These notes have been written to help staff when completing the PIED Outcomes Tool. Although they do cover all aspects of the form, it should be remembered that the information has been kept brief, people working with PIED users should take the time to further research important information themselves, and to request training from their employers.

These tools are unvalidated and are for guidance only they not do not guarantee to identify all risk taking behaviour. No liability can be taken for a failure on the part of this tool to anticipate resulting health concerns.

If in doubt please contact: nigel@injectingadvice.com

I’d like to thank Bournemouth Drug & Alcohol Action Team for commissioning the development of this document.

I’d also like to thank Martin Chandler from LJMU for advice during the writing. Plus thanks to Natasha Langford for first proof read, and Tim Gluckman for the second VERY thorough one.
Performance and Image Enhancing Drug (PIED) use is increasing both in the UK and internationally resulting in more PIED users than ever before attending Needle and Syringe Programmes (NSPs) for sterile equipment and advice.

Unfortunately in the past this has often led to PIED users having to complete the services own ‘standard’ NSP paperwork which is of course not aimed at identifying their needs. The following document is aimed at improving the quality of advice given as well as increasing both the confidence of staff working with PIED users and the confidence the PIED users have in staff.

The previous NSP Outcomes document (available from Injecting Advice see page 15) was focused on working with people who use drugs like heroin and crack cocaine. But this document has been developed to work with people using Steroids and other PIEDs. As you’ll see if you are familiar with the original form, there are many areas that remain common in both groups; however the way these are worked with PIED users can often be different.

If in doubt refer to these worker notes.
What is a PIED

PIED stands for Performance and Image Enhancing Drugs and is used throughout this document as a catch-all term that includes:

- Steroids
- Growth hormone
- Insulin (when used for reasons other than treatment of diabetes)
- Melanotan II
- Many other drugs and supplements

Although most people attending an NSP to get injecting equipment for these drugs will identify themselves as ‘steroid users’ we are using the term PIED to ensure that people remember that this is a far more complex situation than injection of a single drug.

When to use this tool

Staff within needle programmes are used to providing equipment and advice to people that don’t want to spend a lot of time in the project. PIED users at first can appear to be in a hurry to get out with minimal fuss, although you often find that once you start giving people accurate information and you engage them, they will be willing to stay and talk. This tool has been designed to allow for both people who stay and talk and those who want to grab equipment with a minimal intervention.

Assessment and review tool: The ideal way to use the tool is to complete a full form the first time you see someone and then repeat the process on each visit; people familiar with the original NSP outcomes tool will be used to doing reviews every 8 weeks. However PIED users tend to only come to an NSP just before each ‘cycle’ so every visit is a ‘review’. This would give a base set of Risk and Protective factor scores as well as tracking changes and progress made. Changes in scores can be kept on the Tracking Sheet (See Appendix page 14)

Ongoing casenote sheet: Another use for the tool is as an ongoing work tool that helps the workers understand some of the issues to discuss and gives an easy way of recording the advice given (this could be done alongside using it as an assessment/review tool). This way even if all you do when you see someone is talk to them about HepC testing then you have a way of recording this so other staff can follow up at a later date.
As an NSP ‘TOPs’ tool: In the UK the National Treatment Agency introduced the TOPs (Treatment Outcomes Profile) as a way of recording someone’s progress during their treatment journey. NSPs have never been part of TOPs, but the principle would remain the same. People would be given regular reviews to just track progress, and this would be in addition to any other assessments normally completed.

A self-scoring tool: Of course there is nothing to stop PIED users and peer educators from using the tool themselves to self-explore risk factors around their injecting. The resulting scores could then be used to keep track of their own risk/protective factors and help them keep safe in the way they have chosen.

However it’s used, I hope you find this tool useful, please remember that this is the first version of this and that it may change over time, if you’d like to suggest any changes do feel free to get in touch with me at nigel@injectingadvice.com

**How to use the tool**

The following section is written working on the assumption that a full ‘assessment’ or a full ‘review’ is taking place. If you are using this tool as a regular tool for every visit, please remember that it may be time consuming and inappropriate to complete the entire document each time. Instead workers should focus on specific sections dependent on the injectors’ individual needs.

**What the D R O bit means:** This stands for Discussion, Risk and Outcome. When talking to an injector about their issues/needs you should circle ‘D’ for each area discussed, ‘R’ for each area that there is a risk factor presenting.

- **Discussion:** This would be circled if the worker and the injector have had a ‘significant’ discussion on that topic.

