

Ready, set, go!

The role of pharmacists in doping control in sports

30 July 2020



ADVANCING
PHARMACY
WORLDWIDE

Moderator

Kerstin Wagner

*ExCo Associate Member, Industrial Pharmacy
Section*



Announcements

Webinar house rules

1. This webinar is being recorded and live-streamed via Facebook.
2. The recording will be available on our website www.fip.org.
3. You may ask questions using the questions box.
4. You are welcome to provide feedback to webinars@fip.org.
5. We invite you to become a member of FIP at www.fip.org/membership_registration

THE FASCINATION OF SPORTS



July 23rd – August 9th, 2020



...DOPING IN SPORTS

THE SUNDAY TIMES

THE DOPING SCANDAL

Revealed:
sport's
dirtiest
secret

Third of medals won
by athletes will
be tainted, says
report



British doctor claims he
doped 150 sports stars

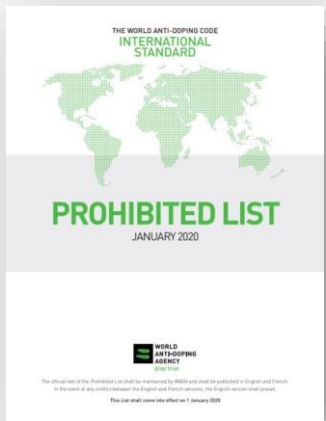


DRUGS IN SPORT: EXCLUSIVE SURVEY
Abuse widespread, say sporting elite

13 FOOTBALLERS
FAIL DRUG TESTS

THE FIGHT AGAINST DOPING

A matter of knowledge, science, education and care



Picture: WADA



Picture: WADA



PHARMACISTS IN THE GAME

- Who are the persons taking the doping tests?
- Who ensures the teams can bring the needed – and allowed – medication to their events?
- Who can ensure the (drug) safety of athletes in training and competition?
- Who can educate athletes, coaches, families and supporting staff on the right medication?



Programme of today's panel

The role of the pharmacist in doping control in sports

Daniel Sanabria, Costa Rica

Olympic medical and pharmacy services

Mark Stuart, UK

Ensuring drug safety during the Beijing Olympics

Helen Zhang, China

The role of the pharmacist in sports

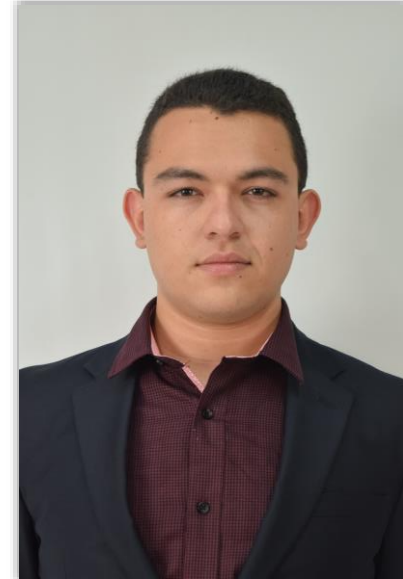
Daniel Sanabria



ADVANCING
PHARMACY
WORLDWIDE

Daniel Sanabria, Costa Rica

Pharmacist and Anti-Doping Control Officer for
Costa Rica and Central America





Doping in Sports

The background features abstract, overlapping geometric shapes in various shades of green, ranging from light lime to dark forest green. These shapes are primarily located on the right side of the frame, creating a modern, layered effect. The rest of the background is plain white.



CAS



Labs



WADA

The Code

IOC, IPC, IFs

Governments

NOCs, NPCs, NFs

NADOs, RADOs

Athletes & Entourage

World Anti Doping Agency- WADA



¿What is Doping?

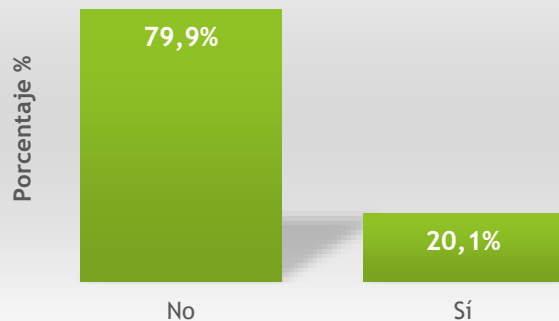
1. Presence
2. Use
3. Refuse
4. Not Be Able
5. Manipulation
6. Possession
7. Traffic
8. Administration
9. Complicity
10. Aforbidden Association

Doping Control

The background features abstract, overlapping geometric shapes in various shades of green, ranging from light lime to dark forest green. These shapes are primarily located on the right side of the frame, creating a modern, layered effect. The rest of the background is plain white.

¿Do you know the doping control process?

Gráfico #7: Doping Control Knowledge



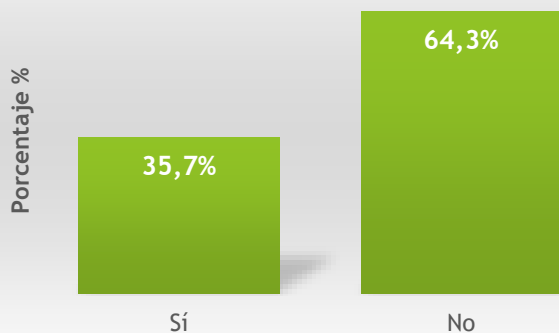
Fuente: Encuesta de Tesis sobre Educación Antidopaje para Farmacéuticos, 2019.



