



## Expert Group “Anti-Doping”

**Draft EU recommendations on combating doping in recreational sport: draft proposal requested by the Council**



DRS Consol-6 (18.12.13)

# EU Recommendations on Doping in Recreational Sport

**Sixth Consolidated Draft (*Final*)**



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## 1. Introduction

### 1.1 Challenges related to doping in recreational sport (sport and health aspects)

These Recommendations on Doping in Recreational Sport (DRS) are a political initiative taken by the European Union (EU) and its Member States to identify good practice. They aim to give public authorities and civil society as a whole a tool allowing them to develop more widespread, more deliberate, more co-ordinated and more effective efforts to prevent DRS. They are not solely addressed to National Anti-Doping Organisations (NADOs), governing bodies of sports or Member States' Sport Ministries and are in accordance with the spirit of Article 165 TFEU (Treaty on the Functioning of the European Union), which creates no legally binding obligations and explicitly rules out harmonisation.

Why are such Recommendations needed? Historically anti-doping efforts have focused, in most countries, on the detection and deterrence of doping products and methods in elite sport (whether professional or not). Government involvement follows the international law conventions of the Council of Europe and UNESCO, which define obligations for State Parties ([Annex I](#)). These texts echo the priorities defined by the World Anti-Doping Agency (WADA) in its World Anti-Doping Code ([Annex I](#)). These rules and the anti-doping system they underpin are not overly concerned with DRS, as they are based primarily upon the anti-doping thinking of elite sports, with its focus on testing and sanctions. Yet, this must not discourage decision makers from developing useful practice to prevent doping outside of competitive sports: disputable terminologies must not prevent from tackling what is increasingly being discussed as a societal problem.

A glossary is provided ([Annex II](#)) to clarify definitions which will be used throughout this document.

Although for analytical purposes a distinction can be drawn between doping in elite and recreational sport, we can also anticipate a considerable overlap in relation to health risk protection. And yet the prevention of DRS has not become a priority throughout the EU. Unlike elite sport, so far there has not been large public outcry about recreational doping use, and therefore there has been little governmental incentive to intervene in preventing DRS. While there has long been awareness of doping in DRS, NADOs, in a spirit of efficiency and results management, have largely had to focus their resources on competitions and competitors in high-performance sport. However, a growing body of literature is providing evidence of the use of human enhancement products already below elite or professional sport. Given its proven detrimental health effects, therefore, DRS is likely to become a public health issue. A larger body of evidence exists in relation to doping in high performance sport yet there are few reliable prevalence statistics. This problem is heightened in the contexts of recreational doping where motivations for doping vary more widely. Much of the vocabulary for doping in elite sports is of a medical and/or moral nature. Policy discussions focus on fairness, integrity, harm to health and biotechnological consequences on sport. In recreational doping, moral criticism is less obvious. A greater emphasis lies on medical and health-related issues, such as long term high dose polypharmacy (use of multiple medications), unregulated products, adverse somatic effects (cardiac, HDLC = high-density lipoprotein cholesterol), reproductive and anti-social behaviours (such as hyper aggression) and individual problems such as dependency creation (though these too have social consequences). The extent to which



DRS is addressed directly or indirectly by legal authorities or members of the health care system, is currently unknown.

## 1.2 Added value of recommendations at EU level

Following a rationale similar to that of the EU Guidelines on Physical Activity (2008) and Dual Careers (2012) (Annex I), these Recommendations aim to define good practice for decision makers at different levels. They do not aim to provide detailed prescription for the action of each and every actor in concrete situations: rather, they aim to be sufficiently general for the various actors to take as much action as possible within the confines of their respective roles, bearing in mind the resources available. Those responsible for defining the roles and mandates of relevant institutional actors are invited to consider whether changes could be made to enable more cross-sectorial collaboration.

The Recommendations follow previous work already done at EU level in this field. In the early 2000s, for example, funding was provided for a variety of anti-doping projects.<sup>1</sup> In 2010-12, as part of the preparations for a future sport funding stream under the Multi-Annual Financial Framework (MFF) of the EU 2014-20, funding was provided for three doping prevention network projects.<sup>2</sup> Funding was also provided by other EU programmes at various stages. The added value of these Recommendations is that they take stock of the currently available knowledge, providing examples and summarising the most pertinent facts, thus leading to clear and understandable Recommendations. Academic literature has only rarely been quoted, yet the drafters' are well-known experts in their respective fields. The text includes selected examples of good practice (Annex IV) and a (non-exhaustive) list of national web resources (Annex V).

## 2. Policy development and coordination

### 2.1 Purpose of these recommendations

#### Background and challenges

These Recommendations have been prepared by the Ad-hoc Group of Experts "Doping in Recreational Sport" (GoE DRS) (Annex III). This Group was set up by the EU Expert Group Anti-Doping following an invitation from the Council of May 2012,<sup>3</sup> asking for a draft "*set of recommendations on combating doping in recreational sport that can be applied at both EU and national level.*" This initiative reflects the entry into force of the

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<sup>1</sup> See Iapetos Consulting (2003): Evaluation of pilot projects co-financed by the European Commission in the field of the fight against doping.

[http://ec.europa.eu/sport/library/documents/c2/doc368\\_en.pdf](http://ec.europa.eu/sport/library/documents/c2/doc368_en.pdf)

<sup>2</sup> For short descriptions, see the brochure: European Commission (2012): Towards an EU Funding Stream for sport: Preparatory Actions and Special Events 2009-2011, <http://ec.europa.eu/sport/library/documents/b1/eusf2012-preparatory-actions-and-specialevents-2009-2011.pdf>. For more information on each project, see: For an overview, see: [http://ec.europa.eu/sport/preparatory\\_actions/results-eac-22-2010\\_en.htm](http://ec.europa.eu/sport/preparatory_actions/results-eac-22-2010_en.htm)

<sup>3</sup> Conclusions of the Council and of the Representatives of the Governments of the Member States, meeting within the Council, of 10 May 2012 on combating doping in recreational sport. Official Journal of the European Union, C 169, 15.6.2012, pp. 9-10.



Lisbon Treaty, conferring for the first time an explicit sport policy mandate upon the Union; albeit one that explicitly excludes any harmonisation of the laws and regulations of the Member States (Article 165 TFEU).<sup>4</sup> In its Conclusions of May 2012, the Council invited Member States to take a range of measures and extended the mandate of the EU Expert Group Anti-Doping to collect DRS-relevant best practice examples and submit a proposal for recommendations as outlined above. The Expert Group thus appointed an Ad-hoc Group of Experts "Doping in Recreational Sport" to prepare the first draft proposal for this text. It includes experts in three different areas: legal/political/administrative/procedural – academic – front-line anti-doping work. Therefore, the following EU Recommendations on Doping in Recreational Sport represent a large consensus among the experts involved, while having being ultimately adopted within the formal structures of the Council.

Although these Recommendations are not binding, they can be used in the work of the formal structures of the Council. Apart from this purpose, the Recommendations can be used by the Governments of Member States, national anti-doping organisations (NADOs), governing bodies of sports organisations, other civil society organisations, regional and local authorities as well as any other organisations who would like to make a contribution to the prevention of doping in recreational sport. While not all Recommendations can be addressed to all actors simultaneously, readers are invited to consider the relevance of the individual Recommendations to their own organisations, taking into account their respective roles (mandates), resources and capacities.

#### Recommendations

- ▶ **Recommendation 1 – Public authorities and civil society (including sports organisations) in Member States should consider supporting projects to clarify terminology regarding doping in recreational sport.**
- ▶ **Recommendation 2 – The EU should consider the eligibility of projects dealing with doping in recreational sport in view of financial support.**
- ▶ **Recommendation 3 – Member States should consider ways to jointly follow up at EU level progress made by public authorities and civil society (including sports organisations) in Member States regarding the prevention of doping in recreational sports, using these Recommendations as a reference framework.**

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<sup>4</sup> Article 165 TFEU (Treaty on the Functioning of the European Union) stipulates: "The Union shall contribute to the promotion of European sporting issues, while taking account of the specific nature of sport, its structures based on voluntary activity and its social and educational function." (Article 165 (1)) "Union action shall be aimed at: (...) developing the European dimension in sport, by promoting fairness and openness in sporting competitions and cooperation between bodies responsible for sports, and by protecting the physical and moral integrity of sportsmen and sportswomen, especially the youngest sportsmen and sportswomen." (Article 165 (2)) The reference to "physical and moral integrity" is understood to include doping, although it may also refer to verbal, physical and sexual abuse, etc. The "fairness and openness in sporting competitions" may also be understood as being intricately linked to doping and its prevention. The Treaty foresees "incentive measures" (funding) and Council recommendations as instruments of EU action. It explicitly rules out "any harmonisation of the laws and regulations of the Member States" (Article 165 (4)).





## 2.2 Legislative and regulatory framework: the anti-doping approach

### Background and challenges

The enforcement of anti-doping policies reflects the different stages of development and harmonisation of the three pillars of anti-doping policies. The three pillars are (i) sports rules, (ii) administrative measures and (iii) criminal law, as explained below. The first and second pillars are largely based on the World Anti-Doping Code, while such differences are more limited than those concerning the third pillar. The establishment of the World Anti-Doping Agency in 1999 and the entry into force of the World Anti-Doping Code in 2004 have been very effective in harmonising doping-related sports rules, sanctions and testing procedures all over the world. As governments cannot be legally bound by a non-governmental document such as the Code, they are implementing it by individually acceding to the United Nations Educational, Science and Cultural Organisation (UNESCO) International Convention against Doping in Sport (UNESCO Convention). Governments in Europe, including all EU Member States, have acceded to the UNESCO Convention as well as the Council of Europe International Convention against Doping in Sport (Council of Europe Convention). These harmonised sports rules, sanctions, and related testing procedures constitute the first pillar of anti-doping policies and primarily concern elite athletes.

The administrative measures constitute the second pillar. This pillar, ruled either by private law or public and administrative law, operates from a public health perspective and is primarily focused on the prevention of doping, but also carries out testing and involves administrative actions such as rule-making and administrative adjudication of its own and sports rules. This pillar is primarily entrusted to NADOs whom in most EU Member States have existed since many years but become a global requisite as a result of the Code. Despite the lack of systematic analysis, there seems to be considerable differences in the NADO's institutional bases, composition and powers. Depending on the countries, other bodies with broader competencies, such as the Ministries for Sport, might also play a role in the administrative pillar, especially in the launch of preventive initiatives.

The third pillar is inspired by criminal law and aims at prosecuting the suppliers of doping products and, in a few countries such as Italy, even the athletes. This is the least developed pillar and the largest differences persist, despite the fact that article 4.1 of the Council of Europe Convention states that "The Parties shall adopt where appropriate legislation, regulations or administrative measures to restrict the availability (including provisions to control movement, possession, importation, distribution and sale) as well as the use in sport of banned doping agents and doping methods and in particular anabolic steroids." while article 8 of the UNESCO Convention calls on State Parties to adopt measures against trafficking to athletes: "1. States Parties shall, where appropriate, adopt measures to restrict the availability of prohibited substances and methods in order to restrict their use in sport by athletes, unless the use is based upon a therapeutic use exemption. These include measures against trafficking to athletes and, to this end, measures to control production, movement, importation, distribution and sale. 2. States Parties shall adopt, or encourage, where appropriate, the relevant entities within their jurisdictions to adopt measures to prevent and to restrict the use and possession of prohibited substances and methods by athletes in sport, unless the use is based upon a therapeutic use exemption." It has been pointed out that the difference in swiftness and





approaches in adopting such measures constitutes a challenge to an effective international cooperation in the control of the supply of doping products. Trade in doping substances appears to work in ways similar to drug trade (narcotics), yet the response by lawmakers in Member States has been very diverse, ranging from provisions in the penal code, sports acts, special anti-doping laws or even no specific response. Criminal sanctions vary greatly, as some recent surveys have highlighted.

