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Title: Anabolics coaching: emic harm reduction or a public health concern?

Abstract: This article investigates the phenomena of ‘anabolics coaching’, which describes the practice of providing support and guidance on the appropriate and effective use of image and performance enhancing drugs (IPEDs), either as part of a more general PT relationship or as a stand-alone service. Building upon van de Ven and Mulrooney’s (2017) notion of the ‘steroid mentor’, we utilise digital and offline ethnographic data as well as interviews with several anabolics coaches and their clients to shed light upon this practice and interrogate the nexus of harm-reduction, IPED normalisation, and the health and fitness industry. The article first examines the anabolics coaching market, before addressing coach and client motivation, as well as the troubling crossover between coaching and supply of IPEDs. It concludes by posing the question of whether anabolics coaching represents an ‘emic’ form of harm reduction, or whether it undermines and contradicts the public health efforts to promote safe consumption practices, where we ultimately argue that, although not unproblematic, anabolics coaching has the potential to bolster safer consuming practices and reduce IPED-related harm.

1.1. Introduction:

There has been a documented increase in the use of image and performance enhancing drugs (IPEDs) both in the UK and globally within the last decade (Sagoe et al., 2014; Mullen et al., 2020) and, despite levels of consumption faltering during the national COVID-19 lockdown(s) (Gibbs, 2021; Zoob Carter et al., 2021), the widespread normalisation of such substances represents a substantial public health concern (McVeigh and Begley, 2017). Indeed, negative health effects range from acne, hair loss, loss of sex drive, and gynecomastia (the development of breast tissue in men) (Hanley Santos and Coomber, 2017; Mulrooney et al., 2019), to long-term serious impacts like kidney and liver damage as well as heart conditions (Grogan et al., 2006; Angell et al., 2012).

This rise in use ought to be contextualised within the burgeoning health and fitness industry, which has cemented bodywork as a central pillar of identity construction within the late-capitalist economy (Smith Maguire, 2008; Cederström and Spicer, 2015). Set against this backdrop, this article explores the phenomena of ‘anabolics coaching’, wherein personal trainers and online coaches offer guidance on effective IPED consumption and even ‘prescribe’ their clients certain drug protocols in line with their bodily goals. Building upon van de Ven and Mulrooney’s (2017) concept of the ‘steroid mentor’, we utilise digital and offline ethnographic data as well as interviews with several anabolics coaches and their clients to shed light upon this practice and interrogate the nexus of harm-reduction, IPED normalisation, and the health and fitness industry.

1.2. Cultural-embeddedness, social supply and steroid mentors:

The use and supply of IPEDs has come under sustained scholarly interest in the past decade and, despite a number of studies identifying a shift towards ‘market-oriented’ and online sellers (Fincoeur et al., 2015; Turnock, 2021a) a consensus has emerged that the IPED market is largely confined to certain culturally-embedded populations and thus remains heavily reliant on peer networks (Coomber et al., 2014; van de Ven and Mulrooney, 2017). Coomber et al. (2014) note that users generally source their IPEDs from ‘connected friends’, and therefore ‘closed’ communities form around the consumption and supply of the substances (Turnock, 2021a). Originally termed ‘social supply’ (Moyle et al., 2013), this practice is perhaps better conceptualised as ‘minimally commercial’ supply (Coomber and Moyle, 2014), where financial transactions inevitably occur alongside elements of communal support and kinship.

Crucially, within these closed markets certain highly connected and knowledgeable users play a pivotal role in promoting safe, effective consumption and providing practical support (Christiansen, 2020). van de Ven and Mulrooney (2017) describe these non-medically trained community figures as ‘steroid mentors’, experienced IPED users who voluntarily help novice consumers with injecting techniques, dosing, and harm reduction as a form of fidelity to their gym community (see also Maycock and Howat,

2005; Kimergård, 2015). Given the ocular nature of hardcore fitness, van de Ven and Mulrooney (2017) note that these figures also typically possess impressive bodily capital (Wacquant, 1995; Kotzé and Antonopoulos, 2019) as well as an in-depth knowledge of training protocols and diet. However, van de Ven and Mulrooney's (2017) analysis of steroid mentors is indelibly tied to IPED supply, as they present these individuals as highly culturally-embedded *sellers* who ultimately gain from their nous and wisdom with bolstered sales. Whilst this behaviour is undoubtedly a feature of socially and minimally commercial supply, no work yet exists to address these mentor figures away from the context of supply and their potential for 'emic' harm reduction, or indeed harm causation. As such, this article examines 'anabolics coaching' as a form of normalised (and commercialised) steroid mentorship and aims to extend van de Ven and Mulrooney's concept into the glossy realms of the health and fitness industry.

