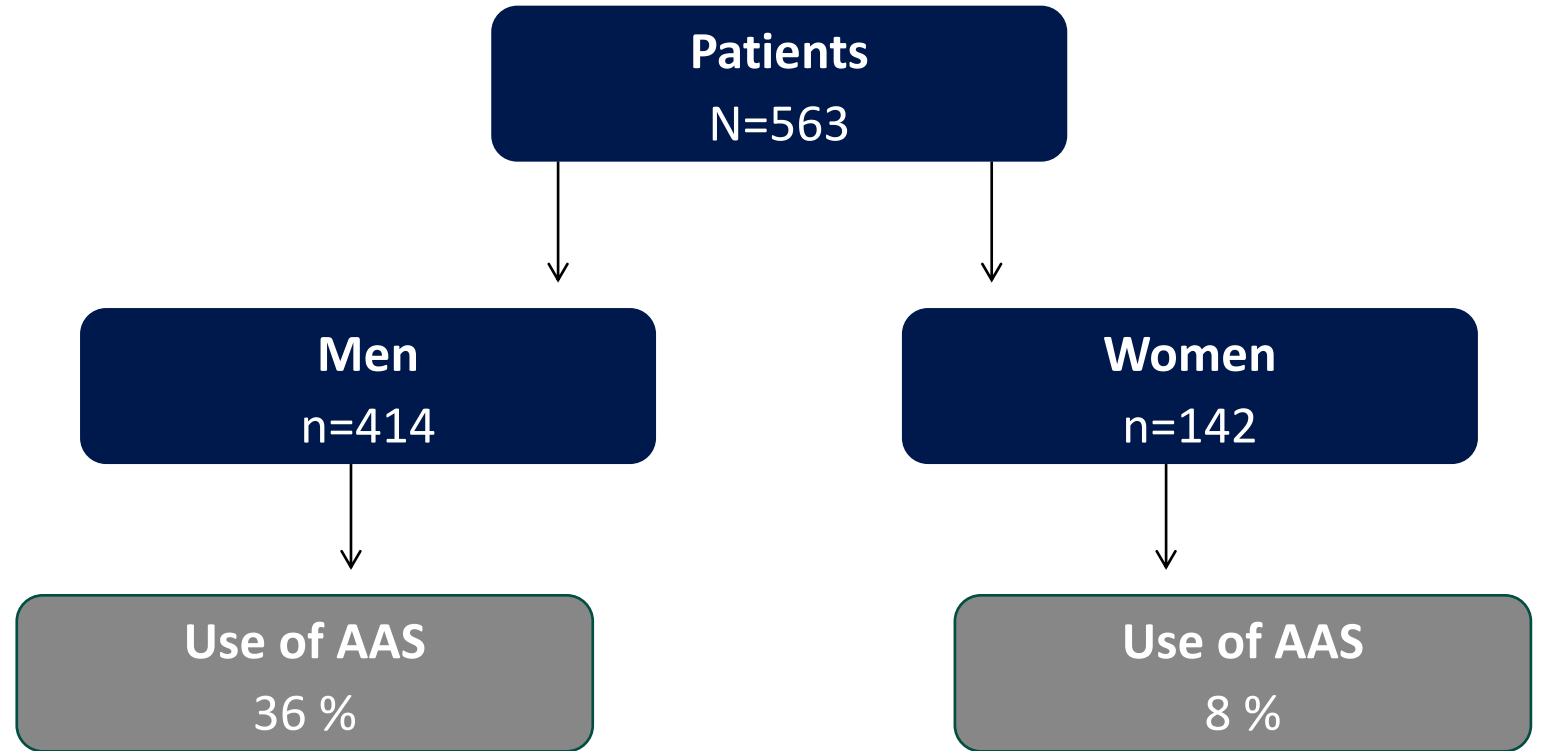


Two main types of users in treatment

Substance use + anabolic steroids



Lifetime use of AAS in SUD treatment



Prevalence based on most used substance (n=406)