Despite the considerable variety of specific anti-doping approaches it has been pointed out that customs laws regarding the import of medical products for human consumptions are uniform throughout Europe and can be, and are also effectively, applied to the import of doping products.

#### Recommendations

#### ► **Recommendation 4 – Public authorities and civil society (including sport organisations) in Member States should survey and compare:**

- **the legal status and powers of NADOs and other bodies responsible in the administrative pillar of anti-doping policies in all EU Member States, particularly as regards the prevention of the use and distribution of doping products in recreational sport;**
- **specific anti-doping criminal provisions as well as other applicable offences and make this information available to law enforcement officers of the single Member States so that, when they have to deal with an international doping case, they can look for offences that at least partially correspond to similar domestic legislation.**

### **2.3 Legislative and regulatory framework: the criminal law approach**

#### Background and challenges

The criminal law approach to DRS has been added in recent years and may involve (in some jurisdictions) direct law enforcement, strengthening of the cooperation between NADOs and/or law enforcement and/or customs agencies. This approach involves an integrated approach with no a priori distinction between the use of doping products in elite sports and other contexts.

In jurisdictions where law enforcement agencies have powers in the field of anti-doping, positive experiences are reported, with a rapid increase in the number of investigations, suspects and substances seized. Criminal investigations can also provide the necessary evidence to build the cases for sports rule proceedings against athletes and their support personnel. Anti-doping and law enforcement agencies may share intelligence and evidence. Law enforcement agencies have investigative methods, such as searches and wiretapping, that are not available to sports federations and NADOs. Criminal law enforcement shifts the attention of policy-making and implementing bodies from the athletes, who are currently almost the only targets of the first two pillars of anti-doping policies, to their entourage and suppliers. Finally, criminal law enforcement requires going beyond the current policy focus on doping in elite sports and instead addresses the entire spectrum of misuse of doping products for performance or image enhancing purposes and the related channels of supply. As a matter of fact, law enforcement agencies cannot know in advance if a supplier is servicing elite or recreational athletes or non-competitive sportspeople. Indeed, as the Italian experience shows, many suppliers,



with the partial exception of those belonging to the organised sports world, are eager to make money by offering their drugs and services to different types of users.

### Recommendations

#### ► **Recommendation 5 – Public authorities and civil society (including sport organisations) in Member States should:**

- **survey and compare the human and financial resources and concrete interventions of the NADOs and possible other bodies responsible in the administrative pillar of anti-doping policies in all EU Member States, particularly as regards the prevention of the use and distribution of doping products in recreational sport;**
- **assess the effectiveness of at least some of the most promising initiatives to prevent the use and distribution of doping products in recreational sport and develop examples of good practice;**
- **establish the number of anti-doping criminal proceedings initiated each year by the different Member States, the offences charged by the prosecutor's offices and established by the judges, the number and type of verdicts and the sanctions imposed and effectively served;**

#### ► **Recommendation 6 – Member States should consider the establishment of EU-wide training courses for law enforcement and customs officers and prosecutor's offices and judges to make them aware of the problem of doping and the existing applicable provisions and offences and spread best practice.**

## **2.4 Consistency with sport funding**

### Background and challenges

Public authorities in Member States (at national, regional and local level) distribute important amounts of funding to civil society organisations (including sports organisations). An important volume of revenue for sporting activities comes from public sources, such as general taxation. Some revenue is also generated by gambling and lotteries which, in some Member States, are regulated in the form of a monopoly or may represent a less market-driven branch of industry. Such resources come with an implicit obligation that they be used responsibly and transparently, in the public interest.

In relation to elite sports, as State Parties to the UNESCO Convention, Member States are required to respect Article 11 (Financial measures) and to provide funding for anti-doping purposes (or recognising such costs when determining the overall subsidies or grants to be awarded), to "take steps to withhold sport-related financial support to individual athletes or athlete support personnel who have been suspended following an anti-doping rule violation, during the period of their suspension" and to "withhold some or all financial or other sport-related support from any sports organisation or anti-doping organisation not in compliance with the Code or applicable anti-doping rules adopted pursuant to the Code." Similar provisions are found in Article 4.2 (Measures to restrict the availability and use of banned doping agents and methods) of the Council of Europe Convention. "To this end, the Parties or, where appropriate, the relevant non-governmental organisations shall make it a criterion for the grant of public subsidies to sports organisations that they effectively apply anti-doping regulations." While these obligations, defined under international law, have a clear and narrow scope addressing the needs of elite sports and, in particular,



competitions and training preparing for competitions, policies aimed at preventing doping in recreational sports need similar leverage in order to apply the spirit of the Convention *mutatis mutandis*.

### Recommendations

► **Recommendation 7 – Bodies responsible for anti-doping policies in Member States should ensure that policies aiming at preventing doping in recreational sports are in line with Member States' obligations under Article 11 of the UNESCO Convention (Financial measures) and Article 4 of the Council of Europe Convention, including by targeting funding for sporting activities and by withholding funding as appropriate, in certain well-defined cases.**

► **Recommendation 8 – Bodies responsible for anti-doping policies in Member States should call upon the active engagement of the recipients of subsidies to incorporate measures against the abuse of substances, medication or drugs in recreational sports.**

## 3. Prevention and education

### 3.1 Introduction

Doping problems can be limited through preventive action by society. This is best done by reducing or removing the causes of the problems, ideally before they arise. Prevention research in the field of doping is however very limited and many questions remain unanswered with regards to the determinants and predictors of this behaviour and what measures are effective in addressing them. It is rarely possible to identify only one or even a limited number of individual risk factors of substance-related behaviours, since they are often multifaceted (i.e. multiple factors combine together to elevate risk). Drawing on the wider substance misuse field, there are five determinants categories that must be influenced in order for doping-related harms to decrease. These are a) price, b) physical availability, c) norms and attitudes, d) social factors and e) individual factors. Thus, adopting a socio-ecological framework when examining doping behaviour in recreational sport appears warranted. For a long time, doping substance use has been studied in the context of elite sports.

### 3.2 Synergies with drug prevention and education

#### Background and challenges

Sporting, recreational and leisure activities do not occur in isolation from the rest of society and therefore the lessons learned from other prevention fields (e.g. smoking, violence, drug use etc.) could help anti-doping education programmes across all levels. This assertion assumes that, as in other fields, the contagion of doping is a universal phenomenon, occurring globally at all levels of society and affecting a broad spectrum of individuals. It is also founded on the assumption that this behaviour is transmitted through numerous networks including peer groups, interpersonal relationships and cultures.

Broadly speaking, anti-doping activities take place on three levels. The first is via detection-deterrence through sanctioning: athletes who commit an anti-doping rule violation are penalised. The second level is based on policies aimed at preventing doping. The third is based on enforcement and legislation. However, with a heavy focus on



compliance and athletes' rights and responsibilities, most anti-doping curricula consider the athletes' behaviour but rarely consider their circumstances or the root of the behaviour (e.g. the socio-cultural context).

Taking a closer look at the WADA list of prohibited substances, it is clear that nearly all drugs that are banned in society are listed here as well. Societal drug prevention is based on substantial governmental investment and underpinned by concrete, attainable processes and strategies informed by decades of evaluation and elaboration. Drug prevention programmes can be described by the audience or intervention level for which they are designed, namely: universal programmes (e.g. students in a school), selective programmes (e.g. children of drug-abusers) and indicated programmes (e.g. for individuals who are already experimenting with drugs). Drug prevention programmes are not guided by the "do not take it" philosophy but by the principles of prevention and harm-minimisation. Thus, a multi-sectorial dialogue could be of great value in order to raise the anti-doping field's awareness of the cross-cutting, evidence-based approaches used in drug prevention.

Good practice for doping prevention should involve establishing universal programmes that start in school and refer to a critical perspective for drug use in general and, for example, for food supplements and the home medicine cupboard. Resistance-skills training to teach students about social influences and specific skills for effectively resisting these pressures alone or in combination with broader life-skills training should shape the programme. In contrast, programmes based on fear arousal (e.g. risk of death), and moral appeal (e.g. the evils of drug use) have been shown to be ineffective. Good practice should also involve delivering the programme at a critical transition stage when young people are more receptive to the message (e.g. when moving to secondary school). Furthermore, the programmes should be intensive, engaging, interactive and long-term, incorporating booster sessions.

Finally, good practice should also involve the implementation of a school-based programme as part of a broader integrated effort to address doping in sport at a community level. This approach acknowledges the influence of other key stakeholders in the sporting landscape such as teachers, coaches, parents and policy makers.

#### Recommendations

- ▶ **Recommendation 9 – Until research-generated evidence suggests otherwise, actors involved in doping prevention should draw on established knowledge available in other health behaviour prevention fields (i.e. tobacco, narcotics, alcohol).**
- ▶ **Recommendation 10 – Member States should build anti-doping education into formal education programmes for teachers, sport coaches, instructors and support personnel. They should have access to on-going information about doping issues and receive updates on the latest approaches and practices in the prevention field.**
- ▶ **Recommendation 11 – Public authorities and civil society (including sport organisations) in Member States should develop and support initiatives aimed at promoting closer collaboration between authorities, bodies and organisations entrusted with the prevention of drug abuse and those with a responsibility or a potential to make a similar contribution to the prevention of doping in recreational sports, in particular by:**



- **establishing universal programmes that start in school and refer to a critical perspective for drug use in general and, for example, food supplements and the home medicine cupboard;**
- **designing and evaluating interventions that develop life-skills and self-regulation to enable athletes/exercise participants to effectively resist social influence and reappraise their norm perceptions;**
- **delivering programmes at a critical transition stage when young people are more receptive to the message;**
- **ensuring programmes are intensive, engaging, interactive and long-term, incorporating booster sessions;**
- **implementing school-based programmes as part of a broader integrated effort to address doping in sport at a community level. This approach acknowledges the influence of other key stakeholders in the sporting landscape such as teachers, coaches, parents and policy makers.**

### **3.3 Education of athletes and fitness centre users (including campaigns, "ambassadors")**

#### Background and challenges

Attitudes and norms are crucial. The ideal of beauty has developed into external goals that are unattainable for most people and at an early age we are already influenced by society's norms of a muscular appearance. Society places considerable focus on the body and the media, among others, spread feminine and masculine ideals. Media show pictures of well-built, muscular bodies and are marketing food supplements with the main purpose of getting individuals to use them to achieve these ideals. The use of unnatural methods with the aim of improving one's appearance has become more common and more widely accepted. The fact that the social climate supports changes to one's appearance, for instance, constitutes a contributing cause to the use of doping substances, such as anabolic steroids.

Athletes and fitness centre users lack information: indeed, doping practices often stem from a lack of information and understanding of their effects. Athletes and fitness centre users are not always aware that the products they use are illegal, may contain a banned substance in their composition and may be harmful to their health and wellbeing.

