

A PRACTICAL GUIDE TO SAFER

# STEROIDS AND PEPTIDE USE



**WAAC**

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**WAAC**

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## **ACKNOWLEDGEMENT OF COUNTRY**

We acknowledge, respect, and walk in solidarity with the traditional custodians of the lands on which we work.

# STEROIDS

Anabolic steroids, anabolic androgenic steroids (AAS), or just steroids, are synthetic derivatives of the male hormone testosterone.

Steroids bind to androgen receptors (AR) located throughout the body. When activated, these receptors influence male sexual and reproductive traits, including increased muscle growth, greater oil and sweat gland activity, and the deepening of the voice.

## TESTOSTERONE REPLACEMENT THERAPY (TRT)

TRT is a medically supervised treatment designed to restore normal testosterone levels in individuals with hypogonadism or other conditions that cause low testosterone.

TRT aims to bring testosterone levels back to an ideal healthy range rather than promoting excessive muscle growth or performance enhancement, with fewer associated risks when used appropriately.

## THE THREE MAJOR IMPACTS ON THE BODY

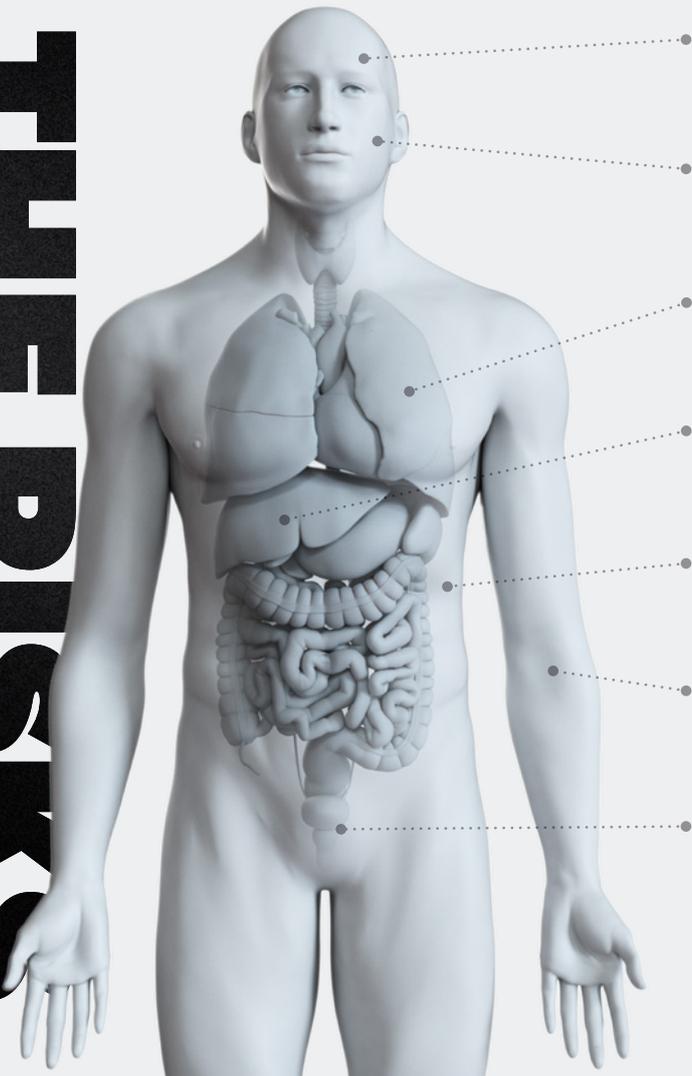
Increase muscle mass by enhancing protein synthesis in the body

Improve recovery times by minimising muscle damage

Increase oxygen in the body by stimulating red blood cell count



# THE RISKS



## **PSYCHOLOGICAL EFFECTS**

Steroid use can impact your mental and emotional well-being, such as mood swings, increased irritability, aggression or violent behaviour. Discontinuing steroids can trigger anxiety, depression, and in some cases, suicidal thoughts.

## **SKIN ISSUES AND HAIR LOSS**

Steroids can increase oil (sebum) production in the skin, leading to acne and blocked pores. They also raise levels of dihydrotestosterone (DHT), which can shrink hair follicles and cause hair thinning or speed up genetic male-pattern baldness.