Prohibited List

¿Conoce usted la lista de sustancias prohibidas en el deporte?

Gráfico #8: Prohibited List Knowledge



Fuente: Encuesta de Tesis sobre Educación Antidopaje para Farmacéuticos, 2019.



The official text of the Prohibited List shall be maintained by WADA and shall be published in English and French. In the event of any conflict between the English and French versions, the English version shall prevail.

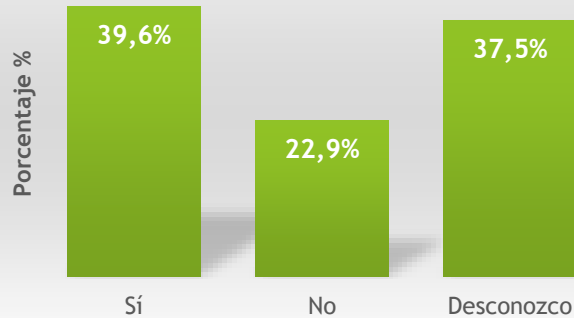
This List shall come into effect on 1 January 2020

Therapeutic Use Exemption

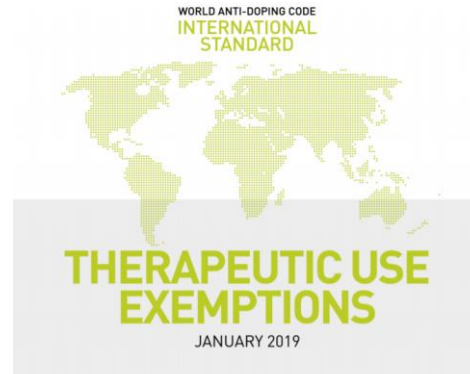
The background of the slide is white with abstract, overlapping green geometric shapes on the right side. These shapes include various shades of green, from light to dark, forming a complex, layered pattern that resembles a stylized leaf or a modern architectural design. The shapes are primarily located on the right half of the slide, with some extending towards the center.

¿Can an athlete consume a substance that is in the list?

Gráfico #9: TUE Knowledge



Fuente: Encuesta de Tesis sobre Educación Antidopaje para Farmacéuticos, 2019.



Pharmacist in Sports

The background of the slide is white with abstract, overlapping green geometric shapes on the right side. These shapes include triangles and polygons in various shades of green, from light to dark, creating a modern, dynamic feel. A thin grey line also runs diagonally across the lower right portion of the slide.





Sport Pharmacist

THE SPECIALTY OF SPORTS PHARMACY COVERS

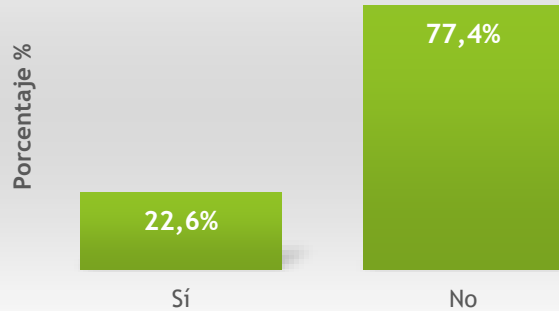
<i>Awareness</i>	<i>Awareness of drugs in sport in the community, medicine & industry for both performance modification and the prevention and treatment of disease.</i>
<i>Therapy</i>	<i>Knowledge of therapeutic use of drugs in sport and how pharmacist interventions can support sport related illness or injury.</i>
<i>Prevention</i>	<i>Use of pharmacotherapy to prevent sport-related illness or injury and maintain well-being.</i>
<i>Optimisation</i>	<i>Safe and rational use of nutrition and supplements to optimise performance.</i>
<i>Abuse</i>	<i>Knowledge of the use of drugs in sport for competitive advantage.</i>
<i>Detection</i>	<i>The science of detecting drugs of abuse in the body.</i>

Sport Pharmacist Consultation

The background features abstract, overlapping geometric shapes in various shades of green, ranging from light lime to dark forest green. These shapes are primarily located on the right side of the slide, creating a modern, layered effect. The text is centered on the left side of the slide against a plain white background.

¿Do you know any app?

Gráfico #6: Knowledge of apps



Fuente: Encuesta de Tesis sobre Educación Antidopaje para Farmacéuticos, 2019.



Thank You

The background features abstract, overlapping geometric shapes in various shades of green, ranging from light lime to dark forest green. These shapes are primarily located on the right side of the frame, creating a modern, layered effect against the white background.

A global overview of the role of pharmacists in international multi-sport events

Mark Stuart



Mark Stuart, UK

IOC Medical and Scientific Commission
Games Group

Operations Development Manager at
International Testing Agency





Olympic Medical & Pharmacy Services

Mark Stuart

The Olympic Games

- 205 Countries
- 33 Sports
- 39 Competition Venues
- 339 Events
- 56 Test Events
- 17 Days



Scope of Medical Service

- 11,000 Olympic Athletes
- 4,000 Paralympic Athletes
- 5,000 Olympic Family
- 27,000 Press and Broadcast
- 7000 Sponsor representatives
- 200,000 Workforce
- 9 Million spectator tickets
- 400 Horses



The Olympic Medical Service must:

- Be accessible for healthcare providers and athletes from every country
- Provide continuity of treatment between every country
- International best practice
- Protect athletes from inappropriate and unsafe care
- Protect athletes from inadvertent doping
- Respect medical regulation of host country