Children and young adults do not usually receive enough education of the effects of using doping substances and that the use could be harmful, they also do not receive education about the value and importance of fair play, the need for the respect for rules of sport and respect and consideration for their fellow competitors and exercisers. Such ethical education needs to begin at an early age. A message of learning and understanding about what can be achieved by natural talent and personal application needs to be conveyed as much as possible to a broad audience of young athletes and fitness centre users.

Primary prevention is needed in which education and integrated communication programmes should be run for main 3 purposes:

- Promotion of "sport ethics": Teaching "sport ethics" and the "taste of effort" at a young age will simplify the message on prevention of doping use. Young people



who are receiving effective messages on sport ethics and achievement will be more receptive to an anti-doping message when they will reach maturity and will be less susceptible to considering the use of performance or image-enhancing substances. Ideally, messages should be delivered during physical activity classes at school, in colleges and at recreational activities in sports clubs either by teachers or trainers and/or through a programme of young ambassadors on the same model of the “EADIn - The European Anti-Doping Initiative”, travelling around Europe to educate about the fight against doping and the dangers of doping.

- **Promotion of information:** By extending parts of the application of the World Anti-doping Code to recreational sport and fitness, information and education programmes about doping can be promoted by NADOs and other national agencies and health departments in a coordinated way, together with the sport and physical activity sector for maximum effect. The WADA list of banned substances is primarily addressed to elite athletes. However, those prohibited substances having negative effects on the health of individual users should be paid particular attention to in doping in recreational sport including organised fitness activities. WADA, the NADOs and other agencies need to broaden their target groups, to make new information available and to raise awareness about the dangers to personal health of use of these doping substances for the audience of amateur athletes and fitness centre users. An EU-wide campaign of consistent information about the harmful effects of taking doping substances should be available for display across Europe in all sport clubs, leisure and fitness centres.
- **Promotion of behavioural change:** Communication programmes should be run for recreational athletes and fitness centre users to encourage a change in attitude towards the use of performance or image enhancing substances and the use of food and food supplements. These should cover the responsible use of supplements and eating a healthy diet which can improve personal performance, and in encouraging participants to adopt an optimum nutrition, practise a healthy physical training and to keep a good mental state. The use of role models, notably by giving a central role to physical instructors, will demonstrate and strengthen the personal commitment, create peer effects and should be recommended for fostering interaction patterns between customers, instructors and managers in sport facilities.

All campaigns should be monitored and evaluated to ensure that the most cost-effective interventions are used and that they receive the preventive effect desired.

#### Recommendations

#### **► Recommendation 12 – Public authorities and civil society (including sport organisations) in Member States should develop and implement:**

- **education programmes on sport ethics addressed to children and young people and delivered by physical education teachers, sport coaches and instructors and further develop the role of young “ambassadors” in anti-doping;**
- **specific education and information campaigns addressed to recreational athletes and fitness centre users on anti-doping;**



- **behavioural change programmes, explaining how to improve personal performance without the need for performance or image-enhancing substances.**

### **3.4 Education and training of coaches, instructors and other support personnel**

#### Background and challenges

Most coaches, instructors and other support personnel (including managers and organisers) in recreational sport and fitness do not receive specific training as part of their technical education to help raise their awareness of anti-doping issues. This restricts their understanding of health-related problems associated with the use of performance and image enhancing substances, and how best they can promote the prevention of doping practices. Coaches and instructors are well-placed to provide key information about the positive benefits of training and exercising without the need to use performance or image-enhancing substances and they can have a significant influence on athletes' behaviour especially when they are at an early age. Coaches and instructors are often considered as role models, and can positively influence and inform the clients and sportspeople they work with by adopting a healthy lifestyle themselves and by not condoning the use of doping substances. Sports clubs, leisure and fitness centres are key environments, often community-based, where coaches and instructors come into regular contact with athletes and clients and where they are able to achieve preventive work through consistent, clear anti-doping messages and information.

Improved understanding, education and training of coaches, instructors and support personnel as well as managers and owners can be a critical part of an effective policy for the prevention of doping practices. Anti-doping education curricula should include an understanding of performance and image enhancing substances and the use of effective intervention strategies within the education and training of sport coaches (for recreational athletes) and other physical activity professionals to become a core part of a successful anti-doping strategy. This strategy will, over time, ensure the rise of a developing culture of promoting the benefits or regular physical activity and exercise without the need to take any performance or image enhancing substances, which are harmful to health. This training can provide the knowledge and understanding to be able to "spot the signs" of doping practices and to understand which techniques and practices can be used to intervene to reduce and stop harmful doping practices. As a knowledge-based piece of learning, this should be established as a compulsory part of the formal education of all sport coaches and fitness instructors.

Coaches, instructors and other support personnel should be kept up-to-date on all doping issues so that they are able to help people who may be using or considering using doping products in a structured approach of prevention and support. As the range of products and approaches in doping is changing, this will require an application of lifetime learning, usually through more informal and non-formal settings. The education and training in anti-doping awareness for the managers, owners and organisers of sporting associations, clubs, leisure and fitness centres is an important requirement to ensure a comprehensive policy and programme of preventative work in anti-doping.

Sporting associations, clubs, leisure and fitness centres can have a leading role in conveying anti-doping messages to help prevent the use of performance or image-enhancing substances within their area of control and responsibility. They are an obvious platform to be able to communicate consistent and clear anti-doping messages at a community level. They can also build a position of social responsibility by setting rules,



regulations and procedures to restrict the use of performance or image enhancing substances by people within their care and control. This means that managers and organisers need to be aware of the range of sanctions and controls which can be used, such as the restriction of the use of their facilities and access to club, participation in activities, and membership/participation restrictions. Sport clubs, leisure and fitness centres managers and operators can be better educated to the potential harm of contaminated dietary products. Furthermore, through improved awareness they can cooperate better with agencies to ensure that food supplements and dietary products which are being sold and consumed in their premises are first tested and guaranteed to be free from harmful substances.

### Recommendations

#### **► Recommendation 13 – Public authorities and civil society (including sport organisations) in Member States should:**

- **in addition to recommendation 10, improve education for teachers, sport coaches, instructors and support personnel built into all appropriate education programmes on anti-doping issues and doping prevention;**
- **ensure that coaches, instructors and support personnel have access to on-going information about doping issues and the latest approaches and practices of anti-doping prevention;**
- **encourage and foster a reinforced responsibility through the education of managers, organisers and owners of sport associations, sport clubs, leisure and fitness centres of anti-doping policies and actions.**

### **3.5 Awareness of the public health sector and the medical community**

#### Background and challenges

Doping can lead to physical, psychological, or social harm affecting users and non-users. Except for anabolic androgenic steroids, scientific information as a basis for such complex analysis of harms is sparse, when compared to the classic substance groups of narcotics, natural stimulants or party drugs. Given the many and competing demands on public health sector budgets, the use of doping in recreational sport has to be given higher priority. Typically, it will be limited to education and advice based on principles of harm minimisation. Efforts of the public health sectors to combat substance abuse remain focused on the classic substance groups, which are likely to be both larger in size and with greater negative social effects.

Doping substance use has for a long time primarily been studied in the context of elite sports. The widespread use of these substances for the purposes of physical and cognitive enhancement in society has been neglected, but may have greater preponderance than elite sports usage, where it is heavily ‘policed’. Prior to the late 1980s, the prevalence of doping substance use outside sport was not studied and effects and side effects of doping substances had rather been trivialised in studies with relatively small subjects. A lack of knowledge about doping substances in the medical community is still discussed as a reason why doping substance users tend to base their source of information outside such community. Moreover, the term “enhancement” is widely used in social policy contexts to refer to the non-therapeutic use of certain products that citizens choose in order to





improve certain abilities (like concentration, endurance, or strength), though the very same products may be labelled “doping” in the context of sport and brings with it negative connotations. It is clear that this gap in meaning will have to be addressed in the future, not least because of the undesirable consequences for unfairness of doping which arise in competitive contexts.

It is plausible that many health-related aspects of modern achievement-oriented society might be directly or indirectly linked to physical or cognitive enhancement in society. There is, however, almost no high quality scientific information about this aspect. During the last decade an increasing number of studies suggest that classical doping substances are also used for cognitive enhancement and for life-style purposes, including weight loss. But there are also a number of studies showing the contrary: the use of classical substances for cognitive enhancement or life-style purposes could be less widespread than communicated by the media in some countries. It is clear, then, that in addition to NADOs, other organisations such as team clubs and sports medicine communities must have a role to play in educational and preventative strategies. In particular, sport physicians must be aware of the dual role they often are asked to play in sport between therapy and performance enhancement and the perception that they help create for the need/lack of need for the use of such products. European sports and sports medicine organisations can help create these conditions by clearly spelling out their commitment to doping-free practices in sports. In particular there is a need for greater governance clarity and harmonisation in sports medicine with respect to physician assisted doping, whether negligent or intentional. This could take the form of specific professional education courses and strong sanctions in Codes of Conduct and sports law. Finally, it will be important for national and international Physical Educational associations to consider appropriate curricular development on the harm and negative consequences of recreational doping.

### Recommendations

► **Recommendation 14 – Public authorities and civil society (including sport organisations) in Member States should support and develop initiatives aimed at raising awareness within the public health sector and the medical community, including through the relevant national medical associations (which may in some Member States hold regulatory powers devolved from the State), to ensure that members of the public health sector and the medical community can make an active contribution to the prevention of doping in recreational sports.**

## 4. Supervision measures (including controls and testing)

### 4.1 Enforcement of the legislative and regulatory framework

#### Background and challenges

According to some scholars, considerable differences remain in the implementation of sports rules by the anti-doping panels of sports federations, NADOs and state courts. Despite the lack of systematic analysis, there also seems to be considerable differences in NADOs' legal and institutional bases, composition and powers. Depending on the countries, other bodies with broader competencies, such as the Ministries for Sport, might also play a role in the administrative pillar, especially in the launch of preventive



initiatives. Similarly, no systematic and comparable data also exist on the extent to which the anti-doping tests carried out by sports federations and NADOs target recreational athletes *and* sportspeople rather than *just* elite athletes. Nor are there any data on the number, aims, implementation and outcomes of the prevention programmes launched by NADOs and other national governmental bodies.

Even more radical differences affect the implementation of the third (i.e. the criminal law) pillar, which is non-existent in some countries. Despite the lack of systematic evaluation, the impression is that even countries that have some criminal law provisions in place differ substantially in the policy priority given to such provisions and the amount of human and financial resources invested in their implementation. However, some degree of alignment between Member States in regard to doping has already been achieved through harmonisation in the field of pharmaceutical products. Radical differences also attain the type, powers and means of bodies called to implement them.

### Recommendations

► **Recommendation 15 – Where a legislative framework is in place with implications for doping in recreational sports, Member States should take steps to ensure an effective and visible enforcement in this field.**

## **4.2 Self-regulation by sport organisations and the fitness industry**

### Background and challenges

Through self-regulation, recreational sport and fitness can help in guiding their participants towards a healthy lifestyle without the desire to use performance or image enhancing substances which are potentially harmful to their health. It is important to have comprehensive, coordinated and consistent messages on the issue of anti-doping through the use of voluntary standards and codes which can effect a change in attitude and expectations by the millions of people who partake in active leisure and recreational sport, including organised fitness activities. A strong self-regulation policy will confirm that:

- In the short-term, the raising of awareness of the problem will ensure that more participants, coaches and trainers can effectively combat doping practices because they are better educated and informed;
- In the medium term with agreed objectives, and based on the evidence of the prevalence of doping practices, new policies and coordinated actions can bring about an effective reduction in the level of doping practices;
- In the longer term, better education of the workers and the organisers of recreational sport, including fitness, will contribute to promoting the benefits of participating in sport and fitness whilst improving and protecting the health and safety of its participants.

