

Erice 2018 Charter on the role of the National Health Service in the prevention of doping

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Parole chiave: Doping, promozione della salute, attività fisica, sport, Dipartimento di Prevenzione

Abstract

The Erice 2018 Charter was unanimously approved at the conclusion of the 53rd Residential Course of the International School of Epidemiology and Preventive Medicine “Adapted Physical Activity in Sport, Wellness and Fitness; the role of the Departments of Prevention and of the National Health Service in doping prevention and health promotion”, held on 15-19 May 2018 in Erice, Italy, at the “Ettore Majorana” Foundation and Centre for Scientific Culture, and promoted by the Study Group on “Movement Sciences for Health” of the Italian Society of Hygiene, Preventive Medicine and Public Health. The event was part of a larger project supported by the Ministry of Health aimed at preventing doping in the general population involved in sport and physical activities. After an intense discussion the participants focused on ten statements involving the following critical issues: responsibility, priority, message, alphabetization, networks and alliances, school promoting health, player and opportunities, competences, know-how, programming and acting. These statements provide hints to approach doping within a public health frame and summarize the role of the Departments of Prevention and NHS in promoting and coordinating preventive actions with other institutions and stakeholders. Doping represents a complex phenomenon related to cultural, social, economic and legal issues. In addition to regulatory or repressive actions, education to health and legality is proposed as the fundamental strategy to contrast doping by promoting healthy lifestyles, based on scientific knowledge and respect for legality.

Introduction

The National Health Service (NHS), with its regional bodies, Departments of Prevention (DP) and Districts, must design actions and carry out policies for the health protection in physical and sport activities and against doping (1-3). The National Plan of Prevention (NPP) 2014-2018 requires that DPs “assume, within the Local Health Agency (LHA), a leading role in supplying performances as well as governance of interventions, developing networks between stakeholders (institutional or not) to connect, both ways, territories to regional and national governance” (4). The complexity of preventive actions and the too wide extent of the required stakeholders may nullify those interventions that lack a continuous management by a single, well identified, core unit. DPs play an institutional key role at a local level and can easily support an effective diffusion of healthy lifestyles in the population, including a healthy diet and an appropriate physical activity habit. In order

to fight inequalities and promote community health, the DP has to promote and coordinate a net of interdisciplinary and intersectoral programs, starting with fulfilling the objectives of NPP and RPP (National and Regional Plans of Prevention), acting directly and -most of all- creating cooperation networks with other DPs, services, and different stakeholders, including municipalities, schools, sport promoting associations and agencies, entrepreneurs and the tertiary sector. Three years after the **Erice 2015 Charter** (5), teachers and students of the 53rd Course recognize the progress and achievements in fighting sedentary lifestyles and promoting physical activity as a priority for health, and in developing a direct responsibility of DPs in planning and performing integrated preventing actions. The Erice 2015 Charter, therefore, represents the constitutive premise to this **Erice 2018 Statements** consensus document. The Erice 2015 Charter placed solid milestones to assess the role of the NHS in doping prevention, health protection in sports and in spreading physical activity

and healthy lifestyles throughout the population of different ages and health conditions. Its principles were clearly implemented by several official documents, regulations and guidelines (6, 7). The Ministry Decree 65/2017 updating the **Essential Levels of Assistance** (ELA), at intervention area/program “F5” included actions to promote physical activity as well as to fight doping (7, 8). This insertion was very welcome, however, –even if DPs represent key structures in prevention strategies and health promotion– too often DPs are still lacking the appropriate and specific experience in this field, and in most cases do not carry out these programs, yet (www.progettodoping.it) (7-10). In order to fight doping, several actions aimed to improve education and empowerment are essential as well as the full involvement of all the expertise that are available in DPs, starting from the sport medicine services, that provide specialized professional support and networks with athletes, sport federations and sport promoting agencies. It is important to note that in the 1st Level of “*Collective prevention and public health*”, “*prevention and fighting doping*” policies are part of the F Area of Intervention. In particular, “*Surveillance and prevention of chronic diseases, including promotion of healthy lifestyles and organized screening policies; surveillance and nutritional prevention*” are included as an element of the Policy/Activity F5: “*Promotion of physical activity and sanitary protection of physical activity*”, along with other suggested actions, such as: clinic evaluations to assess eligibility to agonistic and non-agonistic sport activities in schools; promotion and implementation of policies aimed to increase physical activity in the population; development of educational and informative campaigns and policies to promote physical activity, with the collaboration of the healthcare and social-health services or educational institutions. Priority targets include several environments such as schools and workplaces, considering also adapted