## **CARDIOVASCULAR ISSUES**

Steroid use can lead to high levels of Low-Density Lipoprotein (LDL), low levels of High-Density Lipoprotein (HDL), and fatty build-up in the arteries, increasing the risk of heart attack, stroke, blood clots, and heart enlargement.

## **LIVER DAMAGE**

Oral anabolic steroids are highly toxic and may cause inflammation, cholestasis, scarring, liver tumours, or failure. Jaundice (yellowing of the skin or eyes) is a key warning sign. Raised liver enzymes (ALT and AST) indicate liver stress or damage.

## **KIDNEY DAMAGE**

Steroid use can increase the risk of kidney stress or damage, especially when combined with other substances that affect the kidneys, such as alcohol or paracetamol. Severe, long-term misuse may contribute to kidney failure.

## **JOINT AND TENDON DETERIORATION**

Rapid muscle growth can strain ligaments and tendons that adapt more slowly. Steroid-related water retention may cause swelling and stiffness, while long-term use can weaken connective tissue and increase injury risk.

## **HORMONAL IMBALANCES**

In males, steroid use suppresses natural testosterone, leading to testicular shrinkage, reduced sperm count, and gynecomastia (man boobs). In females, it can cause masculinising effects such as a deeper voice, body hair, and facial changes.

## **IMMUNE SYSTEM SUPPRESSION**

Steroid use can weaken the immune system, making it harder for the body to fight infections and increasing susceptibility to illness.

# CYCLES

A cycle of steroids is typically taken for 6–16 weeks “on” followed by a break, ideally of the same length of time “off”. Taking time off is important because long, uninterrupted use can suppress the body’s natural testosterone production, making it difficult for hormones to return to normal.

Cycles can have numerous side effects including hormonal imbalances, cardiovascular issues and liver damage. It is recommended to see your GP and get blood tests before your first cycle and at regular points afterwards. Blood work can help detect changes in liver function, kidney function, cholesterol, and hormone levels.

Post Cycle Therapy (PCT) is a period after a steroid cycle where medications, usually oral or injectable, are taken to help the body restart natural testosterone production. PCT is recommended to help restore the body’s natural hormone production and reduce the risk of long-term suppression. This should be done in conjunction with your GP.



## **STACKING**

Stacking is when more than one steroid or substance is taken at a time - mixing and matching substances to increase gains. However stacking has a greater risk for harmful side effects and strain on the body.



## **CRUISING AND BLASTING**

Blasting refers to the period of a steroid cycle when high doses are taken to maximise muscle growth. Cruising is a period when a lower dose is used, often after a blast, to help maintain gains and reduce withdrawal effects such as low mood, fatigue, anxiety, or depression.

# AVOIDING INFECTION

Human skin naturally carries bacteria and fungi. While most are harmless, they can cause infections if they enter the body through an injection including:

**Staphylococcus (golden staph)**

**Streptococcus (necrotising fasciitis)**

**Candidiasis fungus (thrush)**

Swabbing kills many of these bacteria and prevents them entering the body.