Before commencing, it should be noted that our discussions around community-based harm reduction are far from unique, and the central thesis of this paper ties neatly into a body of existing literature on the self-governed mitigation of risks in drug-consuming communities. Research into a range of drug-using populations has identified the presence of culturally-embedded harm reduction practices, either in the absence of access to public health services or as a compliment to these, which often involve such community-encouraged norms as sharing information regarding perceived drug quality and what to avoid, as well as safe approaches to use more broadly (Decorte, 2001; Soukup-Baljak et al., 2015; Rouhani et al., 2019). Within the IPED-specific literature, such community harm-reduction approaches have been similarly documented, particularly in relation to advice surrounding product access, often focussing on IPED supplier gym owners and their advice to clients (Antonopoulos and Hall, 2016; Coomber and Salinas, 2019), as well as peer-to-peer advice (Piatkowski et al., 2022). This system of culturally normalised advice giving is particularly significant in the context of the poor quality product that is seemingly prevalent on the steroid black market (Coomber et al., 2014), though these practices reflect broader norms of encouraging informed training and IPED use documented within 'hardcore' lifting cultures, where cultural capital is attached to being a good mentor (Monaghan, 2001;

Turnock, 2021a). It is this literature that we ultimately wish to add to with our exploration of steroid mentors.

1.3. Personal training and online coaching:

Before addressing the steroids coaching market itself, it is worth capturing the rapid ascent of the contemporary health and fitness industry and the 'professionalisation' of many roles within it. Health and fitness as a consumable product can be traced back to the mid-nineteenth century when the first fitness manuals were produced (Dutton, 1995), shortly preceded by the earliest commercially available exercise machines. However, from these relatively niche origins, health and fitness experienced something of a 'boom' (Millington, 2016) in the 1980s and 1990s in line with the ethic of 'wellness' (see Cederström and Spicer, 2015; Andreasson and Johansson, 2019), delivering it to its contemporary status as a widespread means of identity formation within the leisure economy (Gibbs et al., 2022). Although the market now encompasses products and services as broad-reaching as gyms, health supplements, wearable fitness monitoring devices and home workout apps, perhaps the largest growth area is that of personal training and, particularly during the COVID-19 pandemic, online coaching. Online coaching simply describes personal trainers who conduct business remotely and 'check in' with their clients online rather than coaching them in person, often utilising business networking platforms like Zoom, Microsoft Teams, and WhatsApp. Following legislative changes under the New Labour government, the number of personal trainers (PTs) and fitness instructors grew exponentially in the UK in the early 2000s (Lloyd, 2007), resulting in a professionalisation and marketisation of fitness epistemologies and a potentially lucrative avenue for those possessing cultural and bodily capital (Hutson, 2013). The contemporary PT market now extends from general population, or 'gen pop', clients through to various specialist sporting and clinical work (Ansell, 2008). However, what is of particular interest to this article is the burgeoning hardcore PT and online coaching industry, where serious trainers can seek counsel on the ascetic exercise and dietary regimens of strength sports, learn how to pose and present themselves on the bodybuilding stage

and, crucially, seek support with their IPED protocols. It is this latter function that this article seeks to interrogate, particularly given the metastasis of the health and fitness industry and the professionalisation of PT work.

2. Methodology

The data presented in this article are derived from three mutually exclusive projects examining IPED use and supply in a national and international context (Cox et al., 2021; Turnock, 2021a; Gibbs, Forthcoming). This takes in the first and third authors' 'connective' ethnographic observations (Hine, 2007; Gibbs and Hall, 2021) and semi-structured interviews (n=6), alongside a purposively sampled online interview with a practising anabolics coach, conducted by the second author. The first author's study was an investigation of the use and supply of IPEDs both online and offline, drawing on semi-structured interviews with twenty-eight members of the hardcore fitness community as well as digital and traditional ethnographic observation. Fieldwork was conducted between 2019 and 2021 and all participants completed a consent form prior to interview. Interviewees ranged from twenty-one to forty-four years old, and all were male besides one. All used, or had used, IPEDs at the time of data collection, with the exception of the study's only female participant, Tina.

The second author's study consisted of in-depth, open-ended and semi-structured interviews with (n=9) gym users from South West Wales. All participants identified as male. Participant recruitment was primarily achieved through a purposeful sampling method (Emmel, 2013) followed by a snowball sampling method (Noy, 2008), part of the second author's PhD research project. Within this sample, (n=1) participant self-identified as an 'anabolics coach' (Simon). During his interview, Simon provided a detailed breakdown of the services he provides. Interviews were recorded on voice tape devices and later transcribed manually by the second author. Interview transcripts were uploaded onto NVivo 12 and a thematic style of analysis was conducted. Simon's interview lasted 67 minutes.

Finally, the third author's project followed the same 'connective' ethnographic approach described above, drawing on ethnographic observations and semi-structured qualitative interviews from several (n=9) gyms in South-West England, including both 'hardcore' (n=5) and more 'commercial' establishments. 18 interviews were conducted with individuals approached based on their perceived knowledge of IPED markets, including gym owners, competitive powerlifters, personal trainers, and known steroid suppliers, based on the author's extensive experience as a gym user and former competitive powerlifter. Interviews lasted an average of one hour, and almost all of these interviewees were male (n=17), with one female powerlifter also interviewed. Simultaneous work was undertaken observing the IPED market on a number of digital fitness forums (n=11) and social media platforms, with this work used to cross-reference findings from local market research.