physical exercise for disadvantaged communities and subjects at risk. In agreement with NPP, RPP and local DPs’ objectives, also the definition of personalized pathways must be considered in order to support adapted physical activity (APA) for patients with chronic diseases, providing the required pre-evaluation and individualized prescription of APA (5). The wider social context in which the DP action takes place, involves also the B Intervention Area: “*Protection of health and security of open and confined environments*” and in particular as component of Program/Activity B3: “*Hygienic and sanitary evaluation of the tools of urbanistic regulation and planning*”, highlighting the need to pay attention to the relationship between health and urban planning, also to develop an enabling environment for health promotion through physical activity. The urban environment and the larger concept of “*Healthy Cities*” represents the other side of a renewed commitment specifically reported by ELAs in accordance to the recent WHO guidelines (11-13). Finally, this paper summarizes a broad and multidisciplinary set of knowledges, advances and achievements in the process to integrate APA within public health policies and, within the local structures of the Italian National Health Service. Within this larger frame, the ten statements reported in this consensus document will focus on doping and the abuse/misuse of food supplements in sport and physical activity. The different socio-cultural, environmental, legal and educational issues must be considered in the light of improving the role of NHS in prevention and promotion of health “in” and “by” sport and physical activities.

Objective

The following Consensus Statements summarize the intense discussion that led to approval and commitment in order to address: i) the complexity of the doping

phenomenon in the general population by an integrated approach; ii) the promotion of awareness and empowerment through qualified operators, health authorities and local structures of the NHS, focusing on DPs and Districts; iii) the design of preventive actions that must be founded on a harmonized use of resources and skills available at local level. Expected results in the short term include information and tutoring of public health operators on these matters. Then, further achievements will allow the optimization of alliances and networks for finally spreading a cascade of preventive actions in the medium and long term. The final aim is, indeed, to protect the health of the population involved in physical and sport activities, but also promote a modern culture that will include adapted physical activity as an advanced and available tool for prevention, both on a local and global scale.

In conclusion of the 53rd Course “**Adapted Physical Activity in Sport, Wellness and Fitness. The role of the Departments of prevention and NHS in doping prevention and health promotion**”, held at Erice from May 15th to 19th, as part of a wider project on “Doping Prevention: design and set up of a permanent educational tool coordinated by the NHS prevention departments” (promoted by the Ministry of Health), students and teachers unanimously emphasized the key role and institutional potentials of the Departments of Prevention in preventing doping, and approved the present Charter.

Statements

1) Responsibility: *three years after the Erice 2015 Charter, an increase of awareness on the role of DPs in the field of physical and sport activities was clearly achieved, regarding health promotion for the general population and safety in sport facilities as well as for the larger involvement of different operators or available services at local scale. However, it appears that a lack of experience exists in good*

practices and specific knowledge about these emerging matters. Therefore, greater accountability and empowerment is needed in reorienting effectiveness of health promotion actions, considering also a specific attention to improve prevention of the doping phenomenon.

2) Priority: *doping represents a socio-sanitary emergency and also the symptom of a wider disorder and pervasive cultural behavior. It has to be approached as a complex phenomenon and not just as a technical issue related to medicine or sport. Abuse or misuse of drugs and food supplements represents a symptom of a wider disorder, involving individuals in communities and it is an alarming problem of public health. The use of doping goes further than use of drugs or the inappropriate use of supplements, intruding into forms of addiction linked to wrong lifestyles and health hazards. Therefore, acting on these matters represents a priority for policies of prevention and health promotion.*

3) Message: *diet itself -intended as a lifestyle based on a balanced nutrition- does not need corrections or food supplements for different ages, neither for those who practice physical and sport activity. Mediterranean diet is a most recognized approach for health protection, and it is also effective for sport performance at any level. Evidences and guidelines suggest that diet supplements are not necessary to sustain sport performance and sometimes may even represent a risk. A balanced nutrition is the main source of all required nutrients and the Mediterranean diet can provide an ordinary approach to support sport performance and physical activity.*

4) Alphabetization: *the local and proactive action of DPs in protecting the general population from doping, encounters opposite resistances driven by huge global-scale interests, that can be insidiously sustained also by media, social networks, different forms of advertising and sponsoring in sport. The phenomenon extends*

to misleading advertising for food supplements. Therefore, it becomes necessary to invest in a strategy of population literacy, aimed at supporting knowledge, motivation and skills to access, understand, evaluate and properly use the available information, and finally allow to make health-friendly decisions, in everyday life. In order to address this purpose, it seems necessary to start a systematic social-marketing strategy, founded on equity criteria, diffused on a large scale, transversally involving all institutions and stakeholders.

