



# Injecting Advice.com

**PIED**  
Painkillers  
Protein Injecting  
Clenbuterol  
Aggression  
Cycle  
Weight  
Testosterone  
Stanozolol  
Winstrol  
Deca-Durabolin  
Sleep Dianabol  
Acne Workout Growth  
Gynaecomastia  
Cardio Exercise  
Anabolic Steroids  
Decca  
Muscle  
Insulin  
Carbs



## PIED Assessment Document



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## Disclaimer

These notes have been written to help staff when completing the PIED Assessment form for the first time. Although they do cover all aspects of the form it should be remembered that the information has been kept brief, people working with PIED users should take the time to further research important information themselves.

These tools are unvalidated and are for guidance only they not do not guarantee to identify all risk taking behaviour. No liability can be taken for a failure on the part of this tool to anticipate resulting health concerns.

## Thanks

I'd like to thank my colleagues at Addaction Cannock for running the trials of this document and helping to spot any flaws in the original design.

I'd also like to thank Martin Chandler from John Moores University for proof reading and error checking.



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## Introduction

Performance and Image Enhancing Drug (PIED) use is increasing both in the UK and internationally resulting in more PIED users than ever before attending Needle and Syringe Programmes (NSPs) for sterile equipment and advice.

Unfortunately in the past this has often led to PIED users having to complete the services own 'standard' NSP paperwork which is of course not aimed at identifying their needs. The following assessment and casenote sheet is aimed at improving the quality of advice given as well as increasing both the confidence of staff working with PIED users and the confidence the PIED users have in staff.



Client name		Assessing worker	
Date of birth		Assessment date	
Postcode	(1 <sup>st</sup> four characters)	Location	
Gender		Assigned ID code	
Email address	Subscribe to newsletter Yes <input type="checkbox"/> No <input type="checkbox"/>		

## Section One Cycle details

Is this your first cycle?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, what cycle number is this?	
What PIEDs are in this cycle?	Drug name and quantity	Frequency	Route used
			Injected <input type="checkbox"/> Oral <input type="checkbox"/>
			Injected <input type="checkbox"/> Oral <input type="checkbox"/>
			Injected <input type="checkbox"/> Oral <input type="checkbox"/>
			Injected <input type="checkbox"/> Oral <input type="checkbox"/>
Planned 'post cycle' medications			Injected <input type="checkbox"/> Oral <input type="checkbox"/>
			Injected <input type="checkbox"/> Oral <input type="checkbox"/>
			Injected <input type="checkbox"/> Oral <input type="checkbox"/>
Cycle length		Expected time off post cycle	

