MONITORING GROUP (T-DO)

ANTI-DOPING CONVENTION

Strasbourg, 1 August 2025 T-DO(2025)20

Recommendation on measures to address the risks of doping in recreational sport by the States Parties to the Anti-Doping Convention of the Council of Europe

The Monitoring Group of the Anti-Doping Convention, under the terms of Article 11.1.d of the Convention,

Having regard to Article 3.1 of the Convention, which obliges States Parties to co-ordinate the policies and actions of their government departments and other public agencies concerned with combating doping in sport;

Having regard to Article 6 of the Convention, which requires States Parties to devise and implement education and information programmes emphasising the dangers to health inherent in doping and its harm to the ethical values of sport;

Acknowledging the importance of the measures required by the World Anti-Doping Code and the International Standards adopted by the World Anti-Doping Agency (WADA) to harmonise the fight against doping at global level;

Recalling that the Monitoring Group adopted Recommendation Rec(2011)1 on the use of the model guidelines for core information/education programmes to prevent doping in sport;

Recognising that use of doping substances in recreational sport[1] and physical exercise settings represents an emerging public health issue, with serious implications for the physical and mental health of athletes and recreational sport people who use them, as well as negative impacts on the reputation of recreational sport in general and of gyms and fitness centres[2] in particular;

Convinced that the proper implementation of the anti-doping measures in recreational sport settings is of paramount importance for preventing both the initiation of doping among current non-users (primary prevention) and for reducing the harms associated with doping use among current users (secondary prevention/harm reduction) in the gym and fitness population[3];

Having adopted the report of the Ad Hoc Group of Experts in Anti-Doping in Recreational Sport TDO(2024)09 on anti-doping measures targeting fitness and gym centres by the States Parties to the Convention;

Having consulted with the Committee of the Parties to the Council of Europe Convention on the counterfeiting of medical products and similar crimes involving threats to public health (CETS No. 211) (MEDICRIME Convention) and mutually agreed to cooperate in the implementation of measures to address the risks of doping in recreational sport;

Recommends that the States Parties to the Anti-Doping Convention:

- implement the *Guidelines on measures to address the risks of doping in recreational sport,* as a support for the development, implementation, monitoring, and evaluation of effective anti-doping work outside organised sport activities;
- advise, where appropriate, the relevant recreational sport institution(s) on their territories to incorporate these Guidelines into their respective strategies and procedures;
- report to the Monitoring Group about the progress of implementation of these Guidelines as required by the Article 9 of the Anti-Doping Convention.

[1] A sport, exercise and physical activity which takes place in a low-level competitive or non-competitive environment and engages participants/individuals at sport events, fitness centres, sport and leisure clubs, and outdoor-based activities.

[2] A health, recreational, and social facility where people go to exercise, for example by lifting weights or using other equipment. It is often a for-profit commercial facility, but may also be a community or institutionally supported centre.

[3] Individuals who are employed or have a membership of a gym/fitness centre.

Guidelines on measures to address the risks of doping in recreational sport

Public authorities should take the necessary measures, including, if required, at the normative level, to ensure that the following guidelines are implemented by the relevant organisations and stakeholders, including the National Anti-Doping Organisation (NADO), the health authorities, sport organisations and private entities, as necessary.

The purpose of the guidelines is to provide States Parties who intend to focus on implementing antidoping measures in recreational sport with examples of how this can be done. The Guidelines are based on the current scientific literature and from the research conducted by the Ad-hoc group of Experts in Anti-Doping in Recreational Sport in 2023 and 2024 on the practices and experiences of anti-doping in the fitness environment among the State Parties.

Legislative and regulatory framework

1. States Parties should ensure that NADOs and other bodies responsible for anti-doping policies, have the necessary legal status and authority, particularly with respect to:
    a. preventing the use of image and performance enhancing drugs and doping substances (IPEDs)[4] in recreational sport settings, such as in gyms and fitness centres;
    b. reporting to the domestic authority responsible for the regulation of medicinal products on the market and to law enforcement regarding the suspected illicit supply of IPEDs;
    c. collect, analyse and distribute data and reports with relevant national authorities, those in other countries, and with relevant regional and international intergovernmental bodies.
2. Public authorities and civil society organisations (including sport organisations) in States Parties should identify, monitor, and compare the effectiveness of the most promising initiatives and measures regarding the prevention of the use of IPEDs in recreational sport and develop examples of good practice.
3. States Parties should take steps to ensure coordination at the national and transnational levels and to establish effective networks for the exchange of policies, campaigns, and actions relating to anti-doping in recreational sport.

