

It is established that use of hormonal doping agents, such as anabolic-androgenic steroids (AAS), in high (non-therapeutic) doses can be associated with negative side effects, both physical and psychological. This is true not least for women. Spreading use of such doping agents outside organised sports was noted in the early 1990s. At the time, specific doping legislation was enacted. Criminals, bodybuilders and gymgoers were among the groups in which use of hormonal doping agents was seen most often.

In the general adult population (aged 17–84 years), 0.5 percent state in survey studies that they had at used substances that are prohibited under the doping legislation at least once. According to the same studies, 0.1 percent had done so in the preceding 12 months. This corresponds to around 8,000 people in the aforementioned age span. Survey studies often underestimate substance use. On the other hand, the annual prevalence result also captures people who had used such substances only occasionally and thus are not regular users. Therefore, a decade-old estimate of 10,000 "frequent users," based on a combined analysis of various sources , does not seem unreasonable.

Thus, compared with use of cannabis, use of hormonal doping agents is relatively rare. Survey studies among adults show that current annual cannabis use is often around 30 times more common than hormonal doping. The number of cannabis seizures made by the law enforcement is around twelve times higher.

Relatively few women make use of hormonal doping. This is evident from survey studies, but also from criminal statistics, with over 90 percent of suspects in doping crimes being men. The higher interest in hormonal doping among men may be explained by the fact that any side effects of the agents are more dramatic for women.

Statistics from the last ten years indicate that use is relatively evenly distributed across Sweden, although in the past there was a greater tendency for use in metropolitan areas. To the extent that international data can be identified, use of hormonal doping appears somewhat lower in Sweden.

Available data indicate that hormonal doping use occurs mainly among 20–40year-olds. It is hard to determine how the size of the user group has changed over time, but new recruitment appears to have decreased as AAS use among school-aged youths is lower today than it was 10–15 years ago. Development of total use is hard to assess, but it is highly likely that the group of regular users gradually increased during the 1990, and that new recruitment to this group slowed down 10–15 years ago.



The survey reveals that doping users tend to have a lower socio-economic position than other respondents, although the results are not entirely clear and are based on relatively small numbers of users. What is clear is that doping users have much more experience of other substances than non-doping users. This is particularly true for narcotics, but smoking and alcohol use are also more common. The school surveys reveal that such correlations also apply to gambling for money.

Although knowledge has increased since the start of the 1990s, some gaps in knowledge remain. For instance, the mental and social effects are poorly mapped, as are long-term effects of use. The extent and development of use in Sweden could also be more thoroughly studied, something that future wastewater measurements may provide more information about.