## Section Two Goals of use

Reason for using PIEDs			
Current weight		Goal weight	
Current bench		Goal bench	

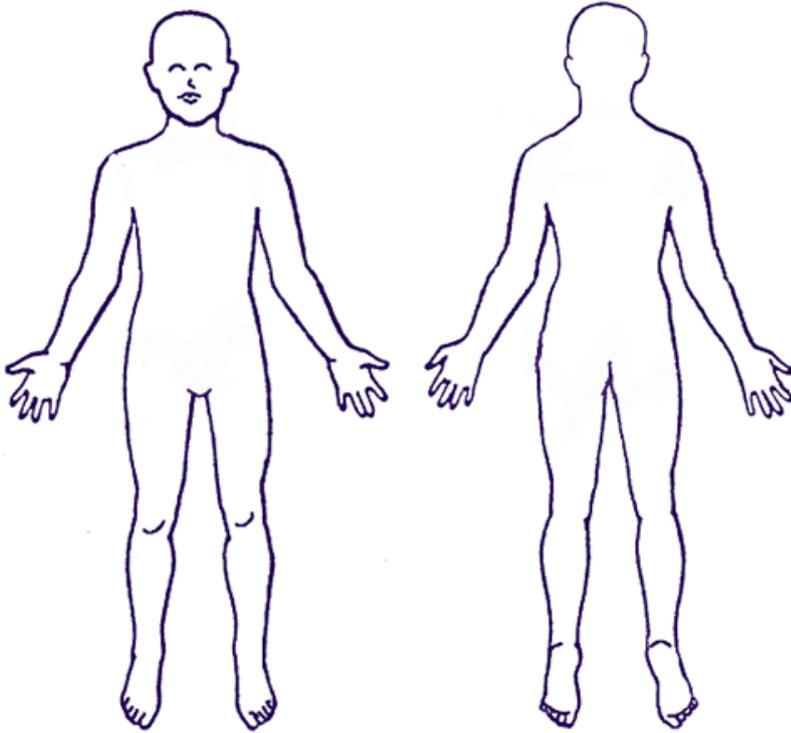
## Section Three Diet and Exercise

Describe your diet Please include: Carbs, protein, liquids, and supplements		
	Estimated daily calories	

Average time spent on exercise			
	Time spent per day	Rest periods	
Weights		How many days do you not train?	
Cardio		Average hours sleep a night?	

Section Four  
**Injecting Sites and Physical Health**

Registered with GP	Yes <input type="checkbox"/> No <input type="checkbox"/>	GP aware of PIED use?	Yes <input type="checkbox"/> No <input type="checkbox"/>
GP Details:			



<b>Injecting Sites</b>
Please state <b>current sites</b>
Please state <b>past sites</b>
Please state <b>injecting problems</b>

Age first used steroids			
Age first injected (anything)			
Ever reused equipment	Yes <input type="checkbox"/>	If yes, reused whose equipment:	
	No <input type="checkbox"/>	Friends <input type="checkbox"/>	Partners <input type="checkbox"/> My own <input type="checkbox"/>
Injects self?	Yes <input type="checkbox"/>	If no, then injected by:	
	No <input type="checkbox"/>	Friend <input type="checkbox"/>	Partner <input type="checkbox"/> Other <input type="checkbox"/>

<b>Physical Health</b>		
Please state any areas of concern.		
1. Area of concern:	2. Area of concern:	3. Area of concern:
Symptoms:	Symptoms:	Symptoms:
Length of symptoms:	Length of symptoms:	Length of symptoms:

## Section Five Disposal and Storage

How do you dispose of your used equipment?	
--	--

How do you store your PIEDs and equipment?	
--	--

Children in household? Yes  No

Are you just collecting for yourself or for others as well?	
---	--

How many people?

## Section Six Side Effects

Side effects either on or off 'cycle'				Male only (M)	Female only (F)		
Acne	Current <input type="checkbox"/>	Past <input type="checkbox"/>	Hair loss	Current <input type="checkbox"/>	Past <input type="checkbox"/>		
Water retention	Current <input type="checkbox"/>	Past <input type="checkbox"/>	Tendon injuries	Current <input type="checkbox"/>	Past <input type="checkbox"/>		
Aggression/moods	Current <input type="checkbox"/>	Past <input type="checkbox"/>	High blood pressure	Current <input type="checkbox"/>	Past <input type="checkbox"/>		
Increase libido	Current <input type="checkbox"/>	Past <input type="checkbox"/>	Voice changes	Current <input type="checkbox"/>	Past <input type="checkbox"/>		
Bone spurs	Current <input type="checkbox"/>	Past <input type="checkbox"/>	Gynaecomastia	<b>M</b>	Current <input type="checkbox"/>	Past <input type="checkbox"/>	
Prostate problems	<b>M</b>	Current <input type="checkbox"/>	Past <input type="checkbox"/>	Shrinking testicles	<b>M</b>	Current <input type="checkbox"/>	Past <input type="checkbox"/>
Menstrual changes	<b>F</b>	Current <input type="checkbox"/>	Past <input type="checkbox"/>	Increased body hair	<b>F</b>	Current <input type="checkbox"/>	Past <input type="checkbox"/>
Reduced breast size	<b>F</b>	Current <input type="checkbox"/>	Past <input type="checkbox"/>	Other			
Post cycle symptoms							
Poor body image	Current <input type="checkbox"/>	Past <input type="checkbox"/>	Decreased appetite	Current <input type="checkbox"/>	Past <input type="checkbox"/>		
Depression	Current <input type="checkbox"/>	Past <input type="checkbox"/>	Fatigue	Current <input type="checkbox"/>	Past <input type="checkbox"/>		
Anxiety	Current <input type="checkbox"/>	Past <input type="checkbox"/>	Headaches/Nausea	Current <input type="checkbox"/>	Past <input type="checkbox"/>		
What, if anything, do you do to cope with these symptoms?							

