

EL PAIS.ES

EUROPEOS DE ATLETISMO

El vértigo de Fernando Carro se convierte en plata

El español consigue la segunda medalla para el equipo español al terminar segundo tras el francés Mekhissi en los 3.000m obstáculos

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Solo después del último paso por la ría, Fernando Carro volvió la cabeza y miró atrás.

El oro huía. Tendría que ser plata. Una medalla. Su medalla.

Hasta entonces, Carro tenía la mirada fija delante, clavada en la estela de la figura ligera de Mahiedine Mekhissi, el francés que volaba. Hasta entonces Carro, el chaval de Suanzes-Canillejas que se pasó la infancia corriendo, huyendo en la calle, corría detrás de un sueño, y el sueño se estaba cumpliendo. "He soñado tantas veces con esta situación, con esta carrera...", dice el atleta delgadísimo y moreno y su melena que se agita cuando se mueve, aéreo, sobre las vallas y sobre la ría que apenas moja sus pies. En el sueño, y en la realidad que solo, unos minutos después de terminar la carrera, rompe ruidosa la tormenta de tanto calor acumulado, tanta tensión, y el agua que inunda a la ciudad feliz, él no es el perseguido; él es el que persigue y alcanza a quien vuela. Es el sueño.

Es la última vuelta de un gran campeonato. El momento en el que, contrastado con la realidad, gozado, el vértigo, que en la cámara de llamadas es una bola pesada que le tapa el estómago y, dice, le hace preguntar a su entrenador, a Arturo Martín, "¿qué hacemos aquí? ¿no estaríamos mejor corriendo por el parque?", se vuelve aliado que conduce y lleva a la gloria.

Mekhissi no está para poesía ni sutilezas ni miedos ni pasiones de adolescentes que sueñan. Mekhissi es inalcanzable antes ya de que estalle la tormenta. Un veterano de Mundiales y Europeos que corre, esprinta, hacia su cuarta victoria continental, que sería la quinta si no fuera porque en Zúrich 2014 le desposeyeron por quitarse la camisa victorioso nada más saltar la última ría, y ondearla en la recta final.

El francés termina en 8m 31,66s. Carro, en 8m 34,16s. El tercero, Chiappinelli, el italiano valiente, en 8m 35,81s.

Esta vez no se desnuda. Tampoco habría querido Carro ganar así. Carro es feliz porque ha hecho su carrera. Un primer mil lento que le ha permitido esconderse, trabajar menos. Un segundo mil, un poco más rápido, pero parecido, rozando los tres minutos esta vez por debajo. Y un último mil, decisivo bajo el impulso acelerado del italiano Yohannes Chiappinelli, que ataca lejano y selecciona el grupo, como Carro quería. En la última vuelta, el momento soñado. Se va Mekhissi y Carro se va a por él. Y piensa que lo puede alcanzar. Y sabe que a él, como en

su calle, no le alcanzarán los que le persiguen. Nadie le quitará la medalla en los 3.000m obstáculos, la especialidad más española y la más manchada por el dopaje que él, una década después, limpia y honra. Siete atletas españoles han ganado medalla europea en la distancia. Una fue Marta Domínguez, en Barcelona 2010, meses antes del inicio de su fin con la Operación Galgo; allí también fue plata José Luis Blanco, quien dio positivo por EPO poco después, como años antes Antonio David Jiménez Pentinel, Penti, el campeón de Múnich 2002 que en la rueda de prensa dijo que había ganado “por huevos”, y después fue protagonista de detenciones policiales por dopaje. Pero Carro, que se declara feroz enemigo del dopaje, y lo dice públicamente, como su admirado Arturo Casado, el que fue atleta del mismo entrenador, y campeón de Europa de 1.500m, que marca la ética de un grupo que quiere ser ejemplar.

“No sabía quién venía detrás. Podían venir cinco tíos con un cuchillo, que yo iba a por el de delante”, dice Carro, que sigue narrando la carrera cuyas imágenes no saldrán de su cabeza durante meses. “A falta de 300 metros ya sabía que nadie podía cogerme”.

Carro lleva el cuerpo y los brazos tatuados, y el aire de barrio no quiere que le abandone, como él jura no abandonar, pase lo que pase, su viejo Fiat que aún le mueve. Y cuenta que los tatuajes, su infancia, Son todos una historia, tienen una carga emocional, tan sentimental como es él, porque tienen que ver con su familia. Uno lo lleva por su hermano que murió cuando tenía siete años, y su infancia quedó tocada para siempre. Y pensó en su madre, el ancla de una familia desestructurada, que es mayor y a quien siempre que corre le pone una vela.

