

Citizen Participation and Public Petitions Committee
Wednesday 29 May 2024
10th Meeting, 2024 (Session 6)

PE2024: Create a national, public information programme to raise awareness of the impacts of steroids, selective androgen receptor modulators, and other performance enhancing drugs

Introduction

Petitioner Cael Scott

Petition summary Calling on the Scottish Parliament to urge the Scottish Government to create a national, public information programme to raise awareness of the impacts of using steroids, selective androgen receptor modulators (SARMs), and other performance enhancing drugs (PEDs), which should include:

- a particular focus on the impact on young people aged 16-25;
- working with Community Learning and Development practitioners, gyms, and community coaches to raise awareness; and
- developing a public health campaign to highlight the negative impacts of PEDs, encourage regular health check-ups for users, and a screening programme allowing users to test the safety of their PEDs.

Webpage <https://petitions.parliament.scot/petitions/PE2024>

1. [The Committee last considered this petition at its meeting on 6 September 2023.](#) At that meeting, the Committee agreed to write to UK Anti-Doping, Anabolic Steroids UK, the Scottish Drugs Forum, and the Scottish Government.
2. The petition summary is included in **Annexe A** and the Official Report of the Committee's last consideration of this petition is at **Annexe B**.
3. The Committee has received new written submissions from the Scottish Government, UK Anti-Doping, the Scottish Drugs Forum, and the Petitioner which are set out in **Annexe C**.
4. [The Committee has received two written submissions prior to its last consideration of the petition.](#)
5. [Further background information about this petition can be found in the SPICe briefing](#) for this petition.

6. [The Scottish Government gave its initial position on this petition on 6 June 2023.](#)
7. Every petition collects signatures while it remains under consideration. At the time of writing, 16 signatures have been received on this petition.

Action

8. The Committee is invited to consider what action it wishes to take.

Clerks to the Committee
May 2024

Annexe A: Summary of petition

PE2024: Create a national, public information programme to raise awareness of the impacts of steroids, selective androgen receptor modulators, and other performance enhancing drugs

Petitioner

Cael Scott

Date Lodged

25 April 2023

Petition summary

Calling on the Scottish Parliament to urge the Scottish Government to create a national, public information programme to raise awareness of the impacts of using steroids, selective androgen receptor modulators (SARMs), and other performance enhancing drugs (PEDs), which should include:

- a particular focus on the impact on young people aged 16-25;
- working with Community Learning and Development practitioners, gyms, and community coaches to raise awareness; and
- developing a public health campaign to highlight the negative impacts of PEDs, encourage regular health check-ups for users, and a screening programme allowing users to test the safety of their PEDs.

Previous action

I have spoken to a local MSP, and on their advice, I wrote to the Scottish Government. The Drugs Policy Division responded to say it was focused on the delivery of the National Drugs Mission Plan 2022-2026, which does not address the use of PEDs.

Background information

A few months ago, one of my friends was admitted to hospital with a ruptured aorta. This life-threatening issue came about from steroid use. When I spoke to him, he was horrified at the severity of the issue, and was unaware of how bad the impacts could be having seen many people at his gym, and fitness influencers online, openly use PEDs without apparent impact.

This is not an isolated incident. Every time I attend my gym, PEDs are easily obtained, but information about them is not.

Social media influencers advocate for SARMs, claiming they have no negative impact. The fact that they are legal to buy suggests to users that they are safe, when

CPPP/S6/24/10/7

the reality is they are simply untested. For young teens and adults feeling pressured to look a certain way, social media influencers are dominating the conversation.

From my time in youth work, I'm aware of this growing trend, and have worked with people as young as fourteen using PEDs. Something must change.

Annexe B: Extract from Official Report of last consideration of PE2024 on 6 September 2023

The Convener: Our second new petition, PE2024, which was lodged by Cael Scott, calls on the Scottish Parliament to urge the Scottish Government to create a national public information programme to raise awareness of the impacts of using steroids, selective androgen receptor modulators, or SARMs, and other performance-enhancing drugs, or PEDs, which should include a particular focus on the impact on young people aged 16 to 25; to work with community learning and development practitioners, gyms and community coaches to raise awareness; and to develop a public health campaign to highlight the negative impacts of PEDs and encourage regular health check-ups for users, and a screening programme to allow users to test the safety of their PEDs.