## Section Seven Vaccination and Testing

Have you been tested for Hepatitis or HIV?	Yes	<input type="checkbox"/>	If no, would you like to be tested:		
	No	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Maybe <input type="checkbox"/>
Have you been vaccinated against HepA+B	Yes	<input type="checkbox"/>	If no, would you like to be:		
	No	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Maybe <input type="checkbox"/>

## Section Eight Other Substance Use

<b>Use of non-PIED drugs</b> (Coke, cannabis, etc How often? Amounts? Route?)  <b>*include painkillers*</b>				
	Referral for support required?	Yes <input type="checkbox"/>	Refused <input type="checkbox"/>	Not required <input type="checkbox"/>
<b>Use of alcohol</b> (How often? Amount in units?)				
	Referral for support required?	Yes <input type="checkbox"/>	Refused <input type="checkbox"/>	Not required <input type="checkbox"/>
<b>Prescribed medications</b> (What? For how long?)				

Additional information
<p>Please include details of advice given at assessment</p>

Ethnicity Details			
White British <input type="checkbox"/>	White Asian <input type="checkbox"/>	Other Asian –Asian British <input type="checkbox"/>	Other – Black British <input type="checkbox"/>
White Irish <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/>	Bangladeshi – Asian British <input type="checkbox"/>	Chinese – Other Ethnic <input type="checkbox"/>
White – Other <input type="checkbox"/>	Indian – Asian British <input type="checkbox"/>	African – Black British <input type="checkbox"/>	Other – Other Ethnic <input type="checkbox"/>
White & Black African <input type="checkbox"/>	Pakistani – Asian Mixed <input type="checkbox"/>	Caribbean – Black British <input type="checkbox"/>	Other Mixed <input type="checkbox"/>
If other ethnicity stated please give further details:			

<b>Client name</b>		<b>Worker signature</b>	
<b>Client signature</b>		<b>Date</b>	/ /

**PIED Casenote sheet**

Casenote number \_\_\_\_\_

Client name		Date of birth	
Cycle number		Worker name	

What PIEDs are in this cycle	Drug name	Frequency	Route used
			Injected <input type="checkbox"/> Oral <input type="checkbox"/>
			Injected <input type="checkbox"/> Oral <input type="checkbox"/>
			Injected <input type="checkbox"/> Oral <input type="checkbox"/>
			Injected <input type="checkbox"/> Oral <input type="checkbox"/>
Planned 'post cycle' medications			Injected <input type="checkbox"/> Oral <input type="checkbox"/>
			Injected <input type="checkbox"/> Oral <input type="checkbox"/>
			Injected <input type="checkbox"/> Oral <input type="checkbox"/>
Cycle length		Expected time off post cycle	

Reason for continued use of PIEDs			
Current weight		Goal weight	
Current bench		Goal bench	

Any changes in injecting behaviours?	
Any changes in workout plan?	
Any changes in diet?	

Additional information			
Please include details of advice given:			
<b>Worker signature</b>		<b>Date</b>	/ /



# PIED assessment

## Worker notes

### Demographic information

Before filling in this form with PIED users remember that (in the UK at least) not wanting to give information in an NSP shouldn't be a barrier to getting clean equipment. All information should be obtained on a voluntary basis in accordance with each services confidentiality and NSP policies. If someone only wants to give their initials and date of birth then that should be OK, but it should also be made clear to them that its difficult to give high quality advice to someone calling themselves Micky Mouse (other cartoon rodents also included) and that if they need referrals onwards then a real name is usually needed.

