



## Doctors and performance enhancing medicines in sport

*Using medicines to enhance performance in sport is a longstanding practice that dates back many years.<sup>1</sup> This practice is known as doping. The number and types of doping agents continue to grow. In addition, performance enhancing medicines are also used for aesthetic purposes related to sport, including enhancing an individual's physique.*

*The use of performance enhancing medicines is a concern for the Medical Council of New Zealand ('Council') for two reasons; such medicines may have significant side effects that could be detrimental to an individual's health, and a doctor may be supporting practices that are against the spirit of sport. In addition, the drive to enhance sporting performance could lead athletes,<sup>2</sup> their coaches, sporting organisations and other individuals to access off-label or non-evidence based medicines that contain banned or dangerous substances.*

*This statement sets out the Council's position on doctors who prescribe, administer, traffic or supply performance enhancing medicines or off-label and non-evidence based medicines for sporting purposes, or who assist in doing so. Any doctor who engages in inappropriate practices may be subject to disciplinary proceedings. This statement may be used by the Health Practitioners Disciplinary Tribunal, Council and the Health and Disability Commissioner as a standard by which a doctor's conduct is measured.*

### Doping in sport and the World Anti-Doping Agency

1. Sports and medical organisations, administrators and participants throughout the world predominantly support the position that the use of prohibited substances and prohibited methods in sport to enhance performance is potentially dangerous and against the spirit of sport. Doctors should be aware that athletes found to be engaging in doping practices may be sanctioned.
2. The World Anti-Doping Agency (WADA) is an independent international agency dedicated to scientific research, education, monitoring and implementing uniform anti-doping standards worldwide. It maintains the World Anti-Doping Code<sup>3</sup> which defines doping as the occurrence of one or more of the anti-doping rule violations prescribed in the Code.<sup>4</sup>
3. WADA publishes a list of substances and methods that are prohibited during competitive sport and between competition. This list is updated annually.<sup>5</sup>
4. You should familiarise yourself with the World Anti-Doping Code. This sets out anti-doping rule violations including associating with a person who has been found guilty of a doping offence (prohibited association); and assisting, encouraging or helping to cover-up a doping offence (complicity).

<sup>1</sup> For more information, refer to a paper by Dr Timothy Noakes titled 'Tainted glory – Doping and athletic performance in the *New England Journal of Medicine* (2004); 351:847-849.

<sup>2</sup> The term 'athlete' refers to any sports person who competes in a sport that may involve physical strength, speed and/or endurance.

<sup>3</sup> The World Anti-Doping Code is available at the WADA's website ([www.wada-ama.org](http://www.wada-ama.org), under the heading "Resources / The Code"). The revised Code is effective from 1 January 2015, and aims to better protect athletes that compete fairly, as well as the integrity of all sports, and to be tougher on athletes that cheat.

<sup>4</sup> Article 1 of the World Anti-Doping Code.

<sup>5</sup> WADA's Prohibited List is available in an app for downloading to a smartphone.

## Responsibility of doctors

5. Ethical conduct is a fundamental component of medical professionalism. Your primary responsibility is the health and safety of your patient. You must treat the presenting condition in line with best practice.<sup>6</sup>
6. If a patient has made you aware of his or her involvement in competitive sports,<sup>7</sup> you should establish the status of any medication you wish to prescribe with respect to the WADA Prohibited List.<sup>8</sup> You must meet any associated requirements (for example Therapeutic Use Exemption<sup>9</sup> applications). Be especially careful with your prescribing when athletes consult you.<sup>10</sup>
7. Studies have shown that critical events in an athlete's career such as selection / de-selection, recovery from injury or illness and negotiating crucial sponsorship deals can increase the risk of doping.<sup>11</sup> You must resist pressure to prescribe or advise on access to substances for the deliberate purpose of enhancing performance in sport.
8. The use of dietary supplements is common in sport. They may have unintended and detrimental health consequences. They may also result in inadvertent doping as such products are often not subjected to strict manufacturing and quality control, and could be contaminated with banned or dangerous substances. Consider discussing with your patients their reasons for using supplements, the sources from which your patients are obtaining the supplements they are taking, and the possibility that some supplements could be contaminated.
9. A wide range of substances contribute to enhancing physique and sporting performance. These substances are obtainable from doctors, pharmacists, online and other sources. Athletes and other individuals should work with their doctor to protect themselves from the unintentional exposure to prohibited and/or harmful substances. The Council recognises that the responsibility is shared by the individual seeking the substance and the doctor consulted.
10. You must maintain clear and accurate patient records that document the patient's consultation with you including:
  - whether the patient is subject to sports drug testing
  - any dietary supplements the patient may be taking including the reasons for taking them and the sources from which the supplements are being obtained
  - any options discussed and advice given
  - any situation where you feel you are being pressured to prescribe or provide advice on accessing medicines for enhancing physique or sporting performance
  - any treatment or medication prescribed
  - any Therapeutic Use Exemption applications made
  - any prohibited substances prescribed under a Therapeutic Use Exemption.<sup>12</sup>