Olympic Village Polyclinic

- Large primary care medical centre
- Sports medicine & physical therapies
- 24h emergency department
- Athlete priority
- Access to specialist services





Pharmacy Services

- 3 Polyclinic Pharmacies
- 2 Spectator – Olympic Park
- Media Centre

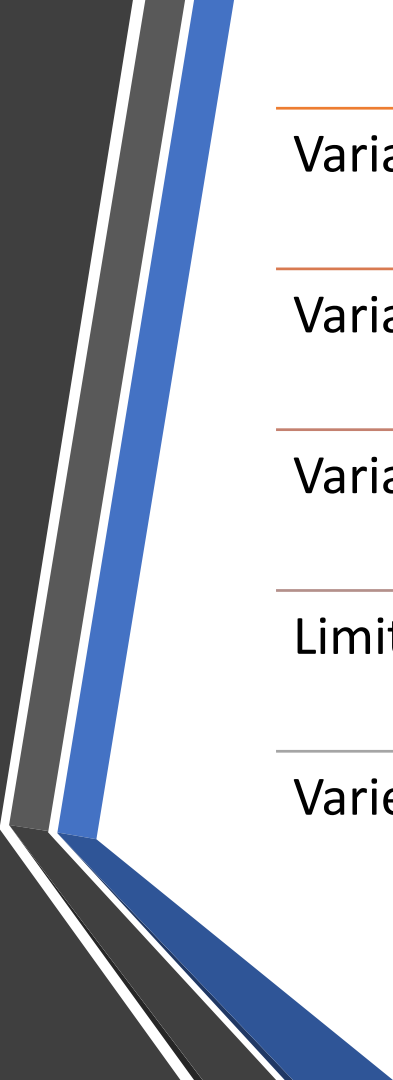
- Medicines information for international doctors
- Anti-doping monitoring, drugs in sport

6000 prescriptions

Venue Drugs

1. First response pack
2. Emergency medical pack
3. Stock medicines





Biggest
challenges
in delivering
quality

Variations in international medical practice

Variations in medicines availability

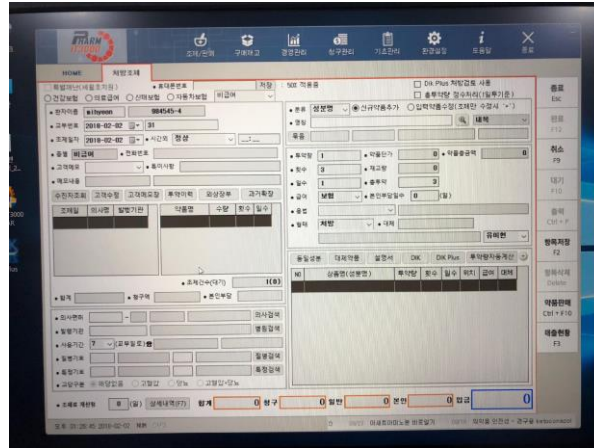
Variations in country laws and policy

Limited clinical evidence in elite athletes

Varied anti-doping knowledge & education

Drug Safety & Doping Prevention

- Prescription forms
- Pharmacy dispensing system
- Warning labels
- Shelf warnings



Pharmacy prescription form

Serial number:

UK GMC/NMC Registered Prescriber:

Date:

Name:

Accreditation number:

Address during the Consult:

Contact telephone number:

Patient details (same as print):

Medical encounter number:

Name:

Accreditation number:

Address during the Consult:

Is the patient an outfall? Yes No Is the patient fasting? Yes No Unknown

Medication details - maximum seven days supply (same as print):

UK GMC/NMC Registered Prescriber:

Signature:

UK GMC/NMC number:

Mainly prescriptions will only be valid if signed by a prescriber legally entitled to prescribe in the United Kingdom.

Consent for supply of prohibited substances to an athlete:

Athlete signature:

Pharmacist signature:

ISOCDU duty doctor signature:

For all prescriptions - to be completed by patient or collecting agent:

Patient or agent's name:

Accreditation number:

Date:



PROHIBITED IN SPORT
Therapeutic use exemption
may be required



Olympic & Paralympic Model Medicines Formulary

Aims to standardise the drug treatment options available at all Summer, Winter and Youth Olympic & Paralympic Games

- Evidence-based medicine options
- International best practice
- Reduce variability in prescribing and availability
- Support athletes to remain doping free
- Reduce wastage and costs through rational selection

Olympic and Paralympic model formulary 2019

		Primary indication and notes	WADA status	Needle-use Declaration required [N]	Venue stock [V]
1. Medicines for pain and inflammation					
1.1. Non-opioids and Non-steroidal Anti-Inflammatory Drugs (NSAID)					
Acetylsalicylic acid (Aspirin)	Tablet or soluble tablet: 300mg to 500mg	Mild to moderate pain; pyrexia (<i>refer to section 8.3 Anti-thrombotic medicines for anti-thrombotic use</i>)	Not prohibited		V
Celecoxib*	Tablet: 200mg	Mild to moderate pain; pain with inflammation; where other NSAIDs are not tolerated or not appropriate	Not prohibited		
	*Or other oral COX-2 inhibitor				
Ibuprofen	Oral liquid: 200mg/5mL	Mild to moderate pain; pain with inflammation; pyrexia	Not prohibited		
	Tablet: 200mg; 400mg	Mild to moderate pain; pain with inflammation; pyrexia; dysmenorrhea	Not prohibited		V
Naproxen*	Tablet: 250mg or 500mg	Pain and inflammation in musculoskeletal conditions; dysmenorrhea	Not prohibited		V
	*Or other oral NSAID such as meloxicam, ketorolac, or loxoprofen				
Paracetamol (Acetaminophen)	Oral liquid: 120mg/5mL	Mild to moderate pain; pyrexia	Not prohibited		V
	Suppository: 100 or 200mg	Mild to moderate pain; pyrexia	Not prohibited		V
	Tablet: 500mg	Mild to moderate pain; pyrexia	Not prohibited		V

