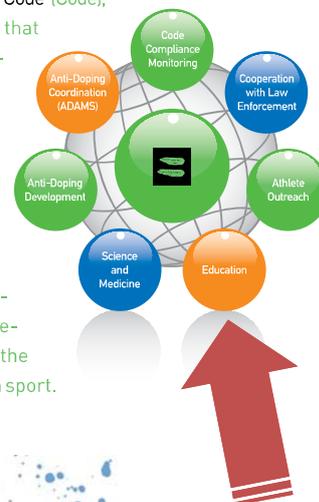


WADA: Friend or Enemy ?

The World Anti-Doping Agency (WADA) was created in 1999, after major doping scandals hit the world of sports.

This independent international organization was created to **promote, coordinate and monitor the fight against doping in sport** around the world.

WADA's priority activities focus in several areas emanating from the responsibilities given to the Agency by the World Anti-Doping Code (Code), the core document that provides the framework for anti-doping policies, rules, and regulations within sport organizations and among public authorities. WADA's range of activities demonstrates the importance of a comprehensive approach to the fight against doping in sport.



You can find a lot of educational materials on WADA website

-> see <http://www.wada-ama.org/en/Education-Awareness/Youth-Zone>

This poster was assembled by:

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"Bridge for Peace"

International Federation recognized by the



INTERNATIONAL OLYMPIC COMMITTEE

Are you aware of Anti-Doping Rules ?

Since the WBF Executive Council meeting held in October 2008 in Beijing, the **WBF accepted** the **Anti-Doping Code from WADA** (the World Anti-Doping Agency).

What is Doping?
Doping is defined as the occurrence of one or more of the following anti-doping rule violations.

- 1 **Presence** of a prohibited substance in an athlete's sample
- 2 **Use** or attempted use of a prohibited substance or method
- 3 **Refusing** to submit to sample collection after being notified
- 4 **Failure** to file athlete whereabouts information & missed tests
- 5 **Tampering** with any part of the doping control process
- 6 **Possession** of a prohibited substance or method
- 7 **Trafficking** a prohibited substance or method
- 8 **Administration** or attempting to administer a prohibited substance or method to an athlete



These rules are in force, which means that Players in the **Open, Women's** and **Youth** (Junior and Youngsters) Teams in World Bridge Teams Championships **will be liable for Anti-Doping Tests**.



Any players requiring exemption certificates should ensure that they complete the **Therapeutic Use Exemptions (TUE) Application Form** and return it as soon as possible and **no later than 30 days before the commencement of the competition** in which they are participating.

Therapeutic Use Exemption (TUE)

<https://www.wada-ama.org/en/questions-answers/therapeutic-use-exemptions#node-501>

- **What is a Therapeutic Use Exemption (TUE)?**
 - Athletes, like all others, **may have illnesses** or conditions that require them to take particular medications.
 - If the medication an athlete is required to take to treat an illness or condition happens to fall under the Prohibited List, a Therapeutic Use Exemption (TUE) may give that athlete the authorization to take the needed medicine
- **What are the criteria for granting a TUE?**
 - The athlete would experience **significant health problems without taking the prohibited substance** or method
 - The therapeutic use of the substance **would not produce significant enhancement of performance**, and
 - **There is no reasonable therapeutic alternative** to the use of the otherwise prohibited substance or method.
- **What happens if an athlete is granted a TUE?**
 - TUEs are granted for a **specific medication** with a defined dosage. They are also **granted for a specific period** of time and **do expire**. The athlete needs to comply with all the treatment conditions outlined in the TUE Application.

The World Anti-Doping Code The 2017 Prohibited List

<https://wada-main-prod.s3.amazonaws.com/resources/files/wada-2017-prohibited-list-en.pdf>

- Substances and methods prohibited **at all times** (In- and Out-of-Competition)
 - S0. Non approved substances (experimental)
 - S1. Anabolic agents
 - S2. Peptide hormones, Growth Factors, related substances and Mimetics
 - S3. Beta-2 agonists
 - S4. Hormone and metabolic modulators
 - S5. Diuretics and masking agents
 - M1. Manipulation of Blood and blood components
 - M2. Chemical and physical manipulation
 - M3. Gene doping
- Substances and methods prohibited **In-Competition**
 - S6. Stimulants
 - S7. Narcotics
 - S8. Cannabinoids
 - S9. Glucocorticosteroids
- Substances prohibited **in particular sports** (*not or no longer in Bridge...*)
 - P1. Alcohol (> 0.10 g/L)
 - P2. Beta-blockers

