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FINAL REPORT

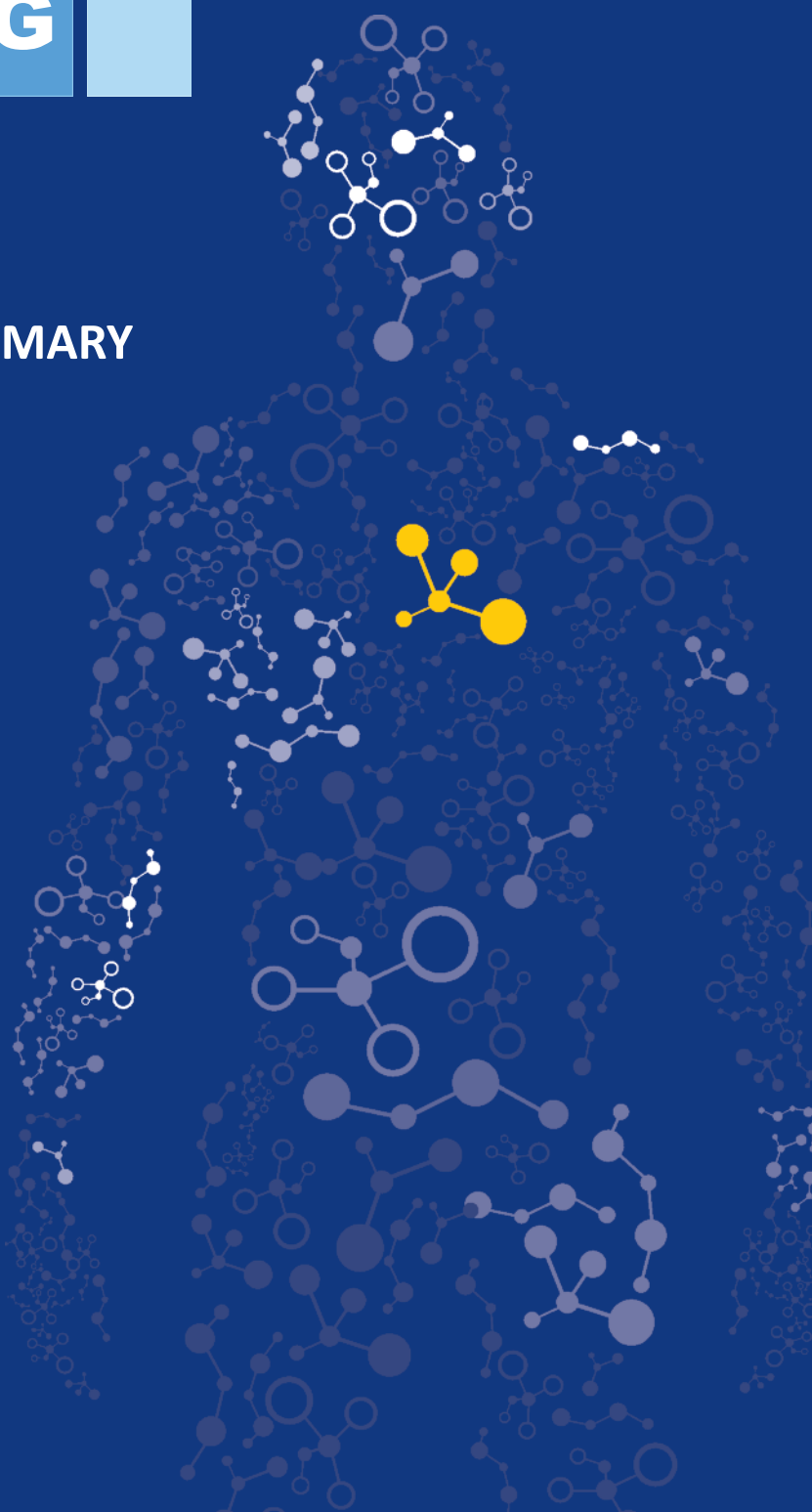
SECTION 2 – EXECUTIVE SUMMARY

ENGLISH

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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

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This report represents the views of the author and not of the Commission.



