Evaluation of knowledge and perceptions of pharmacy students towards doping and the need for doping education

Vismaya Annie Vinod1, Dhanya Dharman2, Merlin N J3, Deepa Manohar3, Shaiju S Dharan4, Sunitha Mahadevan4, Aleena Roy1

1IVth year Pharm D student, Ezhuthachan College of Pharmaceutical sciences, Trivandrum, Kerala, India.
2Department of pharmaceutics, Ezhuthachan College of Pharmaceutical sciences, Trivandrum, Kerala, India.
3Department of pharmacy practice, Ezhuthachan College of Pharmaceutical sciences, Trivandrum, Kerala, India.
4Department of Pharmacology, Ezhuthachan College of pharmaceutical Science, Trivandrum, kerala, India.

ABSTRACT

Background: Despite the need for doping prevention strategies, information about doping awareness among pharmacy professionals is limited. Therefore, developing a pharmacy workforce or specialized pharmacists with expertise in sports pharmacy is a necessity, but also a subject of global health significance.

Objective: Objective of this study was to assess pharmacy student’s knowledge and perceptions of doping and anti-doping in sports and to explore the curricular needs in the field of sports pharmacy.

Methodology: An 18 item questionnaire developed according to World Anti-Doping Code and the FIP Statement on pharmacist’s role against doping in sports was employed to collect data from pharmacy students at Ezhuthachan College of pharmaceutical sciences. Data were analyzed using descriptive and inferential statistics.

Results: Questionnaires were distributed to 300 pharmacy students, among them 237 students participated in the survey, with a response rate of 79%. Respondents said that they were familiar with the word doping were 78% 39 respondents (16.5%) had attended a lecture about doping, (83%) had not. 222 respondents held the view that it is not fair for the athletes to use prohibited substances to improve their performance were (94%). According to 40 respondents (17%), most common doping violation in India is unintentional doping and 175 respondents (74%) claimed it to be intentional doping. Only a few respondents correctly recognized the WADA- banned drugs. Most of the respondents think that pharmacist should get involved in anti-doping activities for athletes. Many (73 %) are interested to have training for doping. Conclusion: The study highlights the need to provide pharmacy students with advanced theoretical background and practical training concerning doping.

Keywords: WADC; WADA; FIP; OTC.

INTRODUCTION

For athletes across a wide spectrum of sports, the use and abuse of medicines, dietary supplements and other substances has become a common and problematic phenomenon. Doping is not only the use or attempted use of prohibited substances or methods by athletes, but also can be committed by anyone who assists in, encourages, aids, abets, conspires with, or covers up a doping rule violation, or engages in any type of international complicity involving an anti-doping rule violation or any attempted violation. Such activity is strictly prohibited by the World Anti-Doping Code (WADC).[1] Doping is defined as the occurrence of one or more of the anti-doping rule violations set forth by WADA. It is each Athlete’s personal duty to ensure that no Prohibited Substance enters his or her body. Athletes are responsible for any Prohibited Substance or its Metabolites or Markers found to be present in their Samples. (1) 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 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 harmonization and coordination and make national and international anti-doping programmes more effective in terms of detection, dissuasion and prevention. [3] The objectives of doping control are to guarantee equity and fairness between competitors and to ensure the safety of the athletes. Accordingly, articles 18 and 19 of the 2015 World Anti-Doping Code were approved and adopted at the fourth World Conference on Doping in Sports. [3]

India plays a leading role in supporting sports nationally and globally. Therefore, developing a pharmacy workforce or specialized pharmacists with expertise in sports pharmacy is a necessity, but also a subject of global health significance. Thus, pharmacy colleges in the country may need to incorporate sports pharmacy content into their curricula. Athletes experience significant social and commercial pressure to win and succeed in sports. This drives them to enhance their performance. Some resort to illegal performance-enhancing substances and/or prohibited methods such as blood transfusions. [4] Pharmacists dispensing, consulting, or prescribing to athletes who are subject to drug testing must take responsibility for knowing what substances are banned, permitted, or restricted by the athlete’s specific sports-governing agency (or agencies), and prevent them from inadvertently taking medications that are not permitted during competition or even out of competition. Banned substance lists can be complicated and are not universal or standardized; they often vary significantly, depending on which organizations are sanctioning and governing the sporting events, and there may or may not be a process for obtaining medical exceptions for a particular drug. Knowledge of pertinent banned substances lists and adequate record keeping are essential, and pharmacists are in prime position to take responsibility for this. [5]

METHODOLOGY

A cross-sectional Questionnaire survey was conducted among pharmacy students at Ezhuthachan College of Pharmaceutical Sciences. An 18-item questionnaire was developed. A thorough review was conducted of relevant literature pertaining to knowledge, views, and practices of pharmacists, pharmacy students, and other health care professionals towards the use of drugs in sports. The FIP Statement on pharmacists' role against doping in sports, the WADA List of Prohibited Substances, and the World Anti-Doping Code were also used in developing the survey.

