

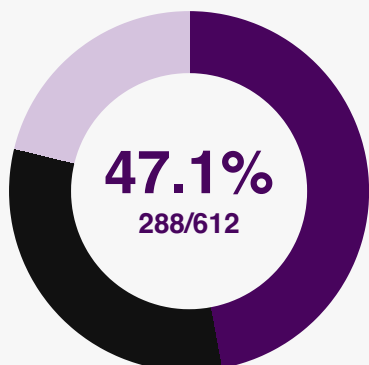
Key Findings

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01 TESTING OUTCOMES

Fewer than half of the 612 samples tested matched their label.



47.1% 288

matched what the label reported

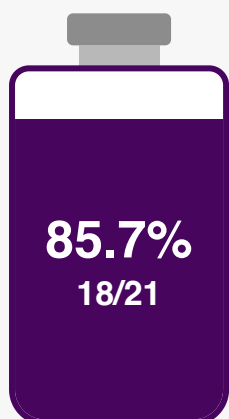
31.7% 194

swapped for another compound

21.2% 130

did not match for other reasons

02 PEPTIDES



hGH samples confirmed as hGH

This test confirms presence, not potency or dose. A confirmed vial can still hold more or less than labelled.

03 SWAPPED COMPOUNDS

The compounds most often different to what was labelled, where a substitute could be identified:

1 Labelled **Primobolan** → contained **Masteron** **n = 43**

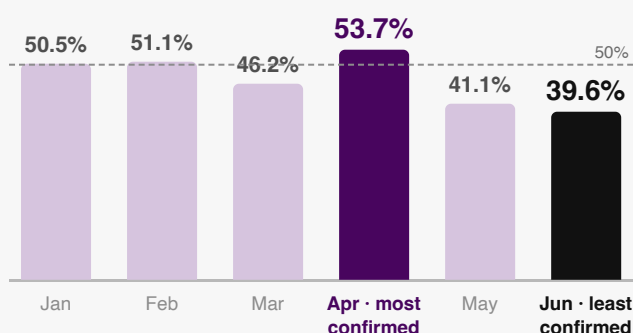
2 Labelled **Anavar** → contained **Dianabol** **n = 6**

3 Labelled **Test E** → contained **Test P** **n = 3**

Masteron accounted for 61% (43/71) of all identified substitutions. Third place is shared with Test E → unspecified testosterone ester and Sustanon → Test P (n = 3 each).

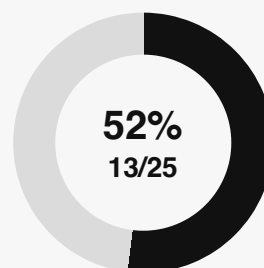
04 MONTHLY TRENDS

Products confirmed as labelled each month. **April** had the most confirmed samples (51/95) and **June** the least (36/91).



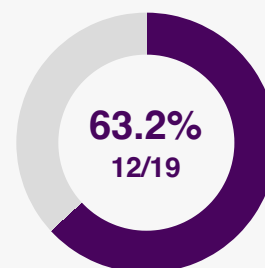
05 CONFIRMED VS MISREPRESENTED

Over 160 brands were submitted. Results varied widely by brand.



Evolve Biolabs

contained a **different product** than labelled



British Pharma

confirmed as labelled

Introduction

Image and performance enhancing drug (IPED) markets are often overlooked in harm reduction responses for people who use drugs (1), despite estimated global prevalence of 6.4% in men (2), and 4% in women (3). Anabolic-androgenic steroid (AAS) use also carries distinct risks and patterns of harm compared with other forms of injecting drug use (4). These risks may be exacerbated when IPEDs are sourced from illicit markets, where product quality and composition are often unknown (5). Providing timely information on IPED market trends can support people who use these substances to make informed health decisions (6). This bulletin examines trends in the IPED market over the six-month period from January to June 2026, drawing on community submitted drug checking data collected by ROIDTrends from across Australia and New Zealand.

