Fitness Against Doping

Interim Report
8th November 2011
For the past three years EHFA (the European Health and Fitness Association) have been pursuing a strategy of professionalising the European fitness sector and a key aspect of this is the establishment of policies to support our position of social responsibility for the sector. These cover positive attitudes towards promoting healthy and active lifestyles, as well as informing and helping to control practices which are harmful to health and restrict inclusiveness.

It is not by accident that the title of this project is called Fitness Against Doping because this has been our position from the outset. What has been lacking is any real information on the prevalence of doping practices across Europe in the thousands of fitness centres, used by millions of citizens every day. This project which has been co-funded by the European Commission is the first chance for all of us to see the complete picture of what is happening. We know that doping does exist, but we don’t really know what form it takes in order to develop effective interventions to control, limit, and work towards eradication.

We are grateful to the Commission for their support and confidence in EHFA to undertake this project which is unique in the field of amateur sport. Our project partners have worked with us in an impressive spirit of cooperation and they have shown real courage in what many consider to be a most difficult area of work. The project has kept to broad parameters, reviewed existing evidence, and collected over 10,000 survey results to build, for the first time, a picture of what is actually happening in the fitness centres. There has been too much speculation about the level of doping in fitness without the facts to substantiate that speculation, but as a result of this project we are now able to present its findings and recommendations in this interim report.

I think this interim report demonstrates that the sector is committed to a position of real social responsibility, and through the recommendations we can improve the understanding and interventions to further reduce the levels of harmful doping practices in fitness. The period of consultation and closer inspection of survey findings will now take place in the coming months to be concluded in our final report and Anti-Doping Conference in Denmark in February 2012. We invite you to make your comments and observations to us by contacting our Secretariat.

Foreword

Harm B Tegelaars
President of EHFA, November 2011
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Introduction

The European health and fitness sector is comprised of more than 40,000 private and public facilities and businesses which include world-leading operators and leading manufacturers of highly technically developed exercise equipment. Their purpose is to provide an extensive range of products, services and solutions to meet the expectations and demands of an estimated 44 million consumers who regularly attend fitness centres across Europe.

The main purpose of someone “working-out” is to improve or maintain their level of fitness and wellbeing. There are no “Champions Leagues” nor are there gold medals to be won in fitness; people do this for their health and enjoyment and possibly to support their strength and condition for other sports where they might compete. Fitness centre users represent a complete cross-section of society. The fitness sector is in the business of promoting health-enhancing physical activity which is clearly a positive message, and this comfortably supports the business of promoting health-enhancing physical activity which is clearly a positive message, and this comfortably supports the EU Guidelines on Physical Activity1 and the World Health Organisation Global Recommendations on Physical Activity for Health2. The recently completed Becoming the Hub project, published in 2010, funded by the European Commission and contained six recommendations of how the fitness sector can better support the promotion and adherence of citizens to regular exercise and physical activity3.

The project was managed by the European Health and Fitness Association (EHFA), based in Brussels, which concluded its work with a statement of commitment:

**Based on the evidence that now exists, the health and fitness sector believes it can provide a crucial role to use its extensive range of resources and skills to engage and stimulate citizens to achieve the EU Guidelines on Physical Activity. The European fitness industry will build a framework of action to encourage mass participation in exercise and activity. This will be based on the highest levels of professional collaboration and inter-agency coordination to develop integrated policies, campaigns and recommendations of best practice to get:**

**MORE PEOPLE | MORE ACTIVE | MORE OFTEN**

EHFA develops pan-European standards to train and qualify exercise professionals so the sector will have a technically competent workforce of fitness trainers who deliver programmes and supervise exercise for adults, children and adolescents, for active ageing and alongside specialist programmes with healthcare professionals. The sector is striving to professionalise itself and is clearly moving closer in the direction of health, health promotion and well-being, and away from its origins of free-weight training and bodybuilding.

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3 Becoming the Hub European Health and Fitness Association 2011 www.ehfa-programmes.eu
4 EU Special Eurobarometer Survey 72.3, ”Sports and Physical Activity” (Directorate General Education and Culture, 2010)
indeed what they are based on, or whether they apply more generally to amateur sport (often referred to as unorganised sport) or just to fitness. Structured sport for professional and elite athletes has had stringent doping controls for some time as described below.

Perceptions are important and if allegations are made about “widespread” doping practices in fitness, even if they are unsubstantiated, it can be very damaging to the image of the fitness sector and especially with other health professionals. The fitness sector will be unable to develop and integrate into other healthcare policies, strategies and the promotion of health-enhancing physical activity if health professionals were to think or are being given the impression that doping or the sale of banned substances is widespread. It is simply untrue, as these project findings clearly demonstrate.

The Commission’s view and position on anti-doping in sport was summarised in its White Paper on Sport which said:

“Doping poses a threat to sport worldwide, including European sports. It undermines the principle of open and fair competition. It is a demotivating factor for sport in general and puts the professional under unreasonable pressure. It seriously affects the image of sport and poses a serious threat to individual health. At European level, the fight against doping must take into account both a law-enforcement and a health and prevention dimension.”

