



Study on Doping Prevention

*A map of Legal, Regulatory and Prevention
Practice Provisions in EU 28*

Executive Summary

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Luxembourg: Publications Office of the European Union, 2014

978-92-79-43543-0

DOI: 10.2766/87088

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Printed on process chlorine-free recycled paper (pcf)

Executive Summary

1. Historically, anti-doping efforts have focused on the detection and deterrence of doping in competitive and elite sport through National Anti-Doping Organisations (NADOs). There is now a recognition that doping outside of elite and competitive sporting systems is a potentially growing and problematic phenomenon that may be developing into a serious societal and public health concern.
2. Since the 1989 Council of Europe's Anti-Doping Convention and the establishment of the World Anti-Doping Agency (WADA) in 1999, there have been several attempts to harmonise anti-doping policy and practice. This has culminated in the 3rd revision of the World Anti Doping Code (Code) that will be come into effect on January 1 2015, and will be implemented largely through NADOs in cooperation with other agencies and organizations.
3. In 2011, the European Commission brought together a Group of Experts (GoE) to draft Recommendations on Doping in Recreational Sport (DRS). In their report the GoE noted that no systematic study on current knowledge and practice in relation to the prevention of doping in recreational sport existed.
4. The aim of this Study was to develop the evidence-base for policies designed to combat doping in recreational sport. The evidence was collected through information-gathering on the prevention of doping in recreational sport in the 28 EU Member States (MS). The study aims to promote and support the sharing of best practices in the EU regarding the fight against doping in recreational sport in various enumerated fields (EAC/2013/0617).
5. The study comprised three main groups: the Consortium; a High Level Expert Group (HLEG) of 14 members (NADO and non-NADO); and 29 Experts (NB: Belgium had two experts covering their respective communities) who coordinated the response on behalf of their respective MS.
6. The study comprised (i) the collection of primary data through a structured survey; and, (ii) secondary data through literature searches and website analysis. The research was granted ethics approval by Leeds Beckett University, UK.
7. With respect to the survey, half of the sample were NADO representatives, the remaining half were from the University sector, public authorities, sport or other organisations. A limitation of the study is the dependency upon the MS coordinators providing full and accurate information on their MS activity and status.
8. The survey comprised five elements which sought information on the: (i) EU Member State coordinator organisation whom the expert represented; (ii) applicable legislation, regulations and political arrangements related to doping in recreational sport; (iii) the mission, purpose, role and involvement of the MS National Anti-Doping Organisations (NADO); (iv) identification of good practice on doping prevention in recreation sport in their MS; and, (v) expert opinions regarding doping in recreational sport and support for it. After distribution of the survey questionnaire, an iterative process of clarification and elaboration took place, often requiring multiple attempts in order to present a valid and as reliable picture assessment as possible of activity in each MS.
9. The HLEG met twice to critically review the initial findings, identify errors and omissions, and to agree a final set of recommendations. Particular attention was

paid to the effectiveness and efficiency of the different models adopted for the fight against doping and how they relate to doping prevention in recreational sport. In addition, the HLEG sought to identify the relevance and context of recommendations proposed by the EU Expert Group on Doping in Recreational Sport (DRS version 6, January 2014), to determine which could be supported, amended or deferred as a result of the research findings of this study.

10. A number of general issues were highlighted by the EU MSs regarding the application of preventive programmes used in elite and competitive sport to the issues of doping at a recreational level. The key concern is that issues experienced in elite and competitive sport are likely to be exacerbated with the large increase in numbers when comparing athletic populations with broader social groups.
11. Moreover, there is some difficulty in defining which substances should apply to doping preventative efforts in recreational sport and whether the WADA Code would be appropriate to use as a reference point. Achieving proportionate prevention responses to the problem of doping in recreational sport is difficult to evaluate and justify in the absence of robust evidence on individual harms and social costs, and ultimately agreements on which substances should be prohibited.
12. Given their usual focus on, and responsibility for elite and competitive sport, NADOs could have a role in the development of content and resources to educate a wider sporting population about the risks of doping. Nevertheless, Departments responsible for public health must also consider the precise nature of risks posed by doping at a recreational level as noted in the 2011 Communication on Sport (EU).
13. The legal status of the organisation appointed to act as the NADO in EU MS's can differ ranging from NADOs which are private non-governmental organisations to those which are part of a formal government structure. There is no preferred model, but the model that works for that particular MS within their own legislative arrangements.
14. In two thirds of MS the NADO is independent from any other legal entity, and was usually a public authority or a foundation. In two MS the NADO is a public limited company, while in a further two the NADO are not-for-profit organisations. Where a NADO is part of another legal entity this was usually as part of a Ministry.
15. One fifth of the MS implemented the WADA Code purely through legislation, and most countries implement the Code through a combination of legislation and the regulations of the national NADO and/or national sporting federations (SFs). Moreover, in some countries there is no national anti-doping legislation, only the anti-doping regulations of the national NADO and/or national SFs. In all but two MS, the rules applicable in competitive sport are applicable to low-level competitive athletes, even if the latter are rarely subjected to doping controls. This complex landscape is a challenging one for doping prevention work when seeking to apply global best practice.
16. Two thirds of MS have adopted specific legislation providing criminal sanctions against doping in sport.
17. Only 1 MS has national legislation criminalising the use of any doping by an athlete. In most MS, recreational-level athletes using 'doping' products risk only their health, provided their use does not fall under any other general drug legislation.

