

# A PRACTITIONER'S GUIDE TO STEROIDS

+ OTHER DRUGS USED TO ENHANCE PERFORMANCE AND IMAGE

## Choosing the right needle

NEEDLE SIZE	LENGTH	USES
Green 21G	38 mm / 1.49"	Drawing up oil. Can be used for glutes (upper outer section of buttock)
Blue 23G	32 mm / 1.26"	Glutes (upper outer section of buttock)
Orange 25G	25 mm / 1"	Can be used for IM injection of water based steroids
Fixed 1 ml syringe 27G or 29G	12 mm / 0.47"	All subcutaneous (under the skin) injections – insulin / GH etc.

## Injecting essentials

- Never share or reuse anything
- For intramuscular injecting the needle must be long enough to reach deep into the muscle
- Don't inject too much solution into a site – stick to 3 ml barrels for oil based steroids
- Spot injecting increases the risk of complication

## Steroid related side effects and risks

### GENERAL

- Increased risk of developing heart-related complications and /or stroke
- Increases in LDL ('bad cholesterol') and decreases in HDL ('good cholesterol')
- Enlargement of the heart
- Acne
- High blood pressure
- Liver damage causing jaundice (turning yellow)
- Joint pain
- Mood swings and changes in emotions (including aggression)
- Injecting related complications i.e. abscesses, infection

### MALE

- Shut down of testosterone production and HPTA axis leading to shrunken testicles
- Triggering of male pattern baldness
- Erectile dysfunction
- Infertility
- Loss (or reduction) of sex drive
- Increase in sex drive
- Development of female breast tissue (gyno)
- Prostate enlargement

### FEMALE

- Changes in the reproductive system
- Birth defects (virilisation of female foetus)
- Development of a more masculine physique, shrinkage of the breast tissue, deepening of the voice and coarse skin

### ADOLESCENTS

- Stunting of growth
- Early physical maturation
- Joint and bone pain

## Terminology

<b>Aromatise</b>	Testosterone conversion to oestrogens
<b>Back water</b>	Bacteriostatic water
<b>Blast and cruise</b>	Administering large amounts between maintenance doses
<b>Cycle</b>	The duration of use i.e. 12 weeks
<b>ED</b>	Every day administration
<b>EOD</b>	Every other day administration
<b>Feminisation</b>	The development of female characteristics
<b>IM</b>	Intramuscular injection
<b>Post Cycle Therapy</b>	Combination of drugs used to restart testosterone production
<b>Spot injecting</b>	Injecting in to smaller muscles (not recommended)
<b>Stack</b>	Taking a combination of drugs during the cycle
<b>Subcut</b>	Subcutaneous injection (under the skin)
<b>Viralisation</b>	Female developing male characteristics
<b>IU (international unit)</b>	An international unit is a measurement for the amount of a substance

## Knowing the dose

- The most important thing to establish is how much weight (in milligrams or micrograms) of drug is in each millilitre (volume) of product
- mcg (micrograms) – there are 1000 mcg in 1 mg
- mg (milligrams) – there are 1000 mg in 1 gram
- With underground lab products, it is not possible to be sure: overdose and underdose is a real possibility
- Always start with a smaller test dose and gauge reaction

This poster (and other information) are available from [exchangesupplies.org](http://exchangesupplies.org). Further information at [ipedinfo.co.uk](http://ipedinfo.co.uk) [HumanEnhancementDrugs.com](http://HumanEnhancementDrugs.com) and [tinyurl.com/NSW-anabolic](http://tinyurl.com/NSW-anabolic)

THIS POSTER IS A REFERENCE GUIDE. WHILE EVERY EFFORT HAS BEEN MADE TO ENSURE THE INFORMATION IS AS ACCURATE AS POSSIBLE, PEOPLE ARE RESPONSIBLE FOR THE DRUGS THAT THEY TAKE. DRUG CONTENT, DOSE, AND STERILITY OF DRUGS SOURCED FROM ILLICIT MARKETS IS HIGHLY VARIABLE.

FIRST EDITION | AUSTRALIA | NOVEMBER 2019 | Text by John Campbell, William Llewellyn, Katinka van de Ven, and Andrew Preston. Published by Exchange Supplies. Product code: P100A