- **Risk:** Where a risk is identified the ‘R’ is circled, NB this is any risk within that area. (See example page 8).

- **Outcome:** This should be circled where a change in behaviour or situation stems directly from work done via the project’s workers, eg reducing sharing behaviours following advice around HepC risk. Or where there is an existing protective factor (eg the PIED user has reduced their side effects by adjusting their dose)

**Self scoring:** As well as the main discussion topics there is also a section for self scoring both Mood and Health situations. (This becomes important when we talk about scoring the sheet, see page XXXX)

**Non-injecting issues:** Every discussion box should prompt the worker in a range of conversations, and although most of these are PIED focused there is an area to record non-injecting issues; this is an area that most NSP workers have always discussed in their sessions but they have rarely recorded these interventions. However they have always been a major focus for the people commissioning the services as they demonstrate the work done.
There are two scores that are tracked using this tool the first one is the Risk Score which measures ..... well ... risk of course. (Obvious really). The second is the Protective Factors, this can be from changes in behaviour or existing knowledge like first aid awareness etc.

### Discussion boxes

<table>
<thead>
<tr>
<th>Protective Score</th>
<th>Risk Score</th>
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<tbody>
<tr>
<td>+1</td>
<td>+1</td>
</tr>
<tr>
<td>+1</td>
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</table>

### Drugs used

Risks increase for every extra drug a person uses:

- One drug used: +1
- Two drugs used: +3
- Three drugs used: +6
- Four drugs used: +10
- Five drugs or more used: +15

### Injecting sites

When figuring the risk score for injecting sites used people should be asked to self identify their injecting site(s) and then the score for the highest risk site is recorded.

<table>
<thead>
<tr>
<th>Glute</th>
<th>+1</th>
</tr>
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<tbody>
<tr>
<td>Thigh</td>
<td>+1</td>
</tr>
<tr>
<td>Shoulders</td>
<td>+2</td>
</tr>
<tr>
<td>Small muscle</td>
<td>+4</td>
</tr>
<tr>
<td>Subcutaneous (insulin and some other non-steroid PIEDS)</td>
<td>+1</td>
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</tbody>
</table>

Please note if the drugs being injected are non-PIED type drugs (eg like heroin) then use the scoring guide from the NSP Outcomes tool (available from injectingadvice.com)
Cycles

<table>
<thead>
<tr>
<th>Cycle length</th>
<th>Expected break</th>
<th>Protective Score</th>
<th>Risk Score</th>
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</thead>
<tbody>
<tr>
<td>+</td>
<td>0</td>
<td>+5</td>
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</tr>
<tr>
<td>12</td>
<td>1</td>
<td>+4</td>
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<td>11</td>
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<td>10</td>
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<td>9</td>
<td>4</td>
<td>+1</td>
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<td>8</td>
<td>5</td>
<td>+1</td>
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<tr>
<td>4</td>
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Self scoring

With self scoring high numbers on either column add to protective factors, low numbers signify risks. (Add both columns)

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Example

Although this example is not a full assessment or review it does show how the sheets can be used as regular documentation, and how the scoring works.

Bob comes into the NSP for equipment to inject his PIEDs. He says this is his first steroid cycle and that he plans to let his friend inject him in the glute. The worker discusses how risky this may be and this leads to a discussion around blood-borne virus and possible testing/vaccination. Bob tells the worker his cycle lengths and the drugs he’s planning to use; he asks about what side effects he might have. During the ‘self scoring’ discussion he says he’s feeling very healthy but has been down since his partner left him (his reason for using steroids). When diet was discussed, he knew how many calories he was having but had no idea about his protein intake etc. He said he does occasionally use cocaine and the worker advised he avoided this while on cycle.
Notice that although the worker can mark off the BBV testing as discussed they don’t class this as an ‘Outcome’ because David hasn’t yet attended with the project nurse.

Although for this visit no scores are recorded (as it’s not a full assessment/review) we can see what he would score from this example so far.

Risks identified x2 = +2 risk
3 drugs used = +6 risk
Low mood due to relationship ending = +1 risk
Injecting in the glute = +1 risk

As you may be able to tell this scoring would change on Bob’s next visit as he will hopefully have gained an outcome from attending BBV testing with the project nurse, and if he has (as a result of worker advice) decided to inject himself rather than allowing a friend to inject him this too can be marked as an outcome.