5) Networks and alliances: preventing doping -in a proactive frame of promotion of healthy lifestyles- involves the NHS in intersectoral strategies, and in particular the DPs, in order to improve awareness and empowered decisions, develop good practices and interventions under a shared responsibility with all available institutions and stockholders. This approach requires a process of mediation between the parties, to define mutual objectives and fundamental ethical principles, joined areas of intervention and an agreement on the form of cooperation, that is reflected in the term “alliance”. From this path descends the development of the Networks (e.g. schools, workplaces, cities) promoted by the WHO to support the responsibility of each involved sector. Building alliances with local stakeholders -and contextually enhancing and promoting the creation of networks- allows overrunning sectoral limits towards integration, coherently with the specific needs of the local communities. Integrated networks and alliances make it possible to optimize efforts and increase resource potentials.

6) School promoting health: fighting doping in the school requires the development of a global approach, following the Health Enhancing School model. This can take the form of the promotion of physical activity at different stages -both scholastic and extra-scholastic- as an educational opportunity to

improve behaviors that would be globally oriented to health and well-being for both the individuals and the community. This set of activities can include physical education, active breaks, recreational and extracurricular activities, sport for both students and personnel, health education, strengthening of life skills, orientation to fair play and sustainable lifestyles. Sport and movement are rewarding and transversal to the whole action, representing the prerequisite for strengthening physical and personal skills, including also specific knowledge on the risks related to drugs and the prohibited doping practices and on the correct approach to dietary supplements as well as other issues related to education to legality and -more generally- citizenship skills. In this framework, physical education teachers play an irreplaceable key role. NHS and the DPs tasks have to include an active support to prevention in schools, through: implementation of the “School Promoting Health” model; availability for educational and training programs for teachers; scientific support for providing or reviewing educational materials; allocation of criteria for designing or validating good practices and to further improve effective experiences; involvement in surveys on knowledge-behavior and in epidemiological monitoring of health campaigns.

7) Players and opportunities: promoting sport and physical activity as a tool to contrast sedentariness and to support health education must be a priority shared by both health and social policies, through a cross-sectional and multidisciplinary approach, where all institutional or individual subjects are enrolled, and their different potentials enhanced. Sport federations and associations can play a pivotal role in educating young people and in building a society in which the process of aggregation and mutual comparison can become fundamental for an educational and cultural point of view. Sport, indeed, can support social functions

by starting up to physical activity and sport rules, encouraging and facilitating social and cultural inclusion, conveying values and principles of civil coexistence. The private sector if available to collaborate on health promotion programs, can make a fundamental contribution to achieving these objectives, especially within integrated multisectoral actions.

8) Competences: the promotion of physical activity requires structural, social and cultural contexts favorable to health, and qualified professionals with specific competences that know how to apply movement enhancing the positive health effects by adapting it to the different environments, individuals and communities. Prevention and health promotion programs must involve professionals from all disciplines within their specific roles in the different areas (including NHS, schools, Local Communities). A mandatory teamwork must focus on specific education, assuring the basic, post-graduate and permanent training of all the professionals potentially involved in the fight against doping. In this context, the university graduate in physical education offers an important and fundamental support, representing a valuable reference and a necessary proficiency.

9) Know-how: to define and appropriately frame the topic of doping and to address the objectives and finally evaluate the interventions, it is crucial to acquire and value all the pre-existing data that are accessible through the national and local information systems. This can include already available information on sport habits, sedentariness, nutrition, social and educational issues, but it may be necessary also to strengthen the epidemiological approach by providing additional information on doping, misuse of drugs and of food supplements. Methods and resources have to be carefully considered to assure not only a correct planning of the intervention but also its maintenance on the longer period and the dissemination

of the results in terms of campaigns of health education, education to legality, sport promotion.

10) Programming and acting: driving actions, protocols and coordinated actions are strongly needed. National, regional and local health planning should include doping prevention also as a wide-ranging opportunity for health education, by promoting comprehensive policies and interventions that are embodied in the specific local context, with DP coordination and the networking of all available institutions and stakeholders. NHPs should consider this emerging area and improve objectives, suggesting methods, priorities, targets, outcome markers and indicators for advancement monitoring. The economic issues and the resource identification must be measured within a wider framework of sustainability for the whole “Prevention System” and for the population health on a “long term” scale. This approach implies novel strategies and the integration of the traditionally established expertise in the NHS services, in the light of the new professionals and skills from the area of sport sciences and adapted physical activity. The pivotal role of the NHP is necessary to avoid dispersion and to turn sporadic and spontaneous initiatives into integrated strategies and ongoing actions, regularly provided to the population.