The Commission’s position was re-stated in the Communication on Sport in January 2011. The section relating to doping in amateur sport stated:

“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. The Commission supports the fight against doping and the important role of the World Anti-Doping Agency (WADA), national anti-doping organisations (NADOs), accredited laboratories, the Council of Europe and UNESCO. The Commission welcomes the fact that NADOs are increasingly organised as independent bodies. It also encourages Member States to adopt and share national anti-doping action plans aimed at ensuring coordination among all relevant actors.”

This clearly changed the emphasis away from elite sport and to the use of doping substances by amateur athletes including in fitness and with a focus on damage to health by taking doping substances. All are agreed that the long-term use of performance-enhancing substances (such as steroids and amphetamines) can have health risks both psychologically with depression, anxiety, paranoia, aggressiveness, lack of impulse control, and physically with increased heart problems, hypertension, risk of thrombosis, gynecomastia, lowering fertility and libido problems as examples.

Doping in Amateur/Unorganised Sports and Fitness

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

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

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under the same umbrella, and whilst the anti-doping infrastructure in elite sport is designed to achieve sporting fair play, doping control in a fitness environment has the objective of securing the health of the exercising population.

Secondly, as a result of the unsubstantiated 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; as the Commission re-stated in the January Communication, “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. For instance, the Netherlands Anti-Doping Authority Foundation has developed an educational programme focusing specifically on athletes in fitness centres and gyms, with fitness entrepreneurs, gym owners and instructors are a key intermediate target group. However, this approach is in contrast to the Danish program which has focused on controlling and policing, with fitness facilities subjecting themselves to testing in order to demonstrate their support for anti-doping practices.

The European School Survey Project on Alcohol and other Drugs (ESPAD), a collaborative effort of independent research teams in Europe, 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 performance enhancing drugs and substances (PIEDs), including anabolic steroids and stimulants as well as recreational drugs.

Within unorganised sports, doping is not only used to improve performance, but also to obtain a slim, muscular physique particularly for men, and for women and girls it seems to be a route to faster weight loss. There is separate research on the worrying psychological and physiological disorder arising from what is sometimes referred to as the “Adonis Effect” and which can include not only obsessive training to develop a muscular body, but also with eating disorders and taking of anabolic steroids to enhance outcomes. There are many reasons why people (and especially young men who have been the focus of current doping research and activity) turn to enhancing substances to accelerate their training outcome. These include the emulation of their favourite professional sports stars, improving personal strength and body build, gaining a competitive edge against opponents, or succumbing to peer-pressure – and making themselves more sexually desirable. But regardless of the reason, such practices are often illegal, unethical and most importantly can be very harmful to their health.

On the other side, whilst the “messaging” about the harmful effects of taking doping substances is powerful it does contradict the experiences of users who frequently cite the physiological consequences such as increased strength and muscle growth and desirability.

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”. There has been limited research into the prevalence of other forms of doping such as amphetamines, ephedrine, and pseudoephedrine. Therefore, whilst within elite sports, the anti-doping infrastructure are committed to reducing the prevalence of the World Anti-Doping Agency (WADA) list of banned substances; there is no agreement of the substances to be tested within the fitness sector.

10 The Adonis Complex: How to Identify, Treat and Prevent Body Obsession in Men and Boys; Harrison G Pope, et. al.
11 D.J. Hall & C. Judkins, ‘Supplements and Banned Substance Contamination: Offering an informed choice” HFL Sport Science, 2010
To the best of our knowledge no other amateur sport has undertaken work with the complexity and depth of this FAD research. There is practically no evidence available of the prevalence of doping in other amateur sports, even though many of these performance-based sportspersons probably use fitness centres as part of their training. It would not be an unreasonable assumption that there are doping practices with other amateur sportspersons engaged in activities where, at a professional level, doping is being detected – such as for instance in cycling, weightlifting and rugby.

**Doping Control in Organised (elite/professional) Sport**

Doping in organised or elite sport has a long history which can be traced back to 1920 and with constant review most international federations had introduced formalised drug testing by 1970, but the use of anabolic steroids was becoming more widespread, especially in strength events, because by this time there was still no way of detecting them. 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, notably in strength related sports such as throwing events and weightlifting. 13

In 1998 the IOC convened a ‘World Conference on Doping in Sport’ which resulted in the Lausanne Declaration which approved the development of the WADA. It describes itself as a “unique hybrid organisation that is governed and funded equally by the sports (Olympic) movement and governments”. The framework for WADA’s activities is provided by the World Anti-Doping Code which first came into effect in January 2004 and has two listed purposes:

- To protect athletes’ fundamental right to participate in doping free sport and thus promote health, fairness and equality for athletes worldwide

- To ensure harmonised, coordinated and effective anti-doping programs at the international and national level with regard to detection, deterrence and prevention of doping

The code is the fundamental universal document all global anti-doping activities are based on. 14 Amongst other things, the Code addresses the definition of doping, sanctions, the doping list, checks, awareness-raising, research and laboratory testing. All sporting organisations are obliged to adhere to the Code; however it is not mandatory for all governments. 17

This infrastructure is present in almost all countries, such as the Danish ‘Anti-Doping Danmark’ in Denmark, ‘Dopingautoriteit’ in the Netherlands, and the UK Anti-Doping (UKAD), the national body responsible for the implementation and management of the UK’s anti-doping policy. UKAD is responsible for ensuring sports bodies in the UK comply with the World Anti-Doping Code. This is typical for most member states.