Cael tells us that one of his friends was admitted to hospital with a life-threatening issue resulting from steroid use. Having seen many people at his gym use performance-enhancing drugs without any apparent impact, Cael's friend had been unaware of the severity of the impact that they can cause. Cael notes that that was not an isolated incident and raises concerns about how easily available and widely promoted the drugs are, without information about negative impacts being provided.

The SPICe briefing sets out the distinction between anabolic steroids, which are class C drugs that can be prescribed by pharmacists for personal use, and selective androgen receptor modulators, which can be legally purchased in the UK without age restrictions. The latter are gaining popularity, partly due to heavy promotion on social media.

The Scottish Government's response outlines the work that the Scottish Drugs Forum is doing to provide information and training on the matter. The response also states the Government's commitment to developing its public health surveillance data to better understand drug trends and says that that work could be further enhanced to include the substances that the petition highlights. It refers to a multi-agency working group, whose work includes the development of a set of standards to support young people with their drug use.

We have received a further submission from the petitioner, which welcomes some of the activity set out by the Government but raises concerns that the current approach does not address the main harms that are associated with performance-enhancing drugs, namely hepatic, kidney and cardiovascular disorders.

The petitioner has drawn an important issue to the committee's attention. What thoughts do members have on how we might approach it?

David Torrance: I wonder whether the committee would like to continue the petition and write to UK Anti-Doping, Anabolic Steroids UK and the Scottish Drugs Forum seeking their views on the action that is called for in the petition. I would like the committee to write to the Scottish Government to highlight the petitioner's submission and seek clarity on the membership and terms of reference of the multi-agency working group.

Fergus Ewing: I endorse that. I was struck by the detailed response that the petitioner gave to the Scottish Government's main response. As well as saying that the Scottish Government does not seem to be covering the issues that he believes are relevant, he says that the multi-agency working group to which the Scottish Government refers might not include the right people, and he goes through who they might be.

I do not know much about the area, but the petitioner is basically saying that there are young people between 16 and 25 who go to gyms and have access to steroids with no guidance or information about how to use them and what the risks are. I think that he is saying that people in that world, who are in charge of running gyms and have a medical background, for instance, should be involved in the multi-agency working group.

When we write to the Scottish Government, could we specifically ask about the range of suggestions that the petitioner made so that we can get answers on them now? I suspect that, if we did not, we would get the same points from the petitioner again, who might feel that we have not pursued the substantive and concrete points that he made in his response.

The Convener: I am content with that. Are members content with it?

Members *indicated agreement.*

The Convener: The petition will remain open and we will write to the various organisations suggested.

Annexe C: Written submissions

Scottish Government submission of 8 September 2023

PE2024/C: Create a national, public information programme to raise awareness of the impacts of steroids, selective androgen receptor modulators, and other performance enhancing drugs

Early Interventions for Children and Young People Working Group

Terms of Reference

Background and policy context

[The Rights, Respect and Recovery: alcohol and drug treatment strategy](#) (RRR) published 28 November 2018.

Chapter 4: Prevention and Early Intervention, connects to the RRR outcome: **Fewer people develop problem drug use.**

The commitments within Rights, Respect and Recovery (RRR) to achieve this outcome are:

- Identify and implement actions to reduce inequalities and improve Scotland's health.
- Work with key experts, including those with lived and living experience to address stigma as a way to prevent and reduce related harm.
- **Develop a comprehensive approach to early intervention amongst those who are at risk of developing problem alcohol and drug use alongside those services who are already working with this group.**
- Revise and improve the programme of alcohol and drug use education in schools to ensure it is good quality, impactful and in line with best practice.
- Develop education-based, person-centred approaches that are delivered in line with evidence-based practice to aim to reach all of our children and young people including those not present in traditional settings, such as Youth Groups, Community Learning and Development, looked after and accommodated children, excluded children and those in touch with services.
- Develop our current online resources to ensure they provide accurate, evidence-based, relevant and up to date information and advice around alcohol and drug use; and how to access help.

Purpose of the group

1. To provide a mechanism which allows Alcohol and Drug Partnerships (ADPs) and appropriate partners to deliver on [Action 4](#):

We will develop a comprehensive approach to early intervention amongst young people who are at risk, through deprivation, inequality or other factors of developing problem alcohol and drug use.