Conclusions

The DP is the component of the NHS that institutionally plays the role of prevention in the territory, promoting and coordinating intersectoral and interdisciplinary actions. Its tasks are performed by engaging the consolidated skills and knowledge of public health operators, but also recruiting and coordinating all the necessary support from other NHS professionals and skills. Following a multidisciplinary approach,

the DP pursues synergies and alliances with Local Authorities and Institutions, training and communication agencies, third sector, private entrepreneurship and different stakeholders that may play a role in promoting health or supporting preventive actions (14). Medical Doctors specialized in hygiene and public health are therefore the fundamental reference for the planning, organization and coordination of these public health actions. Doping prevention must make use of the various specific skills, including sport medicine specialists and sports science graduated as well as other professionals in the field of health education. Nowadays, fighting the spread of the doping phenomenon and limiting the unappropriated use of supplements is “good prevention” and “good public health”. Presently, the 40

years old Italian NHS is engaged in seeking new strategies to combine effectiveness, efficiency and sustainability. Promoting physical activity and safe sport embodies not only an evidence-based WHO priority, but also an opportunity of investment for improving population health and for updating the NHS strategies, methods and perspectives (14-17). Within this scenario, several multicentric campaigns have been launched, among which a national project promoted by the Ministry of Health and aimed to prevent doping by providing an integrated “Permanent Tool” based on DPs (Figure 1), involving scientific expertise and the NHS structures, competences and potentials (www.progettodoping.it). Starting from the collaborating LHA, a Network of Referents from each Italian region was

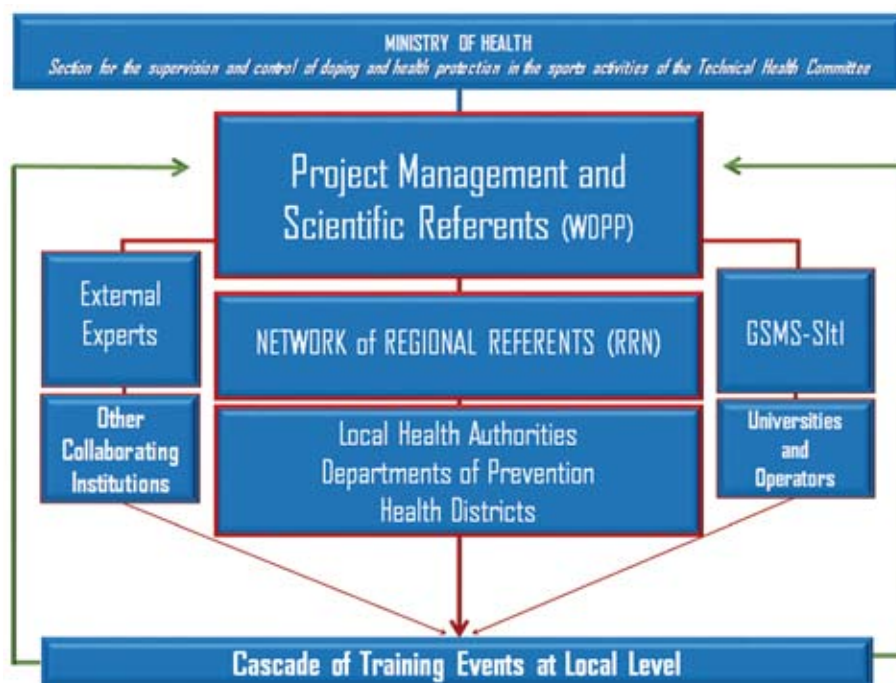


Figure 1 - Schematic representation of the Permanent Working Tool: It is based on the Departments of Prevention and was established during the 53rd Erice Course, within a national project promoted by Ministry of Health. It represents a model for doping prevention, a reference for educational campaigns, and a primer for triggering a Project Chain Reaction aimed to nationwide spreading a cascade of events at different local levels. (WDPP: Working Group Doping Prevention Project; GSMS-SItI: Working Group on Movement Sciences for Health of the Italian Society of Hygiene Preventive Medicine and Public Health; RRN, Regional Referents Network).

