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**FINAL REPORT**

**SECTION 5 – DISSEMINATION, RECOMMENDATIONS  
& CONCLUSIONS**

**April 2012**

The European Health & Fitness Association  
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This report represents the views of the author and not of the Commission.



## 5.1 Consultation and Dissemination

### 5.1.1 Interim 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 during September. The purpose of this was to initially help to understand the implications of the findings but also to draft a strategy to address the areas which were highlighted as being of concern in order to form the first concepts for recommendations of intervention and actions.

The dissemination of the results was undertaken centrally by EHFA through its website, by the production of the Interim Report and by each project partner through their national and local channels. A summary of some of the variety of dissemination activities is included in this main report, which included the use of press releases, magazine and newspaper articles and presentations at fitness industry events across Europe.

The Interim Report included a summary of the results with draft recommendations which were presented at 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 and included the Head of the Sport Unit of DG EAC Michal Krejza and his senior policy officer, Suzanne Hollman (listed in the appendix).

It has been a feature of the FAD project that the findings and reporting have been made very open with invitations for all interested groups and stakeholders to comment and contribute.

Following the Fitness Forum the Interim Report was published on the dedicated EHFA website for the project. In order to develop the recommendations arising from the research findings, the project team felt it important to widen the scope of the feedback even further. The consultation was published alongside the Interim Report asking the following questions to any health, fitness and

exercise professional or stakeholder who wished to comment:

*Do you “recognise” the findings as being a reasonable summary of doping in the fitness sector?*

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- 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?

EHFA received in excess of 100 responses which helped to shape the recommendations made in this report to better combat 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 magazines and trade press articles.

Some of the responses included:

*"There is no doubt in the result as it is a common work of nations working in the fitness sector."*

*"I think a good awareness campaign will be better to discourage many young people not to take performance-enhancing drugs by showing them that there are other ways. If all fitness professionals embrace this cause I believe we can make a difference. Inspections to the gym would not change much, because who knows the way you know that most of the practitioners who do not take doping in gyms, but out of them (sic)."*

*"Unfortunately there still exists a percentage (although minimum) of doping in fitness. However, I don't consider this association fair, as the results show a significant minority of consumers of doping substances in areas where fitness/health is more developed. But, it is essential the awareness of sportspeople to this issue."*

*"My opinion is that educational programs against doping are better than physical involvement. Especially helpful will be the promotion in the social media of the importance of the healthy lifestyle and the undermining of the idea for "just good physical and sexually desirable appearance" among the young people. The proposals in the Interim Report interventions will make a difference, if supported by physicians and other health professionals on national level. The strong regulatory control for food supplements products in the EU will play a significant role in the policy against doping. I agree with your Anti-Doping charter"*

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

accordingly. These were presented to the final project conference, EHFA Anti-Doping Forum, in Copenhagen, Denmark, in February 2012 to an audience of 36 people from across Europe including Jacob Kornbeck a senior policy officer from the Sport Unit in DG EAC. The recommendations and the report itself were agreed unanimously at the meeting.

## 5.2.2 Dissemination

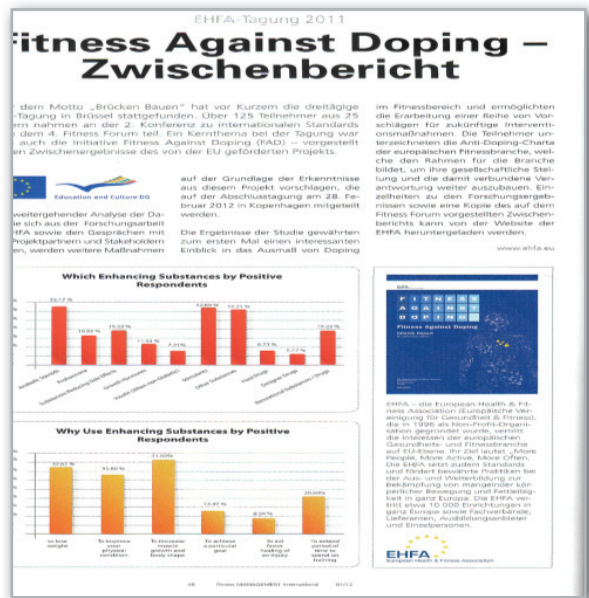
Throughout the project the outcomes and work plan were vigorously communicated by the project partners. The complete Dissemination Strategy is available in the appendix. The project was communicated through the message channels of the project partners, and in particular dissemination activities included:

- Discussing the project at meetings, seminars and conferences
- Sending mails/documents to relevant organisations
- Producing newsletters/articles/journals
- Placing information on partner websites

Dissemination of the research and findings was a key part of the project and helped to ensure that all of those with an interest in doping within health, fitness and amateur sport were given the fullest opportunity to contribute to the policy development and recommendations within this report. The project management team agreed that each partner should use their own websites as a vehicle for dissemination within their national health and fitness networks.