LEGEND - These substances may influence:

- Physical performance
- Mind performance
- Possibly Physical and/or Mind
- Clearance of other drugs ("masking agents")



WORLD BRIDGE FEDERATION
Medical & Prevention Commission

Gabriele PW (Chair), Aubry Y, Federico B, Capelli G, Jelmoni G, Stomphorst J, Gudge A (Secr.)



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DOPING CONTROL: Step-by-step

-> see https://wada-main-prod.s3.amazonaws.com/resources/files/Doping_Control_Leaflet_EN.pdf



Athlete testing, or doping control, is an essential programme in both promoting and protecting doping-free sport. Worldwide doping controls are carried out in accordance with the World Anti-Doping Code and the **International Standard for Testing**, developed by WADA in consultation with its stakeholders.



1 Athlete Selection

The selection of athletes is based on the requirements of the responsible Anti-Doping Organisation (ADO). The selection may occur in three ways: random, based on established criteria (e.g. finishing position), or targeted.

Notification

A Doping Control Officer (DCO) or Chaperone will notify the athlete of his or her selection for doping control. In general, this notification is done in person. The official identification and the authority under which the sample collection is to be conducted are shown to the athlete.



The DCO or Chaperone will inform the athlete of his or her rights and responsibilities, including the right to have a representative present throughout the entire process. The athlete will be asked to sign the form confirming that he or she has been notified for doping control.

Reporting to the Doping Control Station

The athlete should report to the doping control station immediately following notification. The DCO may allow the athlete to delay reporting to the doping control station for activities such as a press conference or the completion of a training session; however the athlete will be accompanied by a DCO or a Chaperone from the time of notification until the completion of the sample collection process.



9 Sealing the Samples

The athlete seals the "A" and "B" bottles. The athlete representative and the doping control officer should verify that the bottles are sealed properly.

Measuring Specific Gravity

The DCO measures the specific gravity using the residual urine left in the collection vessel. The values are recorded on the doping control form. If the sample does not meet the specific gravity requirements, the athlete may be asked to provide additional samples as required by the Anti-Doping Organization.



Completion of Doping Control Form

The athlete is asked to provide information about any prescription/non-prescription medications or supplements he or she has taken recently. These medications are recorded on the doping control form. The athlete has the right to note comments and concerns regarding the conduct of the doping control session. The athlete should confirm that all of the information on the doping control form is correct, including the sample code number.



The person who witnessed the passing of the sample, the athlete representative, the Doping Control Officer and the athlete will sign the doping control form at the end of the sample collection process.

The athlete is given a copy of the doping control form.

The laboratory copy of the doping control form does not contain any information that could identify the athlete.



4 Selection of Collection Vessel

The athlete is given a choice of individually sealed collection vessels and selects one. The athlete verifies that the equipment is intact and has not been tampered with. The athlete should maintain control of the collection vessel at all times.

Provision of Sample

Only the athlete and a doping control official of the same gender are permitted in the washroom during the provision of the sample. Minors or athletes with a disability may also have their representative present in the washroom. However this representative is not permitted to view the provision of the sample. The objective here is to ensure that the doping control official is observing the sample provision correctly.



Athletes are required to remove any clothing from the knees to mid-chest and from the hands to the elbows. This provides the doping control official with a direct observation of the urine leaving the athlete's body. These provisions are meant to ensure that it is the athlete's own urine and help prevent possible manipulation of the urine sample.



Volume of Urine The DCO shall ensure that an athlete in full view shall provide no less than 90ml of urine. If the amount of urine does not meet the minimum requirements, the athlete will proceed with the Partial Sample Process (outlined at the end of this leaflet).



7 Selection of the Sample Collection Kit

If the athlete has provided the required volume of urine, the athlete will be given a choice of individually sealed sample collection kits, from which to choose one. The athlete verifies that the equipment is intact and has not been tampered with. The athlete will open the kit and confirm that the sample code numbers on the bottles, the lids and the container all match.



