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Executive Summary of the  
**FINAL REPORT**  
For the Copenhagen Fitness Anti-Doping  
Conference

28th February 2012

The European Health & Fitness Association  
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## LIST OF ABBREVIATIONS

**AAS** - Androgenic Anabolic Steroids

**ADD** - Anti-Doping Denmark

**AGAP** - Associação de Empresas de Ginásios e Academias de Portugal (Portuguese Fitness Association)

**DG EAC** - DG Education and Culture

**EHFA** - European Health and Fitness Association

**EMCDDA** - European Monitoring Centre for Drugs and Drug Addiction

**EREPS** - European Register of Exercise Professionals

**ESPAD** - European School Survey Project on Alcohol and other Drugs

**FAD** - Fitness Against Doping project

**FINADA** - Finish Anti-Doping Association

**IAAF** - International Amateur Athletic Federation

**IDU** - Intravenous drug user

**LERF** - National Fitness Centre Certification

**IOC** - International Olympic Committee

**NACE** - Nomenclature des Activites Economiques

**NADA** - National Anti-Doping Association

**NCD** - Non communicable disease

**NZVT** - Nederlands Zekerheidssysteem Voedingssupplementen Topsport

**PIED** - Performance and Image Enhancing Drug

**UKA** - UK Athletics Authority

**UKAD** - United Kingdom Anti-Doping Agency

**UNESCO** - United Nations Educational, Scientific and Cultural Organization

**UNODC** - United Nations Office for Drugs and Crime

**WADA** - World Anti-Doping Agency

**WHO** - World Health Organisation

## Executive Summary

### 1.1 Introduction and context

The European Health and Fitness sector is comprised of more than 40,000 health and fitness centres servicing an estimated 44m regular users, and many more informal participants. Physical inactivity is now identified as the fourth leading risk factor for global mortality. Physical inactivity levels are rising across Europe with major implications for the prevalence of non-communicable diseases (NCDs) and the general health of the population worldwide.<sup>1</sup> The levels of physical inactivity throughout Europe are estimated to cause 600,000 deaths and a loss of 5.3 million years of healthy life due to early mortality and disability every year.<sup>2</sup>

A key role, and now recognised as a social responsibility for the health and fitness sector, is to promote health-enhancing physical activity. This approach is consistent with the EU Guidelines on Physical Activity<sup>3</sup> and the World Health Organisation Global Recommendations on Physical Activity for Health<sup>4</sup>, which have all called upon national governments to develop strategies to encourage higher levels of physical activity.

Data from the European Commission commissioned Eurobarometer survey on Sport and Physical Activity<sup>5</sup> shows that roughly two thirds of European adults do not reach recommended levels of physical activity, whilst only 34% of young people meet the recommendations.<sup>6</sup> Of the 87% of respondents that claimed to participate in physical activity, 11% of these did so within a fitness centre, and although up to half of respondents were not members of any form of sports or fitness centre, it was found that physical activity does take place in a wide range of formal settings across the EU. The report observed

that the usage of fitness centres and sports centres is determined largely by their availability (linked to urban population) and the disposable incomes of citizens in the different member states.<sup>7</sup>

A relatively high level of respondents asked about why they engaged in physical activity attributed their participation in physical activity to a desire to improve their physical appearance, (24% EU-wide) improve physical performance (24% EU Wide) or control their weight (24% EU wide) as opposed to alternative responses such as “to be with friends” “to improve self-esteem”, “to develop new skills” “to relax” or “to have fun”. The most common responses were “to improve health” (61%) and “to improve fitness” (41%). The presence of various different motivating factors for participating in physical activity is indicative of the varied and significant benefits which can be accrued from exercise.

In recent years the European Commission and other stakeholders have begun to consider the use of doping substances within “amateur sport” and in fitness, and several sources have stated that “doping substances are prevalent within the fitness sector”. Although the evidence base from which these statements are developed are fiercely debated, these statements can be damaging and preclude the fitness sector from attempting to increase levels of physical activity.

A lack of dialogue with the fitness sector has raised concern that these unfounded and generalised comments are being made which suggest doping practices are apparently “prevalent” or are a “significant problem” (in fitness). The core service and objective of the health and fitness sector is to improve the health and wellbeing of its users and the unsubstantiated perception of a doping culture

1. World Health Organisation, ‘Global recommendations on physical activity for health’, World Health Organisation, 2010. [http://whqlibdoc.who.int/publications/2010/9789241599979\\_eng.pdf](http://whqlibdoc.who.int/publications/2010/9789241599979_eng.pdf) [accessed 28 January 2011]

2. World Health Organisation Europe, ‘Physical Activity and Health in Europe: evidence for action’ World Health Organisation’ eds N.Cavill, S.Kahlmeier & F. Racioppi, (2006) pp.5

3. EU Guidelines on Physical Activity 2009 - [http://ec.europa.eu/sport/news/eu-physical-activity-guidelines\\_en.htm](http://ec.europa.eu/sport/news/eu-physical-activity-guidelines_en.htm)

4. WHO Global Recommendations on Physical Activity for Health (2010) - [http://www.who.int/dietphysicalactivity/factsheet\\_recommendations/en/index.html](http://www.who.int/dietphysicalactivity/factsheet_recommendations/en/index.html)

5. Sjostrom M et al., ‘Health enhancing physical activity across European Union countries: the Eurobarometer Study’, Journal of Public Health, 14 (2006) 1-10.

6. Ibid.

7. EU Special Eurobarometer Survey 72.3, ‘Sports and Physical Activity’ (Directorate General Education and Culture, 2010)

within the sector is therefore inconsistent with its ultimate goal.

Furthermore, these statements pose an inherent risk that the European fitness sector's ability to develop and integrate into other healthcare policies, strategies and the promotion of health enhancing physical activity, will be stunted and potentially jeopardised if these perceptions are not addressed.

Therefore, the European Health and Fitness Association has undertaken primary research into the prevalence of doping within the fitness sector, and is now building a strategy to further professionalise the sector's response to anti-doping practices.

One of EHFA's principle activities is to develop pan-European standards to train and qualify exercise professionals so the sector will have a technically competent workforce who can deliver programmes and supervise exercise for adults, children and adolescents, for active ageing and alongside specialist programmes with healthcare professionals. This project is indicative of the sector's continued striving to professionalise itself and the desire to move further towards a holistic approach to health and wellbeing and establish a position of corporate social responsibility.

## 1.2 Aims of the Project

In October 2010 the Commission called for proposals in the Preparatory Action in the Field of Sport (EAC/22/10) in the "Fight Against Doping". The project application submitted by EHFA was successful and resulted in an Agreement with the Commission (EAC-2010-1283) for the Fitness Against Doping (FAD) project which started in January 2011.

The project worked to develop a coordinated European strategy to limit the use of doping substances in the fitness sector. There are 9 partners in the project plus EHFA, which are based in nine different European countries. The project was divided into four main activities:

- Research into existing evidence of doping practices in amateur sport and fitness
- Field research by the partners into doping practices in their countries
- Reporting on findings and consultation
- Developing intervention strategies to effect reductions in any doping practices

The Fitness Against Doping (FAD) project's core aim was to challenge the preconceptions and existing perceptions which exist about doping in the fitness sector. It is integral to the continued success and development of the fitness sector that it proves itself to be transparent and to tackle any allegations which have been levelled against it.