Y, como por encanto, cuando la tormenta estalla, los miles de espectadores del estadio refugiados en las tribunas, encienden velas. Y todos cantan.

https://elpais.com/deportes/2018/08/09/actualidad/1533843090_605826.html

LA PROVINCIA diario de las Palmas

Cargaba una maleta con sustancias dopantes e ilegales en Gran Canaria

Se han intervenido miles de dosis de esteroides-anabolizantes, hormonas, principios activos, receptores de citoquinas, potenciadores sexuales

10.08.2018 | 12:24

El Equipo de Delincuencia Organizada y Antidroga (E.D.O.A.) de la UOPJ de la Comandancia de la Guardia Civil de las Palmas y el Área Regional de Vigilancia Aduanera de Canarias de la Delegación Especial de la Agencia Tributaria, en el marco de la operación TREMBOL han detenido el pasado 02 de agosto a una persona de iniciales W.J.C. de nacionalidad extranjera con 47 años de edad y numerosos antecedentes policiales por la presunta autoría de un delito contra la salud pública, al interceptarle el 29 de julio y 02 de agosto dos maletas con multitud de sustancias farmacológicas de las denominadas dopantes y consideradas ilegales.

Inicio de la investigación y primeras pesquisas policiales

La investigación se inició el pasado 29 de julio cuando los investigadores tuvieron conocimiento de la llegada al aeropuerto de Gran Canaria de una maleta procedente de Suiza por el procedimiento denominado "Equipaje Rush" (maleta que viaja sin pasajero) hallándose en su interior diversos tipos de medicamentos prohibidos y sustancias diversas, la mayoría de ellas relacionadas con el dopaje deportivo (esteroides, anabolizantes, hormonas, principios activos, excipientes, etc.).

La misma estaba prevista su retirada en la compañía aérea el 02 de agosto por W.J.C. a su llegada de un vuelo comercial de Alemania, pero al sospechar de que una de sus maletas era objeto de vigilancia, intentó eludir a los investigadores abandonando el recinto aeroportuario siendo interceptado y detenido en el municipio de Ingenio con otra maleta con similares productos procedentes de Alemania.

Registro domiciliario y efectos en los consumidores

Posteriormente los agentes se desplazaron al Aeropuerto de Gran Canaria comprobando como W.J.C. era titular de los dos equipajes. Por este motivo se realizó un registro domiciliario en el municipio de Santa Lucía de Tirajana donde además se intervinieron otros tipos de medicamentos prohibidos.

Cabe destacar que con esta actuación los agentes han evitado la circulación en el mercado ilícito de un tipo de sustancias que iban a ser comercializados fuera del cauce legal establecido en el mundo deportivo. Según la Agencia Española de Medicamentos y Productos Sanitarios (AEMPS), el consumo de sustancias anabolizantes, esteroideo, hormonales puede provocar un serio riesgo para la salud como trastornos hepáticos, riesgo de aparición de cáncer hepático y por su actividad pro-aterogénica puede dar lugar a un aumento del riesgo de padecer enfermedades cardiovasculares así como de accidentes cerebro vasculares. Los anabolizantes también pueden producir una alteración de las funciones hepáticas, de la coagulación sanguínea y de la glándula tiroides.

Delito contra la salud pública

El Código Penal establece en su artículo 361 una pena de prisión de seis meses a tres años, multa de seis a doce meses e inhabilitación especial para profesión u oficio de seis meses a tres años al que fabrique, importe, exporte, suministre, intermedie, comercialice, ofrezca o ponga en el mercado, o almacene con estas finalidades, medicamentos, incluidos los de uso humano y veterinario, que carezcan de la necesaria autorización exigida por la ley, o productos sanitarios que no dispongan de los documentos de conformidad exigidos por las disposiciones de carácter general, o que estuvieran deteriorados, caducados o incumplieran las exigencias técnicas relativas a su composición, estabilidad y eficacia, y con ello se genere un riesgo para la vida o la salud de las personas.