Methods

The Community Testing System is the arm of ROIDTrends that uses community-submitted drug checking results to understand IPED markets across Australia and New Zealand, making it a trans-Tasman picture of the IPED market. The results in this bulletin come from reagent test kits used by consumers, not from laboratory analysis. They show what compounds were likely present in submitted samples and should be read as an indication of market trends rather than a definitive measure of product content.

Customers who purchased reagent test kits from PEDTest used the kits to analyse their IPEDs and submitted the results to PEDTest. These data were subsequently shared with ROIDTrends under a data-linkage agreement. Recorded information for each sample included the date of submission, classification of the product as confirmed as labelled, swapped, inconclusive, or bunk, and the reported brand where available. For products classified as swapped, the identified substance was recorded where possible.

STRENGTHS

- Provides a timely signal of what is circulating in Australian and New Zealand IPED markets.
- Captures brands and products that rarely reach laboratory testing.
- Built on community participation, reflecting the products people actually use.

LIMITATIONS

- Reagent tests indicate the likely presence of a compound, not its purity, dose, or the presence of other substances.
- Some compounds cannot be distinguished by reagent tests, contributing to inconclusive results.
- Results are self-reported, taken at face value and not independently verified by ROIDTrends.
- Samples are self-selected by people who chose to test their products, so may not represent the whole market.

Results

Between 1 January and 30 June 2026, 641 samples were submitted for testing. Of these, 4.5% (n = 29) had no outcome recorded and were excluded, leaving 612 samples for analysis. Submissions were distributed evenly across the six-month period (range 88–132 samples submitted per month).

Figure 1 shows that March had the highest number of product submissions (n = 132), while February had the lowest (n = 88). Figure 2 shows the same outcomes as a proportion of each month's samples: the proportion of confirmed samples was highest in April (53.7%) and lowest in June (39.6%).

Table 1 lists the most frequently submitted brands. Evolve Biolabs (n = 25), Dragon Pharma (n = 23) and British Pharma (n = 19) were submitted most often; together, the twelve brands with at least nine samples accounted for 25.3% (155/612) of all samples analysed.

Table 2 shows that fewer than half (47.1%; 288/612) of samples matched what the label reported. Approximately one third (31.7%; 194/612) of compounds were swapped for another compound. Table 3 shows drostanolone enanthate was identified as the substituted compound in 43 samples (61%) labelled as methenolone enanthate.