established and extended nationwide. This allowed to start a flywheel exchanging data and collecting experiences between central promoters and local operators, providing documentation and tutoring tools, also available online. A centralized observatory was designed to survey and promote a cascade of interventions, by triggering a Project Chain Reaction of events along the country. The networking and the planning of local activities was formally established in Erice in May 2018, by approving the present ten Statements, that summarize the background and objectives shared by the over 130 colleagues attending the 53rd Course. The emerging relevance of public health issues related to doping and the whole of the Course and Project outcomes, suggested to propose a revision and update of the Italian and European regulations concerning the access to drugs and supplements in sport, with special attention regarding the role of the DPs and NHS in protecting the population of different ages involved in amateur competitions, athletic training or physical activities (18-21). In conclusion, the several issues raised and shared by both students and teachers of the 53rd Course of the International School of Epidemiology and Preventive Medicine at the “Ettore Majorana” Foundation and Centre for Scientific Culture highlighted deficits and potential of NHS in preventing doping and supplement misuse, when promoting health through safe sport and physical activity (20-22). The qualified debate and the exchange of different experiences led to acquire materials, methods and tools for planning preventive activities in the different regions, enhancing the local autonomy and enforcing a centralized network of multidisciplinary synergies. Above all, the key role of the Public Health operator within the NHS, emerged as essential in doping prevention and in embodying sport in health promotion interventions. This accountability is founded on science and

medical knowledge, but also on several other skills, including: the comprehension of the cultural complexity of the phenomenon, the awareness of the valuable institutional potential of DPs and NHS, and the capability to understand and resist to illegality and socio-economic pressures. In this perspective, the main NHS goal is not only to deliver appropriate and accessible healthcare, but to provide education -as the valuable engine for population health- and prevention, as the necessary fueling for NHS sustainability (23-26). This approach to doping prevention and health promotion thru safe sport and adapted physical activity is highly multidisciplinary and requires rigorous, effective and suitable strategies. It is based on the establishment of networks and alliances aimed at serving the citizen and the community, by developing interactions between local health authorities, stakeholders, governmental institutions, scientific and academic organizations, all acting in mutual respect and recognition of the complementary roles. Education plays a leading role from school to the workplace, from gyms to stadiums; however, in today's overabundance of data and information sources, it needs to implement rigorous methods, quantifiable outcomes and qualified management. Research and training activities in this sector must be strongly supported to prepare both today's citizens and tomorrow's operators.

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Additional documents and the Italian version is available at: www.sitinazionale.it/BDS/muoversi and/or at link www.progettodoping.it

Riassunto

Carta Erice 2018: il ruolo del Servizio Sanitario Nazionale nella prevenzione del doping

La Carta Erice 2018 è stata approvata all'unanimità al termine del 53rd Corso Residenziale della Scuola Internazionale di Epidemiologia e Medicina Preventiva G. D'Alessandro "Attività motoria, wellness e fitness: il ruolo dei dipartimenti di prevenzione e del SSN nella prevenzione del doping e promozione della salute sul territorio", svoltosi dal 15 al 19 maggio 2018 a Erice, in Italia, presso la Fondazione "Ettore Majorana" e Centro di cultura scientifica, e promosso e dal Gruppo di Lavoro Scienze Motorie per la Salute della Società Italiana di Igiene, Medicina Preventiva e Sanità pubblica. L'evento faceva parte di un più ampio progetto sostenuto dal Ministero della Salute che mirava a prevenire il doping nella popolazione generale coinvolta nella pratica di attività motorie e sportive. Dopo un'intensa discussione i partecipanti hanno convenuto su dieci affermazioni che coinvolgono le seguenti questioni: responsabilità, priorità, messaggi e contenuti, alfabetizzazione, reti e alleanze, scuola che promuove salute, attori e opportunità, competenze, know-how, programmazione e azioni. Questi temi contengono indicazioni per affrontare il doping in una prospettiva di sanità pubblica, riassumendo il ruolo dei Dipartimenti di Prevenzione e del SSN nell'organizzazione e nel coordinamento di interventi di prevenzione, integrati con la partecipazione di istituzioni e portatori di interesse. Il doping rappresenta un fenomeno complesso legato a questioni culturali, sociali, economiche e legali. Oltre alle azioni normative o repressive, l'educazione alla salute e la legalità vengono proposte come la strategia fondamentale per contrastare il doping promuovendo stili di vita sani basati sulla conoscenza scientifica e sul rispetto della legalità.

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