Other than that the demographic information section should be quite self explanatory, email address and newsletter have been included for areas that wish to use services like newsletters to maintain contact with PIED users between 'cycles'.

### Cycle details

A 'Cycle' is the period of active use of a course of PIED drugs. We ask if this is the persons first cycle so we can gauge the knowledge levels ie someone having their first cycle is likely to have gained most of their PIED knowledge though peers and may be using someone else's dosing and regime.

**What PIEDS are in this cycle:** Include all drugs taken as part of the cycle, this will mainly include steroids but may also include growth hormone etc. Also record dose and frequency, although this may mean little to you as a worker it does act as a baseline for future visits. Also record if the drug is taken via injection or orally, its usually (although not always) the case that oral doses are more toxic to the liver than injected ones.

**Planned 'post cycle' medications:** This is normally the medications taken to 'kick start' the bodies own testosterone system back into action.

**Cycle length:** This will vary from person to person, ideally cycles should be kept short with a long break afterwards to allow the body to recover. At a minimum people should aim to at least match the on cycle with the off cycle.

## Goals of use

Finding out someone's initial goals for use can be used at a later date to track how their relationship with their substance use changes over time. Everyone has their own individual goal, for some it'll be bulking up, for others it'll be increased strength or fitness.

## Diet and exercise

As the biggest bodybuilders will tell you PIEDs are not the main thing that gives them gains. The most important aspects are diet and exercise. PIED users tend to have very low fat diets that are high in protein and carbs. It should be remembered though that a diet too high in protein can result in problems with the kidneys.

Exercise should ideally be balanced and not just working on one area seven days a week, rest days and sleep is as important as working out.

## Injecting sites and physical health

Although good at having a GP very few PIED users actually tell their doctor they are using steroids, often this is a fear of the reaction they'll get (a fear that all too often has a strong basis). Asking about their GP can be a good prompt to getting people to see healthcare staff (Project Nurses etc) for a checkup.

**Injecting sites:** This bits obvious really. You need to get a good idea of current and past injecting sites. Don't forget that although steroids are injected into deep muscle some other PIED drugs are given subcutaneously (eg insulin, growth hormone).

**First used steroids:** When asking about age first used steroids and age first injected these dates may be different because of people using oral PIED drugs, or even previous use of drugs like heroin and crack cocaine. Never assume that PIEDs are someone's first drug.

**Ever reused:** This is asked as a replacement for the "have you ever shared injecting equipment" type of question, and has the bonus of not only finding out if someone has shared equipment (i.e. reused a friends needle) but also if the injector is taking risks by reusing old needle of their own (bacterial and blunt needle risks).

## Disposal and storage

**How do you dispose:** This section should give people the opportunity to discuss the need to return used equipment to the service for proper disposal. It also gives the option of discussing child safety around the storage of needle and PIED drugs.

**Collecting for others:** We ask if people are collecting for others not to stop this behaviour, but more so we can identify the size of peer networks and try to provide extra targeted information. Eg if you are giving someone a steroid leaflet, but they are distributing to 5 other PIED users you may want to give them 5 leaflets so each injector has their own.

## Side effects

We have included most of the major side effects of PIED use and I would encourage people to do further reading on the ones they are unfamiliar with (eg bone spurring from using growth hormone, or the development of male breast tissue known as Gynaecomastia).

Each of the 'on' and 'off cycle' side effects are an opportunity for discussion. But it should be remembered that most people completing this form are not trained medics and that any side effect should really be investigated by a professional medic if it is causing problems.