Whilst the first author's interviewees were purposively sampled broadly in accordance with their IPED consumption and hardcore gym use, the second author recruited 'Simon' due to his self-identification as an 'anabolics coach'. Simon's interview was conducted using video conferencing technology in June 2020. Buttressing this, digital ethnographic screenshots – taken mainly from the social media sites Facebook and Instagram, as well as surface web pages - were collected to capture the online market for anabolics coaching and the availability of such services. These digital ethnographic screenshots were gathered covertly on the surface web and any content from social media was publicly available to ensure ethical propriety. The decision to undertake such an approach emulates work like Hall and Antonopoulos' (2016) digital ethnography of illicit medicines and Henning and Adreasson's (2021) examination of an online steroid forum, as this was the most efficacious means of gathering accurate data. In the interest of confidentiality, pseudonyms have been assigned to each participant and any identifiable content has been redacted.

Analysis followed a grounded theory approach (Glaser and Strauss, 2017) as interview transcripts and ethnographic screenshots were coded and emergent themes were discerned. However, the researchers' positionality ought to be recognised as, given the long-term immersion and cultural

affinity that all three authors share with the hardcore fitness community (owing to our concerted scholarly interest as well as sustained personal involvement in strength sports), we acknowledge that our interpretation may be construed as reflecting this insider perspective (Blackman, 2007), particularly in relation to the sample's consumption and views of best practice. With that said, we believe that our cultural fluency and relative proximity to a state of *verstehen* (Ferrell, 1997) have afforded us with an informed vantagepoint from which to conduct analysis as well as facilitating the key contacts to elicit the rich data on display. However, this proximity should be noted throughout.

3. Findings

Having set out the literature base upon which this article is situated, and detailed the methodological specifics of data collection, the findings section sets out to paint a picture of the contemporary anabolics coaching industry, explore client and coach motivation, and disentangle the ethical mire that exists around coaches as IPED sellers.

3.1 The industry of anabolics coaching

Anabolics coaching can be described as the practice of providing support and guidance on the appropriate and effective use of IPEDs (including post and mid-cycle therapy substances), either as part of a more general PT relationship or as a stand-alone service. Despite the paucity of scholarly attention that has been paid to the anabolics coaching industry, within our sample the practice was considered a long-standing and normalised service in the strength sports community, existing within the wider licit market for IPED harm reduction. In practice, although levels of support vary from one-off advice through to '*prescribing*' (Sam) IPED cycles, anabolic coaches generally perform an '*initial consultation*' (Alfie) to establish their customer's bodily goals before providing, in Dom's words, '*tweaks*' in accordance with the client's progress or to mitigate any adverse side effects they may experience. However, it is worth noting that the label of anabolics coach did not sit well with some participants due to the implication that IPED advice and support could be divorced from the wider aim

of bodily improvement by diet and training. Simon, an online coach who worked with a broad client base, ranging from gen pop through to competitive bodybuilders, was at pains to explain this as he contended that he did not offer anabolics coaching *per se*, despite supporting multiple clients with safe IPED use:

'I don't offer it. I won't even bring that into the equation as something that I offer. It's only if someone's been working with me for a long time and maybe they approach me and ask my opinion on something, then that's more of an informal chat so to speak versus any official advice. If you came to me and say, 'Hey I want to sign up for coaching', then it wouldn't even be part of the conversation, but if you then said to me that as well as this training and nutrition you want to try some PEDs, then I'd say, 'let's look at the training and nutrition first and let's look at the PEDs in six months' time''.

As demonstrated here, Simon conceptualised his anabolics coaching as being in concert with the PT staples of diet and gym work, and therefore saw himself as more of an overseer or watchful eye in terms of his clients' consumption. On this, he elucidated:

'I wouldn't prescribe a drug protocol for someone. I would just tell them about my experiences of them because I've taken performance enhancing drugs. [...] My role in my clients taking PEDs is to make them aware of all of the risks, then if they want to go ahead then I would advise them on roughly what they would look to take but I wouldn't advise them on where to get it or how much it costs or anything like that. It's really just 'here is what I found that these drugs do, it sounds like you'd be looking at these sorts of drugs at these doses and I take no responsibility about what happens next'.'

This idea of IPED oversight was common amongst our sample, with Lee, an IFBB Pro bodybuilder, stating that his anabolics coach Rob *'looks after my cycles'*, supporting him in off-season (where he bulks up) and throughout his competition preparation and cutting phase. Here, the situated knowledge of competitive bodybuilding is apparent, as Rob is clearly aware of when Lee aims to bulk (gain muscle mass) and cut or prep (shed any excess body fat) in accordance with his competition dates. Lee's comments illustrate the trusting relationships that are often fostered between anabolics coaches and their clients, as Sam similarly disclosed that, *'I was twenty-one when I took my first ever cycle, that's when I employed my first [anabolics] coach, someone who I trusted who knew the ins and outs of those things. Then every show since my first one I have used him'*. Sam's account speaks to the long-standing bonds that are frequently built up between clients and their coaches, as, although some

athletes under study did alter their trainers in line with their bodily goals or chosen weight class (which affects their required training and IPED protocols), they generally showed fidelity to *their* anabolics coach throughout their fitness journeys. Simon also demonstrated this long-termist approach, stating *'Everything that I do now is thinking about that next step, you should always be playing the long game'*. Therefore, rather than managing a single cycle or show prep, Simon's ethos was one of extended life-long support for his clients.

