

HED Matters

Theme: Enhancement Drugs and harm
reduction

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HUMAN
ENHANCEMENT
DRUGS NETWORK

Editorial

Dear Reader,

The International Harm Reduction Association (IHRA) defines harm reduction as the ‘policies, programmes and practices that aim to reduce the harms associated with the use of psychoactive drugs in people unable or unwilling to stop. The defining features are the focus on the prevention of harm, rather than on the prevention of drug use itself, and the focus on people who continue to use drugs.’ Harm reduction is all around us. A gin and tonic at one bar is going to contain the same amount of alcohol as a gin and tonic at the bar next to it. A shot of coffee is, generally speaking, a standard amount of caffeine. No doubt these standards came about for a variety of reasons, but for the consumer, it helps them to know what to expect. It would be an unnerving experience if the flat white I ordered at the local café contained no caffeine at all, but the flat white I ordered at the café next to it had so much caffeine I had to be taken to hospital. These standards help somewhat to reducing the harm that may arise from the consumption of these substances.

But what about substances that are not legal, and thus not regulated? Or substances that are used for purposes for which they were not originally intended? In many of these instances, harm reduction takes many forms – providing access to sterile injecting equipment (needle and syringe programs/exchanges), services that allow consumers to know the content and purity of the substance they intend to take (drug checking/pill testing services), or the provision of alternatives that contain less harmful substances (such as nicotine vaping products). Harm reduction seeks not to criminalise the consumer, but rather accepts the realities in which we live, and tries to minimise the harms.

This second issue of our miniseries focuses on harm reduction. As usual, we bring contributions from a range of experts, new and emerging, to discuss and share their expertise. Evelyn Hearne from Liverpool John Moores University discusses the journey that led her to her doctoral studies exploring anabolic steroid use among older men in the UK. Journalist and author, Jenny Valentish, spoke to two athletes using enhancement drugs and their take on harm minimisation. Finally, doctoral candidate from Manchester Metropolitan University, John Mann, discusses cognitive enhancement drug use by higher education students.

We hope you enjoy this issue in our Miniseries. The first issue on Prevention is available online, and the third issue on Treatment is forthcoming.

Sincerely,

The HEDN Team.



Dr Katinka van
de Ven



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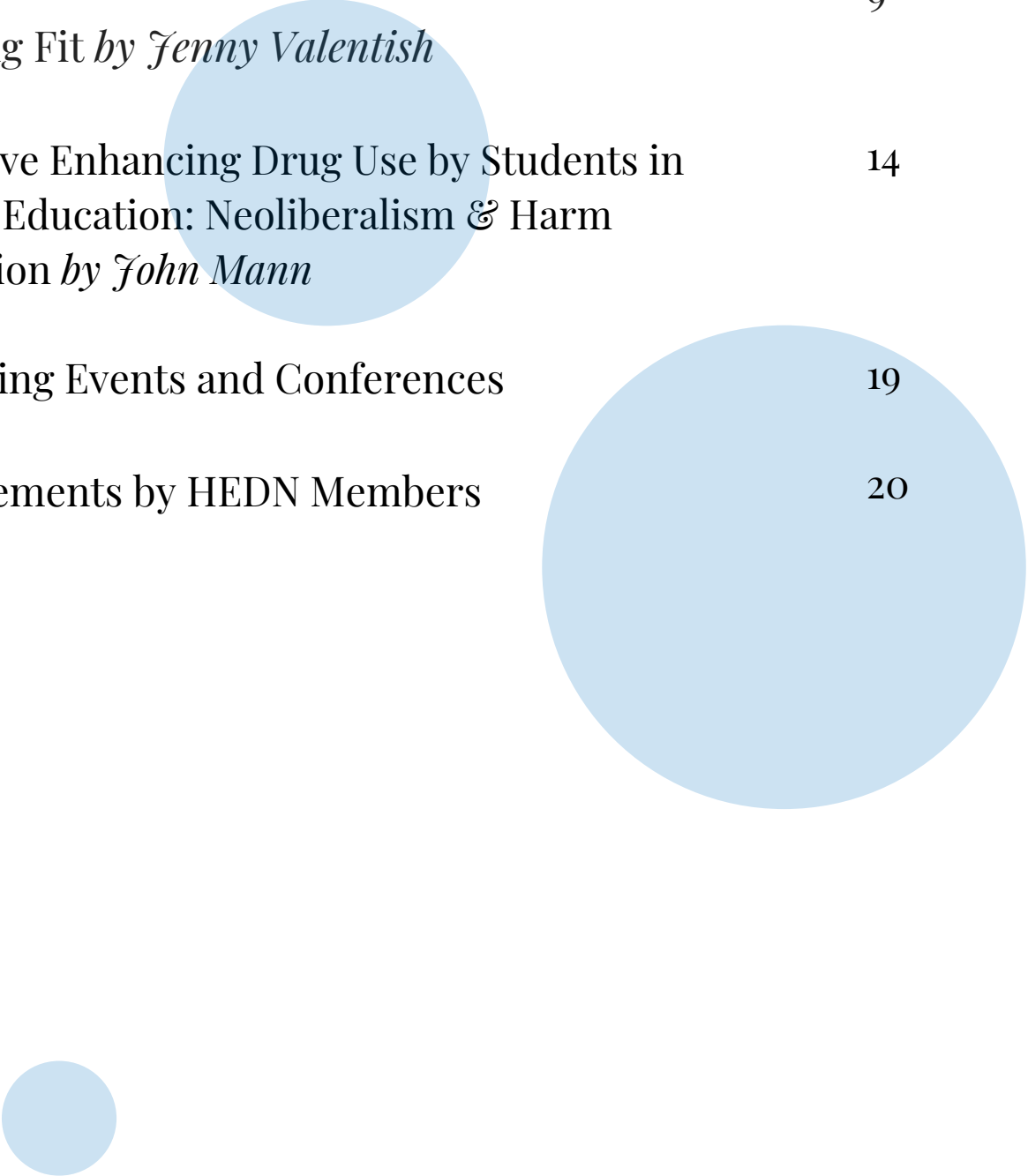
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ERC Spotlight: Ageing Males, Ageing Me.