<https://www.laprovincia.es/sucesos/2018/08/10/cargaba-maleta-sustancias-dopantes-e/1086964.html>

ESPN

UKAD release report detailing seizure of £30,000 worth of steroids

The findings come as a result of a seven-month investigation triggered by the U.K. Border Force. UKAD

Jul 25, 2018

ESPN staff

U.K. Anti-Doping (UKAD) has seized more than £30,000 worth of steroids during a coordinated raid with Cambridgeshire police near Peterborough, United Kingdom, the sport governing body announced in a report released Wednesday.

The findings come as a result of a seven-month investigation triggered by intelligence received from the U.K. Border Force who flagged suspicious packages travelling into Britain. UKAD's Intelligence and Investigations team then worked with the National Crime Agency, East Region Special Operations Unit, U.K. Border Force and Cambridgeshire Police to collaborate on the investigation.

Along with the steroids, officials also recovered large quantities in cash and handwritten order forms at both a residential address and an associated warehouse, with a number of the names on the order forms now being investigated by UKAD.

UKAD's director of operations, Pat Myhill, said: "It was no accident that several names linked with purchasing the steroids from this particular dealer are involved in sport, with some already known to UKAD.

"Information provided by National Governing Bodies of sport (NGBs), athletes, coaches and the general public is of utmost importance to our operations and we would always encourage individuals to come forward if they have any concerns related to doping in sport."

Since 2016, 47 percent of Anti-Doping Rule Violations (ADRVs) have been related to anabolic substance -- steroids are one of the biggest performance-enhancing drugs uncovered by UKAD.

The anti-doping body has published details of 72 ADRVs since January 2016. Bradley Wiggins underwent a 14-month investigation over allegations of wrongdoing by Team Sky and British Cycling related to a 'jiffy bag' that was delivered, before the doping body later dropped the case.

Tyson Fury was under investigation by UKAD for 18 months after he tested positive for the banned steroid nandrolone but was cleared to box again in January this year.

http://www.espn.com/espn/story/_/id/24189687/ukad-release-report-detailing-seizure-30000-worth-steroids

Esquire

INSIDE BRITAIN'S ANABOLIC STEROID EPIDEMIC

More and more men are abusing steroids in the pursuit of the perfect physique - only to find their bodies and minds unravelling

BY ALEX MOSHAKIS

19/07/2018

At his most powerful, Alec Wilson's biceps measured a foot-and-a-half around, and his quads were each three hands wide. On a good day he could deadlift 212kg, the equivalent of a lion, and bench press 158kg, not far off twice his own weight. In the moments before he heaved an almighty load, he would summon a rough growl up from his stomach and out of his throat, shocking his body into the production of adrenaline. Other men knew when he'd arrived at the gym. They could hear him roar.

It was halfway through 2012. Wilson was 36. He was not a professional bodybuilder, like other men he knew, or a strongman, the kind that jerks boulders and tugs trucks for a living. He wasn't even the strongest man at his gym, though it was close. He was an academic with a couple of science degrees. Most days, his office was a lab. And yet his training had become relentless. Almost every night, as soon as his young son had gone to bed, he would head to the local weights room, lift hard, and chat game with other big men, many of whom had become close friends. Often he felt he could go all night. Lifting. Talking. Lifting. Talking. "I'd stay until they kicked me out," he told me. "And go back the next night."

Wilson and I first met at a bar in central Birmingham, not far from where he lives. (His name has been changed here, at his request.) Instantly, he struck me as a kind of contradiction. At 5ft 10in he isn't tall, though he looks big. His shoulders are broad and his neck is thick. His back muscles were prominent beneath his shirt, and his chest resembled a whisky cask. In many ways he was large enough to make me feel like a small boy.

And yet at times he spoke so softly I found him difficult to understand, and when we first introduced ourselves his right hand was trembling. It was a Monday morning in March, and the bar was quiet save for a few early lunchers, but more than once I found myself leaning in in order to hear what he was saying.

Near the start of our conversation, Wilson told me he hadn't always been so big. Until 2014, he'd had trouble lifting anything close to his 212kg record. He'd trained for years, but his power had plateaued and he'd become frustrated. During sessions at the gym, he and others would discuss technique, nutrition and human anatomy — sometimes a new piece of information could lead to gains. But they'd also chat about steroids, whose use was becoming more common. Men would reveal the compounds they were using and in what amounts, regularly slipping into a semi-medical language that to outsiders was hard to understand. When they mixed compounds, a process called 'stacking', they shared their experience, taking

questions from others. How did it feel? What side effects did you suffer? What might you do differently next time? Almost every week someone would report a different pro or con: rapid muscle gain, raised blood pressure, a feeling of complete mental clarity, spots.

