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The Muscular Elephant in the Room: Gay Men and Steroid Use



By Renato Barucco

We see them: They look fantastic in a fair number of cases, if you go for that. They stroll down Commercial Street in Provincetown looking like superheroes. They rule pool parties in Fire Island. They lift much more than we do on Market Street in the Castro. They are super-cut twinks with nothing but muscle mass on their bones. They are beauty bears of perfect, solid beef. They are average gay men attempting to mirror the bodies of the gods.

People say they use steroids. Sometimes we can tell: Those lats are inhuman; those thighs are wider than they are long; those biceps go for days. Even the face muscles overgrow, giving them that signature puffy look. Those bodies cannot be natural. We are mildly envious as we grub our bellies and realize that we are meaty in obviously different ways.

Then some of these guys die, inexplicable victims of cardiac arrest — perfectly fit, too young to be corpses. There's no more envy but sadness and lingering questions. Are the steroids to blame? Was it the combinations of steroids and party drugs? Was our friend, our crush, our boyfriend the victim of what [researchers call a widespread public-health problem](#)?

The title's muscular elephant is not a pun; it's purely proverbial: We don't talk about anabolic-androgenic steroid (AAS) abuse in gay men, but we know it's there.

The topic is difficult to approach. Often people ask about steroid use out of pure curiosity or while attempting to justify a body they will never have. Even when concerns are honest, questions sound invasive. Alleged steroid users are often educated men. Some of them are healthcare workers, even prescribers. Why would a gay physician willingly take a harmful substance?

Maybe steroids are not that bad after all, people may think.

But they are bad.

While claiming definite answers to the polarizing debate may be naïve, highlighting the body of evidence demonstrating steroids' adverse consequences is quite easy.

Professor Darke and his team from the National Drug and Alcohol Research Centre (NDARC) at UNSW [reviewed the cause of premature death](#) involving anabolic-androgenic steroids in 24 Australian men. Besides finding classic signs of steroid abuse, like overdeveloped muscles and testicular atrophy, researchers reported an alarming presence of heart diseases in almost half the cases, a notable result considering the sample of young fitness enthusiasts. (The average age was 32.) Additionally, nearly all deceased men were taking other substances, including psychostimulants, benzodiazapines, opioids and alcohol. The leading cause of death was drug toxicity (62.5 percent), followed by suicide (16.7 percent) and homicide (12.5 percent). [Other studies](#) concluded that cardiovascular damage from steroid use is irreversible.

The problem disproportionately affects the gay community. In 2002 researchers in the UK [surveyed gay men who](#)

[attended London gyms](#). One in seven admitted to using steroids in the previous 12 months. These folks were more likely to have suicidal thoughts. They reported depression between cycles, insomnia and hypertension. Researchers concluded that steroid use has serious consequences on physical and mental health. [A recent study from the American Academy of Pediatrics](#) looked at steroid use in youth. Teenage boys who identified as gay or bisexual were five times more likely to misuse anabolic steroids, which put them at risk for cardiovascular, endocrine and psychiatric complication.

Clearly, not all men taking steroids are athletes trying to improve, somewhat unfairly, their performance. For regular folks, [two main factors](#) seem to be at the core of the issue: poor body image and a narrow-minded idea of masculinity. Seeking giant muscle mass may represent an attempt to solidify fragile self-esteem. [Bodybuilders report](#) the greatest use of anabolic steroids along with significant body dissatisfaction and lower self-esteem. [Psychologist Perry Halkitis examined](#) how gay hypermasculine norms are risk factors interfering with optimal health, and how [steroid use specifically was higher in a sample of gay men](#) who defined their masculinity in terms of social behavior. Dr. Halkitis concluded that steroid use may be intimately linked to health and psychological states that characterize the gay community at large, calling us to task.

LGBT health advocates have the responsibility to educate — respectfully and empathically — gay men about the risks associated with steroid use. The goal is not to judge or criticize but to facilitate informed consent.

Muscle can be sexy. Alive men are sexier.

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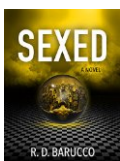
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