The White Paper on Sport recognises that doping poses a threat to sport and calls on sport organisations "to develop rules of good practice to ensure that young sportsmen and sportswomen are better informed and educated in the issues of doping substances, prescription medicines which may contain them, and their health implications".<sup>8</sup>


Previous anti-doping research and international regulation has focused on elite sport, but it is suggested that amateurs are also making use of performance-enhancing drugs and this is a concern to the fitness industry. The EU Anti-Doping Conference 2009 stated that in regards to doping there is no difference between professional sport and any other amateur sport and so the fitness industry needs to rise to the challenge and to deal with this issue.<sup>9</sup>

The Conference acknowledged that doping is not just a problem exclusively for sport in undermining principles of fair and open competition, but is also a matter of public concern because of the detrimental effect that doping has on the long-term health of the users. This research project has helped to fill the gap in research and understanding around doping in the fitness industry and has provided advice, information and strategies for future action to mitigate and deal with the problem.

Recognising that the fight against doping required

8. White Paper on Sport - COM(2007) 391 final

9. EU Conference on Anti-Doping Organised by the European Commission Athens, Greece, 13 – 15 May 2009 [http://ec.europa.eu/sport/news/doc/athens\\_conf\\_conclusions\\_final\\_version\\_en.pdf](http://ec.europa.eu/sport/news/doc/athens_conf_conclusions_final_version_en.pdf)



a coordinated transnational response, the project established a network of partners across Europe and with other international organisations that have experience and knowledge in this field. The aim of this network was to provide for the first time researched information on the extent of doping and current anti-doping policies affecting the fitness industry.

The Polish Institute of Sport Anti-Doping Research Centre, as a partner, were tasked to develop the methodology to be used for the primary research.

The results of the survey have provided the evidence base for future targeted interventions within the industry and will start a network of best practice to further the fight against doping. The international partners of the project (ISCA and ICCE) provided examples and evidence of effective anti-doping practices and policies used in sport, and several within fitness, which can be adapted for use by the fitness industry.

The recommendations for where promotion could be improved and better utilise the fitness sector are set out to address three main audiences identified by the research:

- The European Commission
- Member state governments & agencies
- European fitness sector

The context of the project was emphasised by the EU Communication on Sport in January 2011 which stated that “doping remains an important threat to sport. Use of doping substances by amateur athletes poses serious public health hazards and calls for preventive action, including in fitness centres.

“Doping prevention and doping sanctions remain within the remit of sport organisations and Member States. It encourages Member States to adopt and share national anti-doping action plans aimed at ensuring coordination among all relevant actors. There is a need for anti-doping rules and practices

to comply with EU law in respecting fundamental rights and principles. Encourages the existing trend across EU Member States to introduce criminal law provisions against trade in doping substances.”

The Communication went on say that it will “support transnational anti-doping networks, including networks focusing on preventive measures targeting amateur sport, sport for all and fitness.”<sup>10</sup>

## 1.3 Background to Doping

### 1.3.1 History and context of doping in elite sport

Doping in elite sport has a long history; in 1928 the International Amateur Athletic Federation (IAAF) became the first International Sport Federation to ban the use of doping, which was then defined as stimulating substances.<sup>11</sup> During the 1930s many other sporting federations undertook similar measures however restrictions remained ineffective.

Most International Federations had introduced drug testing by the 1970s, nevertheless the use of anabolic steroids was becoming widespread, especially in strength events, as at that time there was no way of detecting them.<sup>12</sup> A reliable test method was finally introduced in 1974 and the International Olympic Committee (IOC) added anabolic steroids to its list of prohibited substances in 1976, which resulted in a marked increase in the number of drug disqualifications in the late 1970s, notably in strength related sports such as throwing events and weightlifting.<sup>13</sup> In 1998 the World Anti-Doping Agency WADA was formed. It describes itself as a “unique hybrid organization that is governed and funded equally by the sports (Olympic) movement and governments”.<sup>14</sup> The framework for WADA’s activities is provided by the World Anti-Doping Code which first came into effect in January 2004.

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10. Developing the European Dimension in Sport COM(2011) 12 final

11. J. Woodhouse & M. Dilworth, *Drugs in Sport*, House of Commons Library, 15 September 2010

12. J. Woodhouse & M. Dilworth, *Drugs in Sport*, House of Commons Library, 15 September 2010

13. World Anti-Doping Agency, *A Brief History of Anti-Doping*, WADA, 2011.

<http://www.wada-ama.org/en/About-WADA/History/A-Brief-History-of-Anti-Doping/> [accessed 15.4.11]

14. Ibid.

National sports organisations are members of the corresponding international sports federation or umbrella organisation, and are expected to keep their anti-doping regulations in line with those of the international sports federation. For the majority of these federations, doping regulations issued by governments and the World Anti-Doping Agency (WADA) define policy.

Despite this impressive infrastructure for anti-doping practice within elite sport, there are many critics of the current doping system. UNI Global Union recently stated that there is a paucity of publicly available statistical evidence to support current policies and practices on drug testing programmes for athletes.<sup>15</sup> The same report cites the lack of standardised reporting by the National Anti-Doping Authorities as one of the principle failings of the system.<sup>16</sup>

The UK Athletics Authority (UKA) suggests that while a “comprehensive testing programme” plays a fundamental role as a deterrent and preventative measure against doping, UKA acknowledges that further work must be undertaken to provide athletes with the information and technical advice they need to make informed and responsible choices in compliance with the UKA’s (AD regulations). The need for education is especially true when attempting to promote the appropriate use of supplements.

Issues relating to supplements have long been handled by the WADA, in 2004 they analysed 634 products from standard retail channels in 13 different countries for the presence of steroids or pro-hormones (which the body will metabolise into steroids). Out of the 634 products analysed, 15% were found to be contaminated with steroids/pro-hormones. However, despite the efforts of the World Anti-Doping Agency the distribution of supplements is hard to regulate due to the obvious

and diverse distribution channels provided by the internet. Content and quality cannot always be easily ascertained and it seems that many are deliberately or inadvertently adulterated.

The labelling of such preparations does not always reflect their actual content and so platitudes such as “always read the label” no longer apply. In one study, brands of over the counter androgenic-anabolic supplements did not comply with labelling requirements, in fact one product contained 77% more steroid than the label stated and another contained 10mg undeclared testosterone.<sup>17</sup> A separate analysis of 75 supplements purchased over the internet found that 7 contained undeclared hormones and 2 contained ephedrine and caffeine.<sup>18</sup> The most compelling evidence is from a study commissioned by the International Olympic Committee (IOC), 94 out of 634 “legal supplements” purchased in 13 countries contained banned substances; 64 containing testosterone, 23 nandrolone and 7 steroid hormones.<sup>19</sup>

### 1.3.2 Doping in fitness and amateur sport

‘Unorganised’ or ‘amateur’ sport and fitness does not currently have a similar infrastructure for harmonised doping control such as exists in elite and competitive sport. The lack of a harmonised approach is due to a number of reasons.

Firstly, where doping in organised (professional) sport is primarily focused on improving athletic performance, the use of doping in unorganised sports may be due to a desire to obtain a muscular and slim physique.<sup>20</sup> The Dutch Health Council states that this is especially true of fitness activities, whilst several sources state that fitness and strength training are not sport in a traditional sense, but rather that the “purpose of taking part in these activities is not to compete but to train and stay

15. W. Palmer, S.Taylor, A.Wingate, ‘Adverse Analyzing: A European Study of Anti-Doping Organisation Reporting Practices and the Efficacy of Drug Testing Athletes’, UNI Global Union, May 12 2011.