The content of a voluntary code of conduct in anti-doping should comprise the 4 following actions:

1. Improve the education and understanding of doping issues by coaches, trainers and instructors;



2. Provide better education and support to the federations, associations, controllers, businesses and funders of recreational sport and active leisure to improve their understanding of doping issues and to establish a unified codes of conduct to enforce principles of self-regulation and control;
3. To better educate the participants of recreational sport and active leisure in the harmful effects to health of using performance and image enhancing substances through awareness campaigns;
4. Coordinate at a national and transnational level by establishing effective networks on the exchange of policies, campaigns and actions in the area of anti-doping for recreational sport and active leisure which can offer resources and influence the associations, clubs and businesses which run and control recreational sport and active leisure.

### Recommendations

#### ► **Recommendation 16 – Public authorities and civil society (including sport organisations) in Member States should:**

- **take steps to ensure the coordination, at national and transnational level, establishing effective networks on the exchange of policies, campaigns and actions in the area of anti-doping for recreational sport;**
- **support the development of voluntary, doping-related codes of conduct for sport associations, sport clubs, leisure and fitness centres.**

### **4.3 Interaction between testing and law enforcement**

#### Background and challenges

Depending on the division of labour between public authorities and NADOs, the possibilities for interaction differ. Where the customs and law enforcement authorities, such as the police, have both investigative powers and resources, NADOs have various other possibilities in terms of controlling, combatting and restricting the use of doping.

Customs authorities are in charge of overseeing importation and exportation and of combatting illegal trans-border trafficking of doping substances, primarily through searching and controlling goods (in some jurisdictions a court order may not be required, a feature distinguishing customs from police operations). Often the customs controls and seizures take place within airports, harbours, postal centres, at borders etc. The customs authorities are thus responsible for checking goods entering, leaving or transiting the countries and therefore play a central role in restricting the availability of doping substances for both elite and recreational level athletes as well as for the general public.

Where the customs investigative resources are primarily focused on searching and controlling goods, law enforcement authorities (police) generally have more investigative resources and competences. Various countries have allowed their law enforcement authorities to use various police investigative means in the fight against doping, such as:

- Normal observation
- House search
- Information from informal sources
- Information from banks/travel agents/airlines etc.



- Telephone interception (wiretapping) – data/internet communication
- Special observation (radio, GSM or GPS tracking)
- Secret house search
- Video surveillance – external / internal
- Intercepting conversations (monitoring house/car)
- Police officers “under cover” - Agent provocateur

In addition, the law enforcement authorities may serve as an information hub in charge of coordinating and launching investigative and enforcing actions based on information from customs authorities, NADOs and from own police districts etc.

In addition to their key competences combatting doping in elite sports, NADOs can serve an important role in the fight against doping in recreational level sport in terms of information, education and awareness raising, counselling governments and governmental authorities in their fight against doping, conducting doping controls etc. It should be noted, however, that the fight against doping in recreational sport should not divert the attention of NADOs from their key task: combatting doping in elite sports. NADOs in all countries party to the Council of Europe Convention and the UNESCO Convention are required to at least test and control international and national level athletes and to provide information and training to any athlete who participates in sports under the authority of a sports organisation. Thus all NADOs have responsibility for and competences to apply doping controls on elite level athletes under their jurisdiction, but not all NADOs have the same responsibilities or the same competences in relation to low-level athletes and recreational-level athletes.

Several countries have chosen to apply doping controls to lower level athletes who participate in sports at a recreational level under the authority of sports organisations, and few countries have chosen to apply doping controls to non-competing recreational athletes who exercise in commercial gyms and fitness centres, for example. This is done on a voluntary basis agreed to beforehand, where the testing is not required by national law. Clubs, gyms and fitness centres can thus use the testing or refusal of testing as a voluntary tool for excluding people who do not respect their efforts to create a safe and doping free exercising environment.

#### Recommendations

► **Recommendation 17 – Member States should assess whether customs and law enforcement agencies (police forces) have the necessary means (powers, resources, capacities) to fight against illegal doping substances, including knowledge, analytical and methodological tools, sniffer dogs etc. in relation to the production, importation, exportation, trafficking, handling and distribution.**

► **Recommendation 18 – Member States should assess whether NADOs have the necessary means (powers, resources, capacities) to help managers, organisers and owners of sport associations, sport clubs, leisure and fitness centres in creating and maintaining doping-free sporting and exercising environments.**

► **Recommendation 19 – Member States should assess whether there is an appropriate level of cooperation between the justice department, customs, law enforcement agencies and NADO's in the fight against doping.**

► **Recommendation 20 – If NADOs set up a doping control framework in recreational sport, they should ensure that the framework:**



- a. respects relevant legislation and fundamental rights (including data protection and privacy);
- b. does not divert attention and/or resources from the fight against doping in elite sports;
- c. is comprehensive and holistic (doping controls must not stand alone but should be part of a wider framework which includes other efforts such as awareness raising, information etc.);
- d. is targeted both in terms of which substances are analysed and of who is selected for testing.

#### **4.4 Food supplements (including their possible contamination)**

##### Background and challenges

Food supplements are concentrated sources of nutrients or other substances with a nutritional or physiological effect and whose purpose is to supplement the normal diet. They are marketed in dose form i.e. as pills, tablets, capsules, liquids in measured doses etc. While the term food supplements is commonly used, for legislative purposes we will refer to the EU term<sup>5</sup>. In recreational sport, especially in fitness, supplements may be used to correct nutritional deficiencies, maintain an adequate intake of certain nutrients, help to lose weight and body fat or to increase muscle mass. The use of food supplements is quite substantial in the general population in the EU Member States, but it is even higher in the population active in recreational sports, including organised fitness. Often the use of food supplements is part of an exercise and training programme. Some information suggests that nearly half of athletes in recreational sports may use supplements. Almost all supplements are not really necessary, because there are no nutritional deficiencies or they are not effective for that purpose. Food adaptations are more effective and less expensive. Supplements cannot be a substitute of a healthy diet but a few supplements can be useful.

In several cases, food supplements have turned out to contain prohibited (doping) and harmful substances often not mentioned on the list of ingredients. Part of it is due to contamination, but sometimes the supplements have been intentionally 'spiked' with prohibited and/or harmful substances. There are some indications that the use of food supplements can increase the risk of later use of doping substances. The nature and amount of regulation of the food supplement market differ between the EU Member States, both in terms of what can be sold and how it can be marketed. However, consumers, regardless of nationality, have access to all kinds of supplements via the internet. It is important to consider whether EU Member States should focus more on regulating and controlling the products offered and sold according to the content of active ingredients, as well as the purity of the product and its health benefits.

##### Recommendations

#### **► Recommendation 21 – Public authorities and civil society (including sport organisations) in Member States should:**

- support and/or engage in research concerning the prevalence and determinants of food supplement use among recreational athletes and include data on food supplement use in relevant policy monitoring systems;

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<sup>5</sup> <http://ec.europa.eu/food/food/labellingnutrition/supplements/>



- **take steps to make information available on how to make proper dietary adaptations, including awareness of the importance of correct labelling of food and food supplements.**

► **Recommendation 22 – Member States should consider the adoption of stricter sanctions for mislabelling and counterfeiting of food supplements, possibly at EU level.**

## 5. Harm reduction, treatment and recovery

### Background and challenges

The use of doping products to enhance body image, muscular appearance and/or reduce body fat gives rise to a variety of more or less serious health problems. Despite the best efforts in prevention, there will always be a group of users who will continue their use. From a health perspective a second best option is to consider harm minimisation strategies. This will typically entail making information available to users and to offer interventions that aim to reduce harm to their health. Health risks for doping users are of course all kinds of physical, mental and social problems due to different doping products. Examples are heart and vascular problems, liver and kidney damage, hormonal dysfunction, testicular atrophy, aggression, depression and addiction. Additional risks are that a substantial part of the illegal sold doping products are counterfeit. Users are not in a position to make informed choices about what kind of product they are using, nor if the products have been quality assured in any reliable way. The integrity of the products is, therefore, an additional problem, which can lead to (infectious) diseases and related side effects.

The adverse social effects of using doping can be related to the physical and psychological health effects of doping substances (e.g. some of the harmful effects experienced by family and close relations), but all social effects do not directly revert to health risks (e.g. crime). Adverse social effects also include social stigma sometimes caused by the use of doping substances. Relations of users of doping substances have reported adverse psychological effects, such as mood swings and aggressive behaviour. For this reason, some families and relatives are concerned about their own physical safety and about their relation's health. Questions related to sexual health and the consequences of doping crimes may also cause fear in relations.

To prevent social stigma, intervention and prevention campaigns should avoid strong stereotyping and moralising tones. Understanding the social context of use is important when planning interventions. When considering the social aspects of the phenomenon of doping for health reasons, emphasis on the user's perspective and the motives of different user groups are important to recognise. In prevention measures and the treatment of users it is important to take into account the needs of different user groups. Abusers of narcotics and doping substances and users who are involved in crime need a different type of support than users who live healthy lives, follow a precise diet and exercise.

Harm reduction interventions may often overlap with preventive measures (including campaigns) aiming at explaining the risks of the use of doping products to the public. In other cases, they may partially overlap with treatment offers, as in the case of individualised clinical appointments. However, treatments mostly aim at abstinence, that is to help individuals to cease doping use, e.g. when dependence or addiction is part of the



problem. Interventions aim to reduce the harms associated with the use of doping products, even if the use continues. Examples of harm reduction include doping hotlines providing objective information on effects and side effects of products. Hotlines may also offer family and friends the opportunity to discuss their problems with experts and provide proper information and advice. In addition, interactive websites, medical advice and monitoring as well as a testing facility for doping products can also be offered.

### Recommendations

► **Recommendation 23 – Public authorities and civil society (including sport organisations) in Member States should therefore take steps to educate treatment providers at abuse treatment centres about the symptoms of doping abuse, the reasons for abuse and the potential physical and psychological side-effects.**

► **Recommendation 24 – Public authorities and civil society (including sport organisations) in Member States should take steps to ensure that treatment for other substance abuse should include a screening for possible abuse of doping products to prevent negative impact on the general detoxification process and abstinence.**

► **Recommendation 25 – Public authorities and civil society (including sport organisations) in Member States should consider the utility of a national anti-doping hotline with qualified personnel who can adequately answer questions concerning the harmful effects of DRS as well as risks related to food supplements.**

## Annex I: Reference texts

### *International*

Council of Europe: Anti-Doping Convention (No 135), Strasbourg, 16/11/1989, [http://www.coe.int/t/dg4/sport/doping/convention\\_en.asp](http://www.coe.int/t/dg4/sport/doping/convention_en.asp)

UNESCO: International Convention against Doping in Sport, <http://www.unesco.org/new/en/social-and-human-sciences/themes/anti-doping/international-convention-against-doping-in-sport/>

World Anti-Doping Agency (WADA): World Anti-Doping Code (currently 2009), <http://www.wada-ama.org/en/World-Anti-Doping-Programme/Sports-and-Anti-Doping-Organizations/The-Code/>

### *European Union*

EU Physical Activity Guidelines: Recommended Policy Actions in Support of Health-Enhancing Physical Activity. Brussels, 10 October 2008. [http://ec.europa.eu/sport/library/documents/c1/eu-physical-activity-guidelines-2008\\_en.pdf](http://ec.europa.eu/sport/library/documents/c1/eu-physical-activity-guidelines-2008_en.pdf)

EU Guidelines on Dual Careers of Athletes: Recommended Policy Actions in Support of Dual Careers in High-Performance Sport. Brussels, 16 November 2012. <http://ec.europa.eu/sport/library/documents/c3/dual-career-guidelines-final.pdf>



## Annex II: Glossary

*Campaigns* – Purposive attempts to inform, persuade and motivate a population (or sub-group of a population) using organised communication activities through specific channels, with or without other communication activities.