2. The group will develop and deliver on a clear plan of action on behalf of the Scottish Government to achieve this commitment. This will include:
 - Review key data of the needs of young people who experience alcohol/drug harms.
 - Establish expectations for local service delivery including across ADPs.
 - Establish a clear plan of action for delivery on these expectations across ADPs.
3. The Early Intervention for Children and Young People working group will be guided every step of the way by the experiences of young people whose lives have been affected by alcohol and drug use and the front line services who support them.

Membership and Responsibilities

4. The membership of the Early Intervention working group is at the invitation of the Minister for Drug Policy. The members will be reviewed by the chair and agreed by the Minister on a yearly basis. A list of group membership can be found in **Annex A**.
5. Core members will be responsible for discussing and agreeing the Early Intervention working groups advice and commissioning work. Individual members will have additional responsibilities that relate to their specific remit. Members can only share relevant papers and discuss work via email where appropriate, subject to approval of the secretariat. Core members may also be asked to lead projects and report back to group on progress.
6. The Early Intervention working group will have the opportunity to convene short-life sub-groups to assist in the development of evidence based recommendations.
7. Members submitting apologies should notify the secretariat in advance of their named deputy. The substitution of a deputy is acceptable on the understanding that the deputy will provide a report on the meeting to the substantive member and the group they represent. Members submitting apologies for meetings, and who are unable to send a deputy, should notify the secretariat in advance. To ensure the group is able to act swiftly, members are asked to delegate to others where they must and that any deputies are empowered to make decisions on behalf of the member.

8. All members will make a full declaration of interests. If a member is uncertain as to whether or not an interest should be declared, they should seek guidance from the secretariat.

Governance

9. The Early Intervention working group will report to the Minister for Drug Policy via the Scottish Government secretariat, providing regular updates on their plans and progress.
10. The Early Intervention working group terms of reference will be subject to review on a yearly basis.

Secretariat

11. Secretariat support for the group will be provided by the Scottish Government Drugs Policy Division. The Early Intervention working group will be able to draw on wider expertise from across the Scottish Government, as well as organisations from the wider virtual team and beyond.
12. The Early Intervention working group should aim to meet every 6 weekly and is expected to remain operational until the actions outlined in the action plan are complete.
13. Minute taking of the meetings will be conducted by the secretariat who will record these appropriately.

Communications

14. The Early Intervention working group members will ensure they and their organisations work with SG communications colleagues and the secretariat to allow consistency and coordination of messaging around the Early Intervention working group work and support the successful engagement with the wider sector as well as the public.

Annex A: Early Intervention Working Group Membership

The working group is made up of an independent Chair and representatives of the following organisations:

- We Are With You
- Kibble
- Scottish Children's Reporter Administration
- Children 1st
- The Corra Foundation
- SFAD - Scottish Families Affected by Alcohol & Drugs

- Crew
- Action for Children
- Scottish Social Services Council
- Scottish Government Children and Families Unit
- South Lanarkshire ADP
- Children and Young People's Centre for Justice
- Scottish Drugs Forum
- National School Nursing Leads Group
- Aberdeen City Children & Family Services
- Scottish Government Drugs Policy Unit

UK Anti-Doping submission of 6 October 2023

PE2024/D: Create a national, public information programme to raise awareness of the impacts of steroids, selective androgen receptor modulators, and other performance enhancing drugs

Thank you for your letter of 7 September asking UK Anti-Doping (UKAD) for our views on tackling the use of IPEDs.

UKAD is the UK Government's mandated organisation to prevent doping in sport and maintain public confidence in clean sport. UKAD is responsible for ensuring sports bodies in the UK are compliant with the [World Anti-Doping Code](#) through implementation and management of the UK's National Anti-Doping Policy and Anti-Doping Rules, with a focus on more than 40 Olympic, Paralympic and professional sports in the UK. With offices in Edinburgh, Loughborough, and East Croydon, we work with sport national governing bodies across the UK and home country sports councils.

As set out in UKAD's 2019 report¹ on Image and Performance Enhancing Drugs (IPEDs), such as anabolic androgenic steroids, IPEDs have been a subject of growing concern over recent years, both in and out of the sporting environment.