2.1 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.¹ 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.²

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 is fiercely debated, they can be damaging and preclude policy makers from capitalising on the size and scope of the fitness sectors.

A key role for the health and fitness sector is to promote health-enhancing physical activity. The sector is a key player in delivering the EU Guidelines on Physical Activity³ and the World Health Organisation Global Recommendations on Physical Activity for Health⁴, which have called upon all 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 shows that roughly two thirds of European adults do

not reach recommended levels of physical activity – with 34% of respondents saying that they seldom or never do physical exercise,⁵ whilst only 34% of young people meet the recommendations.⁶ Of the 87% of respondents that claimed to participate in some form of 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 and informal 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.⁷

A relatively high level of respondents 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 is fiercely debated, they can be damaging and preclude policy makers from capitalising on the size and scope of the fitness sectors.

¹ World Health Organisation, ‘Global recommendations on physical activity for health’, World Health Organisation, 2010. 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.

⁴ WHO Global Recommendations on Physical Activity for Health (2010) - 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)

A lack of dialogue with the fitness sector from anti-doping agencies and other expert groups has raised concern that these unfounded and generalised comments are encouraging the view that doping practices are prevalent within the fitness sector. For instance a recent report into steroid use was prefaced with the claim that “use of Anabolic Androgenic Steroids (AAS) and other similar doping substances is a substantial problem in Europe”.⁸ The evidence base for this is weak and the findings in this representative research project are inconsistent with that statement.

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 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.

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.

2.2 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 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.”⁹

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.”⁹

The project worked to develop a coordinated European strategy to limit the use of doping substances in the fitness sector. There were 10 partners, covering 9 countries, in the project plus EHFA. 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 within 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, for the first time, to identify the true prevalence of doping within the sector and to form a professional and structured response to the

⁸ Anti Doping Denmark “Strategy for Stopping Steroids”, p7.

⁹ Developing the European Dimension in Sport COM(2011) 12 final

findings. It is integral to the continued success and development of the fitness sector that it proves itself to be transparent, and to respond to 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”.¹⁰

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 issue¹¹.

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 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 Polish Institute of Sport Anti-Doping Research Centre as a WADA agency, was tasked to develop the methodology to be used for the primary research.

The results of the survey have provided the

¹⁰ White Paper on Sport - COM(2007) 391 final

¹¹ 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

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, including several within fitness which could be adapted for use..

The recommendations for where better interventions and practice in anti-doping can be made are addressed to three main audiences:

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

2.3 Background to Doping

2.3.1 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.¹² 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.¹³ 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.¹⁴ In 1998 the World Anti-Doping Agency WADA was formed. It describes itself as a “unique hybrid organization that is governed

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

¹³ Ibid

¹⁴ 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]

and funded equally by the sports (Olympic) movement and governments”.¹⁵ The framework for WADA’s activities is provided by the World Anti-Doping Code which first came into effect in January 2004.

National sports organisations are members of the corresponding international sports federation or umbrella organisation, and are expected to maintain 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.¹⁶ The same report cites the lack of standardised reporting by the National Anti-Doping Authorities as one of the principle failings of the system.¹⁷

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 Ibid.

¹⁶ 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.

¹⁷ Ibid.

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 content than the label stated and another contained 10mg undeclared testosterone¹⁸. A separate analysis of 75 supplements purchased over the internet found that 7 contained undeclared hormones and 2 contained ephedrine and caffeine¹⁹. 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 hormones²⁰.

2.3.2 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 that which exists in elite and competitive sport 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.²¹ The Dutch Health Council states that this is especially true of fitness activities,

¹⁸ Green GA, Catlin DH, Starcevic B. Analysis of over-the-counter dietary supplements. *Clin J Sports Med* 2001;11:254-9

¹⁹ 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

²⁰ 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

²¹ J.A Knottnerus, Presentation of advisory report Doping in unorganised sports, Health Council of the Netherlands, April 13 2010.