Biography

Evelyn Hearne is a PhD researcher at the Public Health Institute, Liverpool John Moores University. Evelyn has experience working with and conducting qualitative research and is published in the areas of image and performance enhancing drugs, new psychoactive substances, public health, harm reduction, marginalised communities, internet drug monitoring, and the Dark Net.

Evelyn is the final year of her mixed methods PhD research which focuses on older men (>40) in the UK who use anabolic androgenic steroids. The research explores this from the perspectives of both older male AAS users and healthcare professionals who work in a variety of settings with individuals who use AAS and other IPEDs.

Unexpected...

My interest in the study of human enhancement drugs and those who consume them began in 2015 when I was working on a large online ethnographic study investigating dissociative new psychoactive substances (NPS). During data collection for that study, I was immersed in public internet fora where the subjective experiences of those consuming NPS within the reflective lifeworld were discussed. At that time, I had no idea that I would be sat here in Liverpool writing this during the final year of my PhD (or so goes the plan), and now I will explain why.

The Build Up...

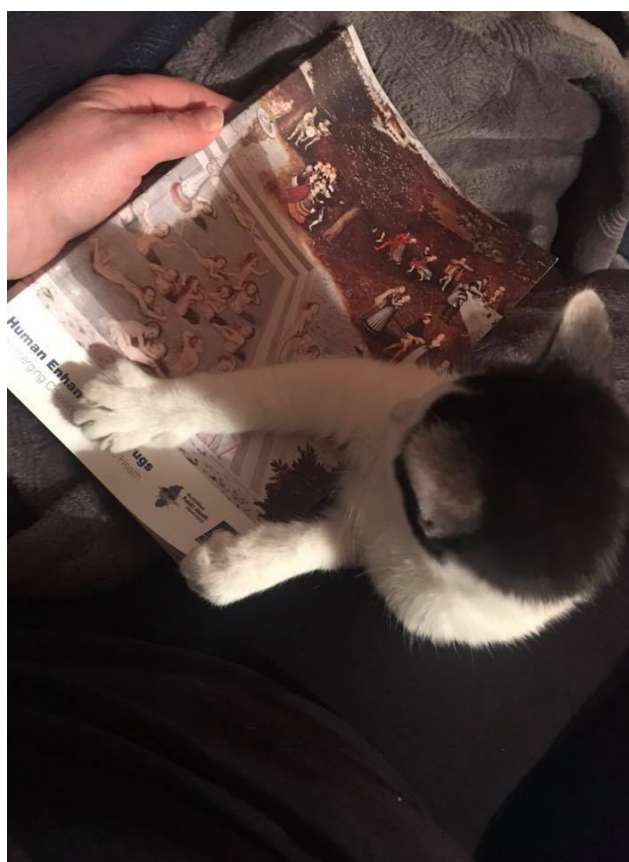
First, I grew up in Waterford City, Ireland, a small city with a population of just over 50,000 which may indicate its size, where everyone pretty much knows everyone! It was a good place to grow up with my family and friends always nearby. I never had any plans to leave, in fact, I was adamant that I never would. Secondly, I did not think or realise that I had the ability to study or to achieve anything more than what I already had in life and was happy in this mindset. Later, my sister sent me a link to an undergraduate degree in addiction studies in Waterford, as she thought that I was “always reading books about Irish people or celebrities with addictions” and that this course would interest me – she was right.

Academic and Research Interests...

My interest in research began in 2013 when I was in the final year of my degree in addiction studies. On commencement of this degree, I had dreams of working in a professional capacity as an addiction counsellor or harm reduction worker. I had a specific interest in injecting drug use and those affected by homelessness – which was heavily influenced by the books I had read and the many, many, documentaries I had watched. It was clear to me in my final year that my interest was in research and academia, which I recognised whilst volunteering in an alcohol recovery service for men and women affected by homelessness. I wasn't completely sure that I wanted to continue working in a therapeutic role. I was struck by how these individuals wanted their voices to be heard, as many said they felt ‘invisible’ as rough sleepers in Dublin city. I wanted to be that voice, for others who felt they could not be heard.