In the context of sport IPEDs are substances banned by the World AntiDoping Agency (WADA), as per WADA's Prohibited List. It is important to state that the use of IPEDs in sport is not the norm. However, elite and amateur sport are vulnerable to the use of IPEDs for a variety of reasons, primarily the pressure and motivation to win but also concern over body image. It is important to understand who in elite sport are most vulnerable to IPED use, and the best way to reach them in order to support, educate and inform. To that end, UKAD's 2019 report was intended to provide a

¹ <https://www.ukad.org.uk/sites/default/files/2020-01/UKAD%20IPED%20Report%20FINAL.pdf>

concise picture of IPEDs in the UK. Drawing on a range of sources the report sets out the nature of IPED use, where they come from and who is taking them.

Our report showed that the use of IPEDs extends beyond cheating in sport. It is a significant public health issue. It concluded that the response to the threat from IPED use therefore sits with a range of organisations and there is an imperative to ensure better information sharing, and coordination of activity.

UKAD already works with health regulators and different law enforcement partners, including the National Crime Agency (NCA), UK Border Force (UKBF), Government Agency Intelligence Network (GAIN) and other police partners. A key focus of our intelligence work is to promote and engage in inter-agency information sharing about doping in sport. Also, we have opened our education online to all, via UKAD's Clean Sport Hub. This is a free education platform that anyone can sign up to and provides information about the effects of doping and how to protect clean sport. Internationally the establishment of 'clean fitness centres' have been introduced, for example in Norway, in response to public health concerns about IPEDs.

As stated in our report, our view remains that structural arrangements to establish cross-agency working is needed to tackle the wider public health concerns relating to IPED use. Tackling the wider public health concerns within amateur sport and gyms requires a conscious Public Health effort, and cross-agency collaboration to share information and coordinate activity. The Public Health concerns relating to the growing use of IPEDs is a shared responsibility. We will continue to work together with other stakeholders to address the issue and would be happy to contribute to any future discussions on this matter.

Scottish Drugs Forum written submission, 18 April 2024

PE2024/E: Create a national, public information programme to raise awareness of the impacts of steroids, selective androgen receptor modulators, and other performance enhancing drugs

Scottish Drugs Forum would welcome and actively support any harm reduction focused national initiative which highlights the wide range of risks and harms associated with the use of Image and Performance Enhancing Drugs (IPEDs).

The use of IPEDs is prevalent within a wide age range, and different harms are experienced by different groups of people who use. A range of age and gender-related strands would be crucial to the success of any campaign.

A national campaign would raise awareness of risks and potential harms. This should be accompanied by the provision of adequate services to reduce harms. For example, the introduction of blood testing and other health checks, such as cardiovascular function, would go some way to identifying and responding to problems experienced by individuals at the earliest stage with evidenced-based tailored responses thereafter. This should be easily accessible and confidential given many people at risk or experiencing problems are reluctant to present to GPs.

The analysis of IPEDS (drug checking) would also help the individual and practitioner identify any concerns with the supply of drugs they are administering.

This is particularly important given most IPEDS are produced in illicit/underground labs.

These interventions have been provided by a specialist clinic in Glasgow since 2009 which would serve as a model for other areas.

If you want to discuss or have any other information needs, please do not hesitate to get in touch.

Petitioner written submission, 15 May 2024

PE2024/F: Create a national, public information programme to raise awareness of the impacts of steroids, selective androgen receptor modulators, and other performance enhancing drugs

The following is an analysis of responses to a series of Freedom of Information (Scotland) Act requests, submitted to all the territorial health boards in Scotland. These questions sought to gather information about the costs of, prevalence of, and existing support for Image and Performance Enhancing Drug (IPEDs) use. Of the fourteen boards, two have failed to respond in time to be included in the analysis. Each question is listed below, with a brief analysis of the responses gathered.

For the majority of questions, a significant number of boards did not hold the information being requested. Where boards have responded and the data allowed, I have given a national estimate, using the population of the health boards who responded as compared to the national population to adjust figures. There are obvious limitations to this method; figures for rural areas may not transfer to urban regions, and vice versa, for example. However, this will give a rough estimate to give some sense of scale for policy makers to reflect on a potential national picture.

How much did the health board spend on the treatment of Image and Performance Enhancing Drugs (IPEDs), such as steroids or Selective Androgen Receptor Modulators (SARMs), in the last three financial years?

Of all the boards that responded, only one (Dumfries and Galloway) was able to provide a breakdown of costs spent, in both primary and secondary care (see table below). Using this to give a national estimate, IPED usage would cost the NHS approximately £72 million per year.