These two screenshots are examples of partners communicating the results of the field research and the publication of the Interim Report on their websites. Also included are links to the Interim Report and the consultation (when it was live) for people to respond to the findings and help to shape the outcomes of the project. EHFA also sent a communication to its 3000 members following the final conference in Copenhagen outlining the key findings and proposed recommendations – including the EHFA Anti-Doping Charter.



In this instance, the article was published in a national fitness magazine and outlined the key results of the report and directed readers to the EHFA website for more details and the consultation.

Each project partner was further asked to use their communication channels and existing networks to publicise the results of the research and ask for feedback to the Interim Report and the subsequent consultation. The below images are examples of the work undertaken by the partners to disseminate the findings of the project outside of their own websites.



## UK has lowest level of enhancing substance use

By Christine Ingham

UK fitness centres have the lowest levels of performance-enhancing substance use in Europe, according to new figures.

The European Health and Fitness Association – working alongside the FIA and eight other European health and fitness associations – surveyed over 10,000 consumers, exercise professionals and club managers from nine European countries, focusing on fitness centre performance-enhancing drugs, recreational/recreational based drugs and food supplements.

The survey found across Europe, 2.8 per cent of gym users take banned performance-enhancing substances such as anabolic steroids and stimulants (though such as creatine and vitamins).

The UK had the lowest levels of use (1.41 per cent), while the highest levels were reported in Bulgaria (10.8 per cent) and Hungary (9.22 per cent).

According to the results, doping was more common among the 70 per cent of consumers across Europe who participated in another exercise sport, such as cycling, and the use of banned substances is lower in countries where the fitness sector is more developed, such as the UK.

The survey also showed gym users take much lower levels of recreational drugs than the general population – the vast bulk of club visitors and exercise professionals in the UK would be prepared to support an anti-doping campaign in their club.

**EHFA's Special Report adds:** "It is encouraging that out of the nine countries surveyed the UK has come out top with the lowest levels of use of banned performance-enhancing substances, a finding that challenges the general population that doping practices is only in the UK. Fitness centres and Hungary (9.22 per cent)."



## Operator trials new equipment

EVERYONE Active is trialling new equipment to those of its visitors to the south east, ahead of a wider rollout planned for the operators in handling that Open City's equipment line in

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**Ginásios: 4,2% dos clientes assume consumir doping**

Conclusão faz parte de um estudo da Associação Europeia Health and Fitness

Por NORA 17. 12. 2011 14:32

A quase totalidade dos frequentadores dos ginásios portugueses garante não consumir substâncias dopantes, mas 4,2 per cento reconhece que as utiliza, algo, ao menos, não é tão longe das expectativas, diz, segundo dados do estudo.

mais de 64 anos

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**EHFA: UK sector has 'lowest doping levels'**

BY PETE HAYMAN

**Earthquake update**  
Fitness operators are still trying to get back to business after last year's earthquake in Christchurch, New Zealand. Nikitin Sallee reports

Catalogue gallery

total gym  
Gravity

A new study by the European Health and Fitness Association (EHFA) has indicated that the UK has the lowest levels of performance- and image-enhancing substance in fitness centres.

More than 10,300 consumers, exercise professionals and club managers from nine countries participated in the survey, which was conducted between July and August 2011.

THE CLOCK REALLY STARTS TICKING WHEN A PROJECT BEGINS...

**CONSIDER A CHAN**

## FIA UPDATE NEWS

### Doping: an industry problem?

FIA CEO David Stalker explains why the FIA has partnered with EHFA and the European Commission to develop a responsible strategy to counter doping in the fitness sector




In the UK, doping does not always hit the fitness industry headlines. However, at a European level it's a very different story, with the European Union viewing the fitness sector as falling within the remit of amateur sport.

The Commission's 2007 White Paper on Sport recognised that doping poses a threat to sport and citizens alike, calling on organisations to develop 'rules of good practice' to ensure that young sportsmen and sportswomen are better informed and educated in the issues of doping.

The possibility of a doping problem within amateur sport was also noted at the EU Anti-Doping Conference in 2009, implicating the fitness sector but doing so without detailed evidence to back it up. Furthermore, the joint London Treaty – Developing the European Dimension of Sport stated in no uncertain terms that the use of doping substances "poses serious public health hazards and calls for preventative action, including fitness centres."

**Industry research**

We have done some early research and it's fair to say that the prevalence of doping in our sector varies depending on where you look, what you read, and who you ask.