IOC Needle Policy

- Introduced at London 2012
- Aims to eliminate inappropriate injections and doping during the Olympic Games
- Needles can only be used by medically qualified practitioners
- **Only for clinically justified treatment of injury or illness**
- Requires a written medical justification by the doctor



IOC NEEDLE POLICY INJECTION DECLARATION FORM

XXXI Olympic Games in Rio in 2016

(Please complete legibly in English or French)

Email : medicalgames@olympic.org – Fax to : +41 21 621 63 66

(Email and Fax effective from opening of Olympic Village to Closing Ceremony)

ATHLETE	
Name of the Athlete having received the injection:	
Representing National Olympic Committee of:	Sport:
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
INJECTION	
Substance(s) Injected:	
Date and place of injection:	
MEDICAL JUSTIFICATION	
Justification for injection, including clinical history and diagnosis (attach confirmatory evidence when available):	

RIO 2016: 358 Injection Declarations

IOC Consensus Statement on Pain Management in Elite Athletes

Issues

- Inconsistent international practices
- Lack of evidence in elite athlete
- Overuse and high doses
- Inappropriate prophylactic use
- Inappropriate use in recovery
- Doping risks

British Journal of Sports Medicine (BJSM)

IOC CONSENSUS STATEMENT ON PAIN MANAGEMENT IN ELITE ATHLETES
Reference: by B. Hainline et al. BJSM 2017

Non-Pharmacological Strategies
Pain management depends on identifying contributory factors from biological, psychosocial and contextual domains and addressing them through various evidence-based techniques.

MODALITIES & MASSAGE

- 1 Physical therapy techniques: no clear benefit for most of them
- 2 Low-level laser therapy: possibly beneficial (tendinopathy & acute muscle recovery)
- 3 Cryotherapy: little evidence from prospective studies
- 4 Ultrasound therapy: unclear benefit
- 5 Electrical stimulation, massage therapy, myofascial trigger point treatments and acupuncture: poor reliability and consistent efficacy for relief of pain resulting from musculoskeletal injury

The effects of modalities may be manifest in an individually specific way, especially as it pertains to the skill of the treating clinician

MOVEMENT, STRENGTH & CONDITIONING

Exercise-based approaches are effective for managing pain in individuals with chronic painful conditions and can also improve patient self-efficacy for managing pain and fear of (re)injury

PSYCHOSOCIAL INTERVENTIONS (with possible efficacy)

- 1 Skills training in goal setting, imagery, relaxation & positive self-statements
- 2 Cognitive restructuring (identifying and challenging negatively biased appraisals) & developing plans for maintaining treatment gains and coping with setbacks and pain flare-ups
- 3 Psychologically informed physical therapy, which incorporates cognitive and behavioural principles and strategies (eg. techniques to reduce fear-avoidance, use of graded activity and exposure techniques), and education about pain during physical rehabilitation, is a promising approach

SUPPLEMENTATION

Persistent pain is influenced by any proinflammatory load, which makes nutrition possibly relevant to managing pain in athletes. However, studies demonstrating benefit from nutritional supplements are not methodologically sound and have unclear relevance to elite athletes

SLEEP

Pain disturbs sleep, and poor sleep quality or duration increases pain levels decreases pain thresholds. Psychological strategies to address sleep disorders include cognitive-based therapy, self-hypnosis & mindfulness-based stress reduction

SURGERY

Surgery should not be performed to treat chronic pain simply because all other interventions have failed but should rather be used when a structural problem associated with the pain has been identified

Designed by eYLM SportScience in collaboration with denkTysco

IOC Consensus Statement on Dietary Supplements in Athletes

- Use of dietary supplements widespread
- Diet significantly influences athletic performance
- A few supplements may provide performance benefits for some athletes in some sports
- Risk of contaminated supplements

British Journal of Sports Medicine
(BJSM)



WADA & IOC Education Collaboration

Sports Physician Toolkit

Mandatory for all physicians attending Olympics since Rio 2016

1. Identifying & Prescribing Prohibited Drugs
2. Complying with the IOC Needle Policy
3. Bringing Medicines to the Games for Team Use

www.wada-ama.org



IOC Certificate in Drugs in Sport



Launched 2018

- Safe and effective medicines use in sport
- Doping prevention
- Prohibited drugs
- Supplement use and risks
- 6 month online, awarded by the IOC
- Graduate in Lausanne
- Pharmacists, physicians and all healthcare providers

www.sportsoracle.com





TRAINING PROGRAM

International Doping Control Officer Training Program

Setting new ITA Certified standards of quality and best practice for International Doping Control Officers.