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. 21 The same report cites the lack of standardised reporting by the National Anti-Doping Authorities as one of the principle failings of the system. 22 Researchers found only 20 of 49 European National Anti-Doping Organisations had annual reports available online despite being bound by Article 14.4 of the WADA Code to annually “publicly publish” their results. An analysis of the existing data from available reports showed some disturbing trends that challenge WADA’s narratives in many areas. Out of 44,744 total reported tests by the 20 NADOS there were 445 violations - 207 of them in Belgium. These 445 violations were concentrated in five sports - Bodybuilding (121), Cycling (33), Rugby (25), Powerlifting (21), and Weightlifting (21). 23

The Matter of the Use of Recreational Drugs to Boost Performance

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 the use of “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 of interest for the purposes of the FAD project 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.

12 J. Woodhouse & M. Dilworth. Drugs in Sport, House of Commons Library, 15 September 2010 16
16 Ibid.
19 World Anti-Doping Agency, A Brief History of Anti-Doping, WADA, 2011. 23
21 Ibid.
22 Ibid.
The project could also survey the level of recreational drug use by fitness users and compare to national profiles. 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. Once the EHFA data collection process is complete we can assess whether cross-national relationships in the prevalence of recreational drug usage correspond to that of the use of doping substances in amateur sports. The data presented here also indicates the general prevalence of amphetamine use, which are occasionally used to enhance fitness performance despite the detrimental effect they have on health, with psychological and physical effects such as euphoria, hyper-alertness, emotional hypersensitivity with stress and anger known to occur to users. Finally, the estimated number of intravenous drug users (IDUs) and infection rates for viruses such as HIV and Hepatitis B among intravenous drug users may be of interest as one method of taking AAS is intravenously, putting this group at substantial risk of infection.

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 (see Table one at the back of this report).

The Matter of the Use of Food Supplements to Boost Performance

There have been a number of reports of contamination with doping substances in supplement products. This is typically due to inadvertent cross-contamination within the manufacturing process, but products could also be deliberately adapted to include such banned substances. Contamination issues relating to food supplements have long been acknowledged by the World Anti-Doping Agency. In 2001 the IOC commissioned a piece of research that was carried out by the anti-doping lab in Cologne in which 634 supplement products were purchased from standard retail channels in 13 different countries and tested for the presence of steroids and prohormones (which the body will metabolise into steroids).

Of the 634 products analysed, 15% (94 products) were found to be contaminated with steroids/prohormones that were not declared on the label. 64 of these contained prohormones of testosterone only, 23 contained prohormones of both nandrolone and testosterone and seven contained prohormones of nandrolone only. Capsules were more commonly contaminated than tablet formulations. Content and quality cannot always be easily ascertained and it seems that many supplements are deliberately or inadvertently adulterated. The diverse range of products available through the internet poses a significant risk to athletes who may inadvertently consume a contaminated product.

The labelling of such preparations does not always reflect their actual content and so platitudes such as “always read the label” no longer apply. For example, ginseng has been used as an energy booster and whilst; ginseng roots do not contain prohibited substances, products carrying the name ginseng have tested positive for ephedrine. In one study, brands of OTC androgenic-anabolic supplements did not comply with labelling requirements, in fact one product contained 77% more steroid than the label stated and another contained 10mg undeclared testosterone. A separate analysis of 75 supplements purchased over the internet found that seven contained undeclared hormones and two contained ephedrine and caffeine.

The supplement culture in sport, and in this case for fitness, needs to be addressed and this is why the FAD research was extended in its project coverage. Despite the development of advanced drug testing systems, doping in sport, both deliberate and inadvertent, is on the increase in elite, amateur and school sports. Doping in sport not only contravenes the spirit of fair competition it can be seriously detrimental to athletes’ health and in the case of fitness affecting the health of exercisers who inadvertently or otherwise may be taking prohibited substances due to a lack of awareness.
The Position of Doping and Public Health

It is often stated that anti-doping controls, as used within elite sport, are not applicable or appropriate to fitness or other amateur sport environments. This is because whilst the anti-doping infrastructure in elite sport is designed to achieve fair play in global elite sport, doping control in a fitness environment has the objective of securing the health of the exercising population. Several sources state that doping can be seriously detrimental to health, and this is the focus of the Commission’s thinking. Most anti-doping campaigns have focused on the side effects of long term anabolic steroid use, such as impotence, acne, aggressive behaviour, and damages to vital organs. Most studies of anabolic steroids (AAS) use show a significant drop in high density lipo-proteins among users, which may be linked to an elevated risk of cardiovascular diseases. AAS also carries physical side effects unique to females, such as increased facial hair, deepening of the voice, and menstrual disturbances.

Studies have also identified side effects in women that are similar to those experienced by males, such as increased aggression, libido, acne, and the loss of scalp hair. The use of anabolic steroids has also been associated with liver damage. The potential detrimental health side effects of steroid use exist in stark contrast to the high numbers of Europeans that claim to exercise for the purposes of improving their health, in addition to the potential damage to physical appearance which contradicts the idea that doping may improve body image, another commonly cited motivation for participating in physical exercise.

