Dispensing Prescription Medication

subject to and should be in compliance with all state, federal and Drug Enforcement Agency (DEA) regulations. Relevant items include appropriate packaging, labeling, counseling and education, records keeping, and accountability for all drugs dispensed.

2. Certified athletic trainers should not be assigned duties that may be performed only by physicians or pharmacists. A team physician cannot delegate diagnosis, prescription drug control or prescription dispensing duties to athletic trainers.

3. Drug distribution records should be created and maintained where dispensing occurs in accordance with appropriate legal guidelines. The record should be current and easily accessible by appropriate medical personnel.

4. All prescription and over-the-counter (OTC) medications should be stored in designated areas that ensure proper environmental ( dry with temperatures between 59 and 86 degrees Fahrenheit) and security conditions.

5. All drug stocks should be examined at regular intervals for removal of any outdated, deteriorated or recalled medications.

6. All emergency and travel kits containing prescription and OTC drugs should be routinely inspected for drug quality and security.

7. Individuals receiving medication should be properly informed about what they are taking and how they should take it. Drug allergies, chronic medical conditions and concurrent medication use should be documented in the student-athlete’s medical record and readily retrievable.

8. Follow-up should be performed to be sure student-athletes are complying with the drug regimen and to ensure that drug therapy is effective.

References


The NCAA and professional societies such as the American Medical Association (AMA) and the American College of Sports Medicine (ACSM) denounce the employment of nontherapeutic drugs by student-athletes. These include drugs that are taken in an effort to enhance athletic performance, and those drugs that are used recreationally by student-athletes. Examples include, but are not limited to, alcohol, amphetamines, ephedrine, ma huang, anabolic-androgenic steroids, barbiturates, caffeine, cocaine, heroin, LSD, PCP, marijuana and all forms of tobacco. The use of such drugs is contrary to the rules and ethical principles of athletics competition.

The patterns of drug use and the specific drugs change frequently, and it is incumbent upon NCAA member institutions to keep abreast of current trends. The NCAA conducts drug-use surveys of student-athletes in all sports and across all divisions every four years. According to the 2005 NCAA Study of Substance Use Habits of College Student-Athletes, the percentage of student-athletes who use alcohol decreased by 12 percent (88.9-76.9) during the last 16 years, while the percentage of student-athletes who use marijuana during those same 16 years also decreased (27.5-20.3). Among the entire group of student-athletes, the use of amphetamines has continually increased since 1997. Use of spit tobacco is down in all divisions, but more so in Divisions II and III. Cocaine use is up slightly in all divisions since 2001. The full results of the 2005 and past surveys are available to all member institutions and can be used to educate staff and plan educational and treatment programs for its student-athletes.

The NCAA maintains a banned drug classes list and conducts drug testing at championship events and year-round random testing in sports. Some NCAA member institutions have developed drug-testing programs to combat the use of nontherapeutic substances. Such programs should follow best practice guidelines established by the NCAA Committee on Competitive Safeguards and Medical Aspects of Sports. While not all member institutions have enacted their own drug-testing programs, it is essential to have some type of drug-education program as outlined in Guideline 1h. Drug testing should not be viewed as a replacement for a solid drug-education program.

All medical staff should be familiar with the regulations regarding dispensing medications as listed in Guideline 11.

All member institutions, their athletics staff and their student-athletes should be aware of current trends in drug use and abuse, and the current NCAA list of banned drug classes. It is incumbent upon NCAA member institutions to act as a positive influence in order to combat the use of drugs in sport and society.

References

1. American College of Sports Medicine, Position Stand: The Use of Anabolic-Androgenic Steroids in Sports, 1984. (P.O. Box 1440, Indianapolis, IN 46206-1440)

2. American Medical Association Compendium, Policy Statement: Medical and Non-Medical Use of Anabolic-Androgenic Steroids (105.001), 1990. (P.O. Box 19946, Chicago, IL 60610)

3. American Medical Association Compendium, Policy Statement: Non-Therapeutic Use of Pharmacological Agents by Athletes (105.016), 1990. (P.O. Box 10946, Chicago, IL 60610)

4. NCAA Study of Substance Use Habits of College Student-Athletes. NCAA, P.O. Box 6222, Indianapolis, Indiana 46206-6222, June 2006. Available at www.NCAA.org.
NCAA bylaws require that the director of athletics or his or her designee disseminate the list of banned drug classes to all student-athletes and educate them about products that might contain banned drugs. The following provides a framework for member schools to assure they are conducting adequate drug education for all student-athletes. Athletics administrators, coaches and sports medicine personnel should also participate in drug-education sessions. Campus colleagues may provide additional support for your efforts.

**In preparation for institution drug-education programs, annually:**

- Develop a written policy on alcohol, tobacco and other drugs. This policy should include a statement on recruitment activities, drug testing, disclosure of all medications and supplements, discipline, and counseling or treatment options.

- Review the NCAA, conference and institutional drug-testing program policies and update handbook materials accordingly.

  - Include the NCAA list of banned drug classes and NCAA written policies in the student-athlete handbook.

  - Identify NCAA, conference and institutional rules regarding the use of street drugs, performance enhancing substances, and nutritional supplements, and consequences for breaking the rules.

  - Display posters and other NCAA educational materials in high-traffic areas.

  - Include the following printed warning in the student-athlete handbook:

    **Before consuming any nutritional/dietary supplement product, review the product and its label with your athletics department staff. Dietary supplements are not well regulated and may cause a positive drug test result. Any product containing a dietary supplement ingredient is taken at your own risk.**

**Tasks and Timelines for educating student-athletes**

**By July 1:**

- Send out the NCAA list of banned drug classes, the dietary supplement warning and REC* information to all returning student-athletes and known incoming student-athletes.

**Orientation at Start of Academic Year:**

- Ensure that student-athletes sign NCAA compliance forms.

- Provide student-athletes with a copy of the written drug policies as outlined prior.

- Show NCAA Drug-Education and Testing video.

- Verbally explain all relevant drug policies with student-athletes and staff:

  - NCAA banned drug classes (note that all related compounds under each class are banned, regardless if they