ABOUT

COURSE

GET INVOLVED



www.ita.sport



01 YOU'VE BEEN SELECTED FOR TESTING: NOW WHAT?

YOUR RIGHTS AND RESPONSIBILITIES

Rights

- Phone a representative with you
- Ask for identification
- Refuse to deliver a sample
- Refuse to provide a sample

Responsibilities

- Keep whereabouts up-to-date
- Keep whereabouts up-to-date
- Report for testing immediately
- Identify yourself
- Provide a direct and honest answer to questions from the Doping Control Officer or Chair

DOPING CONTROL FORM

ITA

02 PROVIDING THE SAMPLE: READY, AIM!

URINE TEST

- Urine testing is done by a Doping Control Officer
- Select your collection vessel
- Provide urine sample

KEEPING SPORT REAL

ITA

03 PROVIDING THE SAMPLE: JUST A DROP!

BLOOD TEST

- Blood testing is done in a Blood Collection Unit
- Select your kit
- This is done by a Doping Control Officer

ITA

04 DOPING CONTROL FORM: WHAT HAVE I GOT TO DO?

ITA

ITA

ROMANIA

ROMANIA

SU

ITA

ITALIA

NORGE

Thank You



Helen Zhang, China

Director of Pharmacy,
United Family Healthcare



Ensuring Drug Safety in Pharmacy During Beijing Olympics

Helen Zhang, Pharm D
United Family Healthcare
Beijing, China
July 30, 2020

Outline

1. Background of 2008 Beijing Olympics
2. Anti-doping preparation
3. Pharmacy services preparation
4. Results and Conclusion

Objective

To understand the role and responsibilities of pharmacist during Olympic event



2008 Beijing Summer Olympics

- From August 8-24, 2008
- 37 venues
 - 31 in Beijing
 - 6 in Hong Kong, Shanghai, Qingdao, Qinhuangdao, Shenyang and Tianjin



China



Potential Health Concerns

- Infectious Diseases
 - Risk of pandemic
 - Food and water safety
- Air pollution and respiratory diseases
- Motor vehicle accidents
- Fake medication
- Use of stimulants
- Lack of clean toilets



Unfamiliar Health Risks

Medical facilities for Olympics

▶ Clinics:

• A total of 176 Olympic clinics will be put into use next July:

96 are for Olympic venues

• Among 96 clinics based in Olympic venues:

41
are for
athletes



55
are for
spectators



60 are for
training centers

20 are
for other
purposes

▶ Ambulances:



200
will be stationed
outside Olympic
venues



▶ Doctors:

3,000 volunteer doctors, mostly from major medical universities in Beijing, with a Master's degree or higher, while others are from BOCOG designated hospitals



Medical Infrastructure

- 22 official Olympic hospitals in Beijing
 - 5,000 emergency hospital beds
 - 19 emergency medical teams
 - 160,000 medical personnel



Mapping out medical services



My Main Responsibilities as Pharmacy Director for UFH During Olympics

1. Ensuring that doping agents would not be dispensed to athletes inadvertently
2. Providing pharmacy services and medications in an efficient and effective manner
3. Ensuring safety and quality of medication used



Outline

1. Background of 2008 Beijing Olympics
2. **Anti-doping preparation**
3. Pharmacy services preparation
4. Results and Conclusion



Anti-Doping

- In 2007, the Chinese State Food and Drug Administration (SFDA) and the International Olympic Committee (IOC) decided on the “Doping” drug list or “Prohibited List”
- It contained 767 brands of Western medicines and 1,227 kinds of Chinese herbal products

8 classes of Prohibited substance:

- stimulants
- narcotics
- anabolic agents
- glucocorticoids
- beta-2 agonists
- diuretics
- hormones and metabolic modulators
- peptide hormones





The International Olympic Committee
Anti-Doping Rules
applicable to the Games of the XXIX Olympiad,
Beijing 2008

International Olympic Committee
Château de Vidy
C.P. 356
1007 Lausanne
Telephone no: + 41 21 621 61 11
Fax no: + 41 21 621 62 16

ARTICLE 1	DEFINITION OF DOPING	3
ARTICLE 2	ANTI-DOPING RULE VIOLATIONS	3
ARTICLE 3	PROOF OF DOPING.....	5
ARTICLE 4	THE <i>PROHIBITED LIST</i>	5
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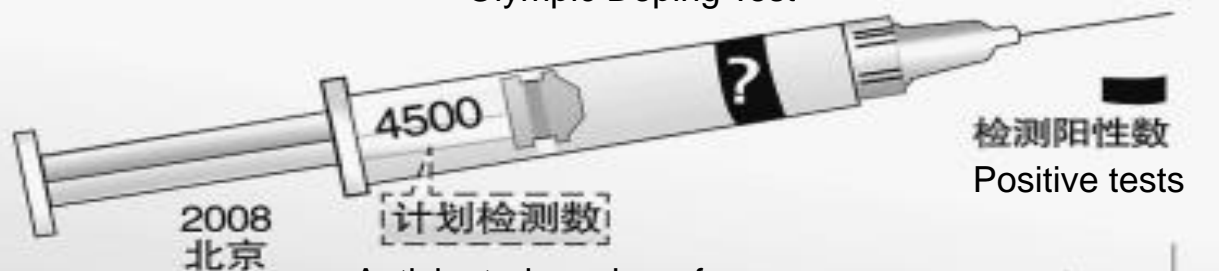