18. At present 19 MS have adopted specific criminal legislation to combat doping, usually providing criminal sanctions for trade in, or administration of certain doping substances to athletes, or the possession of certain doping substances (in particular steroids and hormones), by athletes.
19. While there exists a general recognition among European NADOs that doping is not confined to competitive levels of sport, a consistent solution across MS for doping in recreational sport has been difficult to establish, often due to a shortage of human and financial resources and a lack of clearly defined roles and responsibilities. Therefore, a core component of any programme's success will rely on the formation of effective partnerships, especially with health and education authorities.
20. Prevention science in relation to drug use has developed significantly in recent years, and practitioners and policymakers now have a greater understanding of the complex individual, situational and environmental factors that may influence both the initiation of drug use and its escalation to drug use disorders.
21. In consequence, understandings of what constitutes 'good' and 'best' practices have altered accordingly. Merely facilitating the provision of information regarding the dangers of drug use or awareness raising via mass media campaigns is no longer classed as 'best practice'.
22. A scoping search of the literature was conducted using a variety of electronic databases for peer-reviewed articles written in the English language and published from 1st January 1990 to 14th October 2014.
23. The search revealed a total of just 17 studies that had evaluated education programmes in relation to behavioural intentions and actions. It is therefore concluded that published studies examining the effects of anti-doping education programmes are rare, with a publication rate of less than one scientific article per year over the period studied. This compares unfavourably with other established prevention fields where the research base is significantly larger in terms of span and scale.
24. Until a more substantial evidence-base is generated in the specific contexts associated with doping prevention in recreational sports, the development of good practice must consider the application, and subsequent evaluation, of international standards on drug use prevention.
25. More than two thirds of MS thought that the prevention of doping in recreational sport was important or very important.
26. While two thirds of the sample reported that their organisation was a member of an international network involved in doping prevention, only one third reported that this was structured and not of an informal or ad hoc nature. Some of the structured collaborations included work with customs authorities, police, and health Ministries.
27. Two thirds of the sample reported that they can test competitive athletes, the remaining third can test non-competitive recreational athletes. No inference, however, can be made regarding the actuality or the frequency of testing at recreational sport level. Although efforts to prevent doping in recreational sport are currently underway in the majority of MS, the extent of these efforts varies considerably between MS.

28. Nearly half of MS indicated knowledge of good prevention practice in this domain. Nevertheless, only a quarter of the whole sample provided country-specific examples. When rating the effectiveness of the main approaches to doping prevention, there was a lack of consensus regarding which approach was most effective in the context of recreational sport.
29. One third of MS reported that commercial organisations (e.g., gyms and fitness centres) played a role in the prevention of doping in recreational sport, while a third (similar but not identical to the former) perceived that commercial organisations viewed the issue as important.
30. Only 3 MS were satisfied or very satisfied with the availability and quality of information from EU MS on the prevention of doping in recreational sport, whereas one third were dissatisfied or very dissatisfied. There are three key elements: (i) the need for information about the prevalence of doping; (ii) information on specific substances (beyond anabolic steroids) that are used; and, (iii) the determinants and correlates of doping use.
31. The survey of the MS identified four key barriers to implementation of doping prevention programmes in recreational sports: (i) understanding the role of nutritional supplements as a gateway to doping; (ii) better regulation of the nutritional supplement industry; (iii) easy access to doping products; and (iv) a lack of formal co-operation between key stakeholders.
32. Seven key recommendations are proposed. The European Commission in cooperation with the Member States should:
 - a) Establish a process to develop a consistent and agreed understanding of which doping substances are used in the context of recreational sport, and whether these substances might overlap or be consistent with the WADA Prohibited List;
 - b) Develop a robust international, research-driven evidence base to inform future policy, practice, and interventions into the problem of doping in recreational sport;
 - c) Further evaluate the legislation of individual MS to identify the specific strengths and weaknesses of relevant authorities;
 - d) Develop agreed MS responsibilities for the co-ordination of prevention programmes related to doping in recreational sport;
 - e) Develop and co-ordinate educational campaigns, using all forms of relevant media platforms;
 - f) Support and develop initiatives aimed at raising awareness within each MS public health sector in order to make an active contribution to the prevention of doping in recreational sport;
 - g) Develop a platform to share and disseminate a consistent and agreed understanding of legislation, regulations and practice in relation to the prevention of doping in recreational sport and to facilitate effective networks for the exchange of actions, campaigns, data and policies.

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