NHS Dumfries and Galloway	2021/22	2022/23	2023/24
Secondary Care	£234,694	£233,978	£236,869
Primary Care	£1,639,463	£1,657,246	£1,219,561 (To January 2024 only)

It is likely that these costs reflect users accessing services immediately following IPED use, and is unlikely to account for long term hepatic and kidney disorders, cardiovascular disorders, or muscular skeletal issues that may only become apparent years after IPED usage. I would therefore suggest this £72 million estimate is a conservative estimate to the true national cost. Nonetheless, it represents an approximate 0.4% of the national NHS Scotland combined budget.

What specialised services, if any, does your board offer in relation to IPEDs?

Of the respondents, three health boards offer specific support for IPED users, involving specific advice, blood testing, and other support. Three other health boards offered needle exchanges as part of a wider harm reduction programme. However, given that not all IPEDs rely on intramuscular injection, and that there is limited to no evidence of harms through needle use, this may not be an effective intervention. Six health boards did not have any specific support for IPED users.

What training on IPEDs do you offer staff? How many staff have undergone this training?

Five of the boards that responded had some sort of training available for staff with regards to IPED users. Two of these relied on external training (one through another health boards specialised clinic, another through online training available through Public Health Wales). A sixth board offered training on safer injection and body image, but nothing specific to IPED usage. The remaining half of boards that responded did not have any training for staff who support IPED users.

How many people were treated for harms resulting from IPED use? Please provide this information for the last three years you have data.

Of the respondents, only one board (Fife) was able to provide data on hospital admissions; 15 over the last three years, with ages between 22-64 (inclusive). Were this data used to provide a national estimate, we would have approx. 73 hospitalisations per year due to IPED use.

Two health boards were able to provide data on more general engagement with the NHS (Lothian and Ayrshire & Arran). This came to 1014 individuals over the last three years. This would give an estimated 1500 people engaging with IPED support annually if it were available nationally. Research by the drug, alcohol and mental health charity, We Are With You, suggests 4% of young people had used IPEDs in the past 12 months (part of response to FOI 202300382567). If we were to use that as a baseline for national analysis (approx. 218,000 IPED users nationally) that would mean less than 1% of the population of IPED users were accessing support for their IPED usage. This highlights the need, not only for high quality support, but also in awareness/public health campaigns to encourage individuals to engage with that support.

Please provide a demographic breakdown, if possible, of any patients treated for harms resulting from IPED use.

Lothian, and Ayrshire and Arran were able to provide gender breakdowns of IPED users who engaged with their services; 91% were male, and 9% female

(Transgender service users are excluded from this breakdown, as their gender was only listed as transgender, with no further breakdown, by only one of the two boards).

Only Ayrshire and Arran were able to provide a breakdown of service users supported with IPED use based on age, see table below.

NHS Ayrshire and Arran	Under 25	25-35	36-45	46-55	Over 55
2021	12	20	12	9	3
2022	10	35	21	7	2
2023	18	26	26	6	1

Please provide information as to what screening methods you use (formal and informal) for IPED use when discussing kidney, hepatic, and cardiovascular disorders with patients.

Six boards did not have any clear guidance for screening for IPED use – one of these (Lanarkshire) referring patients on to a specialist clinic in Glasgow for those requiring testing or support. A further four did not have routine testing, but had further testing available at physician discretion, as well as general screening questions on drug use. One of the four (Ayrshire) highlighted that patients with abnormal liver function test results were asked about drug use. One had routine drug usage questions for all patients, and two had comprehensive testing available.

Please provide information about what public health awareness initiatives you have ran within the last five years to raise awareness of the potential harms of IPED use in your health board area.

Ten of the respondents had not carried out a specific campaign relating to IPED use. One (Western Isles) had carried out work in relation to safer injecting practices more generally. One board (Highlands) was in the early phases, and had approached stakeholders like local gyms and personal trainers to scope out needs, whilst Lothian was the sole board to have a clear awareness campaign; targeting leisure centres and gyms, as well as through GPs and online.

Please provide information about any working groups, internal meetings, or co-design initiatives looking at the impact of IPEDs.

None of the twelve boards who responded had held any internal meetings or working groups to discuss the impact of IPED use. One board (Lothian) highlighted their work on national meetings to discuss data collection through NEO 360.