*Control* – The processes of monitoring doping use among a given population. This may include test distribution planning, sample collection and handling, laboratory analysis, therapeutic use exemptions, results management, hearings and appeals. In doping this is usually undertaken as part of the application of the WADA Code at an elite athlete level.

*Dietary Supplements* – See Food Supplements. (Note that EU food law refers to "food supplements".<sup>6</sup>)

*Doping and Abuse of Substances* – Use of physical and cognitive enhancement substances and methods from pharmacopeia without a valid therapeutic purpose

*Doping Control* – See Control.

*Education in doping* – Purposive attempts, both formal and informal, to provide information and guidance on anti-doping matters towards trainers and athletes.

*Fitness* – Non-competitive physical activities that usually take place within fitness centres or outdoor environments intended to maintain or enhance health, endurance, flexibility, skill, strength, speed, alone or in combination. (Fitness training encompasses cardiovascular and strength training, group exercises, racquet sports, and other wellness and physical activities.) (Bodybuilding is currently included within the NACE classification<sup>7</sup> 93.13 – "Fitness Facilities: fitness and bodybuilding clubs and facilities" whereas bodybuilding can be considered to be a sport and not "fitness" because there is often an element of competition.)

*Food Supplements.* – Artificially produced substances that typically contain substances such as vitamins, minerals, proteins, amino acids and are intended to supplement the usual intake of these substances. Examples of dietary supplements include testosterone boosters, creatine or protein powders, vitamins, magnesium, or skimmed milk products. Some of these products are unintentionally or intentionally cross-contaminated with banned substances

*Food Supplements Labelling* – The labelling of food supplements shall bear the following particulars: (a) the names of the categories of nutrients or substances that characterise the product or an indication of the nature of those nutrients or substances; (b) the portion of the product recommended for daily consumption; (c) a warning not to exceed the stated recommended daily dose; (d) a statement to the effect that food supplements should not

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<sup>6</sup> See <http://ec.europa.eu/food/food/labellingnutrition/supplements/> (accessed 7 May 2013)

<sup>7</sup> NACE: Statistical Classification of Economic Activities in the European Community (in French: Nomenclature statistique des activités économiques dans la Communauté européenne)





be used as a substitute for a varied diet; (e) a statement to the effect that the products should be stored out of the reach of young children.

*National Anti-doping Organisations (NADOs)* – Organisations responsible for testing national athletes, in- competition as well as out-of-competition, as well as athletes from other countries competing within that nation's borders; adjudicating anti-doping rules violations; and ensuring anti-doping education. In relation to doping in recreational sport anti-doping activities may also be carried out by other anti-doping organisations.

*Nutritional Supplements* – See Food Supplements. (Note that EU food law refers to "food supplements".<sup>8</sup>)

*Primary Prevention* – Primary prevention aims to discourage (potentially) harmful use of doping products in order to avoid the onset of individual and social health problems. Primary prevention in anti-doping for recreational sport may comprise educational and information programmes addressed to athletes (and parents/guardians of athletes who are legal minors) and their competing/training environment including, but not limited to, athlete support personnel such as trainers and coaches. It will inform them of the risks of using doping products, and also about their roles and responsibilities in relation to recreational sport preparation and participation.

*Recreational Sport* – Sport and physical activity which does not take place within an elite environment and engages participants/individuals in designated sports clubs, leisure and fitness centres.

*Recovery* – Long term process starting with the acknowledgment of the dependence. Recovery allows the restoration of physiological and psychological processes so that the athletes can compete or train again at a similar level. It is related to physiology as well as nutrition, psychology, physical therapy and affects the body including metabolism (processing energy), organ function, and mental well-being.

*Secondary Prevention* – Secondary prevention aims to detect those who are taking doping substances, but where they are not yet addicted or being excessively influenced or controlled by their use and that by using prevention strategies at the earliest possible stage it is possible to limit or to stop them from becoming symptomatic.

*Substance Abuse* – The over-consumption and dependence on a drug or blood product to improve athletic performance without medical direction or supervision. Substance abuse harms the body in two distinct ways: the effect of the substance itself and the negative lifestyle changes, such as irregular eating habits and poor diet.

*Tertiary Prevention* – Treatment of conditions arising from doping practices.

*Testing* – The processes of identifying doping use. This may include sample collection and transport, either in-competition or out-of-competition and/or the management of the test result. Testing can involve taking urine, blood, or other biological samples for analysis under strict guidelines.

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<sup>8</sup> See <http://ec.europa.eu/food/food/labellingnutrition/supplements/> (accessed 7 May 2013)



## Annex III: List of Experts

These Recommendations were drafted by an Ad-hoc Group of consisting of the following experts:

Alexandrescu, Valentina	National Anti-Doping Agency, Romania
Backhouse, Susan	Leeds Metropolitan University, UK
Brissonneau, Christophe	University of Paris-X-Nanterre, France
Collins, Cliff	European Health and Fitness Association, Belgium
Coumans, Bart	National Anti-Doping Agency, Netherlands
Defoort, Yves	Sport Ministry, Flemish Community, Belgium
Di Gianfrancesco, Alessia	National Anti-Doping Agency Italy
Donati, Sandro	Istituto Superiore di Sanità, Italy
Hansen, Lone	National Anti-Doping Agency, Denmark
Haschke, Pia	Sport Ministry, Austria
Heikkinen, Satu	Sport Ministry, Finland
Holmlund Lauesen, Martin	Sport Ministry, Denmark
Horta, Luis	National Anti-Doping Agency, Portugal
Magaloff, Patrick	CNOSF, National Olympic Committee, France
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Motycik, Miroslav	Anti-Doping Agency, Slovakia
Paoli, Letizia	Catholic University, Leuven, Belgium
Rehman Wigstad, Charlotta	Centre for Psychiatric Research, Stockholm, Sweden
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Schreiber, Henning	Sport Ministry, Nordrhein-Westfalen, Germany
Simon, Perikles	University of Mainz, Germany
Tranquilli, Carlo	CONI, National Olympic Committee, Italy
Treutlein, Gerhardt	Pädagogische Hochschule Heidelberg, Germany
Vajjala, Graziela	National Anti-Doping Agency, Romania
Van der Meerschen, Nicolas	Sport Ministry, French Community, Belgium

## Annex IV: Examples of good practice

### 1. Introduction

(...)

### 2. Policy development and coordination

In **Belgium**, the prosecution of the production, trade and distribution of doping is part of the prosecution of production, trade and distribution of hormones. In 2002, an Expert Network on Residues and Food Safety was incorporated by the Council of Public Prosecutors. This network originally consisted of specialised public prosecutors and external experts preparing policies against the production and trade in harmful substances added to human or animal food for economic gain. Initially the network concentrated on hormones in meat products, but it soon extended its reach to the trade in anabolic and counterfeit medicines, when it was established that the successful fight against hormones in meat products lead to an increase in the trade in hormones in the sports sector. A more general approach was needed to fight the trade in forbidden substances. Internally, the



option was taken for a multidisciplinary approach by the different actors in the field, so the network now consists of representatives of the justice department, federal police, NADOs (for the different parts of Belgium), ministry of agriculture, ministry of public health and ministry of finance (responsible for customs). At the operational level, a multidisciplinary hormones unit determines which actions need to be taken against which persons and institutions, supports the coordinating magistrate (there is a specific magistrate responsible for Hormones and Doping in every region) and provides training sessions for civil servants, police and customs officers.

In **Germany**, the Federal Ministry of the Interior (BMI), the Federal Office of Administration (BVA), the German Olympic Sports Confederation (DOSB) and the National Anti-Doping Agency (NADA) developed and adopted the anti-doping reports in 2007. The aim was to establish a standardised procedure to assist both NADA in reviewing the implementation of the National Anti-Doping Code and the BVA in reviewing compliance of federal sport associations with the requirements set out in the grant approvals on the basis of substantive administrative law (Section 36 (2) no. 4 of the Administrative Procedure Act). The anti-doping reports that are submitted and reviewed annually are based on information provided by the associations to get an overview of the associations' anti-doping (AD) measures. In this context, NADA also performed cursory reviews of the associations' information about their actions in response to the comments and complaints of the previous anti-doping report. In addition, the BVA performs thorough reviews of six associations (approx. 10% of all reviewed associations) in consultation with the BMI.

The requirements and thus the evaluation cover the following aspects:

1. Recognition and implementation of the National Anti-Doping Code (NADC): The NADC is implemented by concluding an agreement with NADA on the organisation and implementation of doping controls (doping control agreement).
2. Contracts: Associations are required to conclude contracts with athlete support personnel as defined in the NADC and with other personnel specifying that they may immediately terminate cooperation in case of anti-doping rule violations. This includes:
3. Reporting obligations for individual violations; carrying out internal investigations, informing national investigating authorities or NADA and notifying the Olympic training centres/federal training centres in the framework of sanction proceedings.

Every year, the BVA examines whether associations fulfil these anti-doping requirements included in the grant approvals. In addition, the BVA examines whether grants must be (partially) reimbursed if NADA or other authorities report individual anti-doping rule violations.

In **Norway** – a member of the European Economic Area (EEA) and as such cooperating closely with the EU – the “regional knowledge network” project was initiated in 2010 with the main objective of increasing knowledge, competence and awareness among key persons in local environments, as a means to fight doping among youth. Thanks to these anti-doping networks, key persons at a local level are hopefully better prepared when meeting young people who are at risk for doping misuse. The networks include, among others, the police, health care, child welfare, teachers, sports leaders and others who are engaged in anti-doping efforts. Anti-Doping Norway organises seminars to generate interest and increase expertise about this topic, and follows up with regular network meetings. To date (2013), more than a dozen seminars and more than 20 network meetings have taken place in the whole country. These sessions are conducted at different



levels, both county level, municipal level and in specific cities. The project has been supported by the Norwegian Directorate of Health.