**Wash hands with soap and water or use hand sanitiser.**

**Use new sterile equipment this includes barrels and tips.**

**Never reuse any equipment as exposure to air, water or oil will allow bacteria to grow.**

**Swab the vial cap.**

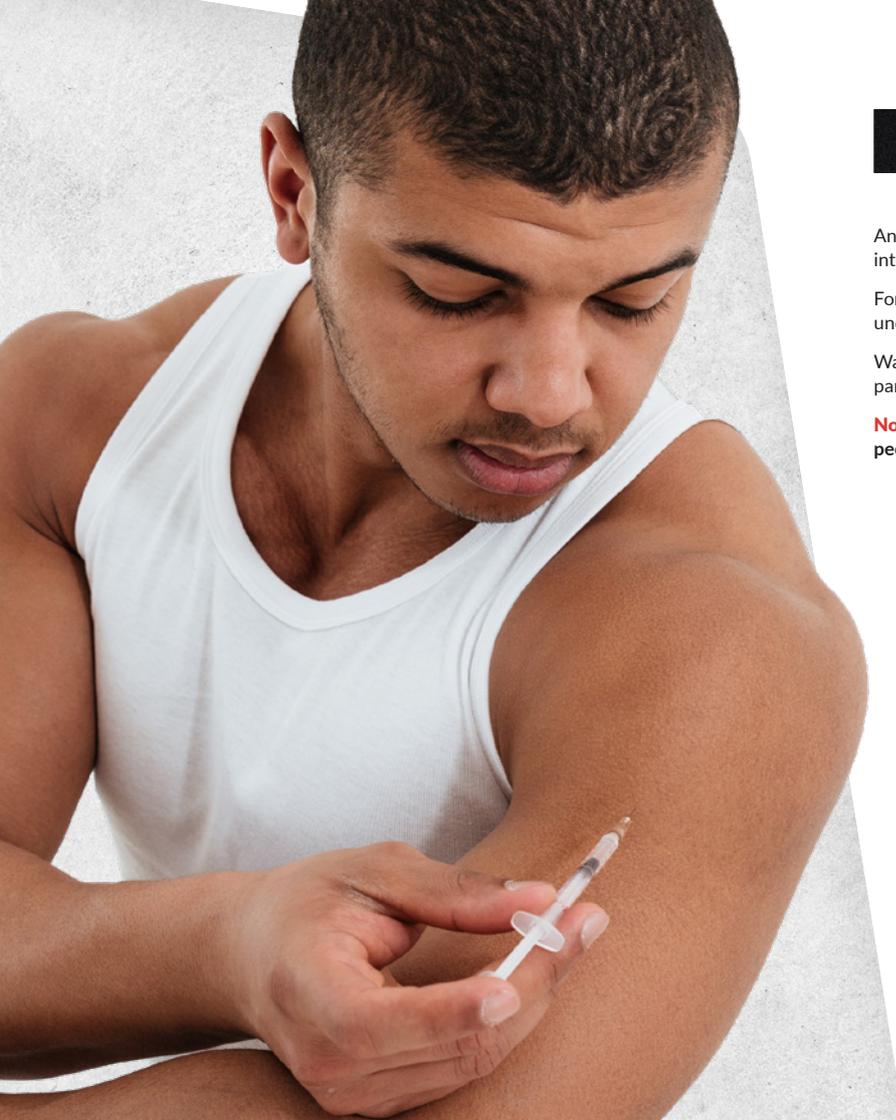
**Swab the injection site in one direction once. Do not go back and forth. Let it dry completely.**

**Re-cap sharps and dispose of all equipment in a sharps disposal container or hard plastic container.**

**Seek medical advice if injection site becomes red, feels hot, is swollen, blisters or you have a fever.**

**Use BAC water to reduce the risk of infection by inhibiting the growth of bacteria.**





# PREPARATION

Anabolic steroids come suspended in oil or water and are injected directly into the muscle, where they are absorbed gradually into the bloodstream.

For oil based steroids the vial can be warmed in a bowl of warm water or run under a tap to make it easier to draw out, especially in colder weather.

Water based steroids can be given a light shake to mix and ensure there are no particles at the bottom of the vial.

**Note:** Some testosterone products are suspended in refined peanut oil - people with peanut allergies should check ingredients carefully.

## SELECTING THE CORRECT EQUIPMENT

Size	Use
3ml barrel	Standard barrel size for most steroid injections
19G	Drawing up steroid from the vial (not for injecting)
21G	Drawing up steroid from the vial (can be used for larger muscle injections). Thicker oils may not be able to push through this gauge
23G	Injection into larger muscles (glutes, quads)
25G	Injection into larger/smaller muscles (quads, delts)
27-29G 1ml syringe	Subcutaneous injections (fatty tissue; or small muscles (triceps, brachii lateral head))

"G" refers to the gauge of the needle, which is the thickness of the needle. The lower the number, the thicker the needle.

