



Evaluation of the Results of CORRECTIV'S Painkiller Survey

The full results of the investigation and other materials can be found on www.kickonpills.com and on CORRECTIV's social media channels.

a) Overview	p. 2
b) General Results of the Survey	p. 3
c) Painkiller Ingestion	p. 4
d) Evaluation by Gerd Glaeske (Health Scientist, University of Bremen)	p. 7

a) Overview

PERIOD OF THE SURVEY: December 2019 – March 2020

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in cooperation with ARD Doping Editorial Team

LINK TO THE INVESTIGATION

> [“A Kick On Pills” Investigation](#)

SUPPORT:

- ARD Doping Editorial Team
- Prof. Dr. Joachim Kunert, Prof. Dr. Andreas Groll (TU Dortmund)
- Prof. Dr. Gerd Glaeske (University of Bremen)

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VERIFIED ANSWERS: 1142 respondents

METHOD:

We contacted the participants in different ways. When we started, we promoted participation in the survey via social media. For this purpose, we used CORRECTIV’s internal Facebook, Twitter, and Instagram channels. Subsequently, we wrote proactively to club representatives from the individual regional associations in Germany. The participants come from different German regions.

Our survey is not representative. It was created without scientific support. Two statisticians and a health scientist advised us concerning the evaluation.

NOTE:

The survey also included questions about the use and observation of doping in amateur football. We will publish the evaluation of this part at a later date. We are available as of now for further questions about this subject.

You are welcome to use the results cited here in scientific and journalistic publications. Please indicate CORRECTIV as the author and mention the URL where we have summarized the results of this and other investigations on painkiller abuse in football. CORRECTIV is the first non-profit investigation center in the German-speaking area. We do journalism for society and with society. In our [newsletter](#) we regularly report on the subject of health in sports.

b) General results of the survey

1. GENDER

n=1142

Male	1080	→ 94.6 %
Female	44	→ 3.9 %
Other	5	→ 0.4 %
No Information	13	→ 1.1 %

3. LEVEL OF PLAY

n=1142

Amateur	1096	→ 96.0 %
Regional League	28	→ 2.5 %
Professional	11	→ 1.0 %
No Information	7	→ 0.6 %

2. AGE

n=1142

< 18 years	30	→ 2.6 %
18-25	487	→ 42.6 %
26-35	446	→ 39.1 %
> 35	169	→ 14.8 %
No Information	10	→ 0.8 %

c) Painkiller Ingestion

4. PAINKILLER INGESTION DURING THE CAREER

(Question: Have you taken painkillers during your football career?)

n=1142; all respondents

Yes	905	→ 79.2 %
No	237	→ 20.8 %

5. FREQUENCY OF PAINKILLER INGESTION

n=1142; all respondents

Before every training	22	1,9%
Before every match	82	7,2%
At least once per week	61	5,3%
At least once a month	75	6,6%
Various times during the season	402	35,2%
Once per season	114	10%
Less than once per season	189	16,5%
No ingestion	190	16,6%
No answer	7	0,6%

6. DETAILS ABOUT THE PAINKILLERS (n=1142)

(Question: What painkillers did you take?)

a. n=1677; all answers included

Ibuprofen	877	52,3%
Diclofenac / Voltaren	391	23,3%
Aspirin	245	14,6%
Arcoxia	17	1,0%
Other	93	5,5%
No painkillers	12	0,7%

Since multiple answers were possible, we took another look at the percentage of respondents and the individual painkillers they take.

b. n=1142; all respondents

Ibuprofen	877	76,8%
Diclofenac / Voltaren	391	34,2%
Aspirin	245	21,5%
Arcoxia	17	1,5%
Other	93	8,1%
No painkillers	12	1,1%

other painkillers mentioned several times:

Opioids	10
Paracetamol	10
THC / Cannabis / Weed	8
Novalgine (NSAID)	6
Cortisone (Steroid hormone)	3
Finalgon (Warming cream)	2

7. REASONS FOR TAKING PAINKILLERS

n=1525; all answers included

Alleviate pain from previous injuries	864	56,7%
Increase capacity after injury/illness	360	23,6%
To keep a clear head and feel safe	200	13,1%
Increase performance	74	4,9%
No concrete reasons. I took them as part of a routine	27	1,8%