Discussing the initial client consultation, Tina, ostensibly a nutritionist and PT who gave some advice on IPEDs to her clients before referring them to anabolics coach Rob, described the process she followed:

'NG: so if you've got a client who's made the decision to use PEDs, how would you go about it?'

T: I would have a look at all the variables. So one of the variables is age. Somebody who's twenty-one who comes to me and says this is what I want to do, I would have to have almost a really in-depth counselling session with them, saying this is a really big decision for you to make.'

It is clear that Tina places emphasis on ethical harm reduction, not simply accepting the client's desire to initiate IPED use but instead carrying out something of a *'counselling session'* with them to ensure that their decision is well-founded and informed. This can be seen as an extension of the *'mentor-mentee'* relationship Antonopoulos and Hall (2016) observed between a gym owner and inexperienced client in their research, where the gym owner wished to ensure that IPED consumption really was the correct path for the client, before helping him with the process of use (and acquisition). The degree to which our anabolics coaches reflected these norms previously identified among culturally-embedded suppliers in *'hardcore'* gym spaces reinforces the suggestion that hardcore gym cultures self-regulate through community norms which encourage harm minimisation, with cultural capital attached to these behaviours (van de Ven and Mulrooney, 2017).

Similarly, Simon stated that he actively discouraged *'ninety-five percent'* of his clients from using IPEDs, concluding that *'if [a client is] new to diet and training then you have no business doing it, and if you're not competing, I think you have no business doing it, or if they're fucking up their nutrition then I'd say you've got no business even thinking about it. So really, I would disqualify most people from even offering my opinion on it'*. Unlike other aspects of PT's services then, some anabolics coaches appear to reserve support and guidance on IPED consumption to those whom they deem appropriate, particularly those who compete. Importantly, the inclusion of these services within a more holistic coaching model perhaps opposes the academy's penchant for separating IPED consumption from wider hardcore fitness culture, supporting the view that, although lifestyle IPED consumption is on the rise (Hall and Antonopoulos, 2016), many users' drug use is intimately tied to this sporting context (van de Ven and Mulrooney, 2017).

Alongside this pastoral, mentor-like support, the anabolics coaches under study universally asked their clients to produce *'regular bloodwork'* results (Simon), typically carried out by a private medical testing lab (see Harvey et al., 2020; Turnock, 2021a), to establish a health baseline and an awareness of any existing medical issues. On this, Tina stated:

'I [...] make them do bloods before they start, then again at three months and then at six months. I would not keep them on forever and a day, they will have cycles and they will have PCT. If they refuse to do a PCT after that first cycle then I no longer work with them because that is detrimental to hormonal balance'.

Tina's approach can be seen to privilege client safety and follows a scientifically rigorous path, echoing her principal employment as a sports nutritionist. However, it should be noted that, given the lack of regulation of the anabolics coaching industry, this is not essential, and coaches are not trained medical personnel. Indeed, most are self-taught and prescribe and advise others based on their own consumptive experience which, although credible in our sample, emanates from community-taught *'ethnopharmacological knowledge'* (Monaghan, 2002) rather than certified scholarship. Simon exemplifies this, stating *'I wouldn't be giving advice to anyone if I hadn't have done them myself, especially [because] there's so little research on them and the types of doses that bodybuilders are*

using'. Unlike public health interventions aimed at IPED harm reduction then, coaches like Simon operate from insider experience and situated nous, running the risk of perpetuating 'bro science' (Ed) rather than credible advice (Bilgri, 2018). Simon acknowledged that 'I'm normally cautious with my advice because you have no idea how that person's going to react', and therefore advocated for his clients to consult with a medical professional prior to starting their cycles.

Despite holding expertise in IPED consumption, some anabolics coaches opt to outsource their services to those with greater experience when working with heavier users. Tina, for example refers her hardcore bodybuilding clients to Rob, who 'sorts out the drugs for her clients' (Ed, discussing her arrangement). She explained this process more fully:

'I work very closely with Rob; he runs all the PED cycles for me. If I have a client for example, I'll say to him 'this is what I'm planning on doing, are you in agreement with it?'. He will always oversee everything that I put in place. So even though I know what I'm doing with all of the drugs because Rob has taught me, he's taught me so much and he's the only one who I'd trust to talk to about it. So even though I put a plan together for somebody in terms of PED use, I will always get Rob to oversee it because that's the most responsible thing to do. If I've got a very heavy user who's used previously and is ramping up to do a big strongman competition or something and wants to use really heavy, hard-hitting drugs and we have to go quite high, I just give that to Rob.'