Consistency with sport funding

4. States Parties should ensure that, when providing public funding to organisations involved in recreational sport, they make the effective implementation of adequate anti-doping measures a criterion for the granting of public subsidies in accordance with Article 4 of the Council of Europe Anti-Doping Convention.

Prevention and education

5. As anti-doping in recreational sport is a new field, actors involved in doping prevention should, where available and appropriate, draw on established knowledge in other substance use and health behaviour/health promotion fields and identify relevant behaviour change components including patterns of use, substance dependence, attitudes, beliefs, social norms, and intentions to use IPEDs.
6. States Parties should incorporate anti-doping education into formal education programmes for coaches, trainers, instructors, gym managers, teachers and relevant health and medical personnel; and ensure that all interested professionals have access to up-to-date information on doping issues and regular updates on the latest approaches and practices in the prevention field.
7. State Parties should develop, and support initiatives aimed at promoting closer collaboration between authorities, bodies and organisations responsible for the prevention of drug abuse and those with a

[4] Substances which can be used to enhance physical performance, increase muscle mass and lose weight, for example Anabolic Androgenic Steroids (AAS), selective androgen receptor modulators (SARMs) and growth hormone.

responsibility or a potential for making a similar contribution to the prevention of IPEDs in recreational sports.

8. States Parties should encourage actors involved in doping prevention to:
    a. deliver evidence-informed education and prevention programmes at critical transition stages to support the development of clean sport and doping-free attitudes among young people;
    b. design and evaluate interventions that develop self-efficacy, self-regulation capabilities, and other life skills, to enable recreational sports participants to effectively resist social influences, and reassess their normative perceptions and attitudes towards IPEDs and related risk factors (e.g., body ideals);
    c. ensure that such programmes are intensive, engaging, interactive and long-term, and include booster sessions;
    d. identify, implement, and evaluate relevant, evidence-based harm reduction approaches and methods to protect the health of existing users.

9. Actors involved in doping prevention should:
    a. educate managers, organisers, and owners of fitness centres about anti-doping policies and actions;
    b. develop and implement education programmes and information campaigns aimed at recreational facility staff and recreational athletes/participants / on the personal and social harmful effects of doping;
    c. develop and implement programmes that explain how to improve physical performance and/or appearance without the use of doping substances.

Awareness of the public health sector and the medical community

10. States Parties should encourage and develop initiatives aimed at raising awareness within the healthcare community, to ensure that members of the healthcare sector actively contribute to the prevention of IPEDs in recreational sports.

Doping testing in recreational sport

11. States Parties may choose to establish a doping control framework for recreational sport. In such cases, doping testing of recreational athletes/participants should:
    a. be conducted by or in cooperation with the NADO;
    b. respect relevant legislation and fundamental rights (including data protection and privacy);
    c. be comprehensive and holistic (doping controls should not stand alone but should be part of a broader framework that includes other efforts such as education and information);
    d. be based on risk assessment, in terms of who is selected for testing and for which substances samples are analysed for;
    e. ensure that the consequences for those found to be using IPEDs are meaningful and have a deterrent effect.

Harm reduction, treatment, and recovery

12. States Parties should 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 and/or ensure access to treatment for androgenic anabolic agents and other IPED use and dependence.

13. States Parties should consider establishing a national anti-doping hotline staffed by qualified personnel who can adequately answer questions about the harmful effects of doping and persuade individuals contemplating the use of IPEDs not to begin.

Monitoring and evaluation

14. State Parties are encouraged to facilitate research on doping and anti-doping in recreational sport. Such research could include, but is not limited to, monitoring and evaluation of anti-doping policies in recreational sport. Research can be facilitated through collaborative action between anti-doping policymaking bodies, such as NADOs, and universities or other relevant research institutions.