16. Ibid

17. Green GA, Catlin DH, Starcevic B. Analysis of over-the-counter dietary supplements. Clin J Sports Med 2001;11:254-9

18. Kamber M, Baume N, Saugy M et al. Nutritional supplements as a source for positive doping cases. Int J Sport Nutr Exerc Metab 2001;11:258-63

19. Schanzer W New results concerning contamination of nutritional supplements with banned anabolic androgenic steroids. Symposium on Drugs and Sport: Issues and Perspectives. RSC and UK Sport. Manchester 2002

20. J.A Knottnerus, Presentation of advisory report Doping in unorganised sports, Health Council of the Netherlands, April 13 2010.

fit”.<sup>21</sup> Both of these sources demonstrate that the desired outcome of fitness activities do not often relate to gaining a competitive edge but instead relate more to personal health, and at times physical appearance. Professor Ask Vest Christiansen consistently argues that it is incorrect to integrate fitness activities and elite sport under the same umbrella, and whilst the anti-doping infrastructure in elite sport is designed to achieve sporting fair play, anti-doping campaigns in a fitness environment have the objective of securing the health of the exercisers.

Secondly, as a result of the unclear nature of drug use within the fitness sector and unorganised sport environments, there is no widely agreed protocol for handling the issue. In contrast with elite sports, the primary task of reducing doping use in unorganised sports lies with the government;<sup>22</sup> as the Commission re-stated in its January 2011 Communication (as an update on the White Paper on Sport), “Doping prevention and doping sanctions remain within the remit of sport organisations and Member States”. This distinction is because national governments retain responsibility for public health services, and currently anti-doping falls into this area of duty. Although the possible use of substances such as anabolic steroids is generally regarded as a public health problem, cultural, educational and political differences mean there are many different approaches to addressing the issue.

Finally, there is limited clarity over the aim of the doping intervention strategies. Much of the research and strategies into this area have previously focused on the use and prevalence of Androgenic Anabolic Steroids (AAS), defined as, “*A group of synthetic hormones that promote the storage of protein and the growth of tissue, sometimes used by athletes to increase muscle size and strength*”.<sup>23</sup> There has been limited research into the prevalence of other forms of doping such as amphetamines, ephedrine, and pseudoephedrine. Therefore, whilst within elite a sport, the anti-doping infrastructure is committed to reducing the prevalence of the WADA list of banned substances; there is no agreement of the substances

to be tested within the fitness sector. The FAD project found that there was only limited data regarding the prevalence of doping in unorganised sport and in particular regarding the fitness sector and that there is a significant gap in the research with regards to the levels of doping in unorganised sport and fitness. This would appear to be inconsistent with the apparent perception of the fitness sector being linked with doping and the use of performance-enhancing substances.

## 2.1 Methodology

The project was focused on 5 work packages:

### 1.3.1 Work Package 1 - Project Management, Quality Control and External Evaluation

The objective of this work programme was to ensure that the project met its objectives within budget and the scheduled timescales and that there was adequate reporting and monitoring of performance against project outcomes.

### 1.3.2 Work Package 2 - Project Communication, Website, Dissemination and Valorisation Strategy

The aim of this work package was to widen the impact of the project across Europe by effectively disseminating and exploiting the outcomes.

The project was communicated through the respective partners’ communications channels and several high profile events, most notably at the Brussels Summit in November 2011 and at the final “Anti-Doping Conference”.

In addition to the wide array of events across Europe where FAD was presented, EHFA and the project partners issued press releases and articles which highlighted the key findings, and also through the website where the interim report was made available.

Consultation was created on the website which

21. A.V. Christiansen, ‘Doping in fitness and strength training environments – politics, motives and masculinity’, in *Elite Sport, Doping and Public Health*, eds V. Moller, M. McNamee, and P. Dimeo, University Press of Southern Denmark, 2004.

22. J.A. Knottnerus, Presentation of advisory report Doping in unorganised sports, Health Council of the Netherlands, April 13 2010.

23. D.J. Hall & C. Judkins, ‘Supplements and Banned Substance Contamination: Offering an informed choice’ *HFL Sport Science*, 2010



asked respondents to give their comments on the project, the findings and the potential recommendations to be implemented including the creation of a Fitness Against Doping Charter for all EHFA partners to sign up to and disseminate.

### 1.3.3 Work Package 3 - Research on Anti-Doping Policies

The Research on Anti-Doping policies work package was divided into the following:

- Identification of key project stakeholders

The key stakeholders were identified by the EHFA research team and the project partners as being the lead national contact points in the field of anti-doping regulations, the lead national contact points for anti-doping in sports and those international and European level organisations with an interest in anti-doping matters.

- Current situation analysis

#### Anti-doping

It was rapidly found during the initial stages of the research on policies that anti-doping and law enforcement differs from country to country. Furthermore, whilst there is a growing level of inter-government and inter-sport cooperation such as WADA, the WADA Code, UNESCO, International Convention in Anti-Doping in Sport, and Council of Europe Anti-Doping Convention, there is little information or activity in the area of amateur sport and fitness in the application of law enforcement or education programmes.

The desk-based research undertaken assessed the following in order to get the most complete findings in terms of the current anti-doping situation across Europe:

- Global and European governmental and official sources for information on policies relating to Doping within the health and fitness sector.
- Doping prosecution statistics to assess the

prevalence of doping violations.

- Inter-governmental bodies and other official international sources for information on policies relating to Doping within the European Health and Fitness sector.
- National and international specialist trade press for information on policies and research relating to Doping within the European Health and Fitness Sector.
- Websites of national and international trade associations for policies relating to Doping and potential role of the health and fitness sector.
- Reports produced by CSR teams of major manufacturers, distributors, suppliers, and training providers in the health and fitness sector and other relevant sectors for their views on policies relating to anti-doping.
- National, transnational, and international anti-doping regulation agencies for information for policies or research relating to Doping within the European Health and Fitness Sector.
- Financial, business and mainstream press for opinions on Doping and the potential role of the health and fitness sector

The desk-based research covered all of Europe, and below is a shortened summary of the findings which are focused mainly on four of the partner organisations – Denmark, Germany, the UK and the Netherlands, together with some other references:

#### Denmark

In Denmark Androgenic Anabolic Steroids (AAS) are illegal to, “manufacture, import, export, sell, distribute or possess with the exception of use for the prevention or treatment of diseases or for scientific purposes”.<sup>24</sup> The objective of the law is to prevent the use of AAS for doping purposes.

Regarding the use of AAS in fitness centres, which consequently is illegal, there is a two pronged approach, which consists partly of testing and control and partly of information and educational campaigns. A unique feature of the Danish anti-doping effort, compared with that of other

24. Retsinformation, retsinformation.dk (1999), ‘Lov om forbud mod visse dopingmidler, Lov nr. 232 af 21. april 1999’, (Law on the ban of certain doping drugs, Law no. 232 of 21 April 1999).

countries, is, that since 2005 Anti-Doping Denmark (ADD), the organisation responsible for testing doping among elite athletes, has been required by the Danish Government to carry out tests in fitness centres and health clubs that have signed up to a national anti-doping scheme.



Fitness centres pay approximately 12,000 Kroner (approx. 1,400€) a year to be part of the scheme. They then receive a sticker with a 'smiling face' reading 'We test for doping in collaboration with Anti-Doping Denmark', which they are required to

display on the entrance door. Gyms that do not sign up for the testing scheme receive a sticker with a 'sad face' reading, "We do not test for doping in collaboration with Anti-Doping Denmark", which they are also required by law to make visible to their customer at the entrance. Therefore although the scheme is not mandatory significant political pressure exists to encourage gyms to sign up.

In June 2010, 50% of all commercial gyms in Denmark were part of the scheme, embracing approximately 80% of Danish gym members<sup>25</sup> (550,000 members). For those centres that pay the annual testing fee inspectors from ADD will normally visit the centre twice a year to carry out doping tests on two subjects per visit. In 2008 507 tests were conducted and 111 individuals (22%) tested positive.<sup>26</sup> However, it is important to note that the testing is targeted towards 'suspicious individuals', and therefore population projections cannot be made from these figures. A number of other fitness centre users were also banned because they refused a doping test.