<sup>6</sup> See *Good medical practice* and *Good prescribing practice* which sets out Council's expectation of doctors when they prescribe. See also the statement on *Doctors and health related commercial organisations* which discusses how patient care can be influenced by a doctor's interaction with a health-related commercial organisation.

<sup>7</sup> It is the responsibility of individual athletes to inform their doctor of their status as a listed athlete who may be tested for prohibited substances. New Zealand athletes in the testing pool will usually carry a small wallet-sized card provided by Drug Free Sport New Zealand with relevant identification and information for the doctor the athlete consults.

<sup>8</sup> Details of the Prohibited List are available from WADA's website ([www.wada-ama.org](http://www.wada-ama.org)). It is good practice to check the particular medicine you are intending to prescribe against the New Zealand Formulary which provides hyperlinks to WADA's Prohibited List, and to Drug Free Sport New Zealand's website for users to verify the details of a medication's status. If that medicine has restrictions on its use based on the current WADA Prohibited List, it is indicated as 'restricted in sport' under 'Cautions'. As well, MIMS' resources display 'athlete' or an athlete logo next to each medicinal substance to indicate whether it is permitted or permitted with restrictions. In addition, Drug Free Sport New Zealand can also advise you whether a medication you are intending to prescribe complies with regulations of the relevant sport and whether that medication is on WADA's Prohibited List.

<sup>9</sup> Therapeutic Use Exemption (TUE) allows an athlete to take medication containing a banned substance if that medication is needed by the athlete for medical reasons. All applications must be prospective and registered except in emergency situations. The standards and rules for TUE applications vary between countries, and there is potential to exploit TUEs in that performance-enhancing medicines are sometimes taken under false pretences.

<sup>10</sup> The drug testing that an athlete undergoes may be both at the time of the competition and at random. As most substances prohibited by WADA are prohibited at all times, it is important not to assume that a medicine will be short-acting and that it can be used by the athlete in between competitions.

<sup>11</sup> Curtis A, Gerrard D, Burt P and Osborne H. Drug misuse in sport: a New Zealand perspective. *New Zealand Medical Journal*. 2015; Vol 128 No 1427, 62-68.

<sup>12</sup> See also the 'Keeping records' section of *Good medical practice*, as well as Council's statement on the *Maintenance and retention of patient records*.

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## **Educating yourself and others**

11. Drug Free Sport New Zealand is an agency established under the Sports Anti-Doping Act 2006. Drug Free Sport New Zealand is funded by the Government to encourage drug-free sport. Its functions include the operation of educational programmes about doping in sports, and national athlete testing. It also implements New Zealand's Sports Anti-Doping Rules which reflect the rules of WADA's World Anti-Doping Code. Drug Free Sport New Zealand publishes information on different aspects of performance enhancing substances and practices.
12. You should be aware that doping is present in all levels of sport including at school level. The Council encourages all doctors to extend their knowledge on doping practices as well as on the dangers of using substances to enhance physique. You should educate your patients about the possible dangers of these practices.

## **Related statements**

- *Good medical practice*
- *Good prescribing practice*
- *Doctors and health related commercial organisations*
- *Maintenance and retention of patient records*
- *New Zealand Sports Anti-Doping Rules*
- *World Anti-Doping Code*

## **February 2017**

*This statement is scheduled for review by February 2022. Legislative changes may make this statement obsolete before this review date. The contents of this statement supersede any inconsistencies in earlier versions of the statement.*

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