Demographically, the anabolics coaches explored here mostly operated in the high-end, professional and semi-professional athlete market, typically targeting clients in sports where IPED consumption is highly normalised, like bodybuilding, powerlifting and strongman (Monaghan, 2001; Turnock, 2021a). Whilst this is unsurprising, Simon, along with numerous anabolics coaches that we found advertising on social media and the surface web, also worked with older men seeking medicalised testosterone therapy (TRT) who sought out IPEDs on account of their anti-aging properties (see Underwood et al., 2020; Turnock, 2022), therefore tying into the broader discourses of medicalisation of declining testosterone and lifestyle enhancement (Evans-Brown et al., 2012). Interestingly, Simon exhibited a number of moral boundaries in his anabolics coaching, as he refused to work with athletes in drugs-

tested sports – citing their attempt to '*cheat the system*' – as well as female users due to his limited knowledge of the female anatomy and IPED use and the long-term negative side effects.

Echoing Simon's client base, we also found evidence of online anabolics coaches explicitly targeting a broader, less culturally-embedded strata of the IPED-using population, echoing the increased prevalence of those outside of the hardcore fitness community's consumption habits (Fincoeur et al., 2015). Interestingly, varying levels of discretion around these services was observable, with some anabolics coaches, like Alfie, openly advertising on his well-maintained surface website, whilst Dom, Simon, and Tina would only consult with clients about IPED use if the customer themselves requested such a service after a period of traditional PT work. This latter approach reflects the traditional offline 'closed' IPED market in gyms and associated places of fitness (Antonopoulos and Hall, 2016; Salinas et al., 2019) and closely resembles van de Ven and Mulrooney's (2017) notion of the steroid mentor. However, trainers like Alfie perhaps represent a new direction for the IPED market, as the normalisation and widespread acceptance of use appears to have seeped so deeply into the PT market so as to be presented as just another health and fitness service.

Echoing the digitisation of the health and fitness industry, and more specifically the rise of online coaching, many anabolics coaches operate either partly or exclusively online using either a personal website or social media profiles. As figure 1. demonstrates, online anabolics coaches advertise their ventures in line with other licit businesses and traditional PT services, often employing memes and emojis to unashamedly solicit prospective customers. Evidence of IPED prescription is again present in the latter post, as the practice extends to '*custom built cycles*' alongside information on harm reduction and effective use. Contact can then be made via 'DM' (the platform's direct messaging feature) in order to establish the client-coach relationship.



Figure 1. Examples of an Instagram-based anabolics coach advertising their business via a posting to their followers (14/07/21).

Alternatively, Alfie, according to his highly polished website, offers 'Skype' services wherein clients could purchase an hour's consultation to discuss their IPED protocols, post-cycle therapy and licit supplementation and diet. This format follows the playbook of most traditional online coaches' 'client check-ins', again emphasising how anabolics coaching is essentially an extension of the standard PT experience.

3.2. Client and coach motivation

For our client sample, their decision to seek consultation with an anabolics coach was twofold. Firstly, all the interviewees demonstrated a risk-aware approach to their consumption, echoing Christiansen et al.'s (2017) categorisation of the 'expert' type user (see also Christiansen, 2020). In line with this ethic of responsible use, they sought guidance from their anabolics coaches to reduce the harms of their consumption as well as bolster the effectiveness of their cycles (usually in a sporting context). More specifically, clients like Ed were drawn to anabolics coaching following adverse formative experiences of IPED use. On this, he explained:

'I was seeking advice from [a member of my gym community] initially, and he told me not to take any AIs [aromatase inhibitors], and what that meant was that I got a very quick build-up of oestrogen. So my testosterone built up very nicely and quickly, confidence grew, libido grew, performance in the gym grew, positive progression in workouts, and then it dipped. My confidence went down, my performance in the gym went down and my recovery went down. So what I gained I had lost, I felt like I was a natural athlete again. That is where I sought advice elsewhere.'

Ed's decision to purchase his anabolics coach's services was initiated by his first poorly managed cycle, where his lack of PCT drug consumption ultimately led to a marked decrease in his wellbeing and his gym performance. In light of this, he was an outspoken advocate of his coach, Rob, citing the large volume of poor advice as his primary motivation to turn to a professional:

'I just think obviously it can be very dangerous and things can go wrong very quickly, as I found out early on. There are a lot of people just taking things willy nilly off the guy who got some advice off another guy in the gym – it just becomes a lot of hearsay, a lot of bro science. So I'm seeking advice from someone who is very very credible in this line of work and I do think anyone who is going to be on performance enhancing drugs needs to get credible advice, because you are messing with your body's hormones at the end of the day.'

Secondly, Rob admitted *'in general, steroid users' trust of medical services is very poor'* and therefore, rather than engaging with the various public health efforts to reduce harm in the consuming population (see Kimergård and McVeigh, 2014; NICE, 2014; McVeigh and Begley, 2017; Harvey et al., 2020), they turn to trainers who are embedded in the community. Whilst this distrust in medical professionals is well-documented (see Monaghan, 1999; Underwood, 2017), this demonstrates what we term *emic* harm reduction, as our client sample privileged the voices emanating from within the community over those offering support under the rubric of public health or any medical institutions. With that said, situating harm reduction efforts within the community arguably acts as a barrier to accessing the appropriate medical advice. Therefore, as we will discuss below, a tension can be found here.