Where a user is tested positive during the ADD visit (or refuses to be tested), he or she is immediately excluded from the centre in question. However,

since it is illegal to store information on recreational athletes with drugs tests in a common database, individuals are therefore free to sign up as a member of another gym. The ADD is currently lobbying for this policy to be changed, which would in turn make it difficult for the individual to carry on training.

Along with the doping tests, Denmark has also used educational campaigns and support services and an anonymous counselling system accessible via the internet and a telephone service which received over 1398 queries over an 18 month period. Almost all questions (94%) that were posted by individuals training in gyms were from male enquiries while 6% were from females. The three most common performance and image enhancing drugs (PIEDs) were AAS (34%), creatine and or protein (22%), and other dietary substances in 16% of instances. Of the individuals enquiring regarding AAS, 61% originated from people training in gyms

## Germany

In Germany 20,000 individuals are "caught" as illegal drug offenders every year<sup>27</sup>, whilst it is estimated that 37.6% of persons aged 18-39 have taken drugs at some stage. Additionally 2-3% of pupils and students in Germany have a lifetime experience with prescription stimulants for cognitive enhancement.<sup>28</sup>

In a small sample survey the prevalence of illegal drugs in German fitness and leisure facilities was reported to be as high as 15.9%.<sup>29</sup> A separate questionnaire in the same fitness environment, which was directed at 'suspicious individuals', reported that 41.3% individuals use illegal drugs.

There are a number of German supplement manufacturers who have quality control testing performed on their products in order to reassure athletes that they are not contaminated. The products are tested for a number of steroids

25. A.V Christiansen, 'Bodily violations: Testing citizens training recreationally in gyms', Doping, 2010

26. Anti-Doping Denmark, 2009, <http://www.steroids.dk/da/Dopingkontrol/Kontrolstatistik.aspx> [accessed 17.5.11]

27. Kraus et al, 'Kurzbericht Epidemiologischer Suchtsurvey: Tabellenband: Trends der Pravalenz des konsums illegaler Drogen nach Alter 1980-2009', [accessed online 26.5.11] <http://www.ift.de/index.php?id=410>

28. Franke et al, 'Non-medical use of prescription stimulants and illicit use of stimulants for cognitive enhancement in pupils and students in Germany' 2011, in *Pharmacopsychiatry* 44: 60-6.

29. P. Simon et al, 'Doping im Fitness-Sport: Eine Analyse zwischen Dunkelfeld und sozialer Kontrolle.', 2008, Baden-Baden, Nomos 2008.

and occasionally for stimulants at a laboratory in Cologne.<sup>30</sup>

Within the German fitness sector the leading trade association (DSSV) strongly advocates an anti-doping policy to its members and has developed an educational programme for trainers and athletes in which the dangers of doping substances are highlighted.

## United Kingdom

In the UK there is an established governance structure within elite sport whereby national governing bodies of sport, such as UK Athletics, promote the work of regulatory bodies such as UK Anti-Doping and WADA.<sup>31</sup>

It is estimated that 200,000 users in the UK take steroids for non-medical purposes i.e. to enhance their appearance or strength.<sup>32</sup> The first nationwide AAS survey in the UK surveyed 21 gyms throughout Britain and found that 8% of respondents admitted having taken AAS at some time, 5% of which current users.<sup>33</sup> A separate survey of 100 AAS-using athletes was conducted in three South Wales counties, reporting high rates of polypharmacy (80%) with a wide range of other drugs amongst their sample.

With regards to AAS, the United Kingdom is often stated as adopting a 'harm reduction' strategy, relying upon education and awareness campaigns. The Home Office classify AAS as a Class C drug. This makes it an offence to supply the drug but does not make it an offence to possess or use them personally. As a result there has been an increase in internet sales channels, where companies based in locations outside of the EU where AAS are legal sell to individuals within the UK.

Such sales channels operate legally because possession without prescription is not illegal and

it is also not illegal to import steroids as long as they are for personal use. However, possession or importing with intent to supply is illegal, and carries up to five years imprisonment. It was found that this 'soft' legislative approach has not resulted in increased levels of AAS use across the population in comparison to countries with more punitive legislation such as Denmark.

The UK Health and Fitness Industry (the Fitness Industry Association, the Register of Exercise Professionals, and the Chartered Institute for the Management of Sport and Physical Activity) has addressed the problem of steroid misuse by publishing an industry guidance note advising fitness providers and professionals on how to recognize the signs of steroid use within their organisations, the risk involved in the abuse of steroids, and the appropriate course of action to take if steroid use is suspected among gym members.

## Netherlands

In contrast with a number of countries where legislation exists that criminalises doping, the Netherlands has no specific national legislation regarding doping. In 2008 the Dutch Minister of Health, Welfare and Sport requested the Health Council of the Netherlands to investigate the nature and severity of doping use in unorganised sports, particularly with regard to the harmful effects on health both short-term and long-term, the implications of high risk drugs in terms of health risk, disease burden and care consumption, and to make recommendations regarding these topics.<sup>34</sup>

The review stated that within unorganised sports doping is used not only to improve performance but also to enhance a slim, muscular physique. Within the report the council defined unorganised sport as, "any form of recreational sporting activity not organised by regular sports organisations", fitness

30. Products are listed on the website <http://www.koelnerliste.com>.

31. J.S Baker, M.R Graham, B. Davies, 'Steroid and prescription medicine abuse in the health and fitness community: A regional study' 2006, *European Journal of Internal Medicine* 17, 479-484.

32. D.J. Hall & C. Judkins, 'Supplements and Banned Substance Contamination: Offering an informed choice' *HFL Sport Science*, 2010

33. P. Korkia & G.V Stimson, 'Anabolic Steroid Use in Great Britain: an Exploratory Investigation', 1993, London: The Centre for Research on Drugs and Health Behaviour.

34. Health Council of the Netherlands. Doping in unorganised sports. The Hague: Health Council of the Netherlands, 2010; publication no 2010/03.

was considered the most common sport performed in this context, whilst the majority of this sporting activity takes place in gyms and fitness centres.<sup>35</sup>

In the Netherlands about 2 million people engage in unorganised sports, and various studies have been performed into the prevalence of doping use in unorganised sports. Most recently, the Doping Authority, Dopingautoriteit, requested that a new study into the prevalence of doping in unorganised sports be undertaken.<sup>36</sup> The study was performed among visitors to fitness centres aged 15 and older, 92 fitness centres and 718 individuals participated in the study. In terms of absolute figures, the findings indicated that 160,000 people had used doping in 2008.

The prevention programme 'Eigen Kracht' (True Strength) developed by the Anti-Doping Authority in 2004 focuses specifically on athletes in fitness centres and gyms. Fitness entrepreneurs, gym owners and instructors are a key intermediate target group of the campaign which simply aims to prevent or reduce the use of doping by athletes in fitness centres and gyms.<sup>37</sup>



The fitness sector has also developed an anti-doping strategy whereby the sector trade association,

Fit!vak, requires all members to be certified by the National Fitness Centre Certification (LERF) Among other things this regulations sets requirements in the area of doping

Regarding use of nutritional supplements, some elite athletes in the Netherlands continue to use these and refer to a national program called the *Nederlands Zekerheidssysteem Voedingssupplementen Topsport* (NZVT) which allows users to look for products that have been tested for steroids and stimulants.<sup>38</sup> Products that are signed up to this service can display the NZVT logo. The operators of the NZVT program also collaborate with the operators of the testing program Informed-Sport in the UK.