641
samples submitted

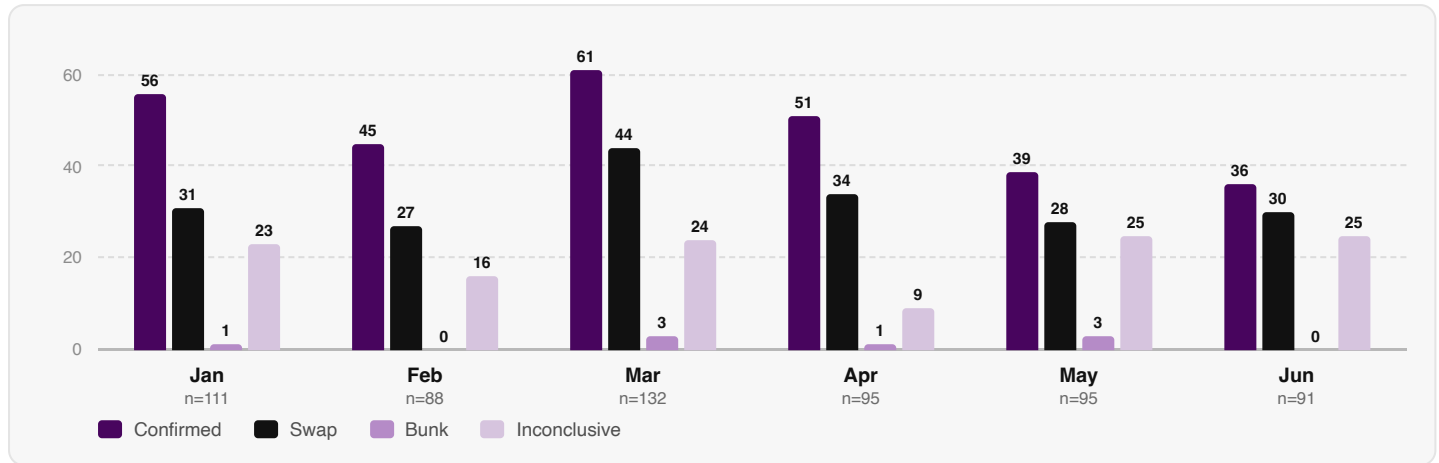
29
no outcome recorded, excluded

612
samples analysed

6
months, January – June 2026

Figure 1**Number of samples per testing outcome, by month**

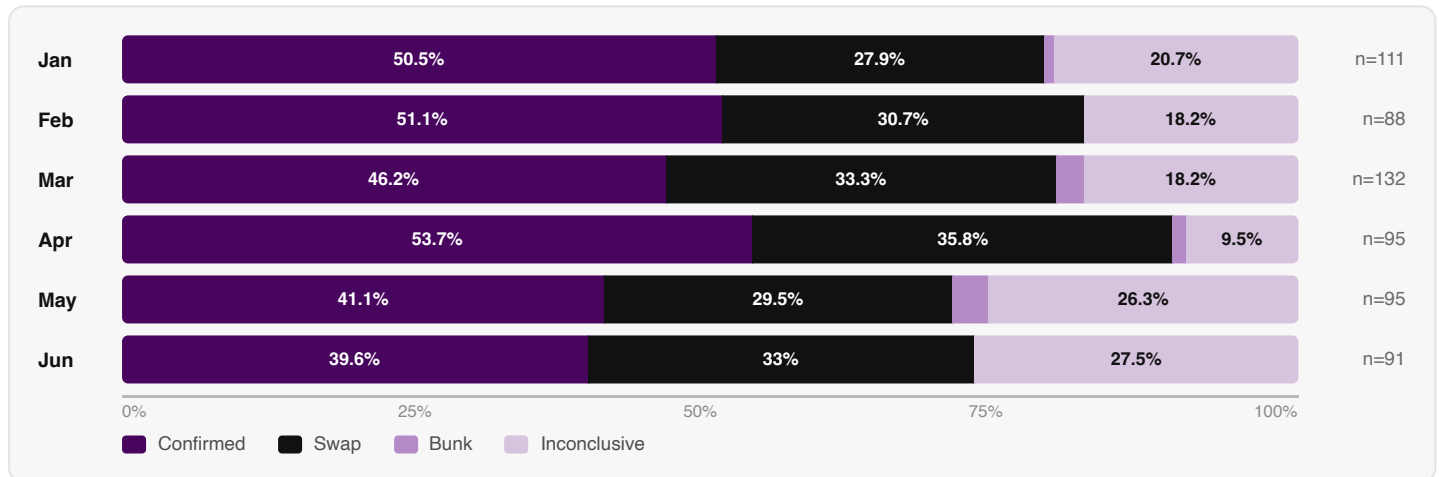
Bar height shows the **number** of samples. This chart compare how many samples were tested each month.



Note. n = 612 samples with a recorded outcome. Totals: confirmed 288 (47.1%), swap 194 (31.7%), bunk 8 (1.3%), inconclusive 122 (19.9%).

Figure 2**Proportion of each month's samples by testing outcome (%)**

Each bar is 100% of that month's samples. This chart compares outcomes between months with different numbers of samples.