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 fit”.²² 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;²³ 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”.²⁴ There has been limited research into the prevalence of other forms of doping such as amphetamines, ephedrine, and pseudoephedrine (stimulants or decongestants that can produce increased wakefulness and focus in association with loss of appetite or fatigue) . Therefore, whilst within elite 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 lack of tangible research is exemplified by the *Strategy for Stopping Steroids*²⁵ in which, like most of the research in this area, predominantly focusses only on steroids and only on young men. The report claims to “adopt a comprehensive view” but in fact is not representative of all of the different age groups which utilise fitness facilities. Bearing in mind the people being tested are usually identified by the clubs as being “suspicious” (i.e. huge, muscle-bound body-builders) the picture presented in this report cannot be said to robustly represent a true reflection of the prevalence of doping in fitness and amateur sport.

Research in Denmark as part of the Strategy for Stopping Steroids combined data from AAS users who are currently taking, previously took them and those who “might consider” using them. This contrasts with the FAD methodology which collected data on those who are taking substances.

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.

22 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.

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

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

25 Preparatory Action in the Field of Sport project - http://www.antidoping.dk/da/Aktuelt/2012/3/~/_media/antidoping_dk/filer/Undersoegelser/Strategy_for_Stopping_Steroids_Report_WEB.ashx

2.4 Methodology

The project was focused on 5 work packages:

2.4.1 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.

2.4.2 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 disseminated through the respective partners' communications channels and at several high profile events, most notably at the Brussels Summit in November 2011 and at the final "Anti-Doping Conference" in February 2012.

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

Consultation was created on the website which 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.

2.4.3 Work Package 3 - Research on Anti-Doping Policies

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

- **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, including a focus on four of the partner organisations which were used as case studies – Denmark, Germany, the UK and the Netherlands, together with some other references:

Denmark

In Denmark it is 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 Androgenic Anabolic Steroids (AAS)”.²⁶ 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 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

²⁶ 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).

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 members²⁷ (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.²⁸ However, it is important to note that the testing is targeted towards ‘suspicious individuals’, and therefore no general population projections should be made from these figures. A number of other fitness centre users were also banned because they refused a doping test.

When 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

²⁷ A.V Christiansen, ‘Bodily violations: Testing citizens training recreationally in gyms’, Doping, 2010

²⁸ Anti-Doping Denmark, 2009, <http://www.steroids.dk/da/Dopingkontrol/Kontrolstatistik.aspx> [accessed 17.5.11]

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 year²⁹, 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.³⁰

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%.³¹ 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 re-assure athletes that they are not contaminated. The products are tested for a number of steroids and occasionally for stimulants at a laboratory in Cologne.³²

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.

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

30 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.

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

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

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.³³

It is estimated that 200,000 users in the UK take steroids for non-medical purposes i.e. to enhance their appearance or strength.³⁴ 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 are current users.³⁵ 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 can sell AAS legally 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.

33 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.

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

35 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.

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.³⁶

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 was considered the most common sport performed in this context, whilst the majority of this sporting activity takes place in gyms and fitness centres³⁷.

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.³⁸ 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

³⁶ Health Council of the Netherlands. Doping in unorganised sports. The Hague: Health Council of the Netherlands, 2010; publication no 2010/03.

³⁷ Ibid

³⁸ Stubbe et al. Performance-enhancing drugs by athletes visiting Dutch fitness centres. Dopingautoriteit/TNO, Capelle a/d IJssel, 2009.

group of the campaign which simply aims to prevent or reduce the use of doping by athletes in fitness centres and gyms.³⁹



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 regulation 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.⁴⁰ 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 or any substances or methods that are prohibited under Portuguese law.

³⁹ J.A Knottnerus, Presentation of advisory report Doping in unorganised sports, Health Council of the Netherlands, April 13 2010.

⁴⁰ See (<http://antidoping.nl/nzvt/zvt>)

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.

The STAD programme in Stockholm, Sweden combines research and interventions to vulnerable people and users covering alcohol abuse, use of narcotics and steroids in a holistic approach⁴¹. Nationally there are an estimated 10,000 AAS users in Sweden.