## OTHER EQUIPMENT

Alcohol swabs	For skin and vial stopper
Hand sanitiser	To sterilise hands
Sharps container	For safe disposal. You may also use a hard plastic container with a sealable lid
Cotton balls or sterile gauze	To apply pressure and stop bleeding

# SITES TO INJECT

## ARMS/SHOULDERS

- Divide the upper arm (between shoulder and elbow) into thirds. Inject into the top third of the deltoid while keeping the arm relaxed.
- The deltoid is a smaller muscle than the glutes or quads, so use a smaller needle (e.g., 25G) and limit the volume to 1–1.5 ml per injection.

## GLUTES

- Divide the glute into four quadrants. Inject into the upper outer quadrant.
- To reduce movement, keep weight off the leg you are injecting while standing, or you can inject while lying down.
- **WARNING:** The sciatic nerve runs through the middle of the glute - hitting it can cause severe pain or nerve damage.

## THIGH

- Divide the thigh (between knee and hip) into thirds. Inject into the outer side of the middle third.
- Keep the weight off the leg while injecting, or sit with your leg straight and relaxed.

Ensure proper hygiene and aseptic technique to reduce the risk of infection. Rotate injection sites and avoid injecting into sore or damaged areas.

# INJECTING

**1** Prepare equipment and the vial  
Wash hands thoroughly.  
Swab the rubber vial stopper with an alcohol swab.  
Swab the syringe barrel and needle hub if they have been touched or are not in sterile packaging.  
Attach a drawing needle (19g, 21g) to draw up the solution.

**2** Draw up the solution  
Insert the drawing needle into the vial and push a small amount of air in to equalise pressure.  
Pull back on the plunger to draw up desired amount.  
With the needle pointing up, flick the barrel to move air bubbles to the top, then push the plunger to remove air bubbles.

**3** Swap to a fresh injecting needle  
Remove the drawing needle and replace it with a new, sterile injecting needle (never inject with the same needle used to draw up).  
Keep the cap on until ready to inject.

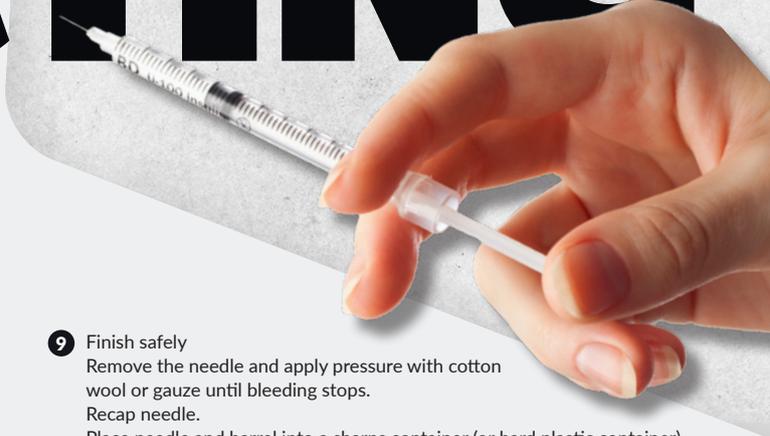
**4** Position the syringe  
Hold the syringe like a dart, at a 90-degree angle to the muscle.  
Keep the muscle relaxed to reduce pain.

**5** Tension the skin  
With your other hand, hold the skin taut between your thumb and forefinger so the needle enters cleanly.

**6** Insert the needle  
Insert the needle smoothly into the muscle.  
Leave a small portion of the needle exposed above the skin (in case the needle breaks).

**7** Aspirate (check for blood)  
Gently pull back on the plunger: if blood appears, you are in a blood vessel - withdraw, apply pressure, and restart with new equipment and solution.  
If no blood, continue.

**8** Inject slowly  
Relax the muscle again, and inject the fluid slowly.  
If a lump forms, the injection may be too shallow (in the subcutaneous layer), which increases the risk of pain, swelling, hard lumps, sterile abscesses, or infected abscesses.

- 
- 9** Finish safely  
Remove the needle and apply pressure with cotton wool or gauze until bleeding stops.  
Recap needle.  
Place needle and barrel into a sharps container (or hard plastic container).
- 10** Monitor for infection  
Signs include redness, heat, increasing pain, or swelling.  
Draw a line around redness with a pen, if it spreads beyond the line, seek medical care.  
If you develop fever, chills, nausea, vomiting, or severe pain, seek urgent medical attention (possible bloodstream infection).