In recent years, dietary supplements have been increasingly successfully sold since they appear to bring a health message to a wide segment of the population, particularly to elite and recreational athletes. In **Italy**, the “Drug Addiction and Doping Unit” of the National Institute of Health, on behalf of Anti -Doping Commission at the Ministry of Health, has performed pharmaco-toxicological analysis of dietary supplements most commonly used in sport and seized by the by the Police force for Health Protection (*NAS-Carabinieri per la tutela della salute*), also providing a national mapping of the offer. This collaboration led to the analysis of 275 different products (88.1% obtained by the normal channels of distribution and 11.9% bought at sexy shops and by on-line web sites). The mapping activity highlighted the marketing of a very different range of products and substances both by type (products aimed at the protein integration, amino acids integration, energy increase, minerals and products feasible for intense muscular effort , to improve sexual performance) and by origin (pharmacies, drugstores, herbalists, web sites). Pharmaco-toxicological analysis has shown that the products purchased from the traditional channels contained what stated on the label, in compliance with current legislation that regulates the dietary supplement industry. On the other hand, the analysis of products bought on online web sites or at the sexy shops revealed the presence of pharmacologically active ingredients (e.g. sildenafil and derivatives of sildenafil) and herbal extracts (e.g. yohimbine) prohibited by the in force legislation on food supplements. The presence of pharmacologically active ingredients not declared on the label and prohibited by current laws is an important risk factor for the health of consumers in general, and specifically for the protection of the athlete health. The sometimes unintentional administration of these products, especially when in excess or in the absence of medical prescription, is often associated with acute and/or chronic adverse effects where are relevant and in some cases fatal. This project is on-going.

### 3. Prevention and education

In **Romania**, sport universities, as well as the national coaching training centre (*Centrul National de Formare si Perfectionare a Antrenorilor*), in compliance with the provisions of Law 227/2006 regarding prevention and fight against doping in sport republished with subsequent amendments, are obliged to introduce a course on anti-doping regulations in their curriculum. Course material is developed by the experts of the national anti-doping agency (ANAD) and is available for sport education units. For this reason they developed a Manual “Doping in Sport: Prevention and Fight Against”, that is now in its third edition, and was updated in compliance with the 2009 WADA Code.

In addition, ANAD is organising anti-doping training courses for personnel of bodybuilding and fitness gyms, that is in accordance with the provision of Law 104/2008 regarding prevention and fight against illicit traffic of substances in the Prohibited List. The courses are organised by experts from ANAD, and run for 10 hours, with the following curriculum:

- Knowledge of national and international legislation regulating the anti-doping activities;
- Knowledge of high-risk doping substances;
- Knowledge of side effects in case of high-risk doping substances use;



- Aspects concerning the food supplements.

For these courses specific material was developed such as: the Manual “Doping in Sport: Prevention and Fight Against”, with PowerPoint presentations, posters, flyers etc. Those courses end with a final exam and a Certificate in anti-doping. In accordance with Law 104/2008 regarding prevention and the fight against illicit traffic of substances from the “Prohibited List”, bodybuilding and fitness gyms cannot conduct activities without the anti-doping Certificate issued by ANAD.

In **Germany**, the campaign “Together against Doping” informs different target groups about anti-doping. The campaign is developed for the organised sport sector and is composed targets six different groups: athletes, coaches, teachers, parents, anti-doping officers, and support personnel. One of the central training tools, in addition to the events, is the NADA E-Learning Platform for the six target groups. More than 7,500 young athletes and their support teams have been making use of the platform. Various national federations have made the platform a mandatory item for their members which mean that the athletes in these federations are only eligible to compete after obtaining the relevant certificate. NADA Germany's prevention department continues to offer an option for integrating the platform into their training programmes, along with apps, games and a selection of brochures. To view the entire campaign, visit [www.together-against-doping.eu](http://www.together-against-doping.eu).

In **Germany**, the German Olympic Sports Confederation (DOSB) has also taken numerous measures in the field of substance abuse:

- Defining substance abuse and holding an expert talk on this issue (reference: Recommendation 1): On 17 September 2012 experts met at the Haus des Deutschen Sports to talk about doping and substance abuse. DOSB staff, researchers and doping prevention experts discussed the semantic differences between the terms “doping” and “substance abuse”. The discussion was very successful, and the invited experts gave positive feedback. The summary and results of the expert discussion are available on our website ([www.dosb.de/sportundgesundheit.de](http://www.dosb.de/sportundgesundheit.de); cf. annex). Please find Professor Nolte's DOSB report attached.
- Joint initiative of the DOSB, the German automobile club ADAC and the Federal Union of German Associations of Pharmacists (ABDA) to raise awareness of the issue and carry out a conference on substance abuse (reference: Recommendation 13): The DOSB printed 10,000 copies of a joint flyer with tips to avoid substance abuse in everyday life and leisure time. In early 2013, information about the flyer was distributed via different media (DOSB Presse, newsletter on sport and health, [www.dosb.de/sportundgesundheit.de](http://www.dosb.de/sportundgesundheit.de)) and a letter to its member organisations, including the German Association for Sports Medicine and Prevention DGSP. In addition, partners in government and social organisations were informed about the flyer in a joint letter of the ADAC and ABDA.
- Developing an advanced training module (reference: Recommendations 11 and 12) and commissioning an expert report: Together with external anti-doping researchers, the DOSB developed an advanced training module, including various materials for teachers and students on substance abuse in recreational sport. These materials will be distributed to instructors who wish to include the topic of substance abuse also in existing basic and advanced training courses of organised



sport or in dedicated courses. The module should be completed and published in 2013. At the same time, the DOSB commissioned an expert report on the origin, development and prevention of substance abuse in recreational sport focusing on fitness clubs; while complementing the above-mentioned advanced training module, it may also be used separately. The report is currently in print.

In **Norway** the pilot study "Alternative to Doping" was set up to give better knowledge about suitable initiatives to prevent the use of anabolic steroids among young boys. The main purpose of the project was to give the youngsters who wanted to become "big and strong" an alternative to doping and other shortcuts. The recipe was hard and focused training with expert instructors and credible role models. The project was conducted as an intervention, where the protocol consisted of strength training, physical examinations and lectures. The study population was young boys from a selected school in Oslo, 1st and 2nd year of high school. A second control group from a similar school was also used but they only conducted the physical tests. Both groups answered a questionnaire pre and post the study period, where they were asked about their attitude towards doping and knowledge on anabolic steroids. This study was conducted as collaboration between Anti-doping Norway, the Norwegian School of Sport Science, the University of Bergen and the Norwegian Powerlifting Federation. The intervention was finalised in January 2013. The results are currently being evaluated. There is an awareness of the limitations of pilot projects when it comes to scientific conclusions, but this model may play a role and contribute to the future strategies for preventing youth from using doping. Anti-Doping Norway is now looking into furthering this pilot project, although the premises and project frame will need to be adjusted from the first pilot.

Also based in **Norway**, "Honestly" (*Ærlig talt*) is a public awareness campaign to highlight the doping issue both in organised sport and in society/among the general population. Through six personal interviews, of exceptional people who have had to face the challenges of doping directly or indirectly the campaign presents personal, heartfelt and powerful stories that speak out for clean sports and a doping-free society. There are three former top level athletes, each with a different story and outcome, a former addict of steroids and a mother whose son has been using doping. One story is also about a doping controller sharing with us her perspective and view about her job as a doping controller. The campaign incorporates short films, brochures, banners and lectures. The "Honestly Campaign" is on tour in all 19 counties of Norway, and the response has been very positive. Parts of the campaign are also included in all of our preventive work, i.e. lectures at schools, sport clubs and national sport teams, just to mention a few. To view the videos with the six personal stories: [www.renidrett.no](http://www.renidrett.no) (subtitles in English soon available).

In **Portugal**, the "*Programa Nacional de Formação de Treinadores*" (PNFT), is a mandatory programme for training coaches that work in the competitive sportive sector and was developed by IPDJ, IP (Portuguese Institute for Sports and Youth), and programme is composed of 4 different levels. Taking into consideration that it is crucial to provide the athletes' support personnel with sufficient and accurate anti-doping information and education, the first three levels integrate specific anti-doping modules (level one 2 hours, level two 3 hours and level three also 3 hours), produced by the Portuguese NADO, *Autoridade Antidopagem de Portugal* (ADoP). ADoP was responsible for the redaction of the chapters in the learning manuals related to the fight against doping and also produced PowerPoint presentations in order to facilitate the teaching of those modules to the national sports federations. ADoP makes available anti-doping training courses for all the post-graduates in sports medicine, in cooperation with several universities and with the Sports Medicine Portuguese Society. Every year, a



number of physicians between 60 and 80 attend these courses, that last one year. The Post-Graduation course in Lisbon is now in its 10th edition. In all these courses, there is an anti-doping module which lasts 8 hours. ADoP also participates annually in other post-graduate studies dedicated to physical educators, nurses and physiotherapists, with specific anti-doping modules with a duration of 8 hours. Also in this scope, the information and education provided to the national federations physicians and to ADoP's doping control officers (DCOs) (all medical doctors) is considered to be crucial. ADoP also undertakes every year, for the last 20 years, a specific training course for those health practitioners. Special attention is given to the eventual alterations to be implemented in the Prohibited List for the following year, topics related with the doping control process are addressed, new substances and detection methods, etc. The trainees are able to change experiences and to discuss all matters concerned with the fight against doping in sports.

In **Sweden** the STAD section at the Centre for Psychiatric Research in Stockholm started in 2007 a project focusing on prevention work against doping in cooperation with fitness centres. The intervention programme "100% pure hard training" (*100 % ren hårdträning*) is based on the "community intervention" model originally developed in relation to alcohol. The primary components of the model are to engage and mobilise various players in a municipality/county in order to prevent a problem and to work with both demand-limited initiatives and initiatives which restrict accessibility. The intervention programme "100% pure hard training" includes the components; education for training managers and instructors, establishment of a local anti-doping policy and action plan, co-operation with the police and/or the Swedish Sports Confederation and media advocacy.

A scientific evaluation has been carried out in order to measure the effects of STAD's work. When the work began in 2007, and a number of facilities (20) were selected as intervention fitness centres (gyms). These were then compared with the same number of control fitness centres (gyms). Evaluation of the work (questionnaire studies) between 2007 and 2010 indicates that the number of members stating that they have been offered to buy and/or try anabolic androgenic steroids (AAS) between 2007 and 2010 has fallen from 25.6 percent to 18.4 percent at the intervention gyms. At the control gyms this figure has risen from 21.1 percent to 26.4 percent. The difference is statistically significant. The number of men stating that they have used AAS at some point has fallen over the period from 4.0 percent to 3.6 percent at the intervention gyms and has increased from 3.0 percent to 5.1 percent at the control gyms. Decrease in reported AAS use over the last year and the last 30 days can also be seen at the intervention gyms. At the control gyms the figures increased. The number of members stating that the gym at which they train has a policy against doping has increased from 20 percent in 2007 to 35 percent in 2010 in the intervention gyms. At the control gyms, these figures were 16 percent for 2007 and 16 percent for 2010. The difference between the intervention gyms and the control gyms is statistically significant.

In **Romania**, education, information and prevention have an important role in eliminating doping in sport. Taking into account the reorientation of the world anti-doping policy by initiating and developing anti-doping educational programmes at early ages, the National Anti-Doping Agency has launched, in September 2011, the national educational campaign "First steps for a clean sport", in partnership with the Ministry of National Education. It starts from the premise that it is easier to build behaviour that respects the values and the spirit of sport than to change an established behaviour. The Campaign "First steps for a clean sport" addresses pupils from V to VIII grades and those in high schools. The aim of the Campaign is to promote the core values of sport in order to prevent and fight doping in sport. The main activities of the Campaign "First steps for a clean sport" are:



- Educational activities called “First steps for a clean sport”, where pupils and teachers of sport high-schools take part.
- The event “Clean Sport Cup”, with slogan such as respecting the game rule respect yourself,
- Theme contests,
- Meetings between champion athletes and pupils from IX to XII grades – “Doping can destroy your life!”
- Public interventions – specific broadcasters (radio and/or TV)

Many times the children’s imagination and creative capacity impressed us, thus providing new material to be used in future activities. I would like to give only one example in this regard, i.e. the essay of a pupil from the A.T. Laurian National College, who said that doping is “like a valuable creation a writer worked his entire life to just to burn it when he finishes it”. The feedback received from pupils, teachers and parents during the campaign highlighted not only its efficiency but also the necessity to be continued in other schools and high schools, so that a larger number of pupils could benefit from this information.