## Other national doping strategies employed in Europe

Anti-doping strategies in Portugal have recently been adjusted to conform to the principles of the WADA code. The Portuguese Fitness Association Associação de Empresas de Ginásios e Academias de Portugal (AGAP) has included anti-doping as part of their Code of Conduct for fitness centres, in order to “prohibit risky activities to the physical integrity of practitioners and the sale of harmful products to the health of clients”. In terms of a regulatory approach, fitness facilities in Portugal are subject to a decree-law (n.271/2009 article 16) which prohibits and recommendation or sale of any substances or methods that are prohibited under Portuguese law.

The newly operational Bulgarian Anti-Doping Centre is yet to establish an anti-doping strategy aimed at amateur sports people, as there are currently no legal grounds for the Centre to engage in an active campaign against doping practices among amateur athletes or general citizens.

Although Finland is not a partner country to this study, it has developed an anti-doping strategy aimed at amateur athletes in the form of an internet-based service which provides information and advice on doping issues. “Doinglinkki”, which is funded by the Finnish government, aims to promote awareness of doping issues and help reduce the health hazard relating to doping substances and their use. The service was launched in cooperation with the Finnish Anti-Doping Agency FINADA. The Finnish Sports for All Association also have a certification system designed to promote cooperation on anti-doping in recreational sports along social responsibility lines. 220 gyms have signed the certificate across Finland.

Anti-Doping Norway has recently developed a new anti-doping programme focused on promoting a doping-free training environment through an emphasis on the positive values from training and physical activity. “Clean centres” identify a “clear and unambiguous commitment to a doping free

35. Ibid

36. Stubbe et al. Performance-enhancing drugs by athletes visiting Dutch fitness centres. Dopingautoriteit/TNO, Capelle a/d IJssel, 2009.

37. J.A Knottnerus, Presentation of advisory report Doping in unorganised sports, Health Council of the Netherlands, April 13 2010.

38. See (<http://antidoping.nl/nzvt/zvt>)

training environment”, and promote awareness of this among members. There are internet-based education programmes designed to educate staff on how to communicate healthy values and the physical, mental and social side effects of doping. Anti-doping strategies in Norway also have an element of monitoring and policing.,

### Recreational Drug Use

Despite the current lack of concise figures and data available on the prevalence of doping in amateur sports and the fitness sector, one area in which considerable research has been conducted on a regular basis is in “recreational doping”.

Agencies such as the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and The United Nations Office for Drugs and Crime (UNODC) provide reliable data drawn from representative surveys on the use and misuse of a range of legal and illegal substances at national, regional and global levels, allowing for comparative analysis.

The prevalence of recreational drug use across Europe was identified as an area of interest for the purposes of this study in order to ascertain whether cultural and national attitudes towards recreational drugs, national prevention strategies, and drug policy have an impact on the prevalence of doping in the amateur sports and fitness sectors. It will also be possible to examine how consistent national and local authorities have been in developing strategies to tackle the separate problems of recreational drug use and doping in elite and amateur sport.

The European School Survey Project on Alcohol and other Drugs (ESPAD), a collaborative effort of independent research teams in Europe, currently forms the largest cross-national research project on adolescent substance use in the world. Trends in recreational drug use are of particular interest to this study as young people (and in particular young males) are believed to be among the most prevalent users of PIEDs, including anabolic steroids and stimulants as well as recreational drugs.

Although data collated by the UNODC, ESPAD

and the EMCDDA have led to some progress in standardised research methods relating to recreational drug use in Europe and elsewhere, issues with quality and depth of research, particularly allowing for cross-national comparison, still exist as they do for research into doping in the fitness sector. This is generally due to a lack of co-ordination between agencies, and different methods being employed in the survey process.

The full results of the research on the recreational use of drugs in Europe are presented in the main report.

- Interpretation and presentation of desk-based research findings

Following the desk-based research, the project team produced a series of interim reports for discussion and scrutiny within the fitness sector and with other experts.

#### 1.3.4 Work Package 4 - Developing the role of the health and fitness sector in Anti-Doping

The project management team and the network of project partners agreed that a combination of quantitative and qualitative research using the methodology of desk and field work would give results to provide the evidence base for potential future targeted interventions within the sector and to start a network of best practice to further the fight against doping.

The results of the desk-based research, demonstrated that whilst there were evidently policies and strategies in place in some member states, there was also a lack of clarity in many countries as to the level of doping in the unorganised sports and fitness sectors. It was therefore important for the field research to centre specifically on the health and fitness sector to understand the current level of doping practice within fitness centres.

## Definition of a Fitness Centre

Before the field research could commence it was necessary to consider a definition of fitness – or more particularly a fitness centre. As the sector has developed and moved from the old-style free-weight training rooms for bodybuilding and weight/powerlifting into modern, complex fitness centres with a vast range of cardiovascular and strength training equipment, swimming pools, racquet sports and wellness areas there has clearly been a shift in the definition of what is now to be considered a “fitness centre”.

Whilst it is recognised that there is now a clearer distinction between hard core body-building “gyms” which are about physique development, and fitness centres, which are about physical activity and health promotion the perception of health many people is that body-building gyms are still all part of the same sector and EHFA accepted this premise for the FAD project. The full description and definition is in the final report.

## Consultation and design of field research methodology

Through discussions with the project team, the partner network, and with the assistance of expert partner organisations it was decided that the most accurate and revelatory method to ascertain the current levels of doping in Europe would be through surveys aimed at:

- Consumers of fitness centre facilities
- Exercise professionals based within fitness centres
- Owners and managers of fitness centres.

With the assistance of the Department of Anti-Doping Research of Institute of Sport in Poland (a WADA Agency), HFL Sport Science in the UK (now owned by LGC), and Leisure-net Solutions with the University of Hertfordshire (UK) the scope and content of the surveys were agreed by the partners. Expectations and targets were established for the number of survey returns required and the three surveys were then sent for design.

The survey content was developed in June 2011

and then translated into the nine languages of the partners and in two versions. The first for controlled access through the internet and the second version for a face-to-face setting. Each partner engaged the services of an independent research company to oversee objectivity and independence.

Three countries – Germany, Netherlands and the UK – were selected to undertake some additional face-to-face interviewing to check for any bias in the results of the main, web-survey.

Between July and August, the comprehensive survey undertaken with over 10,300 consumers, exercise professionals and club/facility managers from nine European countries contributing – the largest survey of its kind to date. (Countries involved in the project were; BG, CH, DE, DK, HU, NL, PL, PT and UK). As well as gathering demographics, the survey focused on three particular areas: PIEDs (Performance and Image Enhancing Drugs), societal-based drugs (often called recreational drugs), and food supplements. The main survey which was conducted through the internet, consisted of 27 versions, and with a further 27 versions available “off line” for the face-to-face surveys. Each partner was given instructions on the method to be used, and they were required to use third party agencies to help ensure independence.

Throughout the process of designing the primary research methodology the partner organisations were kept updated of progress and consulted to ensure that within the time constraints of the project the most effective survey results were produced. This was done through the partner meetings hosted by EHFA and virtually, through internet and email consultation.

## The field research findings

Survey returns were reviewed and any “spoilt” papers were deleted from the database. When the main survey ended on 12th September 2011 there were:

- 8,238 consumer replies
- 1,850 exercise professional replies
- 261 manager/owner replies

A total of 10,349 were received which

overwhelmingly came from the partner countries, although some replies were also received from Austria, Belgium, Czech Republic, France, Malta and Slovenia. The surveys were kept entirely confidential with no further tracking or reporting. The three surveys (for consumers, exercise professionals and managers) each took a different view on the questions surrounding doping practices.

The Fitness Against Doping survey asked questions about the location of their fitness centre, their fitness regimes, the type of fitness facility and their main reasons for fitness training. It also asked them to identify if they played other sports, and if so which. This provided context as to possibly environment or contextual reasons for the use of doping products.