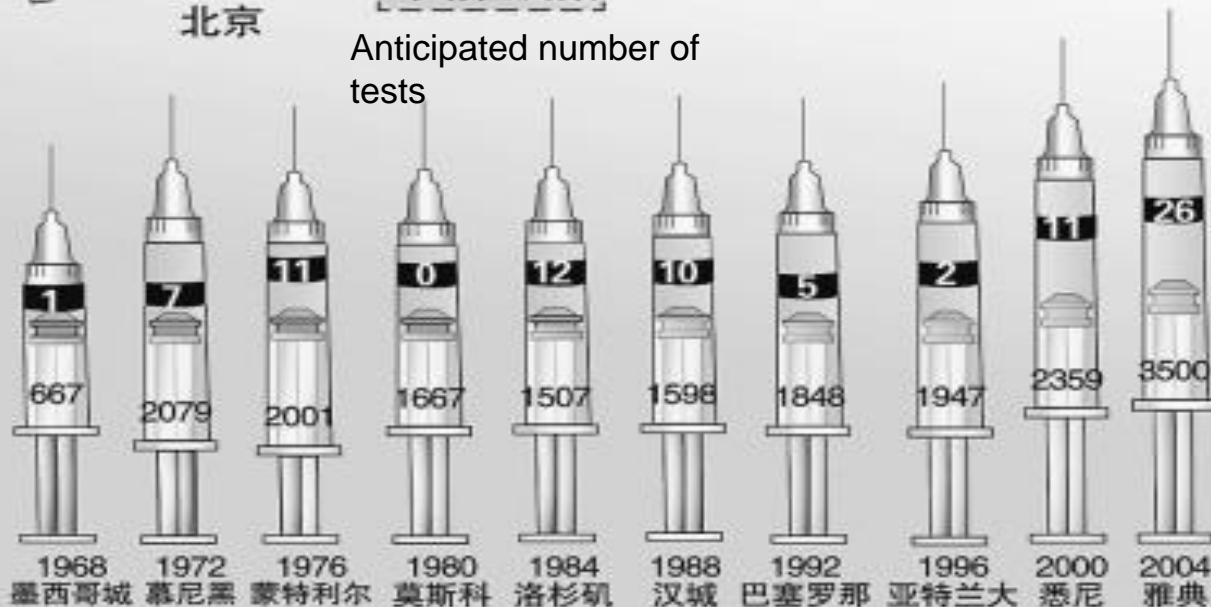
奥运会兴奋剂检测



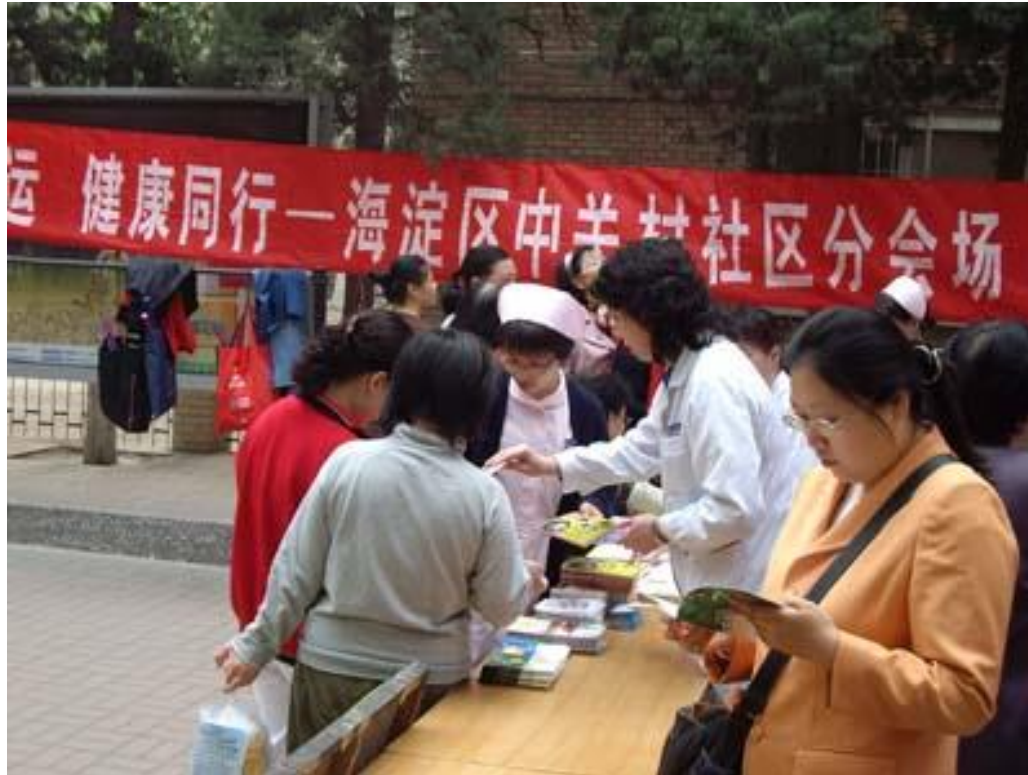
Olympic Doping Test



Anticipated number of tests



Educating community on healthy sports engagement





Anti-doping
Undertaking
Ceremony

Pharmacy Stores



Medication



All products on the prohibited list should have “运动员慎用” or “Precautions for Athletes” in the package insert or warning stickers on the outside box.