	BRAND NAME	STREET NAME	HALF LIFE (APPROX)	AROMATISES?	LIVER TOXICITY RISK	ANABOLIC OR ANDROGENIC SKEW	DOSES USED BY MALE BODY BUILDERS <small>These are typical doses used by male body builders. They are, of course, far higher than are ever prescribed to treat testosterone deficiency: side effects should be expected with these doses. You may hear, or read online, about higher recommend doses – but they are unlikely to increase effect, and will increase side effects.</small>
<b>Injectable steroids</b>							
Boldenone Undecanoate	Equipoise	EQ/Bold	14 days	Yes	Low	Anabolic	200 – 400 mg per week (injections once every 4 – 7 days)
Drostanolone Propionate	Masteron	Masteron/Mast	3 days	No	Low	Anabolic	100 – 150 mg (injections every other day)
Methenolone Enanthate	Primobolan	Primo	10 days	No	Low	Anabolic	200 – 400 mg per week (injections once every 4 – 7 days) – often a choice for women at lower doses
Nandrolone Decanoate	Durabolin	Deca	8 days	Yes (low)	Low	Anabolic	200 – 600 mg per week (injections once every 4 – 7 days) – often a choice for women at lower doses
Stanozolol	Winstrol	Stan/Stana	16–18 hours	No	Low	Anabolic	50 – 100 mg daily or every other day (injections every other day)
Sustanon	Sustanon 250	Sus/Sus 250/300	15 days	Yes	Low	Androgenic	250 – 750 mg per week (injections once every 4 – 7 days)
Testosterone Cypionate		Test Cyp	12 days	Yes	Low	Androgenic	200 – 600 mg per week (injections once every 4 – 7 days)
Testosterone Enanthate		Test E	10 days	Yes	Low	Androgenic	200 – 600 mg per week (injections once every 4 – 7 days)
Testosterone Propionate		Test Prop	4 days	Yes	Low	Androgenic	50 – 100 mg every other day (injections every other day)
Testosterone Suspension			1 day	Yes	Low	Androgenic	50 – 100 mg daily or every other day (injections every day)
Trenbolone Acetate	Finaject	Tren Ace	3 days	No	Low	Anabolic	50 – 100 mg (injections every other day)
Trenbolone Enanthate		Tren E	10 days	No	Low	Anabolic	200 – 300 mg per week (injections once every 4 – 7 days)
Trenbolone Hexahydrobenzylcarbonate	Parabolan		10 Days	No	Low	Anabolic	152 – 228 mg per week (injections once every 4 – 7 days)

## Oral steroids

4-chlorodehydromethyltestosterone	Turinabol	T-Bol	7 hours	No	High	Anabolic	20 – 80 mg per day
Fluoxymesterone	Halotestin	Halo	8 hours	No	High	Androgenic	20 – 40 mg per day
Methandrostenolone, Methandienone	Dianabol	D-Bol	6 hours	Yes	High	Anabolic	20 – 40 mg per day
Mesterolone	Proviron	Pro V	12 hours	No	Low	Androgenic	50 – 100 mg per day
Oxandrolone	Anavar	Anavar/Var	9 hours	No	Medium	Anabolic	20 – 40 mg per day – often a choice for women at lower doses
Oxymetholone	Anapolan 50	Oxies	8 hours	Yes	High	Anabolic	50 – 100 mg per day
Stanozolol	Winstrol	Stana	9 hours	No	Medium	Anabolic	20 – 50 mg per day – often a choice for women
Testosterone Undecanoate	Andriol		3 hours	Yes	Low	Androgenic	80 – 160 mg per day

## Aromatase inhibitors and selective oestrogen receptor modulators

Anastrozol (AI)	Arimidex		3 days				0.5 – 1 mg every other day
Exemestane (AI)	Aromasin		24 hours				12.5 – 25 mg every other day
Letrozole (AI)	Femara	Letro	2 days				1.5 – 2.5 mg every other day
Tamoxifen (SERM)	Nolvadex	Tamoxies	5 days				10 – 20 mg daily (also see Post Cycle Therapy)

## Post Cycle Therapy (PCT) drugs

Clomid			5 days				100 mg every day for 30 days (50 mg morning, and 50 mg evening)
Human Chorionic Gonadotropin (HCG)		HCG	4 days				2000 IU every other day for 20 days i.e. 10 doses Note: HCG is often taken on cycle at a dose of 250 – 500 IU every 4 or 5 days
Tamoxifen	Nolvadex	Tamoxies	5 days				40 mg every day for 45 days (20 mg morning, and 20 mg evening)

## Fat loss and thyroid drugs

Clenbuterol	Clenbuterol	Clen	1 day				20 – 120 mcg daily
DNP	2, 4-dinitrophenol	DNP	36 hours				200 mg daily <b>Note:</b> high risk of overdose death
Ephedrine	Ephedrine		6 hours				50 – 150 mg daily
T3	Cytomel (Liothyronine)	T3	2 days				25 – 75 mcg daily
T4	Levothyroxine	T4	5 days				25 – 150 mcg
T5 (ECA Stack)	Ephedrine, Caffeine and Aspirin	T5	6 hours				Ephedrine 50 mg; caffeine 200 mg; Aspirin 300 mg 2 or 3 times daily

## Growth enhancers and peptides

CJC 1295	Growth Hormone Releasing Peptide	CJC	1 hour				100 mcg 3 times per day
Hexarelin	Growth Hormone Releasing Peptide	Hex	1 hour				100 mcg 3 times per day
HGH	Human Growth Hormone	Growth	30 minutes – 2 hours				1 – 10 IU every day
IGF 1	Insulin Like Growth Factor	IGF	20 minutes				40 – 120 mcg daily
IGF LR3	Long Acting Insulin Like Growth Factor	IGF	20 hours				10 – 50 mcg daily
Insulin (short acting)	Humalog	Slin	3 – 6 hours duration				5 IU post workout <b>Note:</b> high risk of overdose death
GHRP2	Growth Hormone Releasing Peptide	GHRP	1 hour				100 mcg 3 times per day
GHRP6	Growth Hormone Releasing Peptide	GHRP	1 hour				100 mcg 3 times per day
Melanotan 2 / Afamelanotide	Melanotan 2	Tanning agent	33 hours				0.5 – 1 mg daily (loading phase) 0.5 – 1 mg twice per week (maintenance)