**IF YOU FEEL AN ELECTRIC SHOCK FEELING WHEN YOU INJECT, TINGLING OR CONTINUING NUMBNESS YOU MAY HAVE HIT A NERVE.**

- 1 Stop the injection immediately**
- 2 Withdraw the needle carefully.**
- 3 Do not inject further at that site.**
- 4 Monitor for ongoing symptoms — if numbness, weakness, or severe pain persists, seek medical attention promptly.**

# SIGNS OF DEPENDENCE

These signs may suggest your use is becoming harder to control. You do not have to tick every box - even one or two can be worth checking in about.



## USING LARGER AMOUNTS OF STEROIDS

- You need higher doses to get the same results.
- You are using more often than you planned



## USING STEROIDS FOR LONGER PERIODS

- You extend your cycle or struggle to stop.
- You keep going even when your body needs a break.



## FEARS OF LOSING MUSCLE MASS

- You worry about shrinking or not looking 'big enough'.
- The fear is stronger than what other around you see.



## PHYSICAL OR PSYCHOLOGICAL PROBLEMS

- Mood swings, low sex drive, sleep issues or irritability.
- Acne, hair changes, swelling, or other physical effects



## EXPERIENCING SOCIAL ISSUES

- Steroid use is affecting relationships, work or routines.
- You hide your use or feel stressed about accessing gear.



## EXPERIENCING WITHDRAWAL SYMPTOMS

- When you stop, you feel flat, tired, anxious or down.
- Your motivation drops and you feel 'off' for days or weeks.



# HALF-LIFE

The half-life of an anabolic steroid is the amount of time it takes for the level of the substance in your blood to drop to half of its original amount.

Understanding half-lives helps you know how long a steroid stays active in the body, how often it needs to be injected, and how long it may take to clear from your system.

Many injectable steroids are attached to a chemical chain called an ester. The ester acts like a "slow-release" mechanism:

- Short esters break away from the hormone quickly - the drug enters the bloodstream faster and leaves the body sooner.
- Long esters take more time to break down - the drug is released slowly and stays active for longer.

Because of this, steroids with shorter esters are metabolised and eliminated more quickly, while those with longer esters remain active in the body for a longer period of time.



AAS Name	Half-Life
<b>Injectable</b>	
Boldenone Undecylenate	~14 days
Drostanolone Propionate	~3 days
Methenolone Enanthate	~10 days
Nandrolone Decanoate	~8 days
Nandrolone Phenylpropionate	~4 days
Stanozolol	~1 day
Sustanon 250 (multi-ester testosterone)	~1-2 days (propionate), ~3-4 days (phenylpropionate) ~7 days (isocaproate), ~15 days (decanoate)
Testosterone Cypionate	~12 days
Testosterone Propionate	~4 days
Testosterone Suspension	~1 day
Testosterone Acetate	~3 days
Testosterone Enanthate	~10 days
Trenbolone Hexahydrobenzylcarbonate	~10 days
<b>Oral Steroids</b>	
4-Chlorodehydromethyltestosterone	~7 hours
Fluoxymesterone	~8 hours
Methandrostenolone	~6 hours
Mesterolone	~12 hours
Oxandrolone	~9 hours
Oxymetholone	~8 hours
Stanozolol	~9 hours

Note: Half-lives listed are approximate and can vary between individuals, products, and sources. Use this table as a general reference, not an exact guide.



# PEPTIDES

Peptides are small chains of amino acid, the building blocks of proteins. They act as messengers in the body, helping to regulate processes such as hormone release, immune response, and cell repair.

Peptides are found in supplements like protein shakes, supplement pills and creatine. They also occur naturally in foods like red meat, fish, beans and lentils, soy, oats, flaxseed and wheat.

## ARE PEPTIDES LEGAL?

In Australia, peptides are classified as Schedule 4 (S4) - Prescription Only Medication by the Therapeutic Goods Administration (TGA) and the Western Australia Medicines and Poisons Act.

**They are held in the same classification as testosterone, anabolic steroids and pseudoephedrine.**

Many peptides are generally sold online as "research chemicals". This is to bypass the scheduling laws and is usually indicated on the vial.