The key results of the study, which are statistically significant in their numbers are listed below and show that the perception of the fitness sector being rife for the use of drugs is not substantiated as only 2.52% of respondents replied that they had used performance or image enhancing products which were banned or illegal. This demonstrates that drug use is an exception across Europe rather than being common practice. Set against the use of recreational drug use across Europe, fitness centre consumers were found to be less likely to use drugs.

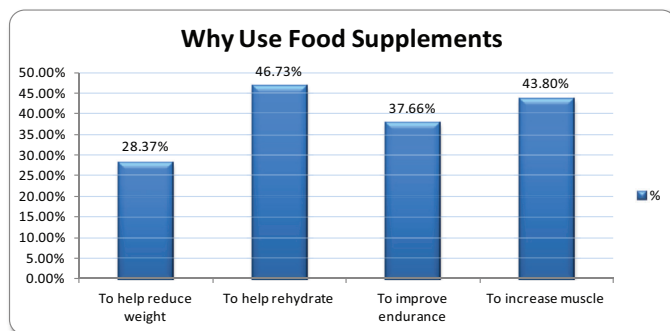
This does not however mean that the survey did not highlight areas which need to be addressed to ensure that the prevalence of drug use in fitness centres does not grow. Indeed, it is clear that whilst the use of drugs in fitness centres is not common place, this does not mean that the sector should not aim to eradicate drug use altogether within fitness centres.

A fuller analysis of the results are in the main report broken down by country, age, gender, regularity of attendance at a fitness centre and size of fitness centre frequented. These are some of the “headline” findings:

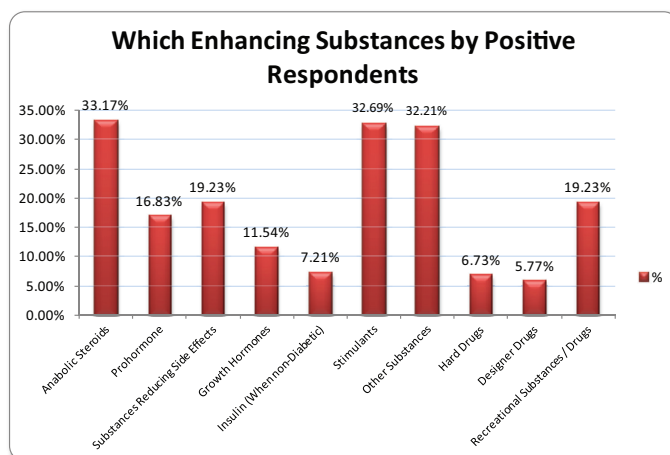
### Consumers

- 27.70% of customers reported using a food supplement. This included electrolyte drinks

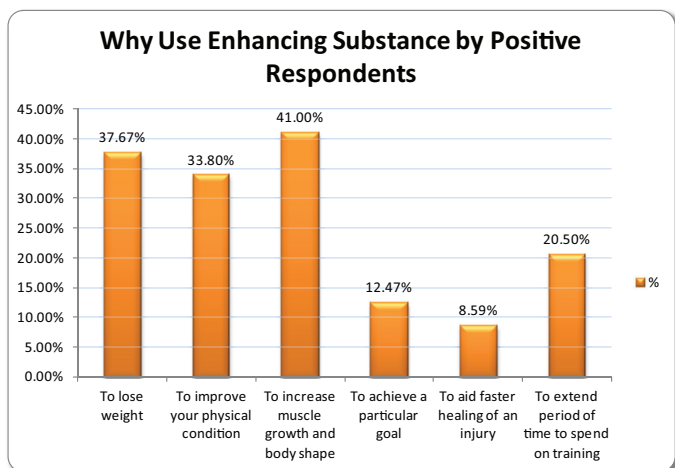
and their use was the most popular of all supplements as an aid to rehydration.



- An overall 2.52% of all respondents replied that they use performance and image-enhancing substances (banned substances and recreational drugs).
- In the more northern European countries this fell even lower (DK 2.10%, NL 1.81% and UK 1.61%). In Hungary, Bulgaria and Portugal their individual results were 9.13%, 12.6% and 4.2% respectively as the highest users.
- Respondents could identify a number of substances, and the most popular were anabolic steroids, stimulants such as amphetamines and “other substances” such as diuretics – almost in equal measure.
- Male users of fitness centres are much more likely to take banned substances and recreational drugs than women participants.
- The age “peak” for the use of substances is the group of 25-49 year olds and not the 15-24 group which has become the “target” in some previous research.



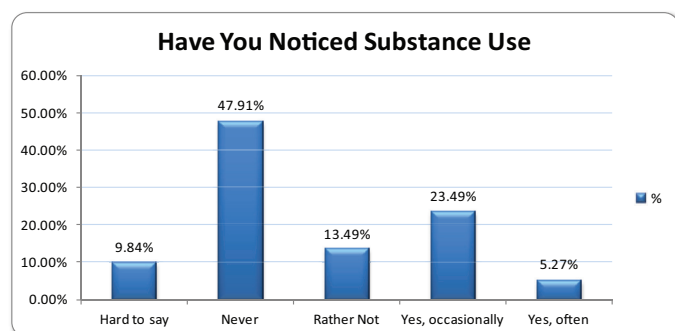
- The use of recreational drugs by fitness customers is very much lower than the general population statistics of usage taken from the European Monitoring Centre for Drugs and Drug Addiction.



- 37.16% of respondents reported that they played another sport. Of the 208 respondents reporting that they take a performance-enhancing substance 41.82% of them were in group who play another sport. This starts to indicate a possible link that to improve an individual's amateur sport performance and competitiveness that fitness centres are used for their strength and conditioning training.

### Exercise Professionals

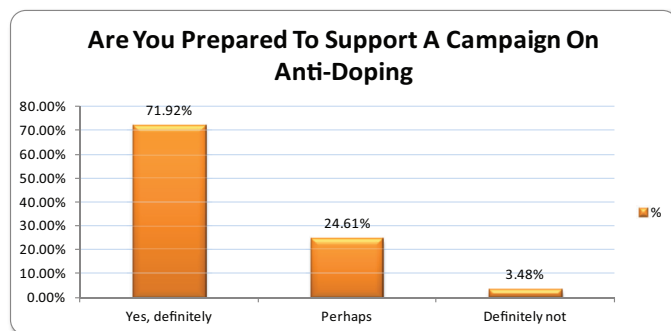
- There is awareness that substances can improve performance and achievements, but a majority of clients do not ask for advice and a big majority of exercise professionals would not give advice.



- There is awareness of some doping activity in

fitness centres following the same pattern of consumer results, the highest levels reported were in Hungary, Bulgaria and Portugal.

- Despite awareness that doping can improve performance only just over 3% of exercise professionals reported that they took any form of substance themselves.



### Managers/Owners

- 27% reported that they were aware of the use of performance enhancing substances which was consistent with the reporting from exercise professionals.
- 69% sell food supplements at their fitness centre, and a majority check to see if there are certified to be clear of banned substances, but a significant minority of more than 12% were unaware or did not check. 34% of consumers purchase their food supplements at their fitness centre and the same percentage through the internet.
- Just over half of the respondents said they already operated an anti-doping policy with the highest in Denmark and the Netherlands and the lowest in Germany, Hungary, Switzerland and the UK.
- A substantial majority (over 80%) reported that they would be prepared to support an anti-doping campaign, but there was less clarity on whether direct anti-doping testing in fitness centres would be a good thing with only 32% responding that they thought it would be a good thing.



## Research report and consultation

The findings from the field research were collated and shared with all the project partners and the management group for feedback and consultation.

The dissemination of the results was undertaken centrally by EHFA through its website, the production of an interim report, and by each project partner through their national and local channels. A full breakdown of the dissemination activities is included in the main report but through the use of press releases, magazine and newspaper articles and presentations at fitness industry events across Europe.