Wilson was proud of the fact he was privy to these conversations. "It wasn't easy to become absorbed into this culture," he told me. "You really had to earn respect. If you waited your turn, let the big guys go first, knew your position in the pecking order, you'd get your place. And once you were in that circle, you were embedded in it." Later, he added, "It became part of my identity, that I was part of this group."

"MOST PEOPLE WOULDN'T NOTICE. IT'S ALL IN YOUR HEAD. BUT YOU THINK YOUR CLOTHES ARE FALLING OFF YOU"

Before long, Wilson decided to use steroids, too. A friend recommended testosterone enanthate, a substance that steroid.com, a site that provides information about the different types (and how to use them), describes as "perhaps the most commonly used anabolic steroid of all time", and supplied him with 10ml vials. He sourced needles from a clinic two towns away, where nobody would recognise him, and began to inject 500mg once a week in his bathroom, making sure to remain out of sight.

When his friend's stock dried up, he found a pharmacy in Serbia, where steroids could be bought over the counter and online, and ordered pharmaceutical-grade testosterone. Soon he began to experiment with other compounds, gently increasing doses to overcome his body's acclimatisation. At one point, to counter the effects of severe joint pain, he began using small doses of nandrolone decanoate, an anabolic steroid known among users as "deca", which is sometimes prescribed for osteoporosis and is used during the treatment of breast cancer.

Within weeks, Wilson's muscles ballooned and, though he put on close to a stone, his body fat plummeted. In the bar, he showed me a couple of pictures on his phone. He was standing in the sallow light of his kitchen. His head was shaved, and it was difficult to pinpoint where his back muscles ended and his neck muscles began. Because there was next to nothing between his skin and his muscles, his veins were visible, and you could make out striations in his chest.

Wilson began to lift heavier weights. Previously, whenever he'd attempted to make large gains, his body had resisted. But now he felt stronger, more motivated, and better able to recover after a gruelling session. In the mornings he was filled with a store of energy that usually lasted all day. Later, he noticed a great upsurge in self-confidence, not just at the gym but at work and at home. Problems didn't disappear so much as suddenly become far easier to solve. "I became much clearer in my thoughts," he told me. "I became much happier in myself."

The Nine Dos And Ten Don't Of Summer Instagram

Steroid cycles typically last 10 weeks. To mitigate their harmful effects, including a "shut down", where the body stops producing testosterone naturally, users must undergo a process of post-cycle therapy (PCT) meant to regulate the body's organic processes. But PCT is hard,

and it isn't always successful. Those who come off cycles complain of severe lethargy, teariness, low sex drive, a deep and dark depression. "You feel like a small man," one user told me. "You lose 25 per cent of your weight. Most people wouldn't notice. It's all in your head. But you think your clothes are falling off you." (Wilson referred to this state as "the regression".) Another user told me that, during PCT, "you just want to be held." When we discussed the man's loss of libido, he said, "three women could be bouncing naked on a trampoline in front of you, and all you'd want is a cup of tea."

Wilson had heard similar stories, and he found the idea of coming off steroids troubling, so he didn't. "That first cycle lasted four years," he told me. It was a period that reaped a kind of physical destruction. His knees, once strong, became frail, and they hurt when he walked. His right shoulder was similarly damaged. "Because your strength and muscularity increase so rapidly," he said, "your tendons and joints can't keep up." His body was unable to support the muscle he'd unnaturally constructed, causing "physical damage I'm going to suffer for the rest of my life." During a visit to his GP, an even more urgent message rang out. "My doctor said, 'if you keep going the way you're going, you're not going to see your son grow up. You're going to have a stroke. You're going to have a heart attack. Something's going to happen to you within the next five years.'"

Wilson had been made aware of the risks prior to beginning his cycle. I asked him if he'd worried about them while he was using. "I'd occasionally give them a fleeting thought," he said. "But I was probably arrogant enough to think I could mitigate the effects." Later, he hinted at a greater understanding of the depth of his experience. "Some men go to the pub and never come out," he told me. "I went to the gym."

"THEY'RE DEEPLY INSECURE. THEY DON'T KNOW THEIR WAY IN LIFE."