Anti-Doping Preparation in Hospital

- 1) Compiling hospital's own anti-doping drug list
- 2) Educating all staff about the list
- 3) Alerts on the Hospital Information Systems and on the medication shelves
- 4) Requesting athletes to identify themselves upon admission to hospital
- 5) Steps to take if usage of “prohibited” medications were necessary including patient consent form



EVENTS: Location: SQUINVI PAED

Add Prescription Item

New Item

Script Type Outpatient

Medication
MIMS Albuterol 100mcg/dose Inhaler (Ventolin, proventil)

Dose/Form 2 puffs

Frequency Q6h PRN

Route INHALATION

Duration

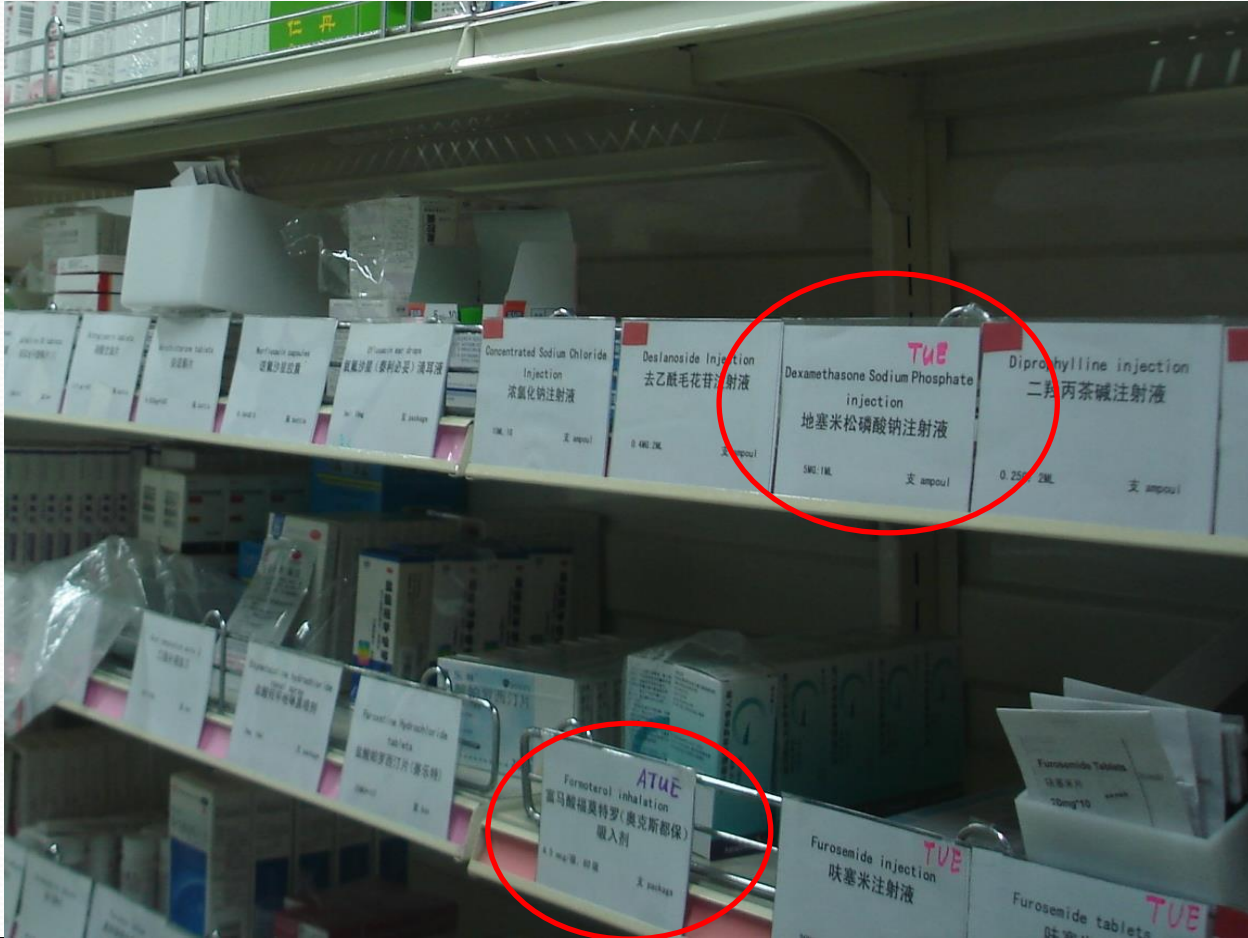
Qty/Pack Size 1 Bottle of 200doses

Start 31 Aug 2009

End

Directions , shake well before using





TUE: Therapeutic Use Exemption

ATUE: Abbreviated Therapeutic Use Exemption

Athletes with a documented medical condition requiring the use of a *Prohibited Substance* or a *Prohibited Method* must first obtain a TUE or ATUE from IOC

Example: Glucocorticoids

- PO/IV/IM use for medical condition need TUE
- Inhalation/IA/IT use need ATUE
- External use is not prohibited



POLYCLINIC PRESCRIPTION

Date: MM ____ / DD ____ / 2008

Identity: Athlete Sports item: NOC/NPC Staff

Patient's details

Name: Male Female Age:

ID No.: NOC/NPC:

R_x

Drug [Generic name]:

Dose Form:

Quantity: Route:

Frequency:

Medical practitioner

[Seal and signature] :

Accreditation No.: NOC/NPC:

For prescription of substances prohibited by WADA to athletes:

Athlete's signature:

Pharmacist's signature:

For dispenser: /



ISSF - INTERNATIONAL SHOOTING SPORT FEDERATION
 BAVARIAN 21, D-80336 MÜNCHEN, GERMANY
 FACSIMILE TRANSMISSION COVER SHEET

DATE: 05.07.2006 / gp
 TO: [Redacted]
 FAX: +55-21-22830522
 FROM: ISSF HEADQUARTERS
 HORST G. SCHREIBER, SECRETARY GENERAL ISSF

WE ARE TRANSMITTING 1 PAGE(S) INCLUDING THIS COVER SHEET.
 IF YOU DO NOT RECEIVE ALL THESE PAGES, PLEASE ADVISE US
 IMMEDIATELY.