The survey includes three main domains: 1) the knowledge of doping among pharmacy students. 2) pharmacy students’ perception about sports pharmacist. 3) pharmacy students’ attitude and interest towards doping education and training. The questionnaire included multiple choice questions. The questionnaire was validated by the institutional ethical committee. The appropriateness, comprehensiveness, readability, and completion time of the survey items were pilot tested among 6 recent pharmacy graduates from the institution.

The questionnaire consisted of 18 questions. The first three questions of the questionnaire gathered personal questions on age, gender and their respective courses. The next twelve questions collected data regarding students’ knowledge on doping and related affairs. These included those questions to find out their familiarity with the word doping, their views towards consumption of doping and the role that awareness can play in preventing doping abuse. The last three question were formulated to assess their interest towards opportunities in doping related affairs and flourishing of sports pharmacy in the country.

Data collection: Data were collected during the 2018–2019 academic year. The questionnaires were distributed to students assembled in the college auditorium and retrieved immediately after completion. Completion time was estimated at approximately 10 minutes. Participants were made aware of the purpose of the study, that their participation was entirely voluntary and that all data gathered were fully anonymous and to be handled with confidentiality. Willing participants were only chosen for study. Questionnaires were distributed to 300 pharmacy students. Two-hundred thirty seven students completed the questionnaire, with a response rate of 79%. Among these individuals, males were 45 and females were 192. The participants from each course ranged between 23–96 students: 91 (38.3%) Pharm D, 23 (9.7%) M Pharm, 96 (40.5%) B Pharm, 27 (11.3%) D Pharm. All the participants were between the age group 18–25.

Statistical analysis: All data collected were analyzed using both descriptive and inferential statistics. Percentages were used to summarize all the responses generated from the survey. The level of significance was set at a p value #0.05.

RESULTS

The college, established in 2003, currently has 4 approved academic degree programs: Pharm D, M Pharm, B Pharm and D Pharm. Among the total
Most respondents (54.8%) knew that OTC medicines and dietary supplements might contain prohibited substances. (38.3%) were unaware that names of prohibited substances might not appear on the ingredient labels of dietary supplements. The P-Value is < 0.00001. The result is significant at p < 0.05.

**DISCUSSION**

Objective of the study is to evaluate the current knowledge of pharmacy students about doping and sports pharmacy. Doping involves only the use or attempted use of prohibited substances or methods by athletes, but also can be committed by anyone who assists in, encourages, aids, abets, conspires with, or covers up a doping rule violation, or engages in any type of international complicity involving an anti-doping rule violation or any attempted violation. So the pharmacist trained in the area of antidoping can play a major role in doping prevention. For that there is need of adequate knowledge and training.

![Figure 1: Respondents’ knowledge on the presence of prohibited substances in dietary supplements and OTC products](image)

Most respondents (54.8%) knew that OTC medicines and dietary supplements might contain prohibited substances. (38.3%) were unaware that names of prohibited substances might not appear on the ingredient labels of dietary supplements. The P-Value is < 0.00001. The result is significant at p < 0.05.

Study shows that most of the students have only heard of the word doping and only a small percentage have attended a lecture on the topic. In a similar study conducted in Japan [6], the majority of responding pharmacy students claimed to have heard about doping.

Throughout the course of a pharmacy program, students may learn about therapeutic and toxic effects of drugs. But they are not being able to distinguish these drugs based on their effect in doping. The majority of the respondents did not identify the WADA banned drugs correctly as in a similar study conducted in Syria.[7]

Most respondents knew that OTC medicines and dietary supplements might contain prohibited substances, not aware that some prohibited substances might not appear in ingredients label. Here, athletes can take disadvantage by the pharmacist’s lack of such knowledge; so students need to acquire this knowledge as part of their education.

Elements of sports pharmacy that could be incorporated include the regulation of drug use in sports, substances and methods prohibited in sports, systems for doping control, and pharmacy clinical services to advise and support individuals who participate in sports and exercise. Pharmacy educators should work closely with sports pharmacy experts and relevant national and international organizations and stakeholders to design standardized course syllabi that address the safe and effective use of medications in sports. A continuing professional development module could also be designed for training practicing pharmacists to play a more effective role in sports events and/or work in association with hospitals or clinics that primarily focus on sports patients.[8]

In alignment with previous studies[6,7,8], this study indicated that pharmacy students support sports pharmacy being incorporated into the curriculum. Many of the findings were in line with previous studies [5-8].