A couple of decades ago, steroids were almost uniquely tied to the world of competitive weightlifting, and the associated stigma was relentless. To the uninitiated, users were big, brash and quick to rage. The larger the man, the more likely he was suddenly to explode like a firecracker. It didn't matter if you were a devoted father, a perennial do-gooder, or a stone-cold sweetie with a heart the size of a football, the social tarnish was inescapable. Your temperament was scrutinised, your muscles deemed unholy. You used.

Not so anymore. Weightlifters are still gawked at suspiciously — it's generally accepted that, outside of the Olympics, competitors use some kind of performance-enhancing substance. But big men are no longer the drugs' only consumers. In January, theGuardian reported that close to one million Britons inject or swallow steroids on cosmetic grounds, though the number is difficult to pinpoint exactly, and experts at the front line of the issue — researchers, doctors, lecturers, including many I spoke to — suggested the number might be much higher. Users start young, often in their early twenties, and sometimes never stop. Most avoid interaction with health professionals, a common practice throughout the community, even when their bodies begin to fail. Researchers hoping to accurately identify user figures quickly run into a tricky problem: how do you reach people who don't want to be found?

In any case, most users are people considered by society to be relatively ordinary. They are young men intent on tailoring their physique. Middle-aged men under pressure to perform at work or at home. Pensioners craving the care-free experiences of their youth. They inject in secret, though not always. A personal trainer I know told me steroid use was so prevalent in the gyms at which he works that staff deem it necessary to outfit communal spaces with needle bins. “I see people injecting stuff,” he said, “right there in the changing room!”

Use is especially rife among men. In a recent study, 94 per cent of those that took part were male: lawyers, bankers, policemen, students and, in at least one reported case, a cleric. Steroids have breached boardrooms and snuck into churches, gatecrashed courtrooms and invaded classrooms. Men source from trustworthy friends, unscrupulous dealers, or websites that promise 48-hour delivery and do a side trade pushing prescription meds that counter various side effects: Accutane, for acne; Xanax, for anxiety.

The chief medical officer of Wales, Dr Frank Atherton, describes steroid use as “an escalating problem,” and, like, other medical experts I spoke to, he considers the upsurge to be rooted in aesthetics, a position shared by the media. “You need only look around to see why men want better-looking bodies,” Rick Collins, an American lawyer who specialises in steroid use cases, wrote in an email. “We live in a culture that is absolutely obsessed with appearance. We are judged by our looks every day. So when we look our best, we feel more self-confident. Are steroid users trying to impress themselves or trying to impress others? Both, of course.”

But in many ways motivations run deeper. An older user might care less about the way testosterone helps him fill a T-shirt than he does about how it replenishes his energy levels. (That at 75 years old he is able to work out to such a degree that his body becomes shaped and muscular is, more often than not, a welcome side effect.) When the joints of a middle-aged man begin to ache, and his libido plummets and his hair thins and his gut expands, he might turn to synthetic testosterone to counteract his body’s naturally depleting levels: not to look great in swimwear, but to experience the dreamy sensation of being young again, to become once more the man he was.

Young men, as their parents will attest, are more complicated. “If you look at general theories, they’ll tell you it’s to do with Snapchat, Facebook, Instagram, the social media experience,” Tony Knox, a PhD student in the sports science department of the University of Birmingham, told me. “Everyone wants to look good. Everyone wants to be impressive. These kids want to be able to show off. But I think it’s much deeper than that. I think there are underlying reasons. I think a lot of these young men who are using these super physiological doses of testosterone — they’re deeply insecure. They don’t know their way in life.”

Knox and I were talking in a central Birmingham restaurant in which music blared a few levels too high. Knox has spent the best part of a decade researching steroid use and its harms, first at needle exchanges, now through his PhD. He talks to users weekly — men and women he recruits from gyms around the country — gaining their trust thanks in part to the way he looks: big up top, plenty of fast-twitch muscle, like someone who trains. He went on despite the music.

“We’ve got so many different variations of gender now that these kids don’t know where to situate themselves,” he said. “So they situate themselves in something that is ridiculously masculine, rather than inherently masculine. When I was a kid” — Knox is now in his forties — “there was no ambiguity, no confusion. You didn’t have to be tough. You didn’t have to look a certain way. You just walked into a masculine role and you did it. But it’s not easy for kids these days. It’s much more difficult for them to define themselves as men. Steroids is one of the ways that some of them are doing it.”