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 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

⁴¹ STAD, Stockholm Prevents Alcohol and Drug Problems <http://stad.org/en/>

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.

2.4.4 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. It is also apparent that there has not been research which can claim to be truly representative of the sector and its users. The existing research and the ensuing strategies to deal with anti-doping have invariably focussed only on steroids and only on young men. It was therefore important to emphasise that the FAD project takes a comprehensive approach to the research including the use of recreational drugs, food supplements as well as performance of image enhancing substances. The demographics of those participating in the study are also more representative of the sector as a whole.

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 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 was 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 2011, the comprehensive survey was completed with over 10,300 consumers, exercise professionals and club/facility managers from nine European countries contributing – and became the largest survey of its kind to date. 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.

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.

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

Total replies of 10,349. The surveys were kept entirely confidential with no further tracking or reporting to the individual participants. The three surveys (for consumers, exercise professionals and managers) each took a different view on the questions surrounding doping practices to give a “360 degree” view.

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 (the questionnaires are included within the final report). It also asked them to identify if they played other sports, and if so which. This provided the context and environment or contextual reasons for the use of doping products and indicated towards evidence of external influencing factors in the use of banned substances.

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 **1.23%** of respondents replied that they had used performance or image enhancing products which were banned or illegal, and a further **1.85%** replied that they were using recreational drugs – and a total of **2.52%** of those taking banned and recreational substances as some respondents replied positively to both categories of drug use. This demonstrates that doping use in fitness is an exception across Europe rather than being common practice. Set against the use of recreational drug across Europe, fitness centre consumers were found to be less likely to use drugs.

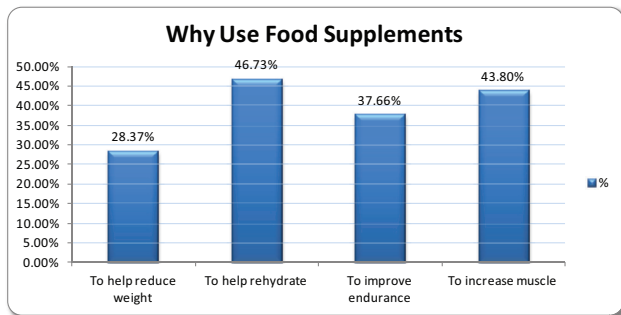
This does not however mean that the survey did not highlight areas which need to be addressed to ensure that the prevalence of drug use in fitness centres does not grow. Indeed, it is clear that whilst the use of drugs in fitness centres is not common place, this does not mean that the sector should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

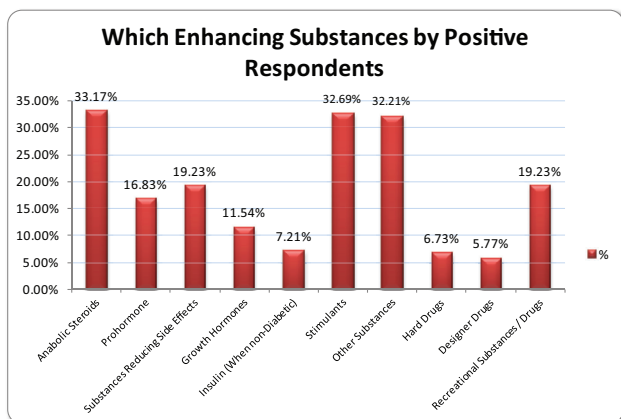
Consumers

- An overall 2.52% of all respondents replied that they use performance and image-enhancing substances (2% reporting taking banned substances and 0.5% recreational drugs).
- 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.

