

# **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**

## **Petitioner written submission, 15 May 2024**

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.

<b>NHS Dumfries and Galloway</b>	<b>2021/22</b>	<b>2022/23</b>	<b>2023/24</b>
<b>Secondary Care</b>	£234,694	£233,978	£236,869
<b>Primary Care</b>	£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.

<b>NHS Ayrshire and Arran</b>	<b>Under 25</b>	<b>25-35</b>	<b>36-45</b>	<b>46-55</b>	<b>Over 55</b>
<b>2021</b>	12	20	12	9	3
<b>2022</b>	10	35	21	7	2
<b>2023</b>	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.