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**FITNESS
AGAINST
DOPING**



Background to the project

In November 2010 EHFA was awarded a grant by the European Commission under the Preparatory Action in the Field of Sport.

The main aim was to provide for the first time researched information on the extent of doping and current anti-doping policies affecting the fitness sector. The results provide the evidence base for future targeted interventions within the sector and will start a network of best practice to further the fight against doping.

The project commenced in January 2011 and concludes on 31st March 2012 when the full report will be submitted to the Commission.



Background to the project

Androulla Vassiliou (European Commissioner for Education, Training, Culture and Youth) launched the Sport Communication in January 2011 and this included actions in the fight against doping.

The Commission says it will: support transnational anti-doping networks, including networks focusing on preventive measures targeting amateur sport, sport for all and fitness.

The EU Anti-Doping Conference 2009 stated that in regards to doping there is no difference between professional sport and any other amateur sport.

There is a difference – sport is competitive but fitness is not



Background to the project

The European Fitness Sector:

40,000,000 regular users
400,000 workers
40,000 fitness centres

EHFA represents:

Over 10,000 fitness centres
19 national associations
450 suppliers



Europe is the largest market in the world



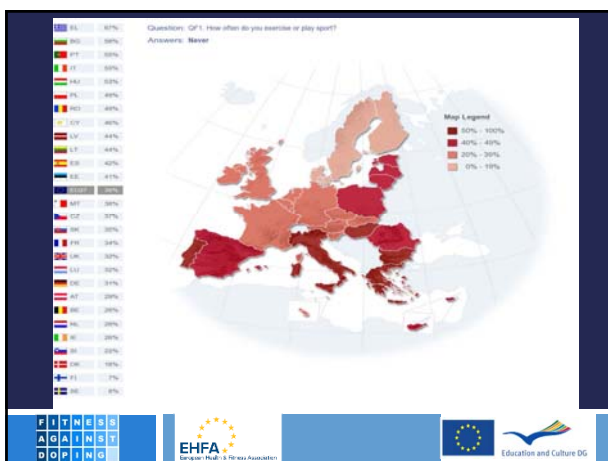
Criticism of the fitness sector

In recent times a number of allegations linked fitness (centres) to the “widespread” practice of doping.

Existing surveys on fitness centre users were quite selective and relatively small in scale. Internationally, very little evidence exists on the level of doping in amateur sport.

What we all agree upon is that taking doping substances is harmful to health – the very antithesis of what try to do in our promotion of exercise, health, fitness and well-being.

In 2011 EHFA presented a major study on fitness and health-enhancing physical activity to the Commission.



Fitness Against Doping (FAD)

PHYSICAL ACTIVITY & FITNESS IS GOOD

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



Fitness Against Doping (FAD)

PHYSICAL ACTIVITY & FITNESS IS GOOD



Fitness Against Doping (FAD)

Put simply

DOPING IS BAD

Background to the project

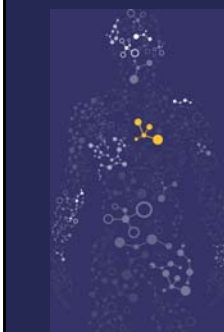
The COM says "the use of doping substances by amateur athletes poses serious public health hazards and calls for preventive action, including in fitness centres."

There have been 11 partners in the project – representing European fitness sector:

AGAP – Portugal	BAHF Bulgaria
DADR – Poland	DFHO – Denmark
DSSV – Germany	FIA – United Kingdom
Fit!vak – Netherlands	HCA/ICCE – Hungary
ISCA – Int/Denmark	QualiCert – Switzerland
EHFA – EU (grant holder)	

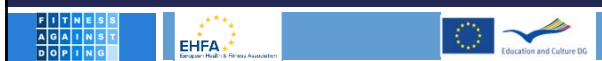


Fitness Against Doping (FAD)

WHAT HAPPENED

Fitness Against Doping (FAD) – Actions and Outcomes

- The Fitness Against Doping (FAD) project has provided **statistically significant information** on the prevalence of doping in the European health and fitness sector. This was been done in 2 parts - desk and then field research.
- Published interim report, held consultation and then final conference and report – all in open format.
- The evidence of the research provides the basis for **recommended interventions and actions** for the Commission, Member States and the European fitness sector (inc. national associations operators, exercise professionals, training companies, etc.)