#### **4. Supervision measures (including controls and testing)**

**Italy** has a police force that is specialised in public health, the *Comando Carabinieri per la tutela della salute* (Carabinieri Command for Health Protection), better known as NAS, the acronym of the original name, *Nuclei Antisofisticazioni e Sanità* (Anti-Sophistication and [Public] Health Units) which is responsible for the majority of anti-doping investigations and has few parallels in other countries. Whether or not a specialised anti-doping unit is set up within the police or prosecutor’s office, the effective implementation of the criminal law anti-doping provisions requires specialised knowledge, given the large number of products on offer and the complexity of both the market and the legislation. In Italy, for example, NAS officers have complained about prosecutors’ and judges’ insufficient knowledge of the problem of doping and anti-doping legislation. Both to update the NAS officers and to train prosecutors and judges, training courses have been recently offered, which have been very positively evaluated by the participants. Independent experts, such as professors of pharmacology, are also frequently enrolled in criminal proceedings, sometimes as early as the preliminary investigations. Several Italian prosecutors however complain that it is difficult to recruit specialised experts who have some familiarity with the world of sports without being too close to it to be subject to undue pressures and who are willing to accept the much lower fees paid by prosecutor’s offices than by the lawyers of suspects, particularly when the latter are elite athletes or their suppliers. In other countries, specialised anti-doping units have been set up at the level of the prosecutor’s offices. In 2009 and 2011, for example, two German *Länder*, Bavaria and Baden-Württemberg, set up such units within the *Land* prosecutor’s offices. The records of the older Bavarian prosecutor’s office vividly demonstrates the veritable leaps forward in the criminal prosecution of doping that can be achieved when a specialised team is set up, even in the absence of legislative changes.

**Italy** also has a reporting system on doping control in recreational athletes and on doping-related problems. The availability of adequate information on the phenomenon of doping is essential for the definition of policies for health interventions, as well as the development of appropriate, preventive and repressive regulatory tools. Doping is characterised by the multiplicity of institutional intervention areas: Health, ordinary Justice and Sports Justice. This aspect constitutes a stimulus for the development of an





integrated information system, aimed at the rationalisation of state intervention and the qualification of regulatory instruments. The law 376/2000 gives to the Ministry of Health tasks of doping prevention and control for the purpose of protection of the sports activities. Article 8 of the same law imposes to the Ministry of Health the submission of an annual report to Parliament on the implementation of the Law, as well as the activities of the technical advisory body of Anti -Doping Commission at the Ministry of Health for the Supervision and Doping Control and for the protection of health in sports. To meet these objectives, since 2003 the “Drug Addiction and Doping Unit” of the National Institute of Health draws a yearly Reporting System (RS) with the regular updating of data. The Reporting System contains:

1. Information data on violations of the sports regulations on doping issue;
2. Information data on sport events subjected to doping control, both for those with regular outcomes and for those not carried out;
3. Information data on negative and adverse analytical findings for biological samples taken during the doping control and analysed by the National accredited anti-doping laboratory, both for positive and negative results;
4. Information data on events subjected to doping control;
5. Information on the results of analysis of the national anti-doping laboratory;
6. Information data on drugs/pharmaceuticals taken by athletes as found in biological samples collected for the purpose of anti-doping controls;
7. Information data on side effects and health consequences of consumed drugs/pharmaceuticals;
8. Assessment of judicial activity for the contrast of doping activities according to the law 376/2000, in cooperation with the Police force for Health Protection (NAS-Carabinieri per la tutela della salute).

In other countries, such as **Denmark** and **Australia**, the necessary specialised knowledge has been generated through the closer interaction between law enforcement agencies and NADOs. In 2010, for example, Danish customs (SKAT) decided to target doping substances in its control work, after having started collaborating closely with the local NADO; this led to an increased awareness of the problem among SKAT officers and a rapid increase in seizures. Building upon these initial experiences, in 2010 Danish customs decided to prioritise the trade in doping substances and set up a nationwide campaign, which included the following measures: further training of customs officers in doping-related matters; further training of sniffer dogs to teach them to detect doping substances; targeted control operations throughout Denmark at airports, ports, border crossings and mail and courier centres; increased collaboration with key individuals at mail and courier centres who can alert SKAT to suspicious consignments; risk analyses and blocking of consignments in the customs clearance systems, profiling of individual persons connected with doping substances, chemicals, ampoules and equipment and other items that can be used for illegal production of doping substances; analysis of doping cases by SKAT; creation of a relevant contact network with other authorities in Denmark and abroad, including customs authorities and the police; preventive measures such as information campaigns, lectures, creation of a page on SKAT’s website for preventive information, etc.; collaboration on projects involving white-collar crime on the Internet; targeted PR [public relations] regarding anti-doping work; a focus on doping by police officers who investigate and deal with doping cases to enable prosecution of the parties involved. This programme could serve as a model for any customs agency that intends to intensify its anti-doping activities. However, law enforcement action and intelligence sharing between law enforcement agencies and NADOs presuppose that the latter, sports federations and WADA are willing—and have the financial and personnel means—to go beyond their current focus on doping in elite sports and address instead the entire



spectrum of misuse of doping products for performance or image enhancing purposes and the related channels of supply. In fact, law enforcement agencies cannot know in advance if a supplier is servicing elite or recreational athletes or non-competitive sportspeople.

In **Sweden** the Customs Service has since the Doping Act entered into force 1992 actively worked against the illegal import of doping substances. The basic education for customs officials includes awareness of doping. Further education in the field of doping is carried out continuously. Customs Service in Sweden participates in two national networks – Expert group on doping under the doping act and the Central liaison for doping matters. Both of these networks enable Customs to stay well informed about current developments in doping. Customs Service has a number of years been commissioned by the Government to prioritise and work against serious and organised crime, which could lead to illegal imports of prohibited substances via the Internet. It has among other things led to two very broad cases related to the smuggling, manufacturing and sales of doping substances in recent years. During the extensive criminal investigation conducted by the Customs Service it has also emerged that the same criminal organisation has been behind a number of websites, which in turn has marketed prohibited doping substances. Both cases have had their origin in seizures in postal packages shipped by air. The cases have been conducted in close collaboration with other agencies, such as police and tax authorities. Customs has in recent years along with a variety of municipalities around the country participated in the training of police personnel in doping matters. This has in turn led to the police have been able to implement a series of actions against doping in particular fitness centres. Customs Service also operates closely with the business community, called SMT (Customs cooperation against crime). In connection with this commitment Customs Service train key people working in particular in the transport, freight forwarding and travel industry; this has resulted in a number of cases involving trafficking of doping substances.

In **Norway**, Anti-Doping Norway has gradually built up a portfolio of fitness centres that wish to engage and contribute to a clean, healthy and safe training environment without doping. We offer the fitness centres a programme adapted for the centre, which may include:

- e-learning programme for the staff. The aim is to increase their knowledge and awareness about doping and consequences of doping as well as how to handle the problematic of doping in their fitness centre.
- Lecture/personal meeting with the staff at the fitness centre
- Material and brochures
- Guidelines on how to handle a “suspicious” member
- Doping controls upon request. In this case, the fitness centre has the full ownership of the samples that have been collected when it comes to results management.

Once the fitness centre has gone through the anti-doping programme, they officially become a “Clean Fitness Centre”. Today, there are approx. 350 clean fitness centres in Norway. The use of “shortcuts” among youngsters to develop muscles and perform is unfortunately a phenomenon that is spreading internationally. Doping is a significant health problem among youth in Norway. Although these programmes are still at an early stage when it comes to the prevention of doping among youth, both in Norway and internationally, any preventive initiative directed at this audience has to be considered as an important milestone.



The **European Health and Fitness Association (EHFA)** published an Anti-Doping Code of Conduct in 2012 as a measure of its programme in developing principles of self- and co- regulation and as part of its underlying values of social responsibility. Fitness and leisure facilities are well-placed to increase levels of physical activity. In doing so, they are well-placed to improve the health of citizens across Europe and, therefore, any levels of doping is counter-productive to the objectives of the sector, and are not consistent with the aim of individuals to improve their personal health and fitness. The underlying principle of the fitness sector's position of social responsibility on anti-doping is that all users and workers in fitness centres have the right to use and work in a doping-free environment, where they are free from any intimidation, criminal activities, or witness to people who are causing physical harm to themselves by taking doping substances.

The Code is not prescriptive, and it is a voluntary process where participant fitness facilities and individual fitness professionals have agreed to abide by the principles of the Code which covers:

1. To better educate professionals to combat doping activities and to promote the benefits of regular exercise without the need for doping or stimulants,
2. To provide better education for its consumers to reject doping,
3. To assist into research across the sector to build a responsible approach to doping prevention,
4. To work with agencies and stakeholders to improve cooperation at a European level to combat doping practices.

The fitness sector will join with European networks to support trans-national public awareness campaigns on anti-doping.

In **Denmark**, commercial fitness centres can voluntarily enter an agreement with the Danish NADO, Anti-Doping Denmark (ADD) about fighting doping. If a fitness centre enters into a voluntary agreement with ADD, the fitness centres are offered: anti-doping lectures, a handbook in anti-doping, dialogue visits from anti-doping consultants, who can inform and advise on anti-doping actions, doping controls as considered necessary by ADD as well as a variety of free information materials, such as stickers, posters, flyers etc. The centres are then obliged to exclude all people who are sanctioned from other fitness centres. In addition the fitness centres are encouraged to develop an anti-doping policy and to appoint a person responsible for the anti-doping work who acts as a focal point for costumers, ADD and relevant authorities and organisations. Thus the doping controls are just a very small part of the anti-doping framework in fitness centres and cannot stand alone – although it is an important tool for the centres in order for them to promote and create doping-free exercising environments and ban unwanted customers, who do not oblige to their efforts to become doping-free. This may be the reason why the fitness centres themselves are willing to pay the cost for the anti-doping framework. Upon becoming a member of a fitness centre which has an agreement with ADD, the costumers agree to not use doping substances and to undergo a doping control if selected, thus the costumer of the centre can choose to oblige to those rules or choose to become member of another centre, which does not have a voluntary agreement with ADD. Since 2008 it has been mandatory for commercial fitness centres to have a 'smiley' sign to clearly signal whether the centre has entered into a voluntary agreement with ADD (happy smiley) or not (sad smiley). This way the costumers can make an informed choice about where to become members.

Doping controls are organised for recreational level athletes at all levels in Flanders (**Belgium**). Originating from the Flemish competence for preventive health care, first the Flemish Ministry of Health, then NADO Flanders, has been testing athletes of all levels



since 1991. Amateur sport competitions and fitness centres are regularly tested by NADO Flanders, making use of the Flemish Act on Anti-Doping which is applicable to all organised sports. Both “sports” and “organised” are broadly interpreted, so as to include bodybuilding competitions and fitness centres. For recreational-level athletes, the Flemish Community has set up its own disciplinary authorities, which sanction these athletes according to the Code with a suspension from organised sports, and an administrative fine of 1000 to 2000 euro on average.