The interim report compiled by EHFA which included a summary of the results and draft recommendations to multiply and solidify the fight against doping was also presented to the EHFA Fitness Forum in Brussels on November 8th. This included the unveiling of The European Fitness Sector Anti-Doping Charter which formed part of the response to the findings. The presentation was made to an audience of over 120 delegates from 23 different countries which included the Head of the Sport Unit of DG EAC Michal Krejza and his senior policy office Suzanne Hollman.

Following the presentation a website link to the EHFA website was made including a download version of the report and a holding statement. In order to develop the recommendations coming from the research findings, the project team felt it important to widen the scope of the feedback further. A consultation was published alongside the interim report asking the following questions to any health, fitness and exercise professional or stakeholder who wished to contribute:

- Do you “recognise” the findings as being a reasonable summary of doping in the fitness sector?
- Are there areas of research or questions which are missing and which would help to give better evidence?
- Is it fair that some media, politicians and others “pick” on fitness in regard to doping when no research has been done in other amateur

sports?

- Do you think that educational programs are better than physical involvement such as national anti-doping officers testing in our fitness centre (as some Nordic countries)?
- If we carry out our proposed interventions – do you think they will make a difference – or will people continue to take doping substances anyway?
- Do you support the better training of exercise professionals to understand doping practices and improve the more positive promotion of fitness training in a “true way”?
- Should we have a charter – the “headline” manifesto statement that we stand together and against doping?
- Do you agree with our Charter?

The consultation received a significant number of respondents and helped to shape the recommendations made in this report to further promote anti-doping in the fitness sector. Respondents were drawn to the consultation through EHFA and the national partners’ dissemination activities with links to the website being posted at events, on press releases and in magazine and trade press articles.

Following the feedback, the project team and national partner organisations amended the recommendations and response strategy

### 1.3.5 Work Package 5 - Developing the role of the health and fitness sector in Anti-Doping

The objective of this work package was to ensure that the intervention measures in this report, aimed at educating all health and fitness stakeholders of the dangers of drugs and eradicating their usage in the sector, are implemented in a sustainable manner and monitored to ensure their efficacy.

## 1.4 Report Recommendations

The report has **five recommendations** for action for its three audiences.

## 1.4.1 Develop targeted and integrated campaigns & policies

Campaigns and policies promoting the responsible use of food supplements, exposing the drugs which are banned and illegal, and making clear the dangers to personal health from drug usage should be implemented on a pan-European and at national levels and be aimed at consumers, professionals, manufacturers and distributors.

**Who**                    **The European Commission**  
                              **Member State Governments**  
                              **The European Fitness Sector**

Anti-doping campaigns and policies are inconsistently and sometimes disproportionately implemented across the member states. The findings demonstrated that the level of use of anabolic steroids (AAS) falls within countries where the fitness sector is more developed and where there is an objective of delivering health and well-being services alongside strength and cardiovascular training, rather than just older-style gyms for bodybuilding or weightlifting. Efforts need to be made and support should be offered to those member states who have less developed fitness sectors to ensure that doping does not become common place due to a lack of exposure to the dangers and realities of drug use.

Campaigns should also adopt a more integrated and holistic approach. Indeed, with only 2.5% of consumer respondents confirming in the FAD survey that they take a substance such as anabolic steroids, there seems to be a disproportionate level of resources currently being applied in trying to eradicate this one activity. We know that the focus of their use is predominately with men (but not necessarily adolescents/young males) and that they are more engaged with strength training than fitness training.

There is no evidence that these approaches deter anyone from taking banned substances or make those that do consider changing their behaviour. A 'softer' approach aimed at changing attitudes and behaviour is therefore considered to be a more effective approach in reaching those that either take

banned substances currently or who would consider taking them.

Therefore, and taking into account the complexity of the market system with different levels of interaction and differing interests between players, the report recommends a holistic, rounded, approach to encourage and promote behaviour change. This includes interventions aiming at change on the structural level, i.e. influencing the choice of products available and recommended to consumers, as well as interventions aiming directly at behaviour change on the individual level, i.e. voluntary choice of substance free products.

In order to do so it will be crucial to get into the different channels of the system of interaction, i.e. distribution channels, interaction patterns between vendors and customers. Dealing with players such as the manufacturers and those retail and distribute, need to be integrated in the set of interventions in a way to make use of their interdependencies and influence on consumption patterns of the target audience. It is therefore a recommended strategy to make these players become partners of joint action against doping in the fitness sector. Using the EHFA platform will be key to reaching groups within fitness networks but also to target those which fall outside but can still be influenced and reached by EHFA.

Demonstrating personal commitment openly, using role model effects and creating peer (social norm) effects, is another recommended strategy for interventions on the level of fitness centres aiming at interaction patterns between customers, instructors and managers.

In order to meet requirements to improve consumers' health and knowledge about healthy nutrition and activity while ensuring maintenance of the economic prospect of fitness centres, there should be a focus on the creation, adaptation and marketing of appropriate fitness centre services that enhance credibility and consumers' trust in the fitness sector and its anti-doping policy.

Public opinion is a strong tool and where negative reputation is a potential risk it should be addressed

through interventions by advised communication of messages.. This should be used as a strong element in elaborating offers to win intervention partners among independent market players (including threat of reputational risk) as well as in positioning the fitness sector as a promoter of mass activity and healthy behaviour. At the same time communication-based interventions need to focus on the behavioural message to consumers.

The proposed interventions must meet the needs of European countries which have different cultures, languages, economic and political systems, and for some where interventions and policies are already in place. A “one for all” option is unlikely to work in practice. Therefore, the report recommends a participatory approach in which two different types of interventions can be offered:

- Ready-to-implement interventions: These can be implemented with minor adaptation to national situations of member associations.
- Co-creative intervention development: Basic outline, common approach and support provided to help with country specific implementation.

Based on previous analysis and the findings of the FAD report the interventions include a first phase to engender members’ commitment to joint action, enhance experience exchange, strengthen the newly built anti-doping network through exploiting EHFA’s platform within the industry, and offer support and coordination for implementation in different country settings. This will be supported by a communication campaign with above and below the line measures providing for templates and support or implementation at national and local level.

Campaigns, in particular national population level campaigns, should be integrated with other ongoing activities and where possible use the resources of the private sector, for example from the pharmaceutical sector.

Finally, campaigns should feature an evaluation, in order to ensure that cost effective interventions are being introduced. Whilst all agents involved in

the delivery of campaigns should contribute to the development of evaluations, the Commission has a potentially leading role to support a co-ordinated approach across Europe.

## 1.4.2 Promote social responsibility in the European Fitness Sector through an anti-doping Charter

The European Fitness Sector should develop its social responsibility and show its commitment to anti-doping through the creation and adoption of an anti-doping Charter.

### Who The European Fitness Sector

Complementing the public facing campaign in 1.4.1, the members and stakeholders who support the work and strategy for EHFA will be asked to commit to a new charter on anti-doping for the European fitness sector as part of its developing social responsibility position. Doping practices are harmful to health and the fitness sector should now take a lead in developing effective anti-doping interventions based on the evidence of the findings of the FAD project.