It may seem that this scoring doesn’t allow for how big a problem may be, for example if Bob has a minor injecting injury OR a major abscess they would both just score +1 for a risk factor. However if it was a serious abscess you would also expect this to impact on the self scoring for health and maybe even mood.

*I’d strongly encourage people to work with colleagues to come up with ‘case study examples’ that would allow them to try the tool out with each other first before trying to use it on PIED users.*
Demographic information

Before filling in this form with PIED users remember that (in the UK at least) not wanting to give information in an NSP shouldn’t be a barrier to getting sterile injecting equipment. All information should be obtained on a voluntary basis in accordance with each service’s confidentiality and NSP policies. If someone only wants to give their initials and date of birth then that should be OK, but it should also be made clear to them that it’s difficult to give high quality advice to someone calling themselves Micky Mouse (other cartoon rodents also included); if they need referrals onwards then a real name is usually needed.

Other than that the demographic information section should be quite self-explanatory.

Injecting sites

Most PIEDs that people are likely to be injecting are going to be into deep muscle, although some related drugs (eg insulin) are injected subcutaneously. The most common sites (and related advice) are:

- **Glute:** one of the most common injecting sites for PIED users taking steroids, this is a deep muscle that is hard to miss. The main risk factor is that unless someone aims for the upper outer quadrant of the glute they run the risk of hitting the sciatic nerve. You should also be aware that some injectors (especially those new to injecting, or people who due to a lack of flexibility can’t reach their glute) are more likely to be injected by other people in this site.

- **Thigh:** another deep muscle ideal for injecting steroids. The thigh allows easier access for people when self-injecting and means they can easily see what they’re doing. However some people avoid it as they say it hurts slightly more than injecting in the glute.

- **Stomach:** not intended for a site when injecting steroids this is instead used by people injecting drugs like growth hormone or insulin. The injection goes into the subcutaneous layer beneath the skin for a slow absorption of the drug.
**Arms/deltoids etc:** sometimes called ‘spot injecting’ it’s important for the worker to ask what a PIED user is expecting from injecting here. Often people will expect that injecting in their arms will make their arms bigger, but this is not really how steroids work. The drug that is injected must first be processed by the liver; the muscle it’s injected into is merely the ‘delivery system’. Spot injecting into these more shallow muscles can mean that a steroid expected to be taken over 3 days is instead delivered in half that time (or less) and the user is left with little or none in the system. This can lead to extreme mood changes.

**A note on injecting technique**

Unlike many of the usual visitors to a NSP, PIED users often come in before they have ever injected anything. Because of this naivety it’s more important than ever to deliver safer injecting advice. Most standard advice that’s given in an NSP is appropriate for PIED users; for example all injectors need to make sure that they keep things (including their hands) as clean and sterile as possible, don’t use alcohol swabs after injecting as they increase bruising -there’s a reason they are called PRE-injection swabs.

There are some differences in the advice given to this group though so here are some suggestions for advice that can be given.

- Intra-muscular (IM) injecting is easier and less painful when the muscle is fully relaxed.
- Before injecting draw back slightly to check you are NOT in a vein; if blood comes into the syringe adjust the position slightly.
- Draw up the solution with a large needle but change over to a smaller one when injecting.

**Drugs used**

Many PIED users are using a large number of substances (called a ‘Stack’) this can incorporate 3-4 different steroids, insulin, growth hormone, plus extra supplements and post-cycle medications.

It should also be taken into account that they may well be using other drugs like cocaine, and it’s important to be aware of how these may interact with the PIED drugs used (as well as being aware that they’ll put more strain on the liver)

Use the ‘Drugs Used’ section to list any substances, NBthough as you’ll see on page 6 only the first 5 drugs used effect the ‘outcome score’.

Remember also that not all drugs used are going to be injected and while this is better for most drugs we come across in an NSP, for steroids it’s usually more dangerous to take oral drugs than injectable ones.
Cycle length: this is the amount of time that the PIED user is using steroid drugs; the longer the cycle the more possible problems there may be with someone’s own natural testosterone system. Plus the whole time someone’s using steroids their liver is under increased pressure.

Expected break: this is the amount of time between the end of the coming cycle and the start of the next one -if one is planned; ideally this should be longer than they cycle itself was but you may find that the person you’re seeing only plans on a very short break that won’t give the liver time to recover.

A good rule of thumb on cycle length advice is “Short cycles, long breaks”.