On the basis of a protocol between NADO Flanders and the Flemish Chief Public Prosecutors, NADO Flanders also receives reports from the judicial and customs authorities, which allows NADO Flanders to sanction (low-level) athletes who are caught on the possession or import of forbidden substances.

On 21 November 2000, the Flemish Ministry of Health (forerunner of NADO Flanders in the fight against doping in sport) and the Chief Public Prosecutors of Flanders concluded a cooperation protocol to combat doping in Flanders. Both parties agreed to coordinate their policies concerning the fight against doping on the basis of the following goals:

1. Striving for medically justified sport practices;
2. Obtaining a global view in the mechanisms which lead to the establishment, organisation and proliferation of doping practices;
3. The prevention of doping practices;
4. Enforcing the applicable legislation;
5. A result-oriented collection, transfer and governance of information relating to doping practices.

In order to achieve those goals, the parties agreed to:

- Regularly exchange information, documentation and expertise concerning the fight against doping: at a minimum NADO Flanders will provide the Public Prosecutor of Ghent a copy of all DCO reports and disciplinary rulings concerning doping practices, the Prosecutor will provide NADO Flanders a copy of all police reports concerning doping practices;
- Provide police support when Flemish DCO's expect resistance or aggression at a doping control (mainly used for controls in fitness centres or bodybuilding contests);
- Issue general instructions to all levels concerning the prosecution of doping practices;
- Plan joint actions at certain doping controls to improve the efficiency of the fight against doping;
- Set up a task force “Fighting doping in Flanders” to follow up the execution of this protocol

The **Danish** customs authorities started a doping project, trying to establish an overall strategy to combat the illegal trafficking of doping substances and ensuring awareness-raising among the customs controls officers and the general public. Among others, the following measures were launched:

- Information campaigns, including inter alia public websites, “GoCards” (free postcards at cafés, fitness centres and music places), contact with television/radio/media etc.
- Internal training, including the creation of an internal website.



- Enhanced analytical tools and new methods, including creation of risk profiles, targeted analysis, intelligence cooperation, targeted controls, and additional analysis of cases which are disclosed.
- Enhanced cooperation with police in Denmark, customs authorities in neighbouring countries and other customs/tax-projects e.g. e-commerce and economic crime on the Internet Information to key persons within the transport/forwarding/travel industry
- Technical developments in equipment etc., e.g. customs dogs trained for finding doping substances of various kinds.

In several countries in Europe a security system for food supplements was established in order to reduce contamination with doping substances to a minimum. These countries (and systems) are the **UK** (HFL), the Netherlands (NZVT), **Germany** (Kölner Liste) and **France** (Wall Protect). The key role in these systems is played by the manufacturers of nutritional supplements, who are following specific guidelines to rule out contamination with doping substances and who are willing to submit their products to specific laboratory testing. Although these systems were set up for elite athletes they can be used by recreational athletes as well. **NADA Germany** will implement the "Kölner Liste" in the new version of the NADA App in order to provide specific information about food supplements for athletes and athlete support personal. This will offer orientation in this field to reduce positive results due to contamination.

In the **USA** the NADO (USADA) has placed on their website specific information concerning food supplements for athletes and athlete support personnel. One of the products is a video in which viewers will get an in-depth look at a hypothetical dietary supplement and explore the real-life issues associated with dietary supplement packaging used for products being sold in stores. The video highlights the tricks and loopholes that supplement companies take advantage of when trying to persuade potential customers to buy their products.

In the **Netherlands**, an advisory group on sports nutrition of the Netherlands Olympic Committee\*Netherlands Sports Confederation (NOC\*NSF) has made a list of scientifically proven effective food supplements which can increase performance and/or preserve health. This list is available on their website. There are other Sport Federations, e.g. in Sweden and Denmark, who inform athletes more along the line that no supplement (like vitamins, protein and similar substances) can improve fitness-strength better than a balanced diet. In Romania an educational project was done named "Increasing pupils' awareness with regard to the risks associated with the use of food supplements containing pro-hormones and prohibited substances". This project was financed by UNESCO. A video has been developed within the project, while the image was a former Olympic champion well-known in Romania. The video was broadcast on national TV. Different informative-educative materials in both Romanian and English languages were elaborated and used within the project.

Many countries have a hotline that is mostly associated with National Anti-Doping Organisations, including **Denmark**, **France**, the **Netherlands**, **Portugal** and **Sweden**. Telephone-based and/or e-mail-based advisory services are offered regarding doping products, side effects, contamination of the products etc. They are explained to users and where anonymity (within the limits of the law) is often assured. These may serve as models for national/regional provision. There are very few specialised medical services for users of doping substances, only in Sweden and the Netherlands. Since 2010 the Kennemer Gasthuis in Haarlem in the Netherlands has treated anabolic steroid users. This



clinic focuses on investigating and treating the symptoms of users and ex-users of mostly, but not exclusively, anabolic steroids. Its services to users is limited neither does the clinic prescription of doping substances for cosmetic or performance-enhancing purposes nor do athletes receive any systematic guidance in the use of substances, and no individual recommendations are given to (potential) individuals using drugs without having proven health problems. This clinic is open once a week.

In the **Netherlands**, guidelines for sports physicians are laid down by the Association for Sports Medicine (VSG) and described in the “Guidelines for sports physicians regarding medical treatment” There are five guidelines related to doping issues:

1. A physician who is approached by a healthy sports person with a request to prescribe doping-defined substances must respond by refusing this request
2. If, during the supervision of sports people, a physician is confronted with the use of doping-defined substances, prescribed by another treating physician on medical indication in association with a medical condition, the physician is obliged, with the sports person’s consent and in consultation with the sports person/patient and the treating physician, to seek a similarly effective (alternative) treatment which does not appear on the (inter)national doping list(s).
3. A physician cooperates with the obligatory doping controls for sports people laid down in sporting regulations if he is involved in this within his professional capacity and must not oppose any other obligations arising from the codes of conduct and guidelines.
4. The physician is entitled to the freedom to provide his opinion to others regarding the problem of doping – regardless of whether he has a positive or negative attitude toward the use of doping-designated (medicinal) substances. This may not be done in a manner which is obstructive to patients/sports people and must be stated in a manner which does not prevent him from providing each patient/sports person with the best possible care to which the patient is entitled, regardless of his convictions.

## 5. Harm reduction, treatment and recovery

In **Portugal**, the anti-doping information hotline of the Portuguese NADO, *Autoridade Antidopagem de Portugal* (ADoP) contributes to harm reduction.

The fight against doping in **Finland** is a joint effort between two separate organisations. The Finnish Antidoping Agency (FINADA) is in charge of activities related to competitive sports at the top level, while the A-Clinic Foundation's *Dopinglinkki* net service engages in anti-doping activities amongst fitness enthusiasts. Together with the Finnish Sports Confederation, *Dopinglinkki* has put together an online training programme on doping and fitness enthusiasts that is part of the Clean Sport Commitment. The training is available free of charge for sports centres that have signed the commitment, and it will be updated every three years. National online training started in 2013. Additional training is offered to sports centres every year. In 2014, the theme of the online training will be on nutritional supplements. Passing this training programme is a mandatory part of the For Clean Sport Commitment contract terms. In future, training will also be provided for sport professionals (sports instructors, personal trainers) and those developing exercise for health programmes in cooperation with the Finnish Sports Federation. The theme of doping and fitness enthusiasts will also be incorporated in the basic training provided by sport institutes and in PE teacher education. These training and education programmes will be implemented in cooperation with FINADA.



Up until now, the *Dopinglinkki* net service has independently provided training for such groups as prison guards at the Training Institute for Prison and Probation Services and staff engaged in face-to-face intoxicant abuse and health advisory services at the A-Clinic Foundation. In 2014, further training will be provided for A-Clinic Foundation staff treating mixed substance abusers (alcohol, CNS drugs,<sup>9</sup> narcotic painkillers, other drugs), in which doping substances can be included as one drug used by mixed abusers. In addition, a separate national online training package will be produced for medical personnel (doctors, nurses, public health nurses). A further training module on how to approach the use of doping substances with a patient will be part of the online training. The online module on approaching the subject will draw on the existing online training material produced by the A-Clinic Foundation on approaching alcohol abuse, including its technical capacities, existing training networks and practical experience. An attempt will also be made to extend the training provided for the security sector, including basic training for security stewards and police personnel.

The experiences gathered through *Dopinglinkki's* online health advisory services and the treatment of mixed substance abusers by the A-Clinic Foundation will be exploited to develop a model for referral to treatment for doping substance abusers. The planning of the scientific research underpinning the model has already been launched. The A-Clinic Foundation has over 50 years' experience in treating intoxicant addiction. The *Dopinglinkki* net service is one of the online services offered by the A-Clinic Foundation that will in the future be integrated in the existing face-to-face services. The A-Clinic Foundation provides nationwide low-threshold services, and the services for fitness enthusiasts using doping substances encompassed by them will be included in the multi-professional service package offered by Finnish municipalities.

In **Sweden** a national network of specialists in the medical key disciplines (endocrinology, psychiatry, clinical pharmacology, social medical work etc.) has recently issued "Swedish Clinical Guidelines on the Abuse of Anabolic-Androgenic Steroids (AAS) and Other Hormonal Drugs". In essence, this guideline summarises the current state of knowledge with regard to the identification of doped patients in the health care system, diagnostics of physical, endocrine, psychiatric and biochemical features. The personal meeting with the doctor is important for the global assessment of the patient's status, and for inquiry about current and previous abuse as well as the social and the medical history. The guidelines also include a description of laboratory diagnostic tools including the essential identification and quantitation in urine of used doping agents. Urine samples are also tested for detection of narcotic agents since the co-abuse of narcotics is rather frequent among AAS abusers in the society. Testosterone is one of the most frequent androgens abused. There are inherent difficulties to differentiate between the exogenous and endogenous steroid, and the traditional urinary analyses applied by WADA in their anti-doping test programme is reinforced by genetic testing which may increase the sensitivity of the test.

## Annex V: Links to national web resources

### Germany:

<http://www.doping-prevention.sp.tum.de/>

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<sup>9</sup> CNS drugs refer to drugs mainly acting upon the nervous system.



<http://www.bzga-essstoerungen.de/index.php?id=246> (about the programme “Body Talk”; especially the brochures “GUT DRAUF-Tipp 5: Fitness, Sport, Body” and “GUT DRAUF-Tipp 7: Gefährliches Ziel Traumbody – Zwischen Hungerwahn und Muskelsucht”

NADA Germany - [www.nada-bonn.de](http://www.nada-bonn.de)

Prevention campaign - [www.together-against-doping.eu](http://www.together-against-doping.eu)

[www.gemeinsam-gegen-doping.de](http://www.gemeinsam-gegen-doping.de)

NADA-App - <https://itunes.apple.com/de/app/nada-app/id532478926?mt=8>

Game Born to Run - <https://itunes.apple.com/de/app/born-to-run-de/id655020710?mt=8>

You Tube Channel -

<http://www.youtube.com/user/AntiDopingNADA/videos?flow=grid&view=0>

### **Portugal:**

<http://juventude.gov.pt/SaudeSexualidadeJuvenil/ProgramaCUIDATE/Paginas/programa-cuida-te.aspx>

<http://www.ADoP.pt>