OUR FACSIMILE NO. IS: (49-89) 544 355 44
 OUR TELEPHONE NO. IS: (49-89) 544 355 0
 OUR E-MAIL IS: munich@issf-shooting.org

Dear Mr. President,

We confirm that we received your abbreviated TUE application for Mr. Stenio Akira Yamamoto with ISSF ID number SHBRAM2406196101 and confirm that the application has been approved for Formoterol and Budesonid till 4.07.09.

Please secure that the application as well as this confirmation letter is with the athlete all the time.

Thanking you for your kind cooperation, I remain

With best regards

Horst G. Schreiber

Horst G. Schreiber
 ISSF Secretary General

usa-rza/47/5/2006 10:18:00 AM

Approval obtained

TUE Approval letter by IOC

Polyclinic Prescription

Prescription NO: [Barcode] Date: (2008/MM/DD) 2008-08-04 15:23:53
 visiting: Polyclinic Noc med.space

Patient's details
 Name: [Redacted] Male Female Age: 47
 Identity: Athlete Major Sport Item:
 Workforce Media Spectator Other VIP
 ID NO: 201892 NOC: Brazil

Rx:
 Drug: Budesonide Aerosol
 Form: aerosol
 Unit Strength: 200mcg/Inhal*100
 Quantity: 1
 Administration: Inhal, 1.00 Inhal two times a day.

Prohibited

Prescriber's name: LuYan
 (Seal and signature)  *Lu Yan*
 Accreditation No:
 NOC: Brazil

For Prescription of substances forbidden by the World Anti-Doping Agency to Athletes, a signature is required:

Athletes' Signature at time of prescription: *Lu Yan*

Pharmacist's Signature at time of dispensing:  *Lu Yan*

Polyclinic Manager's Signature _____

Pharmacists' Signature:  *Lu Yan*  *Lu Yan*

Registrar: *Lu Yan*

Approval obtained

Polyclinic Rx

Outline

1. Background of 2008 Beijing Olympics
2. Anti-doping preparation
3. Pharmacy services preparation
4. Results and Conclusion



Ensuring Drug Supply

- Drug procurement issues:
 1. Increased demand:
 - Government stockpile
 - Increased number of patients
 - Sichuan earthquake (especially blood products)
 2. Decreased supply
 - Tighter quality control
 - Closing of substandard factories



Drug Supply Chain

- Ensure traceability of all drugs from manufacturer – wholesaler – retailer/hospitals
- 15 patrol vehicles for medication quality testing for rapid and accessible testing in Beijing
- Use of best available brands
- Add English translation for drugs labels + information sheets



Warehouse:

Stock For Olympics
Athletes use only

Ensuring medication
complies with quality
standards – mobile
station



Government inspections



1. Pharmacy license and personnel record
2. Drug procurement documents
3. Good receipt records
4. Drug storage records
5. Anti-doping regulations
6. Special medication management



Special drug regulation: Medicinal Toxic Drugs



TITLE 题目:	EFFECTIVE DATE 生效日期:
THE MANAGEMENT OF MEDICINAL TOXIC DRUGS 医疗用毒性药品管理制度	2020.03.26
CODE 编号:	APPROVAL DATE 审批日期:
UFH-PHM-0041-B-PC-002	2020.03.26
EFFECTIVE SITE(S) AND LOCATION(S) 实施范围:	DOCUMENT DEVELOPER 文件制定部门:
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	Pharmacy Department
	To be APPROVED BY 审批流程:
	Approval 1: Facility Pharmacy Managers UFH Director of Pharmacy
	Approval 2: Facility MAB
	Approval 3: Board of QAS sub policy committee
	Final Approval: Board of QAS

PURPOSE 目的

保证医疗用毒性药品的安全储存, 保证患者安全、有效、合理使用此类药品。
Ensure safe storage, Ensure safe, effective and rational use of medicinal toxic drugs.

DEFINITIONS 定义

毒性药品系指毒性剧烈、治疗剂量与中毒剂量相近, 使用不当会致人中毒或死亡的药品。毒性药品的储存容器上必须印有规定的毒药标志, 黑底白字。包括 A 型肉毒毒素。

Toxic drugs are drugs that are highly toxic and the therapeutic dose of which are close to the toxic dose. Misuse may lead to toxicosis or death. Stipulated mark must be labeled on the containers of toxic drugs. Including Botulinum Toxin A.



Outline

1. Background of 2008 Beijing Olympics
2. Anti-doping preparation
3. Pharmacy services preparation
4. Results and Conclusion



Results

- Weekly inspections passed with high remarks
- 20% increase in patient volume in our hospital
- Most common illness – minor sport injuries, heat strokes, allergies and gastrointestinal problems
- “zero” case of accidentally dispensing of doping agents to athletes



Conclusion

- Keys to successful preparation:
 1. Early planning
 2. Know your Prohibited list
 3. Maintaining a constant and transparent relationship with governing bodies
 4. Reliable suppliers
 5. Supportive hospital administrators and staff



Take Home Message – as a pharmacist

- Proactive communication
- Information dissemination and documentation
- Raise awareness

Balance between antidoping and clinical need

If you have excellent risk management process.....then





Thank you !



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Any questions?

Please use the Q&A tool

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Wrap up & Conclusions

Thank you for attending!