## Vaccination and testing

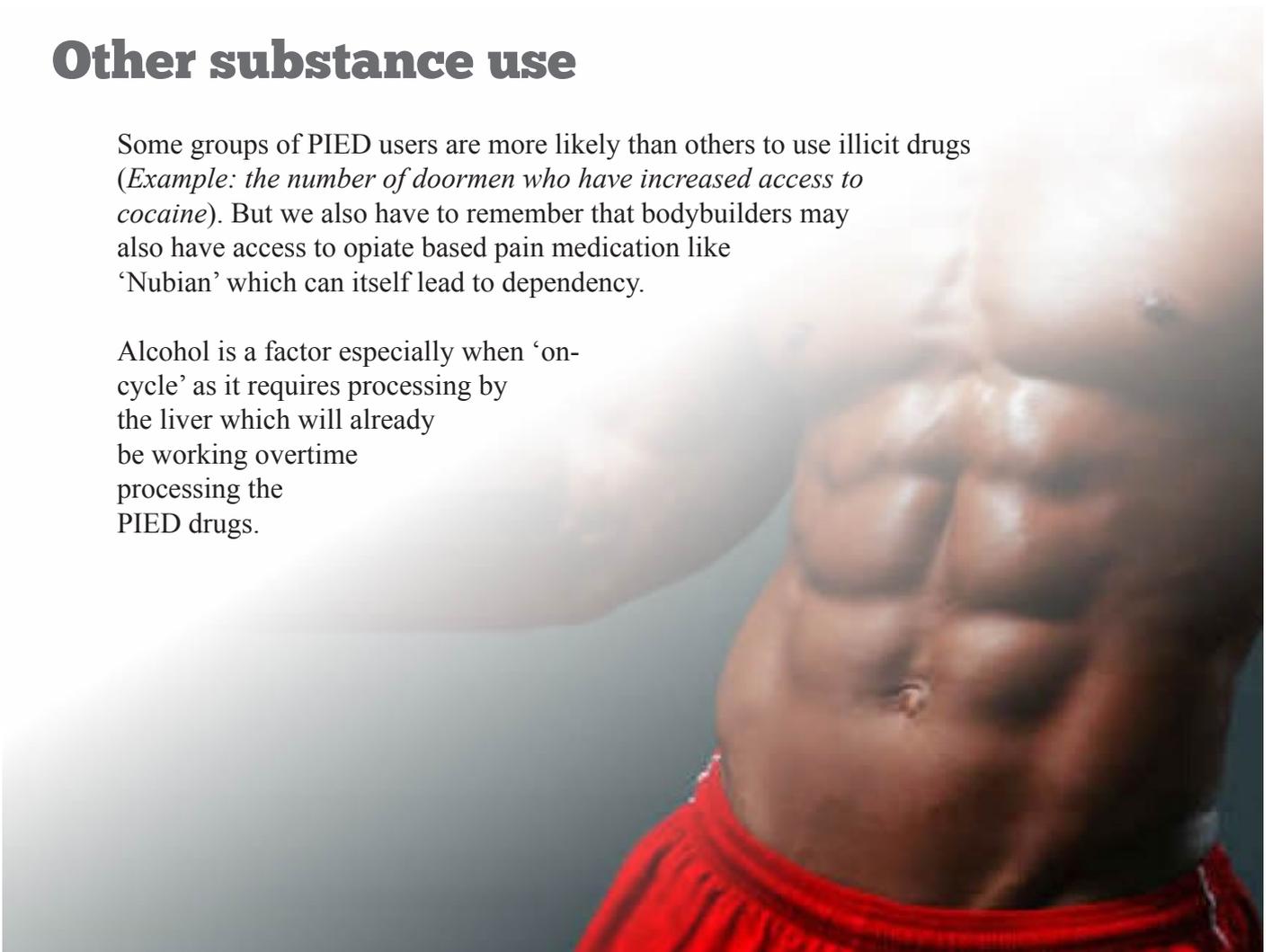
PIED users are a much under considered group when it comes to vaccination and testing. Although the perception of PIED use is that everyone is 'healthy' blood borne viruses (BBV) like HIV and HepC can be present for years with no symptoms. The way a large number of PIED users are introduced to injecting is by being injecting by a fellow PIED user, this of course increases BBV risk factors.