Fitness Against Doping (FAD) – Methodology and actions

- Completed an extensive literature review:
 - existing studies and evidence of doping practices
 - existing interventions
 - prevalence of use of recreational drugs
 - use of food supplements
- Took advice of WADA agency – DADR on scope
- Contacted and informed national anti-doping agencies
- Surveys were confidential – no follow-up – 54 versions
- 3 countries also did face-to-face to check for bias
- Used independent research companies in each country



Fitness Against Doping (FAD) – Methodology and actions

Despite limitations on time and money the project:

- Managed to keep the scope of the field survey as broad as possible – a 3-way view:
 - consumers
 - exercise professionals
 - managers / owners
- Expanded beyond other surveys to cover 3 areas of doping:
 - banned substances (WADA list)
 - recreational drugs
 - food supplements
- Agreed upon a definition of a fitness centre – kept broad



Fitness Against Doping (FAD) – Methodology and actions

WHY TAKE DOPING SUBSTANCES IN AMATEUR SPORT?

Increase muscle strength, improve body shape
Lose weight
Improve physical condition
Extend period of training
Achieve a special (sporting) goal
Aid recovery from injury



Fitness Against Doping (FAD) – What we found

8,238 consumers returned a complete questionnaire
1,850 exercise professionals
261 fitness centre managers
58% women and 42% men
Ages from 15-64+
Range of educational backgrounds
92% from medium and large fitness centres
results from big, small cities, town and country
9 partner countries + BE, CZ, FI, FR, MT, SL

In other words the demographics were representative of the broad definition of fitness developed for the project.



Fitness Against Doping (FAD) – What we found

- 2.52% of respondents use a PIED – this falls in northern European countries (DK 2.10%, NL 1.81% and UK 1.61%).
- 27.70% of customers reported using a food supplement.
- 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 – not the anecdotal 15-25 year olds
- The use of recreational drugs by fitness customers is very much lower than the general population statistics



Fitness Against Doping (FAD) – What we found

- 37.16% of respondents reported that they played another sport – cycling was the most popular.
- From the 208 respondents reporting that they take a performance-enhancing substance 41.82% of them were in the group who play another sport.
- There is awareness of some doping activity in fitness centres but a big majority of exercise professionals would not give advice – and a substantial majority would be prepared to support an anti-doping campaign.
- 3.16% reported taking a doping substance.



Fitness Against Doping (FAD) – What we found

- Managers reported that they were aware of the use of performance enhancing substances – over 80% said they would support an anti-doping campaign
- 69% sell food supplements at their fitness centre - more than 12% were unaware or did not check the contents.
- 34% of consumers purchase their food supplements at their fitness centre and the same percentage through the internet.
- A substantial majority (over 80%) reported that they would be prepared to support an anti-doping campaign.



Fitness Against Doping (FAD) – What we found

We acknowledge that there is a problem of doping in fitness, and our strategy to reduce levels will be done through a coordinated approach with many agencies. Control, sanctioning and testing in amateur sport and fitness centres is inappropriate.

It was surprising to us to find the high number of doping users who played another sport – at an amateur level. It is not a question of their “level” or competence it is just that simply they play another amateur sport. The challenge is for these other sports – such as cycling - to undertake doping surveys themselves. By definition sport is “competitive” whereas fitness is not.



Fitness Against Doping (FAD) – a closer look

GROUP 1 Banned Doping Substances	GROUP 2 Recreational Drugs
Anabolic steroids	Stimulants such as amphetamines
Prohormones	Diuretics, clenbuterol
Nolvadex, Clomid, Proviron	“Designer” drugs, ecstasy, boosters, etc.