As this report indicates there are a number of different approaches for anti-doping activities in elite sport, and with some campaigns in Nordic countries where doping tests are carried out at fitness centres. The report also indicates that there are some specific areas of fitness centre users who engage in doping practices and these often involve people engaging in other amateur sports. The FAD results and consultation responses indicated that there was widespread support for educational campaigns which better inform exercise professionals, operators/managers of facilities and consumers about the harmful effects on health resulting from doping practices. The now widely-supported Fitness Charter on Anti-Doping is the start point:

## The European Fitness Sector Charter for Anti-Doping:

*The European health and fitness sector is committed to improving the health of its citizens and as such it is fundamentally opposed to the use of doping and other performance-enhancing substances that harm health. EHFA and its members commit to do their utmost to eradicate doping practices and will cooperate with the Commission, doping agencies, authorities and governments in studying and implementing the most effective policies, campaigns and measures to combat doping. The sector will commit to educate and inform its employees and customers, and to provide information and guidance for operators to have in place effective anti-doping measures.*

Widespread publication and support of the Charter will ensure that all three groups – consumers, managers/owners and exercise professionals – will, over time, have a better understanding of the dangers of doping. It is important that national organisations and fitness centres publicise the fact that they have signed up to the Charter in order to ensure that the highest percentage of at-risk individuals are exposed to it.

### 1.4.3 Create crossover anti-doping networks between the fitness sector and other sporting bodies

The EU should establish and promote networks to combat doping in the health and fitness/unorganised sport sector. The networks should be complementary and work together to ensure that the fitness/unorganised sport sectors benefit directly and residually from the work of the elite sport anti-doping agencies.

**Who**                    **The European Commission**  
                              **Member State Governments**  
                              **The European Fitness Sector**

37% of consumer respondents said that they also played another amateur sport and a significant 40%

of these admitted that they took a performance-enhancing substance. There would appear to be an intrinsic link between doping in a fitness centre and participation in other competitive or unorganised sports. Elite level sport has a mature and sophisticated infrastructure at global, European and national level through anti-doping agencies which work together to ensure a rigorous approach is taken to the use of drugs in sport.

As has been shown by the FAD research, the infrastructure of anti-doping organisations in unorganised sport and the fitness sector is virtually non-existent and there is no European level network which brings together member states' level to ensure a consistent approach is taken.

The Commission should be encouraged to consider setting up a network of member states to work together to implement anti-doping strategies in amateur sport, share best practice and resources, and undertake research into the best strategies to eradicate doping and educate coaches, trainers and other professionals, managers and consumers of the harms of drug usage. These efforts would be supported by the European Fitness Sector.

The European Fitness Sector should also be responsible for strengthening the policies within its sector, irrespective of those in other amateur sport.

Through its membership EHFA now represents over 10,000 fitness centres across Europe and a new Code of Practice on Anti-Doping will be developed for all national associations and their operator members to adopt as a “**zero tolerance**” policy. This will include:

- Model forms for conditions for fitness centre membership and usage which will stop anti-doping practices
- Advice on the recognition of a customer engaging in doping practices and how to intervene
- A “kite” mark or symbol to be used on all literature and for a plaque or similar clearly states that it is a doping free fitness centre. This

will differ them from competitor facilities which are not part of the voluntary scheme of anti-doping

### 1.4.4 Develop training for exercise professionals in anti-doping

Exercise professionals should have improved understanding to identify the signs of doping practice, educate individuals on the negative impact of doping and educate individuals on proper nutritional plans. This should be done through the development of training programmes for exercise professionals specifically on anti-doping issues.

**Who**                      **Member States**  
**The Europe Fitness Sector**

Exercise professionals work on the front line in fitness centres and should be better skilled and knowledgeable to be able to assist their clients in reaching their health and fitness goals, without the need for them to have to resort to taking doping substances. The survey results show the level of knowledge on anti-doping amongst professionals is inadequate to serve this purpose.

EHFA's Standards Council will be tasked to review the occupational standards used to qualify exercise professionals to ensure they include sufficient knowledge and understanding on these points. This will include developing some professional development learning for existing exercise professionals to access as part of their individual Lifelong Learning Programme.

The European Register of Exercise Professionals (EREPS) and EHFA Standards Council provide the opportunity to develop specialist training to increase the understanding of doping substances. The EREPS Code of Ethical Practice already has the stated objective for exercise professionals "That they never advocate or condone the use of prohibited drugs or other banned performance enhancing substances". This statement needs to be strengthened and incorporated into training programmes for exercise professionals in a more explicit fashion.

### 1.4.5 Tightening of controls on the production and distribution of food supplements

The European Commission should consider regulating the food supplement industry to ensure that the testing, labelling and marketing of products is done so transparently and responsibly giving the consumer the requisite information on the ingredients and substances which they include.


**Who**                      **The European Commission**  
**National governments**

Whilst the other recommendations shy away from legislative measures, the one area identified from the FAD project results where there could be justification for regulation or at least harmonised control is in the area of food supplements.

With the knowledge of their wide use but without a full understanding that there are 'good' and 'bad' products being sold it should be possible to have consistent testing and labelling of these products. This will be added protection to the retailers (often through fitness centres), but also for the unwary consumer.

The results of the FAD survey show that 69% of fitness centres sell food supplements, and 12% of which do not check to see whether they include any banned or illegal substances, whilst a significant contingency are either unsure or do not believe the potential damage these substances may have on their health.

The evidence shows a high number of fitness centres users consume a variety of food supplements. The gap in understanding that some of these may be contaminated and contain harmful substances can be addressed by the harmonisation of testing of these products. EHFA recommends to the Commission that there should be tighter regulatory control of products sold in the EU to ensure they meet common, agreed standards. This should be done in co-operation with individual member states to ensure that the products in each country are subject to the same rigorous standards of testing.



Over the last decade there has been considerable scrutiny around sports supplements, following claims that they have been the cause of positive doping test for athletes. Some supplements that are available on the market deliberately contain performance enhancing substances, which are considered banned by WADA. More worrying, however, is the fact that some supplements can be inadvertently contaminated with trace amounts of performance enhancing substances, which could have serious consequences for an athlete using those products.

In reaction to this issue HFL Sport Science (HFL), one of the world's leading sports doping control and research laboratories, developed a service to screen supplement products for banned substances to ensure they are safer for athletes to use. HFL works with over 160 companies in 16 different countries, and tests over 5000 samples each year on behalf of reputable manufacturers. HFL's "Informed-Sport" certification programme for supplements ([www.Informed-Sport.com](http://www.Informed-Sport.com)) allows athletes to readily identify tested products by looking for the "Informed-Sport" logo on the pack.

At present, however, there are different standards for the screening of sports supplements across Europe and the project findings clearly show a need for a harmonized approach of this kind of testing to protect both athletes and amateur sport and fitness consumers.

## The Project Partners:

**AGAP** - Portugal (Portuguese Fitness Asociación)  
[www.agap.pt](http://www.agap.pt)

**BAHF** - Bulgaria (Bulgarian Association of Health and Fitness)  
[www.bahf.bg](http://www.bahf.bg)

**DFHO** - Denmark (Danish Fitness and Health Organisation)  
[www.dfho.dk](http://www.dfho.dk)

**DSSV** - Germany (German Fitness Association)  
[www.dssv.de](http://www.dssv.de)

**DADR** - Poland (Department of Anti-Doping Research of Institute of Sport)  
[www.insp.waw.pl](http://www.insp.waw.pl)

**FIA** - UK (Fitness Industry Association)  
[www.fia.org.uk](http://www.fia.org.uk)

**Fit!vak** - Netherlands (Dutch Fitness Association)  
[www.fitvak.com](http://www.fitvak.com)

**HCA & ICCE** - Hungary (Hungarian Coaching Association and International Council for Coach Education)  
[www.magyaredzo.hu](http://www.magyaredzo.hu) & [www.icce.ws](http://www.icce.ws)

**ISCA** - Denmark (International Sport and Culture Association)  
[www.isca-web.org](http://www.isca-web.org)

**QualiCert** - Switzerland (Swiss Quality Assurance Company)  
[www.qualicert.ch](http://www.qualicert.ch)