Side effects (on cycle): there are many possible side effects when using PIED drugs these can include bad acne, hair loss, gynaecomastia and menstrual problems (in women of course). Side effects are normally an indication that a dose is too high.

Side effects (off cycle): coming off steroids can have a big impact on mood causing side effects like depression, anxiety, and decreased appetite. These may even get to the stage where someone may need referral on to mental health services.

Mental health

Use the two mental health boxes to record if you have discussed ongoing or urgent mental health problems. If these discussions result in a referral to a mental health professional then, mark this as an outcome and record it in the ‘Notes’ section.

General health

Use the two general health boxes to record if you have discussed ongoing or urgent health problems. If these discussions result in a referral to a primary care health professional then, mark this as an outcome and record it in the ‘Notes’ section.

Injecting health

Injecting injuries: PIED users like all other injectors run the risk of getting injecting injuries; these can be minor like bruising or swelling, or more severe like abscesses. Although it may seem that this recording system doesn’t allow for the severity of the injury, you should remember that someone with a major problem is more likely to score low for health in the ‘Self scoring’ section.
**Being injected by others:** PIED users, especially those who have only recently started are often injected by their peers. This may be because of feeling unable to inject themselves or because they lack the flexibility to inject in areas like the glute. Either way this poses risks for blood-borne virus, injecting injury and if anything was to go wrong, legal implications. People who have been or are currently being injected by others should be offered blood-borne virus testing.

**Blood-borne virus (BBV) testing/vaccination:** If there are any concerns around risk behaviours then BBV testing should be offered. Best practice would be to offer ALL NSP visitors both vaccination and testing where possible.

**Reuse of equipment:** rather than asking people whether they’ve ever shared injecting equipment (to which an obvious ‘correct’ answer is always no) ask if they have ever ‘reused’; if they have ask them whose equipment it was theirs or someone else’s. This way you not only find out if someone is sharing equipment (BBV risk) but also if old equipment that has only been used by the person themselves is reused (bacterial risks). As was the case with being injected by others, people who have BBV risk behaviours should be encouraged to have BBV testing.

### Self-scoring

Talking to people about their own perceptions of their mood and health can give you a very good insight into reasons for using PIEDs as well as identifying possible physical and mental health concerns which may require referral or signposting to specialist services.

Self scoring is also used to help identify the severity of other problems identified by the assessment (See ‘Injecting injuries’ above).

### Non-injecting issues

Not everything discussed in an NSP setting is related to injecting drugs. Many times workers will discuss employment, education or relationship issues. These areas of the assessment allow you a place for recording this work in more detail.

There is space left on the assessment document to add another box either specific to the service delivery or specific to that person.

### Notes

As well as being a place to go into greater detail about things discussed the notes section also has details of diet; most steroid users require AT LEAST 4000 calories. If they don’t know the full details of their diet (carbs etc), then you really have a reason to talk to them about their lack of knowledge/planning when intending to add a drug like steroids to their system.
Monitoring sheet

Rather than having to go through each individual sheet to work out the progress someone may be making, or to prove to commissioners that the NSP does in fact help people stay safer and encourage change, it is easier to keep a monitoring sheet for each PIED user.

This can also be used as a motivational tool to show people visually the progress they are making.

I’ve included a blank monitoring sheet and given an example of how it may be filled in over the next couple of pages.

NOTE: there is very little point in keeping a score on every visit someone makes to an NSP. Not only would this be very time-consuming (as it would require an assessment or review every time), but it would also be very annoying to the person being seen and might even put them off attending the service all together.
Dates of assessment or review

Risk & Protective Scores

Risk score

Protective score

Self Scoring

Mood

Health

Name: Postman Pat
DOB: 04/07/53

PIED Tool
There are a number of other NSP related downloads available for free on the Injecting Advice.com website [http://injectingadvice.com](http://injectingadvice.com)

**Steroid Assessment Tool**  This is an alternative assessment tool for use with PIED users. Ideal for services that want a more ‘formal’ feel to assessment.

**NSP Outcomes Tool**  This is the assessment tool designed for non-PIED drugs. The format is similar to this document and can be used as a companion form.
PIED Outcomes Tool
This edition released: 16/12/2011

If you are using this assessment please let me know how you think it works and if it can be improved in any way. If you find this or any of the other resources on http://injectingadvice.com useful in your work perhaps consider donating some money to the upkeep of the site, even small amounts help.

nigel@injectingadvice.com

Creation of this document was kindly sponsored by Bournemouth Drug & Alcohol Action Team