**Table 1****Most frequently submitted brands and the compounds they supplied, January–June 2026**

Brand	Samples (n)	Distinct compounds (n)	Compounds submitted, with number of samples (n)
Evolve Biolabs	25	10	Methenolone E (6); Testosterone E (4); Oxandrolone (3); Drostanolone P (3); Drostanolone E (3); Sustanon (2); Trenbolone E (1); Methandienone (1); Nandrolone D (1); Stanozolol (1)
Dragon Pharma	23	6	Methenolone E (11); Drostanolone E (5); Testosterone E (4); Methandienone (1); Oxandrolone (1); Testosterone P (1)
British Pharma	19	9	Methenolone E (6); Drostanolone P (4); Testosterone E (3); Oxandrolone (1); Nandrolone D (1); Drostanolone E (1); Testosterone P (1); Trenbolone E (1); Testosterone C (1)
Legend Pharma	18	4	Drostanolone E (9); Methenolone E (5); Testosterone E (3); Oxandrolone (1)
DrGlexx	16	7	Drostanolone E (6); Methenolone E (3); Oxandrolone (3); Drostanolone P (1); Fluoxymesterone (1); Trenbolone A (1); Testosterone C (1)
Raptor Labs	14	6	Oxandrolone (5); Testosterone E (4); Tadalafil (2); Turinabol (1); Drostanolone P (1); Drostanolone E (1)
Meditech	11	6	Methenolone E (6); Drostanolone E (1); Oxandrolone (1); Stanozolol (1); Oxymetholone (1); Clenbuterol (1)
Quintrex	10	5	Drostanolone E (4); Testosterone E (3); Oxandrolone (1); Nandrolone D (1); Testosterone C (1)
Evo Genetics	10	4	Drostanolone E (5); Testosterone E (2); Methenolone E (2); Drostanolone P (1)
Nexnos Pharma	9	4	Oxandrolone (3); Methenolone E (3); Drostanolone P (2); Testosterone E (1)
Reinziel	9	3	Testosterone E (6); Drostanolone E (2); Nandrolone D (1)
Sassy's Pharma	9	5	Drostanolone E (3); Testosterone E (2); Methenolone E (2); Nandrolone D (1); Sustanon (1)

Note. Brands contributing at least nine samples, of 168 named brands in total. Together these brands account for 155 samples, representing 31.7% of samples with a recorded brand and 25.3% of all samples analysed.

Table 2
Testing outcomes by declared compound

Compound declared	n	Confirmed n (%)	Swap n (%)	Bunk n (%)	Inconclusive n (%)
Anabolic-androgenic steroids					
Testosterone enanthate (Test E)	145	93 (64.1)	18 (12.4)	1 (0.7)	33 (22.8)
Methenolone enanthate (Primo E)	138	15 (10.9)	96 (69.6)	0 (0.0)	27 (19.6)
Drostanolone enanthate (Mast E)	127	62 (48.8)	34 (26.8)	3 (2.4)	28 (22.0)
Oxandrolone (Anavar)	64	37 (57.8)	15 (23.4)	2 (3.1)	10 (15.6)
Drostanolone propionate (Mast P)	32	19 (59.4)	9 (28.1)	0 (0.0)	4 (12.5)
Nandrolone decanoate (Deca)	16	10 (62.5)	1 (6.3)	0 (0.0)	5 (31.3)
Testosterone propionate (Test P)	11	7 (63.6)	3 (27.3)	0 (0.0)	1 (9.1)
Sustanon (testosterone blend)	11	1 (9.1)	8 (72.7)	1 (9.1)	1 (9.1)
Testosterone cypionate (Test C)	10	6 (60.0)	2 (20.0)	0 (0.0)	2 (20.0)
Stanozolol (Winstrol)	4	0 (0.0)	4 (100.0)	0 (0.0)	0 (0.0)
Trenbolone acetate (Tren A)	4	1 (25.0)	2 (50.0)	1 (25.0)	0 (0.0)
Methandienone (Dianabol)	3	3 (100.0)	0 (0.0)	0 (0.0)	0 (0.0)
Trenbolone enanthate (Tren E)	3	2 (66.7)	1 (33.3)	0 (0.0)	0 (0.0)
Dehydrochloromethyltestosterone (Turinabol)	3	1 (33.3)	1 (33.3)	0 (0.0)	1 (33.3)
Oxymetholone (Anadrol)	3	0 (0.0)	0 (0.0)	0 (0.0)	3 (100.0)
Fluoxymesterone (Halotestin)	1	1 (100.0)	0 (0.0)	0 (0.0)	0 (0.0)
Nandrolone phenylpropionate (NPP)	1	0 (0.0)	0 (0.0)	0 (0.0)	1 (100.0)
Peptides					
hGH	21	18 (85.7)	0 (0.0)	0 (0.0)	3 (14.3)
Other performance- and image-enhancing compounds					
Anastrozole (Arimidex)	7	5 (71.4)	0 (0.0)	0 (0.0)	2 (28.6)
Clenbuterol	5	4 (80.0)	0 (0.0)	0 (0.0)	1 (20.0)
Tadalafil (Cialis)	3	3 (100.0)	0 (0.0)	0 (0.0)	0 (0.0)
Total	612	288 (47.1)	194 (31.7)	8 (1.3)	122 (19.9)

