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FIP GUIDELINES

The role of the pharmacist in the fight against doping in sport

Introduction

Sport has taken on considerable social, economic and political importance and is today an integral part of society. The antithesis of ethnic, linguistic or cultural discrimination, it is undeniably a vector for social cohesion and communication. Respect for rules and ethics, which are the cornerstone principles of sport, is also the basis of democracy. Today, however, these rules and principles are being undermined in both professional and amateur sport. Recent surveys indicate concern about the widespread use of products to enhance performance. These surveys also indicate that national and international bodies should play a more active role in the fight against doping.

Doping presents dangers to both athletes and society generally. The risks to those participating in activities designed to improve performance, generally arise from the nature and concentration of the substances used and from the methods adopted. The major risks to health include the development of cardiovascular pathologies especially from the use of erythropoietin (EPO) or stimulants, cancers from the use of growth hormones or anabolic steroids, neurodegenerative symptoms and behavioural disorders.

Sports are important within the overall educational process for young people and therefore for the future of society. In addition to the morbidity observed in those indulging in doping practices, the behaviour fosters the concept that outstanding performance is only possible by breaking the rules. This is an unacceptable concept in any society governed by the rule of law.

The World Anti-Doping Agency (WADA) was formed in 1999, as a result of an increasing awareness internationally of the need to intensify efforts to fight doping in sports. The WADA has taken over responsibility for international doping control from the International Olympic Committee. A new World Anti-Doping Code, created by the WADA, became effective globally in January 2004. This Code contains, among other things, lists of prohibited substances and prohibited methods. The intention is that the Code will encourage harmonisation and co-ordination and make national and international anti-doping programmes more effective in terms of detection, dissuasion and prevention.

Those involved in sports are personally responsible for ensuring that the medications they take are in compliance with the Code.

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The rationale for deciding whether or not a substance should be placed on the Prohibited List is based on the application of three criteria

- potential to enhance performance in sport
- actual or potential risk to health
- violation of the spirit of sport

If two of these criteria are met, the substance is considered for inclusion in the Prohibited List. Examples of products included are stimulants, narcotics, cannabinoids, anabolic steroids, peptide hormones, agents with anti-oestrogenic activity, beta agonists (with some exceptions), glucocorticosteroids and agents that can be used to conceal the use of other substances by, for example, promoting excretion of urine or blocking excretion of anabolic agents. However, pseudoephedrine and caffeine no longer appear on the Prohibited List

There is a new category of “Specified Substances” which may produce inadvertent positive results to tests. These are substances, which, because of their general availability in normal medicinal products, are particularly likely to lead to unintentional violation of anti-doping rules. A doping violation involving these substances, which include ephedrine and beta-blockers, may result in a reduced sanction provided the individual can establish that the use of the substance was not intended to improve performance in sport.

“Medical notification” relates to the use of substances that are not on the prohibited list and are permitted for use under specified conditions, often to treat asthma or exercise-induced bronchospasm. Notification must be made by a medical practitioner on behalf of the individual involved in an athletic sport, specifying the substance, dosage, duration of treatment and the diagnosis of the medical condition.

The Code is therefore somewhat complex but the intention is to limit the opportunity for cheating while allowing the legitimate use of substances under specified conditions. There is, therefore, a role for pharmacists in giving advice, both to those involved in amateur sport and those who may aspire to involvement, or already be involved, professionally.

Doping is defined as the use of substances or processes which aim either to modify artificially the capabilities of a person exercising an athletic activity, regardless of the discipline and regardless of the conditions in which the activity is conducted, or to mask the use of substances or processes having this property.



An individual may become involved in doping either during a competition or athletic event, or while preparing to participate in a contest, for example to increase muscle bulk, to increase the intensity of effort during training or to shorten recovery periods. Pharmacists should be aware that this activity may commence at a very early age.

Against this background

FIP undertakes to keep on its website, a link to the WADA website, to ensure that pharmaceutical associations and individual pharmacists have ready access to the up-to-date WADA Code.

FIP recommends that

Governments should

- put in place effective enforcement measures to detect and prevent the illegal supply by fitness clubs and others, including supply via the Internet, of drugs used to improve performance in sports.
- provide adequate financial support to the World Anti-Doping Agency (WADA) and ensure its authority in relation to, and its independence from, sports associations.
- through independent national agencies and by using the services of IOC accredited laboratories for testing for drugs, ensure strict application of the legislation, the control procedure and the analytical methods, harmonised at international level.

Pharmaceutical associations should

- request the bodies responsible for national administration of individual sports to ensure that their affiliated bodies advise individual participants that, when they present a prescription for dispensing, or they wish to purchase a non-prescription medicine, they should inform the pharmacist that they participate in competitive sport.
- participate, in co-operation with national anti-doping agencies, national Olympics Committees and appropriate government departments, in awareness campaigns on the dangers of doping.
- promote the provision to pharmacists of educational materials on doping designed to meet the needs of those involved in sports.
- ensure that basic and continuing education of pharmacists includes information on substances and processes used for doping in sport and the associated health risks
- ensure that continuing education material for pharmacists includes information on the WADA Code.



Pharmacists should

- keep up-to-date on the contents of the WADA Code.
- promote the benefits to health of exercise, including participation in sporting activities, not least for those suffering from specific medical conditions.
- remain vigilant to differentiate between the justified use of medication and illegitimate practice.
- when circumstances permit, refuse to supply a medicine when it is clearly intended to be used to improve performance illegitimately.
- when informed that a person participates in competitive sport, enter that information in the individual's medication record.
- provide information to those identified as being involved in a competitive sport, to help them to recognise which medicines contain a substance included in the lists in the WADA Code.
- provide information to those involved in athletic sports on the benefits of nutritional supplements and the risks associated with using them.

Pharmaceutical manufacturers should co-operate with the WADA by

- informing the Agency of the marketing of any new medicinal product that has the potential to be used for improving performance in sport.
- assisting the Agency to develop methods of testing to detect the use of substances on the WADA lists and new substances that have the potential to improve performance.