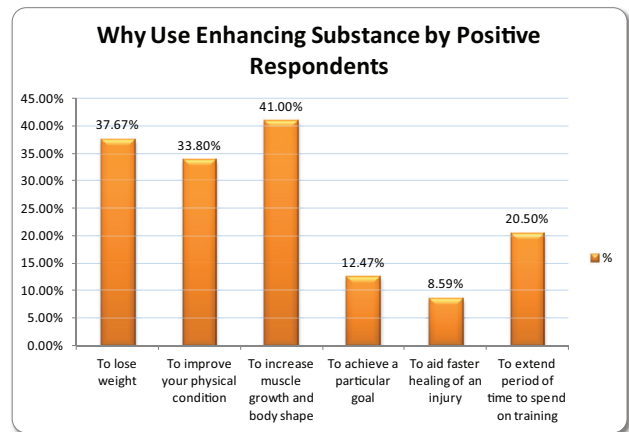


- In the more northern European countries, the percentage of respondents using performance and image enhancing substances was even lower (DK 2.10%, NL 1.81% and UK 1.61%). In Hungary, Bulgaria and Portugal their individual results were 9.13%, 12.6% and 4.2% respectively as the highest users. This may be an indication of increased prevalence in the less developed fitness and amateur sport sectors across Europe.
- 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.

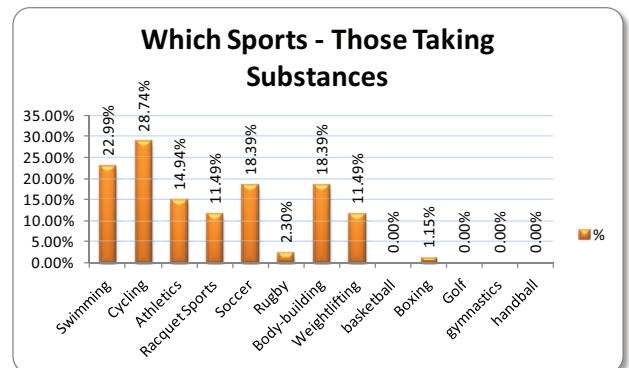


- The use of recreational drugs by fitness customers is very much lower than the general population statistics of usage taken from the

European Monitoring Centre for Drugs and Drug Addiction.

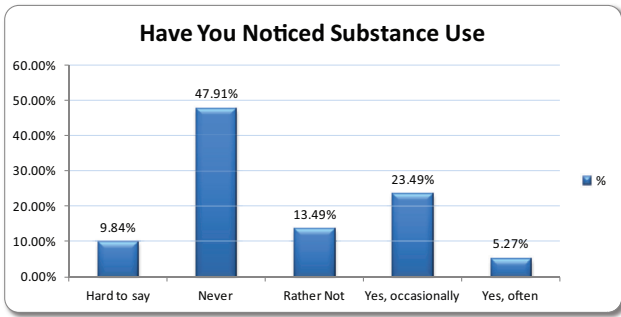


- 37.16% of respondents reported that they played another sport. Of the 208 respondents reporting that they take a performance-enhancing substance 41.82% of them were in group who play another sport. This starts to indicate a possible link that to improve an individual’s amateur sport performance and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

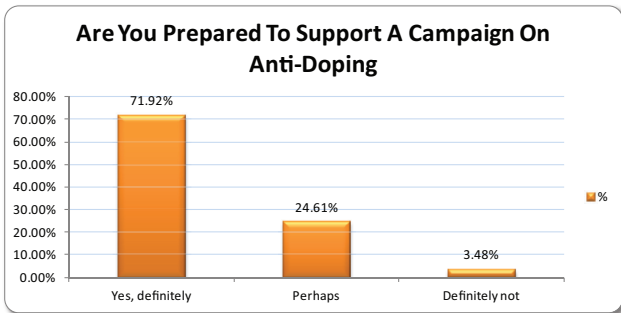


Exercise Professionals

- 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 we can mention here that the project was publicised through the use of press releases, magazine and newspaper articles and presentations at fitness industry events across Europe.

The interim report compiled by EHFA included a summary of the results and draft recommendations to multiply and solidify the fight against doping which were 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 officer 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 responses 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

2.4.5 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. The project management team used the behaviour

change experts, Scintillate, in order to identify interventions which would not be merely punitive but would have a lasting impact on the attitudes and behaviours towards doping in the health, fitness and unorganised sport sectors.