Note. n = 612 samples with a recorded outcome; 29 of 641 submitted samples (4.5%) had no outcome recorded and are excluded.

Table 3
Identified compound substitutions

Compound declared	Compound detected	n
Substitution across drug classes		
Methenolone enanthate (Primo E)	Drostanolone enanthate (Mast E)	43
Oxandrolone (Anavar)	Methandienone (Dianabol)	6
Methenolone enanthate (Primo E)	Testosterone enanthate (Test E)	1
Methenolone enanthate (Primo E)	Testosterone, unspecified ester	1
Drostanolone enanthate (Mast E)	Testosterone enanthate (Test E)	1
Trenbolone enanthate (Tren E)	Testosterone, unspecified ester	1
Dehydrochloromethyltestosterone (Turinabol)	Methandienone (Dianabol)	1
Stanozolol (Winstrol)	Oxymetholone (Anadrol)	1
Stanozolol (Winstrol)	Oxandrolone (Anavar)	1
<i>Subtotal</i>		56
Substitution within the testosterone esters		
Testosterone enanthate (Test E)	Testosterone propionate (Test P)	3
Testosterone enanthate (Test E)	Testosterone, unspecified ester	3
Sustanon (testosterone blend)	Testosterone propionate (Test P)	3
Sustanon (testosterone blend)	Testosterone, unspecified ester	1
Testosterone propionate (Test P)	Testosterone enanthate (Test E)	1
Testosterone propionate (Test P)	Testosterone, unspecified ester	1
<i>Subtotal</i>		12
Substitution within the trenbolone esters		
Trenbolone acetate (Tren A)	Trenbolone enanthate (Tren E)	2
<i>Subtotal</i>		2
Unresolved		
Drostanolone enanthate (Mast E)	Drostanolone enanthate (Mast E)	1
Total		71

Discussion

These trends align with previous evidence that IPEDs obtained through illicit markets are frequently misrepresented (7). Almost one-quarter of results were inconclusive, potentially reflecting both the analytical limitations of reagent test kits and the complexity of products sourced from illicit markets (8). Among peptide products, more than three-quarters of samples labelled as hGH contained the expected compound. However, because the test kits identified compound presence rather than concentration, these findings do not establish whether the products contained the labelled dose. This distinction is important, as previous testing of illicit-market peptides has identified products containing the expected peptide but at concentrations ranging from negligible amounts to almost twice the labelled dose (9).