The following day, Knox took me to a gym from which he regularly recruits. It sprawled across the two upper floors of what was once an office building. Huge, elaborate paintings of the gym’s most muscular members lined the walls and floor-to-ceiling windows gave passers-by glimpses at the layout inside. Much of the space was given over to free weights and muscle machines. A small area featured treadmills and cross trainers. It remained mostly empty.

Knox introduced me to a friend of his, a personal trainer who had used steroids on and off for more than a decade. I asked him to explain the steroid experience. “You feel stronger,” he said. “You feel like you can hold your head up higher. You’re in the gym and you’re pushing it. You want to have sex a lot more. Then you come off and it’s like...” He hesitated, then finished the thought. “You feel like less of a man.”

Men have wanted to feel more like men, whatever that notion entails, for thousands of years. And, sometimes, steroids were available to help them achieve it. In Ancient Greece, Olympic athletes ate sheep’s testicles before competitions, ingesting secondary testosterone. They found it increased vigour and muscle strength, though they weren’t sure why. This was when strength really mattered. Many ancient Olympic games were brutal. Not every competitor left the arena alive.

Still, steroids as we know them today weren’t developed until the Thirties. The first batch of synthetic testosterone was created in 1935, and the experiment was considered a scientific breakthrough. (Its manufacturers, German Adolf Butenandt and Swiss-Croat Leopold Ružička, won a Nobel Prize in Chemistry in 1939.) Soon, men were injecting the hormone into other men. Normally the recipients were athletes, first in the Soviet Union, later in America. A kind of athletic arms race later developed between the two nations, one that became emblematic of their political tensions. Who could run faster, lift heavier, throw further? Who could get there first?

Performance enhancement in professional sports was banned in the Seventies, when anti-doping tests became good enough (though its use among paid athletes endured). But by that point, steroids had already entered the mainstream consciousness. Amateur athletes in the UK began to source testosterone from states in which distribution was still legal. Most were bodybuilders, weightlifters — big men with good reason to crave extra power. But then it hit gyms. And that’s where we are now.

“I HAD TO TELL HIM NO. THERE’S NO POINT. IT’S USELESS. HIS BODY CAN ONLY TAKE SO MUCH.”

Cameron Jeffrey runs a steroid clinic on the west coast of Scotland. A Scot in his forties with colossal muscles, he's spent a decade working with steroid users. At one point in his career he toured the UK to advise on best practice at steroid-specific needle exchanges. But over the past few years, he's devoted himself to his own project, a drop-in clinic not far from where he grew up, in a community in which steroid use is rising. (He asks that I change his name so as not to betray the trust of those he advises.) His patients include lawyers, doctors, and members of the police force. Nearly all the people he sees are professionals, and their ages vary. He has seen men as young as 21, though he will turn away anyone younger. Every now and then he will treat a pensioner in his Seventies.

Jeffrey told me he ran the clinic informally, by which he meant he considered it part medical centre, part social club. While other clinics offer formal services, Jeffrey's harnesses the essence of an independent gym. Users swing by for guidance and stay to drink coffee and chat. But most turn up during a cycle in order for Jeffrey to supervise or administer their injections, which he performs in a small, sterilised, windowless room at the rear of the building. I was told to expect a carousel of users. "They'll be in and out all day."

When I arrived, Jeffrey and a couple of men in their twenties were sitting at a counter, laughing loudly. Before long, one of the men left the clinic, and Jeffrey and the other man excused themselves into the back, where Jeffrey prepared 500mg of testosterone. The laughter continued throughout the procedure, which lasted less than five minutes. When it was over, the young man promptly left, and Jeffrey walked into a separate communal area to meet me.

"Did you hear what he said?" he asked.

I shook my head.

"The big kid," Jeffrey said. "He was asking for more. More, more, more. And I had to tell him no. There's no point. It's useless. His body can only take so much."

I asked him why the man thought that taking more was better.

"They think it means gains," he said. "But it doesn't. They don't know what they're doing. They don't know what the impact could be. They don't know how to use them properly. They make gains on one cycle — big gains — and then they go again, more, more, more, thinking it's OK. And it's not."

When I spoke to Atherton, the Welsh chief medical officer, he told me one of his most important jobs was to disseminate information. "There are benefits to individuals who use these drugs in terms of their image and their performance," he said. But "people need to go into these things with their eyes wide open." I'd heard stories of testicular atrophy, of hypertension and heart attacks and strokes, of men giving up steroids after long cycles and being told they were no longer able to have children. Atherton continued, "I believe that a properly informed person who knows about the side effects and the risks and the harms would probably choose to enhance their body image through hard work and not through chemical enhancement."