For the coaches themselves, offering support with IPED consumption was conceptualised as an extension of the traditional PT relationship, given the near-universal normalisation of drug use within the bodybuilding community (Klein, 1993). This sentiment was echoed by Dom:

'NG: Do you send them a document with doses and protocols on then?'

'D: To an extent, so you'll get your sheet, well a series of documents; a diet one; a training one; a supplements one; then if you're assisted, you'll get a cycle one. The cycle one will always have recommended support on there as well.'

Dom clearly views his role in coaching *'assisted'* clients as no different to the more mainstream guidance he offers on diet, training, and licit supplementation. Therefore, his motivation to embed IPED support into his service is simply a logical extension of his business model and, more importantly, a means of bolstering his precarious income as a self-employed PT. Given that most of those interviewed were freelance fitness professionals, exposing themselves to substantial financial risk during the winter months when *'everything fitness takes a dip'* (Ed), it is hardly surprising that the additional chargeable services of anabolics coaching are taken on as a further means of *selling* fitness to an increasingly IPED-reliant population.

This financial imperative is further reflected in Alfie's pricing (taken from his website), where an eight-week programme costs £99.99, excluding the additional costs of securing bloodwork and his traditional PT service. He also offers exclusive *'Skype deals'* starting at £49.99 per hour. Whilst this appears costly, Rob defended his similar pricing structure, stating *'I don't have any embarrassment charging for what I've spent years and years building in knowledge'*. Indeed, as with other marketable cultural capital (Bourdieu, 1984) the depth of knowledge exhibited by many anabolics coaches represents a highly sought-after, and therefore profitable, commodity. Sam, Dom's client, affirmed this when discussing his coach, stating *'He's come out with stuff that I never think about; he's obviously not university educated but he's that level. He'd definitely get a masters [degree] in anabolics [laughs]'*. Interestingly, in line with a move towards emic harm reduction in the IPED-using community and an

increased legitimization of internal actors, Rob uncannily reflected Sam's humorous remark as he set out his plans to create an accredited qualification in IPEDs, aimed at prospective anabolics coaches:

'So you pay for a course, it's five hundred quid, it lasts eight to twelve weeks. There's gonna be a certificate of attendance and completion and there's gonna be some exams. You'll get graded on that, so you'll get a level. I can't verify that because of what it is, so it will be very much an unregistered course in a lot of ways but it's better than nothing. I am known academically for knowing my shit, so much so that I advise the ACMD [Advisory Council on the Misuse of Drugs] [...] It may come to the point where it is accredited, it is recognised as a standard. But it'll be me creating my own accreditation and standard because there isn't really anyone else [...] I think there's potential to get it to a point where it may not be academically accepted but it's gonna be industry accepted, but it's gonna take time.'

Rob's intention to establish what he hopes will be an accredited anabolics course signifies the prospective untapped market for standardising and legitimising anabolics coaching within the fitness community and, in turn, its potential profitability. With that said, inherent within his statement is a palpable tension between commerce (where he is set to make *'five hundred quid'* per course) and harm reduction, as it stands to reason that a more informed and risk-aware PT population would ultimately promote safer consumption within their client base. Though this friction will be unpacked in the discussion section, Rob's plans represent a move away from 'public' health and towards private harm reduction - a point that is representative of anabolics coaching more generally, as the PTs ultimately operate in pursuit of profit in a highly saturated market.

However, echoing their clients' motivations, the anabolics coaches under study also universally cited a motivation to promote safe consumption within their gym community (or more broadly, in the case of online anabolics coaches). Indeed, whilst the lack of harm reduction knowledge in the IPED-using population represents a lucrative commercial opportunity for coaches like Rob, his clear business acumen was underpinned by a feeling of communality and genuine harm reduction sentiment. He stated that *'Even now I'll never turn someone away because they can't pay if they've got steroid problems'* and, during a rambling interview in his home with the first author, his inbox was alive with

clients from across the globe making free enquiries via his website. Cursing as this veritable avalanche of emails beeped away during the interview, he explained:

'R: The problem is, the level of education of people is shocking. You understand the confusion at certain levels because there's so much conflicting information out there but to some it's just the basics [...] Some people you just can't help, and you do have to be quite harsh sometimes.'

NG: Is this all free advice then?

R: This stuff is yeah. Some people pay, I'm not the cheapest but I think the process is fair for the simple reason [that] it's got to pay for the fuckers who don't pay. And generally speaking it's the fuckers who don't pay who need the help the most.'

It is clear from Rob's words that he identifies himself as something of an emic harm-reduction practitioner, ultimately forgoing remuneration to ensure that the *'fuckers who don't pay'* are able to access the support they require. As such, although actors like Alfie appear to take a highly business-minded approach, anabolics coaches generally value the opportunity to promote best practice and reduce the risks of their clients experiencing harm.

