

IMAGE AND PERFORMANCE
ENHANCING DRUGS
DATA COLLECTION



IPEDs

WHY COLLECT DATA?

To monitor service needs (e.g. equipment and staffing), identify gaps in service provision, support funding bids and to help provide continuity of care with clients

WHEN AND HOW TO COLLECT DATA?

Data collection should only occur when the client is comfortable with it, to prevent possible barriers to engagement. Where possible, collect data electronically.

MINIMUM DATA TO COLLECT

At minimum aim to collect:

- Date of contact
- Initials
- Date of birth
- Gender
- Drug(s) used
- Equipment and/or intervention provided

Initials, date of birth and gender can be combined to create a unique anonymised client identifier commonly used in healthcare data collection.



ADDITIONAL DATA

Demographic and training-related data can help determine client needs and gauge their understanding of drug use and training, which can help with client engagement.

- Occupation
- Physical training history
- Diet
- Patterns of IPED use (history, doses, cycles, drugs used)



HEALTH-HISTORY

Health-history data helps track client progress and initiate discussions around wellbeing. Availability of specific resources is required for some data (i.e. bloodwork), but collecting such data can be a valuable tool to increase engagement.

- Psychoactive drug use
- Medication (prescribed)
- Bloodwork (e.g. liver function and hormone levels)
- Injection sites and technique
- BBV testing/sexual health
- Self-reported side effects of IPED use
- Mental health assessment and history





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