There has also been an increase in the general use of amphetamines (35 million people worldwide take amphetamines, which are the second most widely used drugs in the world). Use of amphetamines has been associated with a variety of psychological and physical effects. Euphoria, hyperalertness, emotional hypersensitivity with stress and anger also may occur. There are also influences on heart rate and pupil dilation and blood pressure changes may occur. In rare cases, liver disorders and epileptic seizures may occur. Furthermore, amphetamine dependence may occur quickly, and is apparent in the inability to sustain normal social and professional activities. In order to experience the same feeling, increasing amounts of the substance must be used. Physically, this may lead to severe weight loss, psychologically to paranoia.

The Fitness Against Doping Project (FAD)

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 and is due to be completed in March 2012. The project aims to develop a co-ordinated European strategy to limit the use of doping substances in the fitness sector.

There are 10 partners in the project together with EHFA, which are based in nine different European countries. The project is divided into four main activities:

1. Research into existing evidence of doping practices in amateur sport and fitness
2. Field research by the partners into doping practices in their countries
3. Reporting on findings and consultation
4. Develop intervention strategies to effect reductions in any doping practices

The desk research findings will be fully published in the final report to the Commission in March 2012 but some has been summarised in this report to provide a context to the field research which was conducted in the summer of 2011.

The methodology for the original research was developed by the project team in consultation with the Polish Anti-Doping Research Centre (WADA Agency) and Leisure Net Solutions with the Division of Sport, Health & Exercise Sciences at the University of Hertfordshire (UK). With the resources available, and within the remit of the Agreement, there were some limitations on the extent of data that could be produced and with the diversity of partners there were in-built complexities to the approach. However, the project partners agreed that there should be three groups of people to be surveyed in the field research phase:

- Consumers (i.e. users of fitness facilities)
- Exercise professionals (those working within a gym environment with customers)
- Club/facility managers (who will often have an overview and extensive history in fitness)

32. International Centre for Drug policy, in the October 2007 issue of the British Journal of Psychiatry
Anti-doping and law enforcement differs from country to country and 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. This posed a number of questions in the approach and methodology for the FAD field research, and especially in the range of substances to be included. Existing research was almost exclusively confined to the use of banned performance-enhancing substances from the WADA list. The project team considered that it was more important for the survey to cover a broader range of substances:

1. Performance-enhancing drugs and substances such as anabolic steroids, prohormones, substances reducing side effects, etc and including all those on the WADA banned list (often referred to as PIEDs)

2. Societal-based drugs such as amphetamines, cocaine, cannabis, boosters, clenbuterol, etc. (often referred to as recreational drugs)

3. Food supplements, typically labelled as sports nutrition products, but which can also include banned substances and mixtures of ingredients which can be harmful to health

The audience of the research and the substances included within the methodology ensured that FAD is an innovative project which incorporates original research covering a broad range of substances. The results of the research should in turn provide EHFA and the project partners with an appropriate evidence base from which to develop agreed intervention strategies.

As existing studies had almost entirely centred on the use of PIEDs in fitness centres, establishing the actual prevalence of doping in the three different substance areas and across the diverse settings of the partner countries would begin to give primary data which had been hitherto unavailable. The 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 outcome and combination of findings will help in the development of specific intervention strategies that will help educate and inform fitness operators, exercise professionals, national associations and importantly through an education programme for consumers about the harm to health of doping practice. After consultation of the findings, policy will be developed on how to better educate the workforce in the area of anti-doping and of the threat to the health of those involved in taking performance-enhancing substances. The evidence and outcomes will inform the Commission on the corporate social responsibility position of the fitness sector in the area of anti-doping.

The survey content was developed in June 2011 and then translated into the nine languages of the partners in two versions – for controlled access through the internet and in a face-to-face setting. Each partner engaged the services of an independent research company to oversee objectivity and independence.

The survey took place during the summer 2011 with a total of over 10,300 responses being returned from the three groups. The full results and analysis will be in the final report to the Commission.

What is 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 developed and moved from the old-style free-weight training rooms for bodybuilding and weight/power-lifting 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 becoming 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 they are still all part of the same sector and EHFA accepted this premise for the FAD project.

To date there has been no single, agreed definition of a “fitness centre”, but quite recently there has been a European classification by NACE (Nomenclature des Activites Economiques). NACE codes have superseded the previous SIC and SOC coding systems and they provide a common statistical classification of economic activities in Europe through Eurostat. There is now the category of:

“93.13 Fitness Facilities: Fitness and bodybuilding clubs and facilities”

With the “identification” of fitness facilities at a European level through the NACE Code of 93.13, EHFA then applied some other aspects, products, services and characteristics to be used in the definition for the project research. It was agreed that for a fitness centre to be included within the FAD research it should meet these characteristics:
• It will have a name or title of health club, fitness centre, fitness club, wellness centre or gym, or will use one of these as the description of its principle business activity
• It is a place where physical activity and exercise takes place (i.e. not just a sauna or spa)
• It will have a workout area with equipment-based strength training, and most often also cardiovascular training equipment/machines and frequently also group fitness training in specific rooms or in a studio
• It will be open to the public
• It will have a minimum of six pieces of equipment and/or machines
• Exercise and physical activity can be undertaken on an individual or group basis
• The services are delivered in a safe and controlled environment

For additional clarification, two additional points were considered in selecting fitness centres to be part of the FAD research:
• Exercises and physical activity are supervised by qualified exercise professionals (in person or virtually).
• It may be stand alone, or be part of a larger sporting complex, with other activities such as swimming, sports halls, and racquet sports

It should be noted that bodybuilding and weight-lifting activities and centres are included within this definition even though these activities are not strictly speaking part of fitness training – they are entirely based on strength training. EHFA expects that, over time, the NACE definition will change. As weightlifting and bodybuilding are different “sports” there should be a separation with fitness training.