Before buying any peptides online:

- Research the company's website
- Look up the active ingredients in the supplement
- Be sceptical of claims that sound too good to be true
- Do not take more than the suggested dosage

# RECONSTITUTING PEPTIDES

Reconstituting peptides involves turning the dried peptide powder back into a liquid state that can be injected.

To reconstitute peptides, you will need the following equipment:

- 1ml, 3ml or 5ml syringe barrel
- 25g 1-inch injecting tip/needle
- Bacteriostatic water (bac water)\*
- **Peptide vial (the peptide amount in mg should be on the vial)**

Important: the mix ratio is important because it affects your dosage.

For help calculating the correct amount of water and reading your syringe markings, you can visit [www.measurepeptides.com](http://www.measurepeptides.com) or scan the QR code.

## BACTERIOSTATIC WATER

Bac water is a sterile water that contains 0.9% benzyl alcohol which inhibits the growth of bacteria. This gives the reconstituted peptide a longer shelf life, minimises the risk of infection and maintains the stability of the peptide. Bac water is mixed with peptide powder before injecting.



SCAN HERE FOR  
PEPTIDE CALCULATOR



- 1 Clean the vials**
  - Swab the cap of the peptide vial and the cap of the bacteriostatic water with an alcohol swab.
- 2 Add the water**
  - Draw the desired amount of bac water into your syringe.
  - Inject it slowly into the peptide vial, letting the water run down the side of the vial.
- 3 Mix gently**
  - Swirl the vial gently until the peptide is fully dissolved.
  - Do not shake, as shaking can damage the peptide.
- 4 Store safely**
  - Keep the reconstituted vial in the refrigerator.
  - It will stay stable and usable for up to 30 days.
- 5 Draw your dose**
  - Once mixed, draw the desired dosage into a new syringe for injection.

# HOW TO INJECT PEPTIDES

Peptides are usually injected subcutaneously (under the skin, into the fatty layer of the stomach) or, in some cases, directly into an injury for repair. After reconstituting the peptide vial (steps on previous page), it is now able to be injected:

- 1 Clean your hands and equipment**
  - Wash your hands with soap and water or use hand sanitiser.
  - Swab the cap of the peptide vial and the injection site with an alcohol swab.
- 2 Prepare the syringe**
  - Insert the needle into the vial.
  - Push in a small amount of air to regulate pressure.
  - Pull the plunger back to the desired dosage and withdraw the liquid.
  - Turn the syringe upside down, flick gently to move any air bubbles to the top, and push the plunger to expel the air.
- 3 Inject the peptide**
  - Pinch the skin at the injection site on your stomach.
  - Insert the needle at a 45-degree angle into the subcutaneous layer.
  - Push the plunger slowly and gently to inject the peptide.
- 4 After the injection**
  - Remove the needle carefully.
  - Recap and dispose of the syringe in a sharps disposal container.



# GLOSSARY

## SUBSTANCES AND COMPOUNDS

### **ANABOLIC STEROIDS** (*juice, gear, roids*)

Synthetic substances that mimic testosterone, used to promote muscle growth and strength.

### **ANDROGENS**

Hormones like testosterone that influence male characteristics and muscle development.

### **BACTERIOSTATIC WATER** (*Bac Water*)

Sterile water containing 0.9% benzyl alcohol that prevents bacterial growth. It is used to reconstitute powdered peptides, keeping them stable and reducing infection risk.

### **CORTICOSTEROIDS**

A different class of steroids used to reduce inflammation, not to be confused with anabolic steroids.

### **ESTER**

A chemical chain attached to an injectable steroid that controls how

fast the steroid is released into the bloodstream. Shorter esters act quickly, longer esters release more slowly.

### **HALF-LIFE**

The time it takes for the concentration of a drug in the blood to decrease by half. Half-life affects how often a steroid or peptide needs to be injected.

### **PEPTIDES**

Short chains of amino acids that can stimulate hormone production (e.g., growth hormone releasing peptides).

### **SELECTIVE ANDROGEN RECEPTOR MODULATORS** (*SARMS*)

Compounds that act similarly to steroids but with more targeted effects, often claimed to have fewer side effects.