Every service should either have on-site testing via a project nurse, or be able to refer into testing at a clinic.

## Other substance use

Some groups of PIED users are more likely than others to use illicit drugs (*Example: the number of doormen who have increased access to cocaine*). But we also have to remember that bodybuilders may also have access to opiate based pain medication like 'Nubian' which can itself lead to dependency.

Alcohol is a factor especially when 'on-cycle' as it requires processing by the liver which will already be working overtime processing the PIED drugs.





# Casenote sheet and equipment

## Casenote sheet

The casenote sheet is designed to be used each time a PIED user returns to the NSP. Most PIED users will come in at the start of a cycle of use and collect for the whole cycle.

The casenote sheet is aimed at identifying and tracking changes in injecting and drug use behaviour and should be reviewed against the original assessment and other casenotes with the user to show them how/if their goals and behaviours are ‘fluid’ and changing over time.

The sheet follows a similar format and style to the assessment.

## Equipment

I haven’t included any paperwork in this document for recording the quantities and types of equipment given out or returned to a service, this is deliberate.

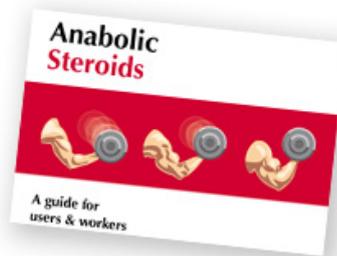
The types of equipment given vary greatly from area to area dependant on local culture and funding. If you are working in a NSP you should already have an existing system for recording equipment and I’d suggest just attaching this to the paperwork.



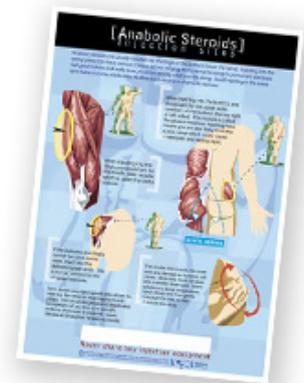
# More resources

## Campaign materials

Lifeline Publications produce an excellent set of leaflets including Anabolic Steroids a guide for users and workers, which is a very detailed and comprehensive publication.

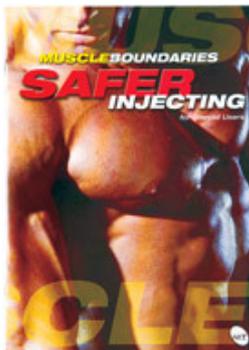


They also produce a great poster for talking people through the differing risk factors for each injecting site.



Lifeline publications are now available through Exchange Supplies.

[www.exchangesupplies.org](http://www.exchangesupplies.org)



HIT also produce a number of steroid related campaign materials including the great Muscle Boundaries booklet.

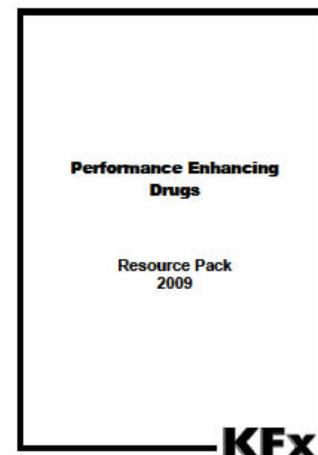
They also provide high quality substance misuse training sessions.

[www.hit.org.uk](http://www.hit.org.uk)

Kevin Flemen always produces great briefings and guides for workers and users. He is also generous enough to then let people have these as free downloads from his site.

The link below is to his Performance Enhancing Drugs guide

[www.kfx.org.uk/ped09.pdf](http://www.kfx.org.uk/ped09.pdf)



## PIED Assessment

This edition released: 14 June 2010  
For an Addaction version of this  
tool please contact me directly  
[nigel@injectingadvice.com](mailto:nigel@injectingadvice.com)

If you are using this assessment please  
let me know how you think it works  
[nigel@injectingadvice.com](mailto:nigel@injectingadvice.com)