The Desk Research Findings

There are three main known studies conducted into the use of doping substances in the European fitness sector – from Germany, the Netherlands and Denmark. All three were common in their focus mainly on banned substances (PIEDs) or Androgenic Anabolic Steroids (AAS) and were quite particularly aimed at their use by young men. A full summary of the findings will be published in the final report. The following is a synopsis of findings to date.

Denmark

In Denmark AAS 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”. The objective of the law is to prevent the use of AAS for doping purposes. 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.

Recent survey work looked at the population group aged 15-60 years as this was considered the most relevant population group for young men aged 15-25 who are the suspected main users of PIEDs. 35.7 % of the respondents of the survey were from this group and the results showed that 3.4% had used AAS at some time which when extended represents 31,000 men in Denmark with AAS “experience”. The survey also showed that there were an estimated 44,000 current and former users or only 0.8% of the total population.

Gyms pay approximately 12,000 Kroner (approx. 1,400€) a year to be part of the “smiley face” scheme which shows it’s a doping-free gym. In June 2010, 50% of all commercial gyms in Denmark were part of the scheme, embracing approximately 80% of Danish gym members (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 in private clubs and 111 individuals (22%) tested positive (in 2009 751 were tested where 99 were positive tested and 82 refused (20%) and for 2010 the figures were 669 tested of which 89 were positive, and 78 refused to take a test (21%). However, it is important to note that the testing is targeted towards ‘suspicous individuals’, and therefore population projections should not be made from these figures.

In public centres, the percentages of positive testing/refusal to take a test were 2008 13%, 2009 14% and in 2010 14%.

Along with the doping tests, Denmark has tried to use educational campaigns and support services to address the use

37 A.V Christiansen, ‘‘Body violations: Testing citizens training recreationally in gyms’’, Doping, 2010
of image enhancing drugs in a fitness environment. This included the traditional educational campaigns and support services. However, more importantly ADD developed an anonymous counselling system accessible via the internet and a telephone service. As ADD admits that, “Whether the use of AAS is reducing we don’t know. We only have the statistics from the doping control which shows that the number of positive cases is stable”. Unquestionably this is a powerful campaign to promote anti-doping practices in fitness but there are some critics of the program. ADD do not do any follow-up on what happens to banned fitness centre users or where they go.

Germany

In Germany 20,000 citizens are caught as illegal drug offenders every year39, 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.40 In a small scale study the prevalence of illegal drugs in some German fitness and leisure facilities was reported as high as 15.9%.41 A separate questionnaire in the same fitness environment, which was directed at ‘suspicious individuals’ reported that 41.3% individuals use illegal drugs, but it must be noted that this was regional test, based on a very small sample and targeted on body building studios.

German drug law states that medical professionals are not allowed to prescribe medications solely for performance enhancement, whilst the German Narcotics Drug Act prohibits the possession and use of narcotics. As in many countries anti-doping is promoted by the National Anti-Doping Association (NADA), the stated objectives of NADA align completely with those of the WADA. NADA does promote anti-doping specifically in amateur sport but rather focuses on elite sport, nevertheless it has a preventative program aimed at ensuring that young athletes are appropriately informed of anti-doping policies. The program targets key ‘influencers’ of young athletes including school trainers, teachers, parents, and medical profession to ensure that they all recommend safe anti-doping practices.

Supplement use in elite sport is discouraged by the German NADA because of the potential risks of contamination within such products. 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. Products are listed on the website http://www.koelnerliste.com.

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

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 doping in terms of health risk, disease burden and care consumption and to make recommendations regarding these topics.42 This review stated that within unorganised sports doping is used not only to improve performance but also to enhance a slim and/or 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 centres.

In the Netherlands about 2.5 million people engage in unorganised sports, and various studies have been performed into the prevalence of doping use in unorganised sports. The Anti-Doping Authority the Netherlands (Dopingautoriteit) requested that TNO perform a new study into the prevalence of doping in unorganised sports.43 The study was performed in the summer of 2008 among visitors to fitness centres aged 15 and older, 92 fitness centres and 718 individuals participated in the study. The study - published in June 2009 - included a randomised response method, which allows for socially desirable responses, and a classical method. The classical method revealed a general prevalence whereas the randomised method yielded a prevalence of 8.2%. In terms of absolute figures, the latter percentage indicates more than 160,000 people had used doping in the last year. This represents 0.9% of total population.

A separate study44 stated that the prevalence of doping use among the general population was 1.5% in 2005 for ‘use at some point’ and 0.5% for ‘use in the past year’. According to the results gyms and fitness centres appear to be the most important places to contact dealers (36.4%), other listed sources include friends (32.7%), the internet (29.1%), drugstores/pharmacy (21.8%) and doctors (12.7%).