In the UK, for example, frequently quoted sources regarding the use of anabolic steroids in the fitness sector vary from 1 per cent to 16.8 per cent of gym users and everything in between. However, the studies lack consistent methodologies, sample sizes, messaging and strategy. Most studies only investigate steroids, for instance, while most strategies focus on the sort of interventions that would be more at home within the realm of after sport.

This is why we have worked with EHFA and the European Commission to establish a network of fitness sector partners across six continents – all national trade associations capable of undertaking primary research into the prevalence of doping, but also what motivates someone to use these substances, and

marken. The project is the result of EHFA's strong presence and efforts at the European level to ensure that, as a sector, we are properly represented as a potential partner for public health.

EHFA clearly set out its intentions at its November 2010 summit. Commenting at the time, Harri Topolians, EHFA's president, said: "We are honoured to work with the European Commission and our strategically picked partners who, for the first time, will review whether there is any basis to assumptions made of doping practices in the fitness industry. With the support of its partners, EHFA will provide evidence-based information on the extent of doping in fitness and will critically assess the success of current anti-doping policies and develop new intervention strategies."

"We are an important industry for the health of European citizens. As such, we need to act responsibly and recognise where we need to address potentially negative associations relating to our sector and tackle them in an evidence-based way."

As one of the project partners, the FIA is working in the UK with Leisure-net Solutions to survey club managers, exercise professionals and consumers regarding their experiences, if any, of doping within the sector. The questionnaires will cover topics such as what people do at the gym, their motivation for working out, any guidance offered on nutrition, and the prevalence of everything from performance-enhancing to social drugs.

The collated results will help us to understand not only the prevalence of doping, but also what motivates someone to use these substances, and

Doping is still an issue and must be tackled to maintain our integrity

will form the basis on which we can develop a preventative approach to doping in the fitness sector.

**ahead of the curve**

For me, as with so much of what we do, this is about an industry recognising its responsibilities to the health of the nation. We can't pick or choose our favourite health issues and, like it or not, doping is still a health issue: the use of steroids, amphetamines and growth hormones has been shown to increase the risk of cardiovascular disease, liver disorder and stress.

Every day of the year we promote our facilities as safe, and our staff as informed professionals with that, we're communicating our ability to act as an effective arm of the health service. Encouraging our facilities as free of harmful substances is a central component of this.

Whatever the findings of the project, as doping is perceived to be an issue among certain groups in the sector, we the industry body must get ahead of the curve and overcome any possible negative perceptions of our industry.

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The following image is of an article published in Fitness Magazine in Germany which will be distributed at FIBO, the largest international trade

show for the sector attended by over 20,000 people, in April 2012.



In addition to dissemination by partners in the media and other communication channels, the initial findings and recommendations were also communicated to other key stakeholders and relevant government channels.

The initial report findings were communicated by each partner organisations to their members through organised events such as seminars or conferences or through communications, as shown above. For instance, in the UK, the FIA presented the Interim Report and its findings to its Vanguard Group which represents thirty of the largest organisations in the industry (a cross section of equipment suppliers, public and private operators, training providers and outdoor exercise operators). The audience was directed to download the report and take part in the consultation on the EHFA website.

Similarly, it was felt by the project management team that it was important that the project should be communicated outside of the anti-doping, sports and fitness sectors. Therefore, the project and some of its findings, were presented to the All-Party Parliamentary Group on Body Image in the UK which

formed part of the government’s Body Confidence Campaign, led by Lynne Featherstone MP – the Equalities Minister. David Stalker, the CEO of the FIA, presented the FAD project to the group of MPs in the context of their research into the impact and causes of a lack of body confidence.

### 5.3 Brussels Summit


As part of its annual programme of sector activities, EHFA organised its annual Summit in Brussels on 7-8 November and this included the Fitness Forum which allowed a significant amount of time to present an update on FAD activities. Michal Krejza, Head of the Sport Unit at DG EAC presented an update on the Commission’s position on anti-doping and then there was an outline of the process and findings of the project and the Interim Report. Mike Hill from Leisure-net Solutions gave an expert view on some of the key findings and Dr Catherine Judkins, from HFL Sport Science gave a technical appraisal of the issues surrounding food supplements and the need for better testing and the use of best practices.

The Fitness Forum had over 120 delegates from 23 different European countries and concluded with delegates being invited to sign-up to the new European Anti-Doping Charter for the Fitness Sector.