However, we are conscious here not to overstate the legitimacy and safety of the IPED market and underplay the very real limitations to the best practice advice shared by our sample of anabolics coaches. Although actors like Rob, Dom, and Simon appear at least partly motivated by client welfare, users are at the mercy of a notoriously unregulated market where large variance exists in the contents, purity, and dosage of AAS and other substances. Indeed, a substantial body of research highlights the inconsistency of products manufactured in underground laboratories (see Coomber et al., 2014; Hanley Santos and Coomber, 2017), despite an increase of self-regulation practices from the IPED using community (van de Ven and Koenraadt, 2017; Turnock, 2021a). Therefore, although guidance can be offered on injecting technique, specific compounds, cycle lengths, and other aspects of consumption, anabolics coaches can, at best, mitigate the risks rather than allay them entirely. Ultimately then, in an unregulated market awash with unknown (and falsely advertised) drugs,

guidance on which substances to take, at what dose, and for what duration may have variable efficacy and limited utility for public health.

3.3. The ethical dilemma of anabolics coaches as sellers

Although anabolics coaching could be interpreted as a fundamentally pro-social and ethical practice, the waters become muddied when such actors are also involved in the supply of IPEDs and, as van de Ven and Mulrooney (2017) explore in relation to steroid mentors, hold a financial stake in their clients' consumption. It should first be noted that this practice was not present in our sample. Simon, recalling a previous client relationship, firmly stated '*I played no role in him sourcing them and I wouldn't talk sources with him. But what I did do with him is to show him how to inject correctly*'. Similarly, Ed stated that '*[Rob] can recommend [suppliers], but I have a person who I get [my IPEDs] from*'. However, Sam noted that '*a lot of coaches have side businesses in terms of anabolic supplements [...] which I think is a really big problem in the industry, because you've got coaches now who'll sell gear alongside [their personal training/anabolics coaching business] and the quality will be poor, but they'll happily make a bit of money off it at their client's expense*'. Taking advantage of their cultural capital in the gym, such actors '*push [their clients] towards performance enhancing drugs when they really don't benefit from it*' (Ed) as a means of supplementing their income. Thus, as these coaches are aware that community-based closed markets require 'introductions' for less culturally embedded buyers (Coomber et al., 2014), they hold significant sway over their clients. Speaking disparagingly, Dom recalled a particularly egregious example of this from one of his customer's former PTs:

'It's difficult to always put people in touch [with a reputable supplier] because a common thing you get is 'Dave down the gym says I should take this and this'. That's fine, but is Dave selling you this and this? Because if Dave's selling you this and this, he doesn't know what the fuck he's talking about nine times out of ten. He's probably bought it off a mate and is trying to make some money – he's trying to sell you X, Y and B, because he hasn't got Z. [...] A perfect example of this is, I got referred a client a nineteen-year-old kid [who] weighed ten stone fucking nothing and he was doing over double the amount of gear I was using, bear in mind I'm eighteen stone, and he looked horrific for it. I said to him, 'what the fuck are you doing mate? What are you doing with all this? Is this a joke?'. He said, 'no, this is what I've been told to take', and I said who by? 'Oh a guy in the gym'. Okay, two questions; question one does he coach you? Question two, does he sell it to you? Yes, to both. There is no way a nineteen-year-

old kid who's not even competing should be taking more [IPEDs] than a seasoned semi-professional bodybuilder who's eight stone heavier than him. [...] Obviously this lad, he'd gone to the gym and signed up to this PT and been told that he needed steroids, he didn't know what he was doing and he didn't know if that was a lot.'

Dom describes the harmful effects of coaches selling to their customers for personal economic gain as his client, an inexperienced nineteen-year-old trainer, did not possess the technical or community-specific nous to realise how excessive the cycle he had been encouraged to purchase was. This predatory practice was also noted by Sam, who commented '*these young lads don't have a clue. They just get prescribed a load of gear and told, 'now give us a hundred quid and you'll look ripped''*'. Thus, unlike the seemingly well-intentioned anabolics coaches we interviewed, these actors bestow themselves the status of IPED prescribers, writing up their customer's cycles and then supplying them at a profit. Dom noted that the compounds that such unethical actors attempt to sell mirror '*what [they've] got*' rather than what the client would benefit most from and therefore the coaching relationship is premised on profitability rather than suitability. Such coaches can perhaps be identified as 'social commercialist dealers' (Fincoeur et al., 2015: 243), given that they are culturally-embedded and hold formidable bodily and cultural capital, whilst simultaneously privileging profit over any sense of communal obligation.

But why, given the investment they must make in their clients' physiques, would a personal trainer seek to profit so blatantly from this unethical behaviour? Addressing this, Ed attributed some coaches' problematic behaviour to the injunction to maximise their customer base and being seen to '*get results fast*'. Therefore, they feel compelled to bring about noticeable improvements in their clients' bodies in order to advertise their services and stay afloat in the notoriously precarious self-employed PT market. However, we are conscious here not to pander uncritically to our sample's presentation of such unethical actors and be misconstrued as having 'gone native' (Irwin, 1987). Indeed, the data presented here perhaps paints these unspecified 'others' as the quintessential folk devil (Cohen, 1972), a technique that may be employed by the anabolics coaches to overstate their own efficacy