8. DISCUSSION ABOUT POSSIBLE SIDE EFFECTS

n=1142; all respondents

Yes	385	→ 33.7 %
No	575	→ 66.3 %

9. NEGATIVE CONSEQUENCES

(Participants were able to enter negative consequences experienced into an open-ended text field. We divided the answers into two areas.)

a. Psychological

Dependency and development of addiction (possibly also physical, especially with opioids)	11
Irritability	2
Poor concentration	
Feeling unwell	

b. Physical

Most mentioned by far:

Delayed healing of injuries, worsening of injuries, chronic injuries, long-term damage (e.g. of knees, back, adductors, ankles)

Stomach problems	25
Nausea	5
Vomiting, feeling unwell, diarrhea, circulatory problems	2
Dizziness	4
Liver and kidney damage	4
Bleeding (blood thinning, internal bleeding, blood in the urine, nosebleed)	4
Fatigue	3
Circulatory problems	2
Decrease in performance upon non-intake	
Increased risk of (re)injury	
Development of tolerance	
More pain	
Eye disorders	

10. DISCUSSION ABOUT POSSIBLE SIDE EFFECTS

(Question: Did you know about an increased risk of heart problems?)

n=1142

Yes	570	→ 49.9 %
No	572	→ 50.1 %

11. FURTHER INFORMATION ON THE SUBJECT OF HEART PROBLEMS

- Atrial fibrillation detected.
- Heart problems suffered by other team members.
- Getting a cold during a match is quite normal.
- Heart muscle inflammation as a result.

12. SELECTION OF QUALITATIVE ANSWERS

- a. "If someone has a minor ailment, you always get a question from 2–3 places such as 'Do you need IBU? I have 400–800 mg with me'. Such an offer is then regularly accepted. For example, I took the Ibus on the picture over a period of about 2 months before each training session/match until the summer break."
- b. "I have seen many players in my career for whom medications for training and playing was part of the job, in part also independently of injuries and illness. There were certainly many dependencies and misuse in my immediate environment."
- c. "I guess 25% of all players took painkillers before matches. Ibuprofen or Diclofenac. Rarely in training. Many players absolutely wanted to play and did not want to risk being taken off the starting 11 with "light" injuries (sprains, contusions, hematomas, joint pain, etc.). With 4–5 weekly training units and the effort required, everyone also wants to see results at the weekend. Both in terms of performance and financially (through bonuses)."

- d. "I was naive. I knew about my injury and only fought the pain, not the cause. I played, although I should have paused. As a result, I overdid it and only injured myself still more, so that only surgery could fix it. I have learned from this and take care to heal my injuries carefully. I no longer accept playing with painkillers."
- e. "The coach and club must finally learn to do without top performers instead of making them 'fit'."
- f. "I am 26 years old and have taken many painkillers for several months. The result was that I have chronic knee problems. I used Ibus so I could play. In the end, I couldn't even sit in the car for 20 minutes without suffering from pain. Painkillers are an addiction like alcohol and drugs."

13. LIMITATIONS OF THE SURVEY

- The survey is not representative.
- Random sampling cannot be implemented from a scientific point of view.
- Possibly only footballers who generally consider that painkillers are a problem or believe that they have their consumption under control have answered.

d) Evaluation by Prof. Dr. Gerd Glaeske (Health Scientist, University of Bremen)

Painkillers are not sweets!

Painkillers are used too recklessly – “Do you need Ibu?” is a frequently heard question. Medications are part of training and playing. Overall, the statements show that **the use of painkillers is not an exception**, but seems to be part of the everyday life for many football players. **Pain is “killed by swallowing”** in order to be able to train and play. Painkillers are already taken as **prophylaxis** to alleviate fears of having any restrictions in the performance required during the match. **Increases** in the type and strength of the effects of painkillers are also reported, and thus their effects — from over-the-counter ibuprofen to the strictly prescription-narcotic morphine — also increase. **The possible undesirable effects** are evidently **hidden or not even considered a problem**. Nobody should forget that drugs that are effective can always trigger unwanted side effects.

There are also complaints about the fact that only the consumption of alcohol is talked about in football, but not the use, abuse, and undesirable effects of the use of painkillers. Ultimately, this is **doping in sports**, which is intended to always achieve the best possible actual performance, ability, and willingness to perform — which is ultimately a **very problematic and unhealthy development, especially in amateur sports**.