## 5.4 Recommendations of Research

### 5.4.1 Policy Development

With only 2.5% of consumer respondents confirming in the FAD survey that they take a banned substance such as anabolic steroids, and/or image-enhancing substances there seems to be a disproportionate level of resources currently being applied in trying to eradicate only the use of AAS’s. 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. In Denmark, for example, private fitness centres pay 1,400 EURO each to the anti-doping agency that operates a good educational programme, but in 2010 only 89 people tested positive (with a further 78 refusing to take a test).



There is no tracking or follow-up on what happens to those who are banned but it is quite conceivable that most will just continue at another gym – or go “underground” in non-registered gyms. The results showed 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 cardio-vascular training, rather than just older-style gyms for bodybuilding or weightlifting. The consideration of further regulation or statute could only be imposed if it is done with the consent of consumers and the business owners of fitness clubs and the survey results show that this would not be a popular route. In any case there seems to be a natural progression to an overall reduction in doping as national fitness industries develop so the “problem” almost becomes self-eradicating. Indeed, even the project report by the Danish-led Anti-Doping Authority – Strategy for Stopping Steroids - makes no recommendation for enforcement and testing of customers in fitness centres.

When profiled against general population habits for taking recreational drugs, it appears that fitness consumers take lower levels. This is perhaps not surprising because a majority of people engage in exercise to improve their health and well-being. The FAD survey has shed some light onto this very important issue and perhaps counters the speculation from other quarters that fitness has a high incidence of doping practice. With a high percentage of the respondents saying that they played another (amateur) sport and from this group over 40% were those reporting that they took performance-enhancing substances, it would appear that the reason for some doping practices does not rest with fitness – but with their desire to improve their competitiveness and performance in their other sporting activities – which involve a competitive element.

Whilst exercise professionals do clearly have awareness on doping issues there were some mixed messages on how advice should or could be given and how to deal with customers who are taking, or are considering taking performance-enhancing

substances. Exercise professionals are really on the “front line” of the business and so they need to have improved skills and knowledge in an understanding of doping and doping practices and their harmful affect to health. Their promotion of the benefits of regular exercise and health-enhancing physical activity is the positive message, and it seems to be one already in practice with them because of the low levels of doping with exercise professionals themselves.

There was general agreement that better information, campaigning and positive promotion can be beneficial in an anti-doping strategy across the whole of the fitness sector. Education through information for consumers, exercise professionals, and with managers on how to deal with any doping problems could become very effective interventions at a relatively low cost.

The one area where there could be justification for regulation or at least harmonised control and best practice, 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.

## 5.5 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)

### 5.5.1 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.

### **5.5.2 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.

#### **5.5.3 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

#### 5.5.4 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.

#### 5.5.5 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.

## 5.6 Conclusion

The FAD project has formed the basis for fresh thinking on future directions to reduce the prevalence of doping in fitness and amateur sport. There is no single solution nor should any particular doping substance take priority over any other. EHFA has a powerful position as a platform organisation which is capable of coordinating detailed interventions and strategies through its national association partners downwards to many thousands of fitness centres across Europe and tens of thousands of exercise professionals. The Commission's strategy of "supporting transnational anti-doping networks, including networks focusing on preventive measures targeting amateur sport, sport for all and fitness" is clearly a sensible way forward which can have the capacity to bring together many agencies in a coordinated approach, but which must, as a starting point, include the fitness sector itself.

The FAD report will help to dispel myths and perceptions about the prevalence of doping, but through the research undertaken in this project and ensuing Fitness Anti-Doping Charter, it has focussed the mind of the sector on this subject and reinforced the message that the taking of doping substances is not to be tolerated. Regardless of the nature or frequency that substances are being used, they simply should not be taken deliberately or inadvertently by fitness centre users. Citing a lack of knowledge or education as the cause is not acceptable. The project findings and the overwhelmingly positive response from the sector to move towards reducing levels of doping have already had an influence on the thinking of anti-doping agencies and the expert group advising the Council.

The simple answer is that to bring about the necessary behavioural changes it will take time and it will need a concerted effort from many organisations before there can be a realistic reduction in the use of doping. It is not credible that enforcement, control, sanctions or even criminalisation will be effective, and there has never been any evidence to support this direction. Better education of exercise professionals, of consumers

themselves, and to aid managers of clubs to intervene, will provide a better structure for the positive reinforcement that effective and beneficial training does not require any stimulants at all – from whichever source.

There may be a residual number of steroid users who will never change their minds or attitude but the sector has a responsibility to help protect the unwary and innocent and the vulnerable young, who may be swayed by false promises and too little information on the harmful effects that drugs cause to health. EHFA and its partners will support the Commission in its direction on anti-doping and will cooperate and help with any initiative that is evidenced-based and which will bring about lasting changes through positive interventions. In five and ten years' time the research should be done again to see what is happening and what has changed – for the better.

## 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)



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