With a subsidy from the Dutch government, the Dutch Dopingautoriteit focuses, amongst other things, on providing information and advice to athletes and their direct environment. True Strength – Eigen Kracht in Dutch - is the campaign of the Dopingautoriteit for the fitness industry and wants to inform athletes about the risks of using anabolic steroids, stimulants and other prohibited substances (see website www.eigenkracht.nl). It also advocates clean sports and

educates athletes about healthy and efficient ways to achieve their goals.

People can have many reasons for wanting to exercise, but in addition to health, cosmetic reasons like being more muscular or leaner, are mentioned most often. These goals are perfectly compatible with working out for good health, but research shows that one in eight fitness participants is interested in doping, precisely because of cosmetic reasons. With the recent research results showing that 8.2% of the people who train in fitness centres used doping substances, the need for education seems to be clear.

The fitness sector has also developed an anti-doping strategy whereby the sector trade association, FitVak, requires all members to be certified by the National Fitness Centre Certification (LERF) Among other things the regulations set requirements in the area of doping. FitVak members also sign an anti-doping covenant. In doing so, the centre declares it will implement policy within the centre that combats the use of doping substances, on penalty of loss of LERF accreditation. Evaluation of these efforts have indicated that a split is occurring between bodybuilding centres and fitness/leisure centres which FitVak represent and which are compliant with Anti-Doping policy.

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 (http://antidoping.nl/nzvt/zvt) to look for products that have been tested for steroids and stimulants. 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 (see below).

The desk research also showed some other interests results in Portugal, Finland, Norway, and the UK:

Anti-doping strategies in Portugal have recently been adjusted to conform to the principles of the WADA code. Although no previous studies have been conducted to discern the levels of doping practice for general citizens, 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.

Finland 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 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, as fitness centres that adopted the anti-doping programme receive a license to carry out testing on members suspected of doping, with the consequences of terminating membership if proof of doping is established. Centres signed up to the strategy also receive an anti-doping certificate to be made visible to centre members in order to promote cooperation.

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 (UKAD) and WADA. However, there is no established structure for investigating doping within the fitness sector, and there would appear to be little research to date on fitness centre users in the UK. It is estimated that 200,000 users in the UK take steroids for non-medical purposes i.e. to enhance their appearance or strength. The first nationwide AAS survey in the UK surveyed 21 gyms throughout Britain and found that 8% of respondents admitted having taken AAS at some time, 5% of which current users. 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.

The UK Health and Fitness Industry (the Fitness Industry Association, the Register of Exercise Professionals, and the Institute for the Management of Sport and Physical Activity) has addressed the problem of steroid misuse by publishing an industry guidance note advising fitness providers and professionals on how to recognize the signs of steroid use within their organisations, the risk involved in the abuse of steroids, and the appropriate course of action to take if steroid use is suspected among gym members. It is recommended that exercise professionals approach individuals by discussing general positive lifestyle choices rather than being explicit or confrontational about the use of steroids. The guideline also details the duty of care of club managers to the people using their facilities, and provides advice on ‘best practice’ for ensuring that duty of care is fulfilled. 48

Regarding the use of supplements in the UK, UKAD recognises that some athletes do use supplements and have a well-established educational program for athletes (called ‘100% ME’), informing them of the risks of consuming contaminated products. As part of their ‘assess the need, assess the risk’ message, UKAD recognises a testing and certification program for supplement products called Informed-Sport (www.informed-sport.com), operated by the anti-doping lab HFL Sport Science (now LGC Group). 49 HFL Sport Science has been working closely with the supplement industry since 2002, offering quality assurance services for reputable manufacturers worldwide. They test over 5000 supplements each year for substances that appear on the WADA prohibited list on behalf of supplement companies in e.g. Europe, USA, Canada, Asia and Australia. In a similar process to the Danish campaign for sports facilities, HFL created the Informed-Sport programme to allow products that have undergone testing and certification to carry the Informed-Sport logo.

All tested products are listed on the Informed-Sport website allowing elite athletes to choose products which have been screened for banned substances and to avoid those that have not been through the Informed-Sport certification process. As well as being recognised by UKAD, Informed-Sport is also acknowledged by other national anti-doping organisations in e.g. the Netherlands, Austria, etc. HFL has also carried out several pieces of research that have further highlighted contamination risks for athletes. For example, in 2007 they undertook an analysis of 58 supplements purchased through standard retail outlets in the USA and found that 25% contained low levels of steroid contaminants, and 11% were contaminated with stimulants.

In 2008, through the research of the Hungarian Anti-Doping Group and Wessling Hungary Ltd, 176 amateur athletes’ urine samples were analysed, and they were also required to answer a questionnaire about their sport/fitness activities, lifestyle and knowledge of performance-enhancing substances. This was carried out anonymously. The purpose of the examination for the Hungarian Anti-Doping Group was to map individuals’ knowledge of doping and anti-doping regulations, their habits of drug and nutritional supplement consumption, and their attendance for screening tests.

On the basis of laboratory analyses they have found that 25 out of 176 tested samples (14%) contained some kind of banned drugs or nutritional supplements, 19 of them (11%) had positive result. In six cases further examination might have been needed as the amount of banned materials was under the percentage allowed. On the results of the questionnaire it was found that during the last 10 days before sampling 117 people (66%) used some kind of drugs or nutritional supplements. During the time period between 10 and 30 days before sampling 105 people (60%) used some kind of drugs or nutritional supplements, and during the last 30 days before sampling only 47 people (27%) did not use any drugs or nutritional supplements.