Misrepresentation appeared to be associated more consistently with the compound declared than with a particular brand. One possible explanation is that different underground laboratories (UGLs) obtained raw active ingredients through overlapping upstream supply chains, resulting in similar patterns of substitution or misidentification across brands (10, 11). Previous research indicates that UGLs commonly manufacture AAS from raw powders imported from several producer countries, including China (8). Methenolone enanthate was rarely confirmed as labelled, and was the compound most commonly swapped similar to previous findings (7). This trend was observed across multiple brands. For women who use AAS, and seek out methenolone enanthate due to its lower risk profile regarding virilising effects (3, 12), this is particularly concerning.

Reagent testing plays an important role in harm reduction for people who use IPEDs, particularly in light of the stigma, perceived judgement, and lack of medical expertise which contributes to barriers to healthcare for this cohort (13, 14). However, its limitation is that it cannot address potency, or always identify other compounds or contaminants that may be present in the compounds purchased.

References

- McVeigh J, Begley E. Anabolic steroids in the UK: an increasing issue for public health. *Drugs: Education, Prevention and Policy*. 2017;24(3):278-85.
- Sagoe D, Molde H, Andreassen CS, Torsheim T, Pallesen S. The global epidemiology of anabolic-androgenic steroid use: a meta-analysis and meta-regression analysis. *Annals of epidemiology*. 2014;24(5):383–98.
- Piatkowski T, Whiteside B, Robertson J, Henning A, Lau EH, Dunn M. What is the prevalence of anabolic-androgenic steroid use among women? A systematic review. *Addiction*. 2024.
- Piatkowski T, Kill E, Davey G, Barratt MJ, Ferris J, Nielsen S, et al. Creating Safer Injecting Practices Through Community-Led Harm Reduction: Lessons From People Who Use Steroids for the Alcohol and Other Drug Sector. *Drug and Alcohol Review*. 2025;44(7):1940-50.
- Cox L, Gibbs N, Turnock L. "Emerging anabolic androgenic steroid markets; the prominence of social media". *Drugs: Education, Prevention and Policy*. 2024;31(2):257-70.
- Maghsoudi N, Tanguay J, Scarfone K, Rammohan I, Ziegler C, Werb D, et al. Drug checking services for people who use drugs: a systematic review. *Addiction*. 2022;117(3):532-44.
- Piatkowski T, Coomber R, Francis C, Kill E, Davey G, Cresswell S, et al. The world's first anabolic-androgenic steroid testing trial: A two-phase pilot combining chemical analysis, results dissemination and community feedback. *Addiction*. 2025.
- Magnolini R, Falcato L, Cremonesi A, Schori D, Bruggmann P. Fake anabolic androgenic steroids on the black market—a systematic review and meta-analysis on qualitative and quantitative analytical results found within the literature. *BMC public health*. 2022;22(1):1371.
- Piatkowski T, Craven A, Cornell S, Ferris J. Composition and labelling accuracy of products sold as retatrutide in Australia. *Drug and Alcohol Review*. 2026;45 (6).
- Gibbs N. #Sponsoredathlete: the marketing of image and performance enhancing drugs on Facebook and Instagram. *Trends in Organized Crime*. 2023.
- Piatkowski T, Gibbs N, Dunn M. "I Feel Like I'm Walking the Line; One Side It's Manageable, the Other Side It's F** king prison": exploring the Dual Nature of User-Manufacturers of Image and Performance Enhancing Drugs. *Deviant Behavior*. 2024;45(7):929-46.
- Kicman AT. Pharmacology of anabolic steroids. *Br J Pharmacol*. 2008;154(3):502-21.
- Zahnow R, McVeigh J, Ferris J, Winstock A. Adverse effects, health service engagement, and service satisfaction among anabolic androgenic steroid users. *Contemporary Drug Problems*. 2017;44(1):69-83.
- Cox L, Piatkowski T, McVeigh J. "I would never go to the doctor and speak about steroids": Anabolic androgenic steroids, stigma and harm. *Drugs: Education, Prevention and Policy*. 2024:1-13.

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PARTNERS