Jeffrey echoes the sentiment, and, similarly to Atherton, he sees himself as a kind of counsellor. He spends most of his day advocating responsible use and dishing out advice: what to use and how much, when to start and when to stop, even information as pragmatic as how to use a needle. As trust builds, men open up in ways they tend not to elsewhere. "It's like a confessional," he told me. "They can't talk to their missus or their mates, so people come in here and tell you about their lives. They spill all."

Twenty minutes later, an older man entered the clinic, walked over to a drinks machine, quietly made himself a coffee, and sat down at a counter. Jeffrey greeted him warmly and they started chatting. Soon, the pair walked to the back of the clinic. Again I could hear laughter, although this time I also heard the soft jingle of a belt buckle. Jeffrey administered 125mg of testosterone into the top of the man's backside, and five minutes later he was gone.

"How old do you think he was?" Jeffrey asked me when he returned.

"60," I said.

"Higher."

"65?"

"Try again."

Doubtfully, I offered, "70?"

"He's not far off 80!" Jeffrey said. He had a sharp glint in his eye, as though he'd won a great victory. "He came in complaining of lethargy. He was tired. He'd put on weight. He didn't want to leave the house, not even to take the dog for a walk." That was a few years ago. Jeffrey told him to get a blood test, which revealed staggeringly low levels of testosterone, even for the man's age. He's been coming in once every 10 days ever since. "And look at him now!" Jeffrey said. "The quality of life he has..." He tailed off, but the inference was that the man was better: more alive. "He's actually quite vascular," Jeffrey said. "He's got a good body under there."

I asked him why he thought so many older men had taken to steroids. "It used to be that a man could grow old gracefully, maybe with a bit of a pot belly," he said. "But that's not happening anymore. The culture's changing. We're living longer. And we want to live well for longer, look beautiful for longer. We've learnt how to eat, how to train. There's Botox. Boob jobs. Steroids is a part of that."

Later in the day, Jeffrey told me he uses steroids "every now and then", and he likes to share his experiences with others. I asked him what he felt like when he was on a cycle. "Remember the feeling you had when you were 17, 18 years old? When everything felt good?" I nodded. "That's what it feels like."

Just before I left, after 10 or so users had come and gone, a tall man walked into the clinic and slumped into a chair in one of the communal spaces. Jeffrey walked over and eyed him carefully. "You look bigger," he said. The man looked dubious. Jeffrey pointed to his shoulders

and then his neck. “Here and here,” he said. And then, noticing the man’s concern: “In a good way.”

A broad grin slipped across the man’s face. He’d recently split up with his wife, Jeffrey told me, and he was training hard to keep his mind off it. The steroids were meant to help him navigate the singles market, and they seemed to be working. Before long, the pair began to discuss the man’s chosen substance, and they debated the efficacy of his current dose. Jeffrey erred on the side of caution, as he tends to, and eventually he won out — the man relented and stuck to the same dose, though the conversation didn’t seem to be entirely over.

“I FELT AS THOUGH THE ONLY THING I HAD CONTROL OVER NOW WAS MY BODY.”

One day in April, a while after we’d first met, I called Alec Wilson. The last man I’d seen at Jeffrey’s clinic had reminded me of something Wilson had told me: that the motivation behind his steroid use was not to do with looks, or strength, or even power, but more to do with a kind of personal agency, a wrestling back of self-control.

A few months before he began that four-year cycle, Wilson realised his marriage was breaking down, and he slipped into a depression. His mood, usually light and stable, had turned dark. Colleagues noticed a souring of his character. On the phone, Wilson told me that his “identity had fractured. I was no longer the worker, the provider, the loving husband, the good father — all of the things I had aspired to be. I felt as though the only thing I had control over now was my body.”

Other users spoke similarly of personal restraint, of self-possession, of being able to affect the way they looked, felt and thought while the world around them shifted inexplicably or, worse, fell entirely to pieces.

“In some ways I felt I did the right thing,” Wilson told me. “I certainly don’t regret doing what I did, because it allowed me to get part of my identity back.” Wilson separated from his wife, but the pair are now friends, and he enjoys a good relationship with his son.

Towards the end of our conversation, I asked him if he’d use again. “I would,” he said, instantly. I asked him what the benefits would be. “Increased energy levels,” he said. “I’m 42 now. Some days are a struggle.”

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