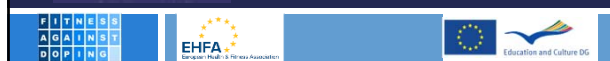
	All Respondents	Danmark (2,999 replies)
GROUP 1	1.23%	0.54%
GROUP 2	1.85%	1.90%
TOTAL Original users*	2.52%	2.10%

* Some respondents used substances from both groups



Fitness Against Doping (FAD)

FAD recommendations and interventions



Fitness Against Doping (FAD) – Our recommendations

Establish our “headline” position that the fitness sector is unequivocally opposed to doping practices through a charter that binds all stakeholders into positive action.

The sector’s socially responsible position

Provide better education for customers about the harmful effects to health of doping practices



Fitness Against Doping (FAD) – What we think we need to do

Improve the training for exercise professionals so they better understand doping practices and the reasons for doping, and to promote the positive benefits of exercising without the need of PIEDS

Develop a Code of Practice for club/centre operators to put in place a “zero tolerance” towards doping

Promote the harmonisation testing of food supplements



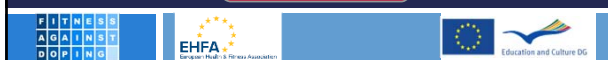
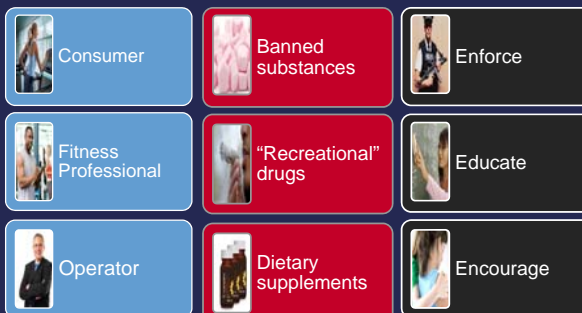
The European Fitness Sector Anti-Doping Charter

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 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.



FAD - AUDIENCES, ASPECTS, APPROACHES.....



FAD – CONSIDERATIONS

Prevalence is low (2-3%)...

- ... and falls with shift from body building to general fitness
- Disproportionate effort focused on small problem...
- ... little evidence of policing effectiveness...
- ... and low acceptance of further sanctions
- Use of recreational drugs lower than general population
- Food supplements are an issue - labelling
- Education



FAD – CONSIDERATIONS

- Proposals comply with EU law
- Effectiveness of existing programmes
- Purpose
playing fair and open vs. public health
- Prioritise
Scale of problem
Size of group
Severity of harm
Spending
Success
- Variety of interventions
- An integrated approach**

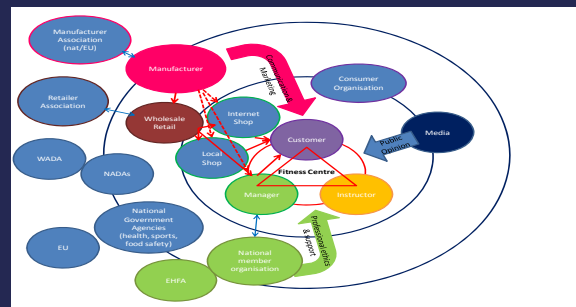


FAD – TIME TO CHANGE BEHAVIOUR

- Lay the foundations
- Raise expectations
- Creating the framework
- Upgrading the offer
- Demonstrating the commitment
- Do it all again



FAD – NETWORK COMPLEXITY



FAD – EVALUATION of INTERVENTIONS

Need to structure according to interventions chosen but:

- Quantitative
 - Uptake
 - Customer journey attrition
 - Time lag between launch and measurable behaviour change
 - Levels of prevalence
- Qualitative
 - Awareness
 - Surveys (identify proxy measures)
 - Interviews
 - Availability of substances



Dialogue with the audience QUESTIONS & ANSWERS

THANK YOU FOR YOUR PARTICIPATION

This presentation and further information at:

www.ehfa-programmes.eu