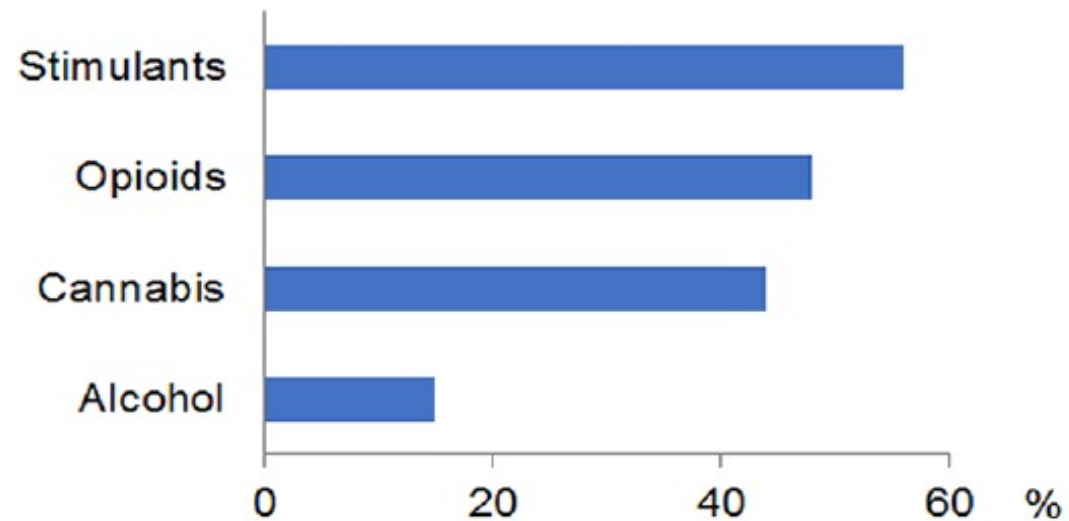


Figure 1. Prevalence (%) of lifetime AAS use according to preferred substance among all men (n=406). Data is presented for the major drug categories, listed as the main drug of choice for more than 50 male participants.

Substance use + anabolic steroids (n=157)

Used more substances per day

Younger

Lower debut age substance use

Shorter time from debut to diagnose

Lower education

More personality pathology

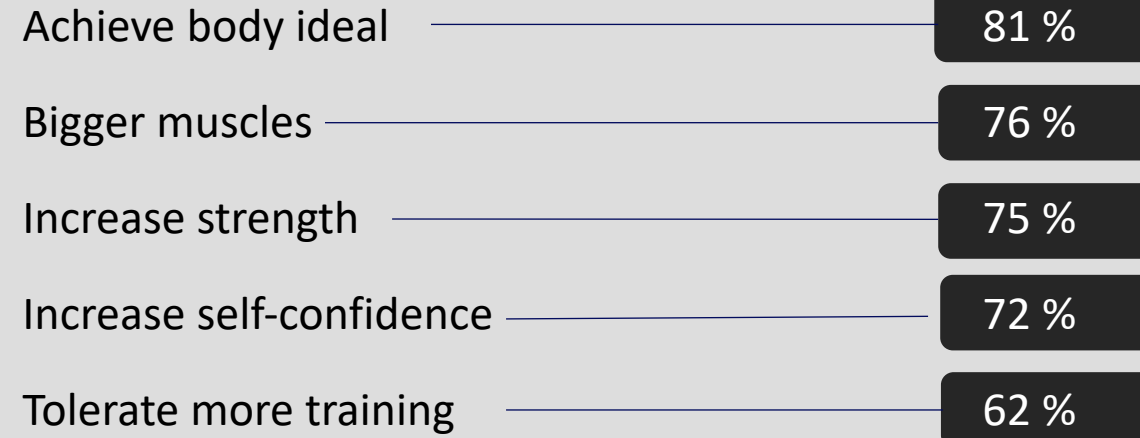


Used more prescribed medications

More executive problems

More mental health problems

Motivation



45 %

As a consequence of substance use





Research by medical division > Mental Health & Addiction > Clinical addiction research - RusForsk [Arnevik] > The Anabolic Androgenic Steroid Research Group [Bjørnebekk] >

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- The Anabolic Androgenic Steroid Research Group [Bjørnebekk]**

- GROUP MEMBERS
- ASSOCIATED MEMBERS
- RESEARCH PROJECTS
- PUBLICATIONS

Recent publications

The Anabolic Androgenic Steroid Research Group

Anabolic-androgenic steroids (AAS) comprise a large category of synthetic derivatives of the male sex hormone testosterone. They are commonly taken in doses exceeding the natural male production of testosterone by 5-100 times, in order to gain muscles for cosmetic or athletic purposes. The use of AAS spread to the general population in the 80s, and has grown to become a major public health problem due to its extensive adverse effects and potentially severe long-term health consequences. However, since the first generation of AAS users is only now entering their 50s, there is sparse knowledge about the effects of long-term AAS use, particularly with regards to potential impact on brain health.

Primary objectives of the research group are to increase our understanding of psychological and medical long-term consequences of AAS use, and to identify trait or markers putting people at risk for developing AAS-dependence. Other objectives include estimating lifetime use of AAS among subpopulations such as prisoners and patients in substance use treatment, and to improve treatment strategies of AAS-users who want to quit using AAS. In particular, we aim to test whether an endocrine treatment model is more suitable and safe to use than no treatment or treatment as usual.

A special focus of our research is on brain health and related behavior (e.g. cognitive functioning and emotions), which is a critical issue since sex steroids readily pass the blood-brain barrier and affect the central nervous system. We have through many years gathered numerous data on a large sample of AAS-users and non-exposed weightlifters, including repeated brain scanning, personality and mental



Astrid K. Bjørnebekk
Group leader

PhD defense Hans Christian Henriksen

June 21, 2024

- **Public defense:** “Exploring treatment aspects of men with long-term anabolic-androgenic steroid use: A dual perspective on health service engagement and the safety and feasibility of endocrine therapy for anabolic-androgenic steroid induced hypogonadism”
- **Trial lecture:** “Enhanced games - how to dope yourself to perfection”



Take home message

- Users of AAS in need of treatment = hard to reach
- Patients using AAS are a non-homogenous group
- Need for treatment specifically aimed at AAS use