As mentioned earlier, the enforcement/punitive approach towards anti-doping in fitness does not appear to work as there is no tracking of those that have tested positive to see whether any sanction (usually at a local or club level) has the desired effect of driving down the prevalence of doping. Interestingly the Strategy for Stopping Steroids project recommendations do not include the physical testing of consumers in fitness centres. Therefore, the recommendations below start from the point that to challenge the comparatively small level of doping in fitness, attitudes and behaviours must be changed at the expense of punitive measures. It is also clear that in order to do so there needs to be a rounded and holistic approach to the issue, as no single recommendation or intervention would have the desired effect on its own.

Despite lack of evidence of widespread doping practice on the qualitative level of substance intake the problem may be described as follows:

The use of performance enhancing drugs and substances is not only illegal and unethical, but also potentially harmful. Substances may cause psychological effects like euphoria, hyper-alertness, emotional hypersensitivity, stress, anger. They may have detrimental physical health effects such as an increased risk of arteriosclerosis, heart attack or liver damage.

For the purpose of anti-doping interventions two main product categories can be distinguished:

Banned substances (direct intake): amphetamines, anabolic steroids (AAS), pro-hormones

Food supplements (indirect intake): may contain

- banned substances without declaration on packaging
- higher levels of potentially harmful substances than indicated on packaging

2.5 Report Recommendations

The report has **five recommendations** for action for its three key audiences:

- The European Commission
- Member State Governments
- The European Fitness sector (including exercise professionals, consumers and managers/owners)

2.5.1 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

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 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. 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 punitive 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. Actions involving players such as the manufacturers and those in retail and distribution, 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 a 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 at the level of fitness centres aiming at interaction patterns between customers, instructors and managers.

Public opinion is a strong tool and where the possible acquisition of a negative reputation is a potential risk it should be addressed through interventions by clear and targeted communication of messages. This should be used as a strong



element in persuading independent market players to join a campaign 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 on-going activities and where possible use the resources of the private sector, for example from the pharmaceutical sector.

During the implementation phase of single interventions, EHFA offers support to national member organisations, i.e. via templates & guidelines or via a special coaching offer that allows for co-funding of specialised consultants to help with the planned actions at national level.

Networking and exchange among member countries should further be enhanced through hosting annual events on the campaign progress and discussion and offering sessions on national member associations’ annual conferences to bring the topic to the level of fitness centre managers and get their feedback from a practical perspective. Kick-off and final event frame the campaign and intervention period.

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.

2.5.2 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 campaign, members and stakeholders who support the work and strategy for EHFA will be asked to commit to the 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 will 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 are convincing that there is 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.

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

The EU should be encouraged to pursue its policy to 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' to ensure that 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 a plaque or similar, clearly stating that it is a doping free fitness centre. This will differentiate them from competitor facilities which are not part of the voluntary scheme of anti-doping



2.5.4 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 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.

2.5.5 Tightening of controls on the production and distribution of food supplements

The European Commission should consider promoting best practice to regulate 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 centre 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.

The Project Partners:

AGAP - Portugal (Portuguese Fitness Asociación)
www.agap.pt

BAHF - Bulgaria (Bulgarian Association of Health and Fitness)
www.bahf.bg

DFHO - Denmark (Danish Fitness and Health Organisation)
www.dfho.dk

DSSV - Germany (German Fitness Association)
www.dssv.de

DADR - Poland (Department of Anti-Doping Research of Institute of Sport)
www.insp.waw.pl

FIA - UK (Fitness Industry Association)
www.fia.org.uk

Fit!vak - Netherlands (Dutch Fitness Association)
www.fitvak.com

HCA & ICCE - Hungary (Hungarian Coaching Association and International Council for Coach Education)
www.magyaredzo.hu & www.icce.ws

ISCA - Denmark (International Sport and Culture Association)
www.isca-web.org

QualiCert - Switzerland (Swiss Quality Assurance Company)
www.qualicert.ch