These results show that amateur athletes have very limited information on the proper use and dosage of these substances. The Hungarian Anti-Doping Group (HUNADO) concluded that in any anti-doping campaign, prevention and education must play an important role in the area of amateur sport.

The Field Research Findings

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 – for consumers, exercise professionals and manager/owners were translated into the nine partner national languages. 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 which was completed in July – August 2011. The main survey which was conducted through the internet, comprised 27 versions, and a further 27 versions were available “off line” for

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48 The Fitness Industry Association (FIA), Register of Exercise Professionals (REPS) & The Institute of Sports and Recreational Management (ISRAM), Health & Fitness Industry Guidance Note, "Managing users with suspected health problems: steroid abuse"
49 http://www.ukad.org.uk/pages/100-mee-programme
50 http://www.informed-sport.com/
the face-to-face surveys. Each partner was given instructions on the method to be used, and they were required to use third-party agencies to ensure independence and objectivity. The full methodology and process will be described in the final report.

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

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

A total of 10,349 were received which overwhelmingly came from the partner countries, although some replies were received from Austria, Belgium, Czech Republic, France, Malta and Slovenia. The surveys had to be entirely confidential with no further tracking or reporting. The three surveys took a different view on the questions surrounding doping practices. This report will not detail country comparisons, nor does it claim to be the European position.

The results selected below for this report are about providing evidence and context to develop interventions and policies which the fitness sector and stakeholders can comment during the consultation phase of the project to the end of 2011.

**Consumer results**

The Fitness Against Doping survey asked consumers further questions about the location of their fitness centre, their fitness regimes, the type of fitness facility and their main reasons for fitness training. It also asked them to identify if they played other sports, and if so which.
In oral rehydration therapy, electrolyte drinks containing sodium and potassium salts replenish the body’s water and electrolyte levels after dehydration caused by exercise. Athletes exercising in extreme conditions (for three or more hours continuously e.g. marathon or triathlon) who do not consume electrolytes risk dehydration (or hyponatremia)
Gender comparison for banned substances
Gender comparison for use of recreational drugs

Age profile of use of banned substances
Age profile of use of recreational drugs

Number of customer respondents who play another sport 37.16%

Most popular other sports

- cycling 33.32%
- soccer 16.82%
- swimming 13.49%
- racquet sports 13.39%
- athletics 9.21%
- bodybuilding and weight-lifting 4.87%

Total number taking any performance-enhancing substance 208
Total number playing another sport taking PIED 87
Results for Exercise Professionals

Should Enhancing Substances Be Banned (all respondents)

Do You Think That Substances Improve Achievements

How Often Do Clients Ask Your Advice On Substances

Have You Noticed Substance Use
Percentage of exercise professionals who responded on their use of any performance enhancing substances

**YES 3.16%**

**NO 96.84%**

Results for Managers/Fitness Centre Owners

Are you aware of the use of performance-enhancing substances at your centre?

**YES aware 27.08%**

**NO not aware 72.92%**
Do you have an anti-doping policy at your fitness centre?

YES 51.50%  NO 48.50%

Would you be prepared to have a code of conduct on anti-doping?

YES 89.22%  NO 10.78%

* 19.95% without DK responses @ 97.56%

Please note: The full findings and further analysis after detailed cross-checking of the results will be published in the final report in March 2012.
What do the Findings Indicate?

With over 10,000 responses in total it is fair to conclude that the results are a good indication of doping practices and perceptions in the European fitness sector, and are “statistically significant” as promised. The results given above are selected highlights from the full survey for the reason that they give an emphasis to the main outcomes which gives structure to the consultation process and the first draft of the future intervention activities. For each of the three groups covered in the survey there were around 23 questions and more analysis and details will be given in the final report.

This is the first survey of its kind in terms of its methodology and range of questions, and any direct comparison to the three other main studies from Denmark, Germany and the Netherlands is quite difficult. It would clearly be desirable to re-survey the fitness sector in a few years’ time to see if and how the position has changed as result of these findings and interventions. It would also be good if other amateur sports now undertook their own research into doping practices, so we could get better information and to be able to do some comparisons.

For the FAD survey the key results show:

For Consumers

The survey returns showed a representative balance between gender, age profile, size of fitness centre, and adherence to regular exercising.

- 27.70% of customers reported using a food supplement. This included electrolyte drinks and their use was the most popular of all supplements as an aid to rehydration.
- An overall 2.52% of all respondents replied that they use performance and image-enhancing substances (banned substances and recreational drugs). In the more northern European countries this fell even lower (DK 2.10%, NL 1.81% and UK 1.61%). In Hungary, Bulgaria and Portugal their individual results were 9.13%, 12.6% and 4.2% respectively as the highest users.
- Respondents could identify a number of substances, and the most popular were anabolic steroids, stimulants such as amphetamines and “other substances” such as diuretics – almost in equal measure.
- Male users of fitness centres are much more likely to take banned substances and recreational drugs than women participants.
- The age “peak” for the use of substances is the group of 25-49 year olds and not the 15-24 group which has become the “target” in some previous research.
- The use of recreational drugs by fitness customers is very much lower than the general population statistics of usage show (see table 1) taken from the European Monitoring Centre for Drugs and Drug Addiction.
- 37.16% of respondents reported that they played another sport.
- From the 208 respondents reporting that they take a performance-enhancing substance 41.82% of them were in the 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.