As a result of a conversation about this with a colleague, an opportunity arose to carry out fieldwork as a co-author for a small qualitative study within the service, which resulted in my first peer-reviewed journal publication, an opportunity I am forever grateful for.

I completed my Master's in Public Health (Addictions) at Liverpool John Moores in 2015. It was there that I received a copy of 'Human Enhancement Drugs: The Emerging Challenges to Public Health' (Evans-Brown, McVeigh, Perkins, & Bellis, 2012) and my interest in this topic grew. In 2016 I presented the findings of a study investigating the recreational use of the sports and dietary supplement 1,3-dimethylamylamine (DMAA) for intoxication purposes (Van Hout & Hearne, 2015). I knew there and then that not only was this the area of research I was most compelled to work in, but I was also sure that Liverpool John Moores was the place I wanted to embark on this; I was determined. Two years later, in 2018, I was accepted by the Marie Skłodowska-Curie Action (MSCA) DTA3 COFUND scholarship to begin my PhD.



The Unexpected PhD...

My PhD focuses on anabolic steroid use among older men in the UK. I say 'older' but ageing or middle-aged may be more appropriate considering I am the same age as more than half of my participants and I do not consider myself older, ageing, or middle-aged. This is going to require consideration before the viva - all suggestions welcome! However, going forward when I mention older men, I am indicating men who are forty years of age or older. My mixed-method research specifically explores patterns and trends of anabolic steroid use, motivations for use and decision-making processes, healthcare needs, and experiences of healthcare of these older males.

What is emerging from my PhD research thus far is that compared to younger men who use anabolic steroids primarily for image, performance and strength enhancement; older men in my study are using anabolic steroids for what they consider their "well-being".

This perceived well-being is situated within traditional hegemonic masculine values concerned with libido and sexual function and the stereotypical masculine identity (Connell, 1995; Connell, 2005). A sense of loss of masculinity and of having an inner self-discrepancy has had a negative impact on their sense of well-being. To overcome this, participants have taken ownership of their self-care and well-being by reducing harm to their mental health and day-to-day functioning. Most consider their use of anabolic steroids as testosterone replacement therapy (TRT); however, it is likely a more generous dose of TRT compared to recommended therapeutic amount.

Experiences with general practitioners were reportedly negative, with many not wishing to discuss their use of anabolic steroids for TRT with GPs, and so, continue to self-medicate. Of interest, is the paradox that exists whereby these older men want to achieve and perform their ideal masculinities, and to function as a man in their relationships; but also feel discriminated by medical professionals compared to how women are treated. Many expressed a gender imbalance concerning the provision of hormone replacement therapy for women versus men. For some this was based on hearsay and assumptions that GPs would not be understanding or knowledgeable, but for many, it was based on personal experience.

This autonomy over their own health needs, allows them to perform their assumed gender roles within their interpersonal relationships, thus impacting positively on their well-being and ability to function as a man while also reducing harm to their mental health. Furthermore, most of the men I interviewed were conscious of the wider spectrum of harms from AAS use, particularly in relation to injecting practices and hygiene, the re-use, sharing, and disposal of needles, and substances used. Furthermore, efforts to negate negative health effects such as using supplements for liver cleansing and TRT for well-being can be considered efforts at harm reduction.

"Improved access to services such as blood testing, TRT, and endocrinology through general practitioners and community harm reduction services is warranted. Interestingly, I had anticipated hesitancy from my participants disclosing information about sensitive topics such as sexual function, relationships, depression; but I was met with openness and a keen desire to express their feelings and discuss their experiences with me."

The Future...

Whilst my findings are brief for now, going forward, I hope that this research will inform healthcare and harm reduction practitioners. Improved access to services such as blood testing, TRT, and endocrinology through general practitioners and community harm reduction services is warranted. Interestingly, I had anticipated hesitancy from my participants disclosing information about sensitive topics such as sexual function, relationships, depression; but I was met with openness and a keen desire to express their feelings and discuss their experiences with me. Almost all the men I interviewed told me how they had a phobia of needles in the past, exposing their vulnerability. Many recounted stories of spending more than a day preparing to inject that first dose of testosterone, filled with anxiety, sleepless nights, sweating – all the symptoms of fear. But, their motivation to succeed was stronger than their fear. This has strengthened my belief that if you are determined to achieve something that is meaningful and important to you, most obstacle can be overcome. For me, packing up my furniture and my two cats into a removal van late one night and leaving the safety and comfort of Waterford to come to Liverpool to do my PhD, with no intention of ever looking back – was my needle phobia. It has made me a more confident, stronger, and wiser person and I am excited for my future in human enhancement research (maybe I am old, ageing, or middle-aged after all!).

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EVERYTHING

HARDER



THAN

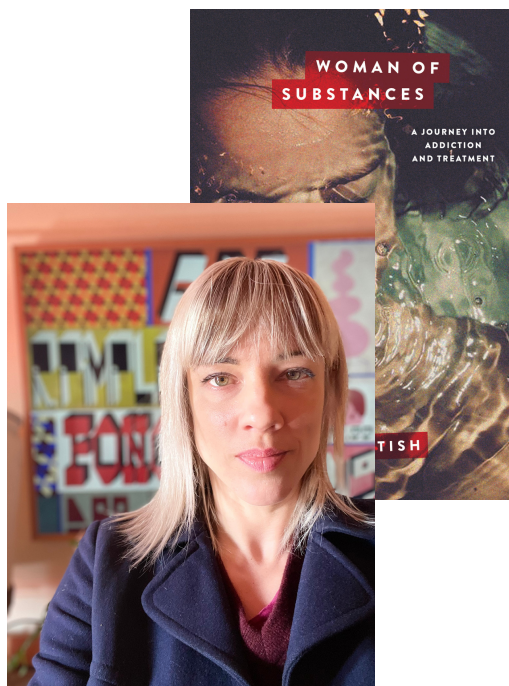
EVERYONE

ELSE

Why some of us PUSH our BODIES to EXTREMES

JENNY VALENTISH

Fighting Fit



Jenny Valentish is the author of the books *Woman of Substances: A Journey into Addiction and Treatment*; and *Everything Harder Than Everybody Else: Why Some of Us Push Our Bodies to Extremes*.

Journalist Jenny Valentish spoke to two athletes who have used performance and image enhancing drugs (PIEDs) and have different takes on harm-minimisation.

**All names and some identifying details have been changed*

Clare the MMA fighter

Clare takes pride in her appearance. She's had her lips done, breasts enhanced and has a golden tan. Even in photographs of her in the ring, as an MMA fighter, her semi-permanent makeup is immaculate. Whatever she does, Clare likes to do it properly.

That's what led her to see an anti-ageing doctor in Melbourne. She'd studied a lot of fight videos and was drawn to the physique of Cris Cyborg, who at one point had tested positive for an anabolic steroid. This was the first time Clare had considered that female athletes might take PIEDs.

"But it was only when I cracked my ribs doing jiu-jitsu that I seriously thought about it," she tells me. "It hurt to breathe and I couldn't bear the thought of not being able to train for six months. I was dating a fighter at the time and he started telling me about peptides."

Clare did some online research, discovering that peptides could expedite recovery from injury. Then she read about the Essendon Football Club doping and realised that you didn't have to buy black market at a gym. Going to see a doctor appealed more, perhaps because women tend to be more risk-averse than men. "I just felt safer buying off my doctor, because then you'd go to the compounding pharmacy, so you knew you weren't buying something that was made in some shed," she says.



Photo by Anastase Maragos on Unsplash

The doctor Clare found prescribed her ipamorelin [augments growth hormone production], CJC-1295 [growth hormone-releasing hormone], GHRP-6 and IGF-1, all of which she would inject. “So I was now on three types of peptides to not just fix my ribs but also help me in other aspects of training, because I had issues with my calf muscles. And I was getting quite skinny, so he put me on oxandrolone [a steroid], in tablet form. He also put me on Melanotan [a tanning agent] – because I don’t tan, I burn.”

Picking up her haul, Clare was more excited than nervous. “The doctor really gees you up,” she says. “It’s almost like having a history lesson. He tells you about how these tribes lived back in the day, and he’s got pictures of athletes in his office, so you feel like you’re in the big person’s league.”

Clare ignored the doctor’s minimal advice to take the odd break with oxandrolone, and did her own research. She talked to male MMA fighters about their experiences with steroids, but not the women. “A lot of the girls didn’t really know anything about it, and so if you mentioned it alarm bells would start going off and they’d think you’re this big cheater,” she says, “but I’d have an inkling about who was on stuff, because with oxandrolone you get these big rounded shoulders, and when you start seeing the same changes on other girls, you have an inkling.”

She decided to see what female bodybuilders were saying online, finding them to be more open. “They’d say what dosage they were on, so I’d compare what my doctor had given me. He had me on a much higher dose, but I just trusted his judgment,” she says.

In the three years she was taking the drugs, Clare only went for one check-up with the doctor. That was because the cost of seeing him was so prohibitive. She could, however, have made an appointment with her own GP for free blood tests and to monitor cardiovascular and liver health. Certainly some GPs will be more receptive to these kinds of appointments than others, much as some GPs take a stigmatizing view of other kinds of drug use – but nonetheless, a doctor is unlikely to refuse the request.

“I never had any negative side effects, I didn’t get sick... but if I could turn back time, I’m not sure I’d do it again. When I exercise now I get intensely fatigued. When I did some Googling, one of the long-term side effects from taking things like peptides is adrenal failure.”

When Clare stopped competing, she stopped taking the drugs. “I’m not gonna speak badly of taking peptides,” she says. “I never had any negative side effects, I didn’t get sick... but if I could turn back time, I’m not sure I’d do it again. When I exercise now I get intensely fatigued. When I did some Googling, one of the long-term side effects from taking things like peptides is adrenal failure.”

Guy the pro-wrestler

Guy is so large that he scrapes his tricep getting out of his car. He bends his arm to look at the injury – no mean feat. There’s a brief angry outburst, like a car backfiring. He simply doesn’t fit well anymore.

At the age of 36, Guy has a 25-year career as an athlete behind him, including powerlifting and jiu-jitsu. He’s been taking 12-week cycles of testosterone for two years, with a few months off in between.

“More injuries were recurring,” he says. “I originally wanted to get on peptides. I’d heard on the grapevine that Johnny Gym Bro, who worked at the gym, was selling them. Then he recommended testosterone because it’s cheaper.”

Johnny showed him how to inject T [testosterone] into his shoulders and thighs. I ask if Johnny warned Guy about not sharing needles or vials. “I don’t think he said that, but everyone knows not to do it.”

The first cycle, Guy didn’t see any benefits because he was still lifting the same weights – a rookie error. “It just felt easier and I felt more energised afterwards.”

Since then, he’s taken it regularly, along with his friend Ben, a fitness instructor. The first time they needed needles, he and Ben went together to a pharmacy. Ben was supposed to hop out of the car and go in, but chickened out, so they both went in.

Before that, they’d gone to a needle syringe program (NSP) and were turned away, referred somewhere else that didn’t even exist. So they’ve never received any harm-minimisation information, which might have included demonstrating correct and hygienic injection technique to avoid abscesses, nerve damage and blood-borne viruses; or being given condoms, since increased testosterone is often associated with a corresponding increase in sex drive and in risk-taking. He might also be told about the risk of cardiovascular problems and infertility.

It’s possible that the worker at the NSP that Guy visited didn’t feel confident about their PIEDs knowledge – specific training in this field is still fairly minimal – or didn’t have the correct gauge needles. Guy lives in Melbourne, so had he known, he could have accessed the services of Community Health, which has centres that offer steroid education, free needles and support.

Neither Guy nor Ben has asked questions about the testosterone. In fact, we talk at cross-purposes for a while, with Guy insisting he’s injecting 2mg twice a week. It turns out he means 2mls, of 250mg. Ben usually reads very deeply on topics such as QAnon, but surprisingly hasn’t read anything on steroid use. “Ben only researches things if he wants to argue with someone,” Guy explains.



Photo by Martin Kníže on Unsplash

And what about Guy himself? “I haven’t read any research papers or been on forums,” he says. “If a scientist tells me ‘This works’, I don’t need to know the hows or whys. If I’m going to the supermarket, I don’t need to know how the meat got there.”

Now that he’s reinvented himself as a pro-wrestler, Guy wants to look like an action figure. It’s not uncommon for wrestlers to take PIEDs. Really, it depends on the genre of wrestler you’re trying to be, and Guy’s going for the ultra-swole 90s WWF look, back when talent was actually supplied with PIEDs. Plus, it’s a choreographed sport, so there’s no real competing or – thus – cheating.

“Generally speaking, if someone asks me if I’m using it I’ll tell them, because I don’t want to give them the false hope that they can get these results without it,” Guy says. It’s not a conversation he relishes though. “Someone who doesn’t understand the process wouldn’t get that I put in 20 years’ hard work prior to this,” he says. And he still works really hard.

Similarly, he’s never seen a GP for blood tests, as that’s not a conversation he wants to have. “It just creates more channels you have to go through,” he says. “And it’s embarrassing to tell someone you’re on testosterone. There’s a taboo and shame to it.”

“I haven’t read any research papers or been on forums,” he says. “If a scientist tells me ‘This works’, I don’t need to know the hows or whys. If I’m going to the supermarket, I don’t need to know how the meat got there.”

He’s not planning on upping the dose or trying other PIEDs. Testosterone costs \$200 for a 12-week cycle, which suits him well. “Everything else is expensive and you have to stack it,” he says. “It’s more dangerous. You can tell those guys because their skin bubbles and their shoulders and traps look artificially big.”

He does admit that he’s quick to anger when on a cycle, and in the final weeks he might be “shaking with rage” over something minor. Testosterone users can see an increase in aggression, but also in depression when a cycle has finished.

And what about emotions other than anger? He laughs uproariously. The implication is that there ARE no emotions other than anger.

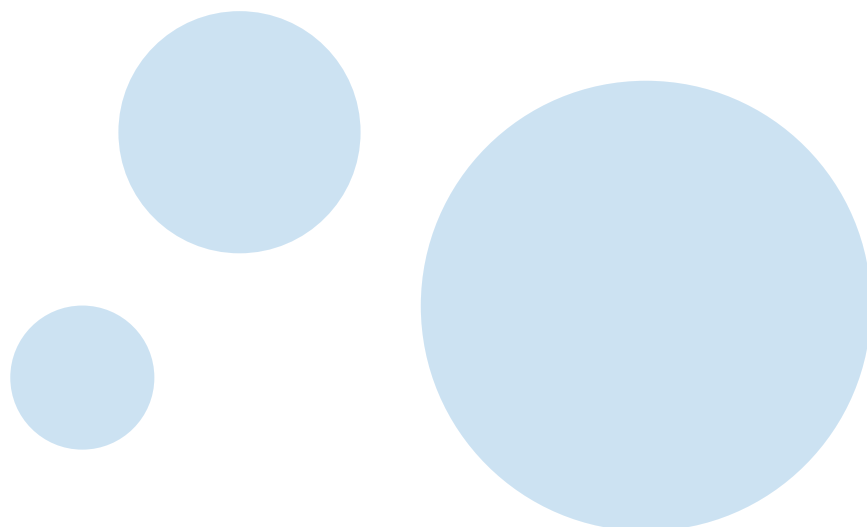




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Cognitive Enhancing Drug Use by Students in Higher Education: Neoliberalism & Harm Reduction

By John Mann, PhD Candidate, Department of Sociology, Manchester Metropolitan University, UK.

Introduction

It is now widely acknowledged that the use of cognitive enhancing drugs (CEDs) (aka, 'smart drugs'), particularly in higher education (HE), has been steadily increasing over the past three decades. This increase has seemingly coincided with the spread of neoliberalism into spheres of everyday life, including societal institutions such as HE (Adams et al, 2019; Aikins, 2019; Mann, 2020). Drawing on my ongoing research – 'Understanding cognitive enhancing drug use amongst UK HE students in an age of neoliberalism' – the following will discuss an emerging theme concerning a harm reduction approach to student CED use that is (interpretively) developing from the data gathered so far. The research utilises a combination of semi-structured interviews and netnography (Kozinets, 2015), which is the collection and analysis of data on public online forums; in this instance, primarily forums related to UK HE student CED use. The data are being analysed and interpreted in accordance with a dialectical relational approach (DRA) to critical discourse analysis (CDA) (Fairclough, 2010).



Photo by Annie Spratt on Unplash

As many critical drug scholars recognise, it is not a specific drug that defines a CED, but rather the context, motivations, and desired outcomes of the user (drugs that produce stimulant effects, the potential for memory, or creative enhancement; conversely, anxiolytic or relaxant type effects). As with almost all forms of drug use that sit outside of the realms of being 'socially' or 'medically' acceptable, the use of CEDs, particularly by HE students, has raised the usual concerns and debates around the health and safety of the user. Accordingly, the routine drug use debate, concerning in this instance the most effective way of approaching the use of CEDs by HE students, is gathering pace (Hesse, 2010; Garasic & Lavazza, 2016). As with drug use more widely, this conversation is almost always centred on the debate between a prohibitionist versus harm reduction approach to the drug trend (Hesse, 2010).

Harm reduction and student CED use in the context of neoliberalism

There is not the space here to go into great depth in defining the harm reduction approach to drug use, which has several facets. For the purposes here, a simple and concise definition is provided by Harm Reduction International:

“Keeping people who use drugs alive and protecting their health are the most urgent priorities. Harm reduction approaches are facilitative rather than coercive and aim to reinforce positive change in a person’s life, no matter how small or incremental that change may be. Recognising that only a small percentage of people who use drugs experience problematic use, harm reduction may also help people maximise any potential benefits that they gain from using drugs”.

(Harm Reduction International, 2021)

Given the above overarching definition of harm reduction, my ongoing qualitative research, analysed and interpreted in line with Fairclough’s DRA to CDA, is beginning to demonstrate that neoliberal discourse is dialectically interacting with several other discourses to recontextualise drugs and drug use in the context of HE. Put simply, discourse is to be understood here in terms of the ways in which ideas about society and phenomena are constructed via forms of language and communication that are specific to different objects and social practices. In this instance drugs, drug use and drug users. Accordingly, amongst others, neoliberal discourse includes the following key discursive features: (individual) human capital accumulation, competition, entrepreneurialism (Harvey, 2007; Davies, 2017), risk management (Adams et al, 2019), and the concepts of governmentality and technologies for self-improvement (Foucault, 1979).

Neoliberal discourse and its key features appear to have interacted with the discourse of drugs, drug use and drug users, health, and education to recontextualise certain drugs in HE settings. Furthermore, this recontextualization has seemed to alter the mindset of drug users and the ways in which they consume certain drugs and the outcomes they produce. For example, Modafinil and Ritalin have been recontextualised from pharmaceutical medicines to CEDs (particularly in HE settings). Another example would be psychedelic drugs such as ‘magic mushrooms’, which have been recontextualised from recreational drugs to CEDs when taken in small amounts in settings such as HE. This is commonly referred to as ‘microdosing’. Although this apparently results in nonpsychedelic effects for the user, micro-dosing, according to some, does enhance creativity, competitiveness, and performance, as the following data taken from the netnography suggests:

“When creativity is low, microdosing can help in shifting perspective and making it possible to see things from a different point of view. Some people in the creative industry are known to turn to microdosing to boost their creativity and develop great ideas and creations. Results have shown that when microdosing energy, clarity of mind, and competitiveness improve performance [...].

”(Forum Participant 1, 2021)

Moreover, and of particular interest here, is that the interaction of discourses as outlined above has seemingly produced a ‘bottom up’ (Marlatt, 1996) culture of harm reduction amongst HE student CED users, as the following quotes from the netnography demonstrate:



Image by Alexandr Ivanov from Pixabay

“I think it is wrong to presume that a healthy human is perfectly designed. Reality check: a healthy human has faults too. The problem isn't taking drugs to help you but rather the negative side effects those drugs may have - which are important to consider when taking the drugs.”

(Forum Participant 2, 2017)

In terms of harm reduction, it is evident that the above commenter urges caution and to consider the potential negative side effects of CEDs.

“[...] in my final year, I smashed modafinil, amphetamines and then benzos & weed to help me sleep after a long study sesh. Anyway in an attempt to do some harm reduction for other students, here are a few pages that are of use: 1. Drugs and me - non-profit run by neuroscientists who are students, really cool interface. Check out their page on Modafinil! 2. Erowid's page on ritalin, they have a lot of drugs and their content is awesome. They aren't quite as user friendly though. 3. Nootropic.press - don't know much about nootropics btw, but their site looks well researched & doesn't seem to have any affiliate links.”

(Forum Participant 3, 2018).

Due to their own experiences of perhaps overdoing their use of CEDs, the above forum commenter signposts other student users to websites which potentially contain useful information, with the intention of reducing harm.

“I find Modafinil a lot better than adrafinil. It has faster onset, higher peak, clean mental energy and a lot lower risk of liver damage. Armodafinil might be even better if you feel some anxiety on modafinil, because armodafinil peak is lower but the effects are steady and it lasts longer. 1 tablet is enough for me if I want to pull an all-nighter.”

(Forum Participant 4, 2018).

The narrative of harm reduction is self-evident in the above commenter's quote. For instance, advising students to use Modafinil rather than Armodafinil for reasons including the potential for increased liver damage caused by Armodafinil. Or, conversely, to use Armodafinil if Modafinil results in increased anxiety for the user. The commenter also suggests that one tablet is enough.

All of these drugs work long term if used responsibly. [...]. Responsible use being defined as using them to increase focus, understanding of complex ideas, and things along those lines all while maintaining tolerance and reminding themselves to use practically.

(Forum Participant 5, 2018)

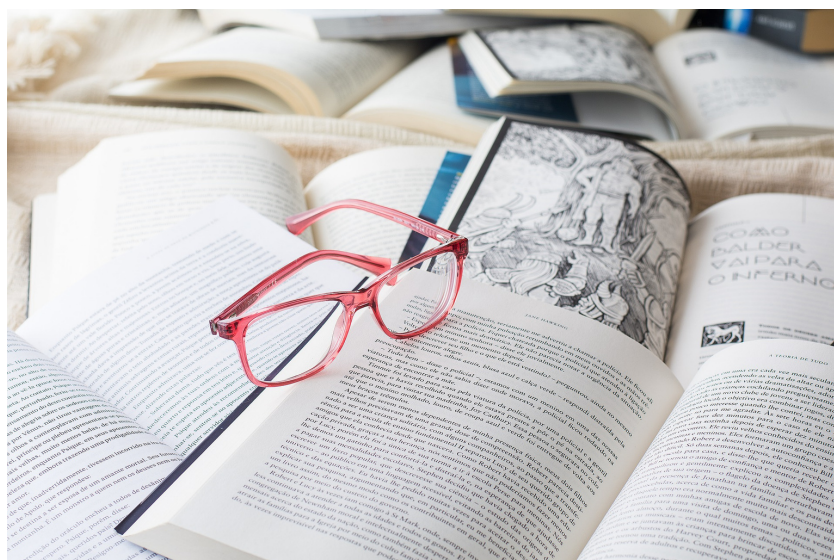


Image by Ana Paula Feriani from Pixabay

Again, the harm reduction narrative is self-evident in the above quote, where the commenter urges students to use CEDs responsibly and in a practical way in order to avoid potential negative effects, reducing not only the potential for harms, such as dependence and withdrawal, but also to maximise the benefits of CEDs.

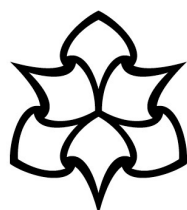
Discussion & Conclusion

Firstly, it should be stressed that not all (student) users of CEDs will do so in a safe and controlled manner (as established by the opening statement from Forum Participant 3). However, what the above demonstrates is that ‘set and setting’ (see Zinberg, 1986; Hartogsohn, 2017) are crucial to the ways in which drugs are used and the effects that they produce. Certainly, the ‘concept of set and setting, it is argued, is crucial [...] for advancing drug research and developing more effective drug policy’ (Hartogsohn, 2017: 1). Therefore, in terms of CED use by students in HE, the seemingly ‘bottom up’ approach (Marlatt, 1996), where notions of harm reduction are manifest within the CED user’s community and culture, should be of interest to drug policy makers and indeed practitioners. Accordingly, this leads to an open question and broader discussion: how can drug policy makers draw on the student CEDs phenomenon to encourage safer, harm reducing drug use practices more widely?

Furthermore, as other critical drug scholars recognise, notions of drugs and drug users are contingent; they are, for the most part, everchanging, discursive realities. For example, in this instance, HE students using a range of drugs for enhancement and improved performance do not neatly fit the common stereotypes of drug users. Moreover, their use of drugs (CEDs) appears to be functional and beneficial, rather than the often considered dominant, recreational/problematic, dichotomic forms of drug use.



I am a PhD Candidate in the Department of Sociology at Manchester Metropolitan University, UK, and a member of the Substance Use and Associated Behaviours (SUAB) Research Group. My research interests primarily concern innovative, sociological explorations of drug use/users. My doctoral research is a qualitative study of cognitive enhancing drug use by students in UK higher education. I hold a BA (Hons) in Sociology and an MA in Social and Political Theory.



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Upcoming Events and Conferences



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Although 2021 was yet again a strange year for conferences due to the COVID-19 pandemic, conferences are increasingly being organised, particularly online.

Conferences:

- 17-19 Nov 2021: **VIII International Conference on Novel Psychoactive Substances conference:** <https://www.novelpsychoactivesubstances.org/>
- 16-24 Nov 2021: **Harm Reduction International Constellations (online):** <https://www.hri.global/constellations/>
- 23-24 Nov 2021: **Global Education Conference, World Anti-Doping Agency:** <https://www.wada-ama.org/en/events/2021-11/global-education-conference>
- 28 Jun - 1 Jul 2022: **British Society of Criminology Conference:** <https://www.britsocrim.org/conference/>
- 23-25 Nov 2022: **Lisbon Addictions, European Conference on Addictive Behaviours and Dependencies:** <https://www.lisbonaddictions.eu/lisbon-addictions-2022/>
- Postponed until 2022: **International Network of Doping Research Conference (Aarhus, Denmark):** <https://ph.au.dk/en/research/research-units/sport-and-body-culture/research-unit-for-sport-and-body-culture/international-network-of-doping-research/> Contact Dr April Henning for more information: april.henning@stir.ac.uk

Let us know!

... if you are aware of any upcoming conferences and events

Achievements by HEDN members



*The human enhancement drugs network represents a diverse group of productive scholars from different academic disciplines. Below you can find the most recent work published by the members of the network.
Photo by Pexels from Pixabay.*

Peer-reviewed journals

- **Barkoukis, V.**, et al. (2021). Whistleblowing against doping in sport: A cross-national study on the effects of motivation and sportspersonship orientations on whistleblowing intentions. *Journal of Sports Sciences*, 39(10). DOI: <https://doi.org/10.1080/02640414.2020.1861740>
- Bates, G., **McVeigh, J.**, & Leavey, C. (2021). Looking Beyond the Provision of Injecting Equipment to People Who Use Anabolic Androgenic Steroids: Harm Reduction and Behavior Change Goals for UK Policy. *Contemporary Drug Problems*. DOI: <https://doi.org/10.1177/0091450921998701>
- Dores, A.R., [...] **Corazza, O.** (2021). Exercise and Use of Enhancement Drugs at the Time of the COVID-19 Pandemic: A Multicultural Study on Coping Strategies During Self-Isolation and Related Risks. *Frontiers in Psychiatry*. DOI: <https://doi.org/10.3389/fpsy.2021.648501>
- **Dunn, M.**, **Mulrooney, K.J.D.**, **Forlini, C.**, **van de Ven, K.**, & **Underwood, M.** (in press). The pharmaceuticalisation of 'healthy' ageing: Testosterone enhancement for longevity. *International Journal of Drug Policy*. DOI: <https://doi.org/10.1016/j.drugpo.2021.103159>
- **Henning, A.**, McLean, K., Andreasson, J., & **Dimeo, P.** (2021). Risk and enabling environments in sport: Systematic doping as harm reduction. *International Journal of Drug Policy*, 91. DOI: <https://doi.org/10.1016/j.drugpo.2020.102897>
- **Lemettilä, M.**, Leppä, E., Pohjanoksa-Mäntylä, M., Simula, A., & **Koskelo, J.** (in press). Anti-doping knowledge and educational needs of Finnish pharmacists. *Performance Enhancement & Health*. DOI: <https://doi.org/10.1016/j.peh.2021.100195>
- **Liokaftos D.** (2021). Sociological investigations of human enhancement drugs: The case of microdosing psychedelics. *International Journal of Drug Policy*. DOI: <https://doi.org/10.1016/j.drugpo.2020.103099>



HEDN vodcasts!

We are going to start producing the Human Enhancement Drugs vodcast. The HED vodcasts will cover the latest develops in the field of human enhancement drugs. Have suggestions for topics or would like to be featured, feel free to contact us.

Contact Katinka van de Ven: K.vandeVen@une.edu.au

Want to become involved?

Membership

HEDN is an international group of multi-disciplinary researchers with an interest in human enhancement drugs from various universities. We seek to strengthen working relationships between academic sectors, governmental agencies, NGOs, users groups and others interested in human enhancement drugs, performance and image enhancing drugs, and doping substances.

You can find the entire Human Enhancement Drugs Network on our website, where you can apply for membership: <https://humanenhancementdrugs.com/members/become-a-hedn-member/>

Follow us on social media to stay up-to-date!

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