When Universities prepare their curriculum to address doping in the future, content relevant to these areas should be included and creatively developed to ensure high interest among pharmacy students. In addition, it is important for sports pharmacists to have a relationship not only with athletes and coaches but also with other pharmacists and pharmacy students, because there will also be a need in the future for general pharmacists to have appropriate knowledge of doping and supplement use. Lectures for the general public are also valuable, because appropriate knowledge of anti-doping activities will contribute to the formation of public opinion and will
help demonstrate the significance of the pharmacist’s role. The findings and suggestions offered in this study can help us and others prepare new lectures that incorporate the needed content; this new curriculum should be evaluated with more advanced research techniques in the near future. For an international audience, especially people related to pharmacy education, we would like to ask to include the education of doping in the curriculum of pharmacy school for all students because all pharmacists might have opportunity to advise taking medicine to athlete at general community pharmacy.[6]

This study has got so many limitations. It was done on a single pharmacy institution in India and not be generalizable to all pharmacy colleges in the country. In general, most of the students have valued the role that pharmacists could play in doping prevention. It is to be noted that those who support doping abuse are identified by this study and are not likely to be educated about doping risks. However, pharmacists can act as a resource of information for athletes, doping abusers and those who seek information on adverse effects of performance-enhancing substances.

CONCLUSION

Significance of the study is that it finds out the importance of education and research programs in preventing doping in sports and to provide appropriate education of pharmacy students on the topic of doping thereby boosting the growth of sports pharmacy.

ACKNOWLEDGEMENT

This research was supported by Ezhuthachan College of pharmaceutical sciences, Trivandrum. I thank my colleagues who provided insight and expertise that greatly assisted the research. I thank Miss. Dhanya Dharman, assistant professor, department of pharmacy practice for assistance with [particular technique, methodology], and [Dr. Merlin N J, director of PG studies, Ezhuthachan college of pharmaceutical sciences] for comments that greatly improved the manuscript. I would also like to show our gratitude to the (Prof. Shyju S Dharan, principal, Ezhuthachan College of pharmaceutical sciences,) for sharing their pearls of wisdom with us during the course of this research, and I thank anonymous reviewers for their so-called insights. I am also immensely grateful to my professors and my family for their comments on an earlier version of the manuscript, although any errors are our own and should not tarnish the reputations of these esteemed persons.

CONFLICTS OF INTEREST

The author declares no conflict of interests

REFERENCE


Table 1: Attitudes and perceptions of students

<table>
<thead>
<tr>
<th>Variables</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heard of doping</td>
<td>185</td>
<td>52</td>
</tr>
<tr>
<td>Attended doping lecture</td>
<td>40</td>
<td>197</td>
</tr>
<tr>
<td>Is it fair for the athletes to use prohibited substances to improve their performance.</td>
<td>15</td>
<td>222</td>
</tr>
<tr>
<td>Is there prohibited substances in dietary products</td>
<td>130</td>
<td>107</td>
</tr>
<tr>
<td>Prohibited substances might not appear in the label of dietary products</td>
<td>91</td>
<td>157</td>
</tr>
<tr>
<td>Pharmacist should lead an active role in anti doping activities</td>
<td>170</td>
<td>67</td>
</tr>
<tr>
<td>Interested for training</td>
<td>174</td>
<td>57</td>
</tr>
<tr>
<td>Wish for a flourishing sports pharmacy</td>
<td>213</td>
<td>18</td>
</tr>
</tbody>
</table>

Table 2: Identification of WADA banned drugs

<table>
<thead>
<tr>
<th>Identification of WADA Banned drugs</th>
<th>Amphetamine</th>
<th>Acetaminophen</th>
<th>Clonidine</th>
<th>Methadone</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Point A (correctly identified)</td>
<td>+</td>
<td>-</td>
<td>-</td>
<td>+</td>
<td>19</td>
</tr>
<tr>
<td>Point B (identified only one drug)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>+</td>
<td>144</td>
</tr>
<tr>
<td>Point C (wrongly identified)</td>
<td>-</td>
<td>+</td>
<td>+</td>
<td>-</td>
<td>47</td>
</tr>
<tr>
<td>Point D (couldn’t answered)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>27</td>
</tr>
</tbody>
</table>

While correlating the WADA banned drugs identification of students and their attendance at lecture, The P-Value is .035253. The result is significant at p < 0.05.