### **TESTOSTERONE (T, Test)**

The primary male sex hormone often used in performance-enhancing drug regimens.

## CYCLES AND DOSING

### **BLAST AND CRUISE**

A steroid use pattern where high doses ('blast') are alternated with lower doses ('cruise'). This approach is used to maintain muscle gains while attempting to reduce side effects, but it still carries significant health risks.

### **CYCLE**

A planned period of using steroids or peptides followed by a break to avoid side effects and maintain effectiveness.

### **POST CYCLE THERAPY (PCT)**

A protocol used after a cycle to help the body restore natural hormone production.

Using multiple steroids or peptides at once to enhance effects.

### **TAPERING**

Gradually reducing the dose to minimize withdrawal symptoms or side effects.

# GLOSSARY

## USER PRACTICES

### BUNK GEAR

Steroids or peptides that are fake, underdosed, contaminated, or otherwise unsafe.

### CYCLE BUDDY

A person you use steroids or peptides with, often to share advice, track doses, or provide support during a cycle. Sometimes also refers to someone who helps you inject or monitor side effects.

### HOMEBREW

Steroids or peptides mixed by users from raw powders and solvents. This is extremely high risk due to potential contamination, incorrect dosing, and sterility issues.

### INTRAMUSCULAR INJECTION (IM)

An injection delivered directly into a muscle, allowing the substance to be absorbed into the bloodstream more slowly than a subcutaneous injection.

### SUBCUTANEOUS INJECTION

An injection delivered into the layer of fatty tissue just under the skin. Absorption is slower than intramuscular injections, and the technique is generally easier and lower-risk.

### NATTY

Short for "natural," meaning someone does not use anabolic steroids or performance-enhancing drugs.

### ROTATING INJECTION SITES

Changing where you inject each time to prevent tissue damage, scarring, or abscess formation.

### SHARPS DISPOSAL

A container specifically designed for safely disposing of used needles and syringes to prevent injury and infection.

### SITE INFECTION/ABSCESS

Localized infection due to poor injecting hygiene or contaminated product.

### SPOT INJECTION

Injecting directly into a specific muscle with the idea it will target growth. This method is not supported by evidence and increases the risk of injury or infection.

### SYRINGE BARREL

The part of the syringe that holds the liquid to be injected. Comes in

different sizes (1 mL, 3 mL, 5 mL) depending on the dose required.

### SYRINGE GAUGE (G)

The width of a needle. The lower the gauge number, the thicker the needle. Choosing the right gauge depends on the type of injection and the substance being injected.

### Z-TRACK METHOD

An injection technique used to prevent leakage of substance into subcutaneous tissue.

## HEALTH RISKS AND SIDE EFFECTS

### ANDROGENIC SIDE EFFECTS

Side effects caused by elevated androgen levels, such as acne, hair loss, oily skin, and increased aggression.

### GYNECOMASTIA (GYNO)

Enlargement of male breast tissue, often caused by hormonal imbalances related to steroid use.

### HPTA SUPPRESSION

Inhibition of the Hypothalamic-Pituitary-Testicular Axis, leading to reduced natural testosterone production.

### LIVER TOXICITY

Damage caused by certain oral steroids which are processed through the liver.

### OESTROGENIC SIDE EFFECTS

Effects caused by elevated oestrogen levels from steroid use, including water retention, fat gain, and possible gynecomastia.

### ROID RAGE

Slang for sudden or extreme aggression, irritability, or mood swings that some people experience while using anabolic steroids.

## CYCLE TRACKER

WEEK	MON	TUE	WED	THU	FRI	SAT	SUN
1							
2							
3							
4							
5							
6							
7							
8							

**START DATE:** \_\_\_\_\_

**COMPOUND(S):** \_\_\_\_\_

**NOTES:** \_\_\_\_\_  
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## CYCLE TRACKER

WEEK	MON	TUE	WED	THU	FRI	SAT	SUN
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## CYCLE TRACKER

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**NOTES:** \_\_\_\_\_

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## CYCLE TRACKER

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**START DATE:** \_\_\_\_\_

**COMPOUND(S):** \_\_\_\_\_

**NOTES:** \_\_\_\_\_

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