and justify their involvement in illicit drug consumption. Taking this further, this could be interpreted as what Sykes and Matza (1957) term a technique of neutralization, as the anabolics coaches under study point to the most extreme and deplorable examples – Dom’s above anecdote being the most salient of these – as a means of dispelling any guilt at their role in the facilitating of illicit substance use and the attendant harms. This is reminiscent of Monaghan’s (2002) work on users’ justifications for IPED consumption, wherein the unnamed other is often pointed to as a means of mitigating one’s own conception of deviance. With that said, more recent literature (see Fincoeur et al., 2015; Salinas et al., 2019; Turnock, 2021b; Turnock, 2021a; Gibbs, Forthcoming) identifies an influx of market-orientated, polydrug dealers who lack the pro-social, community-minded ethos identified by scholars like van de Ven and Mulrooney (2017), alongside the more traditional minimally commercial and social suppliers (Coomber and Moyle, 2014). Therefore, though our data on the predatory practices of coaches as sellers is secondary in a sense, it is certainly in-keeping with recent developments in the IPED market and therefore worthy of critical attention.

4. Discussion and conclusion

The identification of the burgeoning number of anabolics coaches within this article poses a number of pressing questions about public health and regulation that ought to be unpacked. Firstly, through discussion of emic harm reduction, that is harm reduction emanating from within the health and fitness community in defiance of institutional attempts to intervene, we have presented the potential utility of there being knowledgeable, experienced anabolics coaches operating in these spaces of IPED consumption. If we are cognisant of both the prevalence and risks of IPED use in an increasingly less culturally-embedded population (Fincoeur et al., 2015), surely these actors – if operating from a place of good faith – represent a pragmatic solution to the consuming community’s distrust of medical and institutional oversight. Certainly, Rob’s plans to set in place an accreditation speak to this ethos of responsible emic harm reduction, as does Tina’s insistence that her clients undertake bloodwork throughout their cycles and adhere to a full regime of PCT. Similarly, Simon’s commitment to

dissuading unsuitable users appears entirely unselfish and community-minded, as well as his refusal to involve himself in the sourcing or supply of the substances themselves. Indeed, emphasising the potential impacts of the anabolics coaches' role, he concluded that *'If you're working with a coach who is experienced and knowledgeable with [IPEDs] then it'll probably save your life'*.

However, we can highlight a raft of potential harms around this development in the health and fitness market. Forming just a minor part of the growing IPED harm reduction licit economy, the for-profit nature of ventures like Alfie's and Rob's illustrates a cold economic logic that underpins the anabolic coaching business, which is accentuated by the injunction to stay afloat in an already saturated and precarious PT marketplace (Hutson, 2013; Gibbs, Forthcoming). We have demonstrated that this has led to a damaging crossover between coaching and IPED supply, wherein trainers encourage and facilitate problematic IPED consumption, conforming to their freelance aspiration to turn a profit. Though we have been mindful not to present these unspecified others as folk devils (Cohen, 1973), it is worth posing the question: can an unregulated private sector model like anabolics coaching ever complement the public health responses that are currently in place? On one hand, there appears to be an impasse between these private actors and governmental intervention and yet, as has been identified countless times in the previous literature (see Monaghan, 1999; Underwood, 2017; Turnock, 2021a), the IPED-using community remains distrustful of medical and governmental institutions and therefore perhaps support ought to be encouraged from within. However, an additional layer presented above has also been the questionable efficacy of best practice advice set against a backdrop of poor market quality and mislabelled products (Coomber et al., 2014). This reality casts doubt on how effective even the most responsible anabolics coach's advice can ever truly be in the current unregulated market. Further, although not directly addressed in this piece, the influx of PTs offering anabolics coaching services perhaps represents a threat to the anti-doping efforts that abound in UK regulated sports (WADA, 2021; Cox et al., 2021). Although our sample were using either recreationally or within non-tested sporting competitions, the presence of formalised anabolics coaches who might not hold the same moral stance as Simon is troubling. This is an area worthy of further exploration.

Fundamentally, of the coaches that we interviewed the underpinning sentiment was one of genuine community care and harm minimisation, rather than an urge for profit generation. Coaches like Simon worked to actively dissuade prospective users from consuming IPEDs by presenting the long-term harms and other financial and social implications. Thus, as IPED consumption shows no sign of halting, particularly with the influx of market-oriented dealers and less culturally embedded users (Fincoeur et al., 2015; Gibbs, 2021), perhaps we can learn from the emic harm reduction demonstrated by this new generation of anabolics coaches and identify a promising means of enfranchising a population whose hostility to state-led intervention is well-documented. Looking forward, though this development is chained to a number of challenges to our current public health responses, perhaps dedicated coaching on the safe and appropriate use of IPEDs, if carried out in a regulated fashion, represents a solution to the rise in unsupervised and reckless consumption. After all, if the ultimate goal is harm reduction, utilising expertise and repute within the IPED-using community, in the short-term at least, presents as a complementary service to the work carried out in the public sector. This paper, therefore, acts as something of an introduction to the concept of anabolics coaching, and has sought to enter the term into the current conversations about harm reduction, in order to build knowledge about the health and fitness industry and elevate those voices in the community who are often overlooked in harm reduction discourse. To this end, we welcome further research and debate around these actors and how their role may paint them as practitioners of emic harm reduction or further barriers to public health-led best practice.

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