For 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.
- A substantial majority would be prepared to support an anti-doping campaign.

For Managers/Fitness Centre 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.

Policy Development

With only 2.5% of consumer respondents confirming in the FAD survey that they take a banned substance such as anabolic steroids, there seems to be a disproportionate level of resources currently being applied in trying to eradicate this one activity. We know that the focus of their use is predominately with men (but not necessarily adolescents/young males) and that they are more engaged with strength training than fitness training. 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 (another 78 refused 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.

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.

The very good news is that when profiled against general population habits for taking recreational drugs, it appears that fitness consumers take much 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 shown 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.

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.

There was general agreement that better information, campaigning and positive promotion can be beneficial in an anti-doing 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 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.

Proposed Actions for Interventions

The members and stakeholders who support the work and strategy for EHFA will be asked to commit to a new charter on anti-doping for the European fitness sector as part of its developing social responsibility position. Doping practices are harmful to health and the fitness sector should now take a lead in developing effective anti-doping interventions based on the evidence of the findings of the FAD project. As this report indicates there are a number of different approaches for anti-doping activities in elite sport, and with some campaigns in Nordic countries where doping tests are carried out at fitness centres.

The report also indicates that there are some specific areas of fitness centre users who engage in doping practices and these often involve people engaging in other amateur sports.

The 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.

The invasive nature of doping testing is cited as an example of why elite sport anti-doping practices are not suitable for amateur sport and the survey showed that there was no appetite to replicate Scandinavian practices. There was widespread support for educational campaigns which better inform exercise professionals, operators/managers of facilities and consumers about the harmful effects on health resulting from doping practices.

**For Consumers**
- An educational leaflet and website link (based on the EHFA website but also linking to other national agencies and campaigns) which clearly explains the harmful effects to health of using performance and image-enhancing substances. This should be put into the context of the positive benefits of regular physical activity and exercise without the need to use stimulants such as the Netherlands “True Strength” approach. This will help reinforce awareness of the anti-doping kite mark developed for display by operators of fitness centres.

**For Exercise Professionals**
- 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. Exercise professionals should have improved understanding to:
  - Identify the signs of doping practice
  - Educate individuals on the negative impact of doping
  - Educate individuals on proper nutritional plans

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.

**For Managers/Fitness Centre Operators**
- Some national fitness associations already have advice on anti-doping policies for their operator members to use. Through its membership EHFA now represents over 10,000 fitness centres across Europe and a new Code of Practice on Anti-Doping will be developed for all national associations and their operator members to adopt as a “zero tolerance” policy. This will include:
  - Model forms for conditions for fitness centre membership and usage which will stop anti-doping practices
  - Advice on the recognition of a customer engaging in doping practices and how to intervene
  - A “kite” mark or symbol to be used on all literature and for a plaque or similar clearly states that it is a doping free fitness centre. This will different them from competitor facilities which are not part of the voluntary scheme of anti-doping

**For Food Supplements**
- The evidence shows a high number of fitness centres users consume a variety of food supplements. The gap in understanding that some of these may be contaminated and contain harmful substances can be addressed by the harmonisation of testing of these products. EHFA will recommend to the Commission that there should be tighter regulatory control of products sold in the EU to ensure they meet common, agreed standards and to replicate the process currently used in the UK.
### Table One

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<td>****1.6% (L)</td>
<td>****1.0% (L)</td>
<td>****2.5% (L)</td>
<td>29% (L), 11% (LM)</td>
<td>4% (L)</td>
<td>2% (L)</td>
<td>5% (L)</td>
</tr>
</tbody>
</table>

**“L” refers to lifetime, “LY” refers to last year, and “L*M” refers to last month

** All data sourced from the The European Monitoring Centre for Drugs and Drug Addiction, The United Nations Office For Drugs and Crime, and the European School Survey Project (with the exception of data on Switzerland)


**** Refers to England and Wales, no recent or reliable estimate available for the UK in its entirety.


— Hepatitis B figures allude to prevalence of infection among IDUs (United Nations World Drugs Report 2011), whereas HIV rates refer to percentage of new HIV patients that are IDUs
The project partners are:
AGAP - Portugal (Portuguese Fitness Association)
BAHF - Bulgaria (Bulgarian Association of Health and Fitness)
DFHO - Denmark (Danish Fitness and Health Organisation)
DSSV - Germany (German Fitness Association)
DADR - Poland (Department of Anti-Doping Research of Institute of Sport)
FIA - UK (Fitness Industry Association)
FitVak - Netherlands (Dutch Fitness Association)
HCA & ICCE - Hungary (Hungarian Coaching Association and International Council for Coach Education)
ISCA - Denmark (International Sport and Culture Association)
QualiCert - Switzerland (Swiss Quality Assurance Company)

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The European Fitness Anti-Doping Charter

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 performance-enhancing substances.

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 endeavor to educate and inform its employees and customers, and to provide information and guidance for operators to have in place effective anti-doping measures.

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The European Health and Fitness Association
Rue Washington 40
B 1050 Bruxelles
Belgium

www.ehfa.eu
Fitness Against Doping project website: