Making 'safer injecting' Matter for People who Inject Image and Performance Enhancing Drugs (IPEDs)	
Citation	Piatkowski T, Kill E, Weith S, et al. Making 'safer injecting' matter for people who inject image and performance enhancing drugs. Health (London). Published online November 8, 2025. doi:10.1177/13634593251388294
Population	30 participants who inject IPEDs located in Australia: • 22 men and 8 women • Median age = 30 years • Substances reported injectable and PO: testosterone, trenbolone, nandrolone stanozolol (Winstrol), drostanolone (Masteron), oxandrolone (Anavar), GH, insulin. • All substances obtained through unregulated means.
Methods	Participants recruited through social media, word of mouth, and direct contact and voluntary interviews were conducted after obtaining informed consent: • 25 interviews (median length = 50 mins, n= 25) and 1 focus group (length = 75 mins, n=5) • Interviews conducted between June and September 2024 • Interviews were recorded, transcribed, and analyzed • Questions were designed to elicit thought and experiences of participants regarding their usage.
Findings	Taboo of injections and infections: • Participants understood the risk of infections from unsafe injection techniques, carrier oils and substandard manufacturing concerns of injectable IPEDs. • This complication occurred despite years of experience in injecting IPEDs • Many people's concerns prioritized carrier oils and AAS preparations overlooking safe injection techniques, contamination and bacterial infections. Contextualizing risky practices for IPED injection: • Participants discussed peers reusing needles due to following improper advice • Some people may reuse needles without understanding the risks • Lead author experience: Reusing needles was not due to misinformation. Rather convenience, accessibility issues and the need to maintain hormonal balance. Convenience can outweigh caution. Safer use practice as safer injecting: • Building trust is key. Credible and accessible information is crucial. • Shock factor is not useful for IPED users as they can deter treatment seeking and drive stigma. • Advice needs to be tailored to IPED users and not applied from IV drug users. IV injection is different from IM and IPED users typically don't share needles. • IPED users can benefit from advice targeting proper storage and sterility techniques.
Discussion	The conversation for people who use IPEDs should shift from a harm reduction approach to an optimizing drug use and improving physical and health outcomes approach focusing on 3 areas of concern that apply to IPED users:

	• Injection site selection: Each muscle group has a maximum capacity of volume of oil injection. Injecting too much can influence drug absorption and health outcomes. • Needle Size and injection depth: The correct needle size must be used for the correct site and type of carrier oil. Injecting too shallow or too deep can alter drug kinetics and cause hormonal fluctuations. • Aseptic Technique: It is important to recognize that every time a vial is accessed is an opportunity to introduce contaminants. Infections can delay progress especially if it leads to hospitalization.
Strengths	• Interviewing IPED users gains access directly into their thoughts and concerns. • The article's focus on performance compared to scare tactics is a novel approach that caters to IPED users' needs and concerns. • Quotes from participants provide a personal touch and highlights that concerns of IPED users are heard. • The authors interviewed IPED users of various levels of experience which can apply to a broad group of IPED users worldwide.
Limitations	• The sample size was small, and recruitment methods could be underreporting those who are more secretive of their IPED use. • No peptides mentioned even though we are seeing the demographic of IPED users shift to utilizing peptides more. • No drug testing was completed making it a bit difficult to identify a major harm reduction concern, counterfeiting. However, counterfeiting was identified in the paper.
Conclusions	There is a need to change our harm reduction approach to people who use IPEDs from biomedical and instruction approaches to a community based effort that identifies and addresses IPED users' needs and concerns paving the way for more effective harm reduction approaches for the community.
Other Relevant Publications and Resources	1. Magnolini R, Falcato L, Cremonesi A, Schori D, Bruggmann P. Fake anabolic androgenic steroids on the blackmarket - a systematic review and meta-analysis on qualitative and quantitative analytical results found within theliterature. BMC Public Health. 2022;22(1):1371. Published 2022 Jul 17. doi:10.1186/s12889-022-13734-4. 2. Bonnecaze AK, O'Connor T, Aloi JA. Characteristics and Attitudes of Men Using Anabolic Androgenic Steroids(AAS): A Survey of 2385 Men. Am J Mens Health. 2020;14(6):1557988320966536. doi:10.1177/1557988320966536. 3. Bonnecaze AK, O'Connor T, Burns CA. Harm Reduction in Male Patients Actively Using Anabolic Androgenic Steroids (AAS) and Performance-Enhancing Drugs (PEDs): a Review. J Gen Intern Med.2021;36(7):2055-2064. doi:10.1007/s11606-021-06751-3. 4. https://youtu.be/-yyJ8jH1810?si=9WohAWk_6f4rMRhI