12 The Laboratory Process

Samples are packaged for shipping to ensure that the security of the sample is tracked. The samples are sent to a WADA-accredited laboratory. The laboratory will inspect the samples upon their arrival to ensure there is no evidence of tampering.

The WADA-accredited laboratory will adhere to the International Standard for Laboratories when processing a sample, ensuring the chain of custody is maintained at all times.

The "A" sample will be analyzed for substances on the Prohibited List. The "B" sample is securely stored at the laboratory and may be used to confirm an Adverse Analytical Finding from the "A" sample.



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This poster was assembled by:

Mind & Health play together

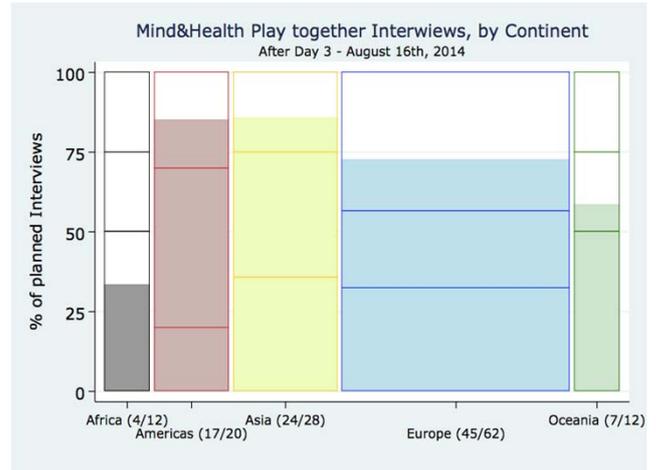
WBF Health Interview Survey Results for young players

PREVIOUS EXPERIENCE ON YOUNG TOP PLAYERS

Among the 134 invited, **Ninety-seven** (72.4% response rate) Junior and Girls team players participated during the 14th World Youth Bridge Championship in **2014 in Istanbul**, Turkey.

Socio-demographic characteristics and behavioural risk factors of young elite Bridge players

		N	%
Sex	Male	54	55.7
	Female	43	44.3
Age (years)	13-17	11	11.3
	18-21	24	24.7
	22-25	62	63.9
Educational level	Grades 9-11	7	7.4
	Grade 12	23	24.2
	College 1-3 years	34	35.8
	College 4 years or more	31	32.6
Continent*	Europe <i>(Denmark, Finland, France, Germany, Italy, Netherlands, Norway, Poland, Sweden, Turkey)</i>	45	46.4
	America <i>(Argentina, Canada, USA)</i>	17	17.5
	Asia <i>(China, Hong-Kong, India, Singapore, Taipei)</i>	24	24.7
	Africa <i>(Botswana, Egypt)</i>	4	4.1
	Oceania <i>(Australia, New Zealand)</i>	7	7.2
Tobacco smoking	Never/Experimenter	82	84.5
	Occasional	7	7.2
	Current	8	8.3
E-cig smoking	Never tried	85	87.6
	Ever tried	12	12.4
BMI category	Underweight	6	6.5
	Normal	72	77.4
	Overweight	12	12.9
	Obese	3	3.2

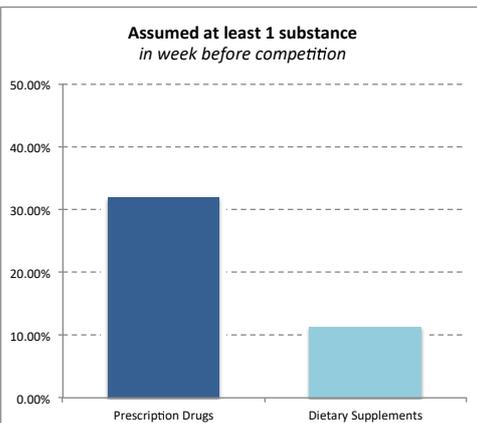


Prevalence of chronic conditions of young elite Bridge players

		N	%
Sleeping problems	Insomnia	20	20.6
	Not specified	4	4.1
Respiratory diseases	Asthma	9	9.3
	Other respiratory disease	2	2.1
Arthritis, joint or back problems	Back problems	4	4.1
	Joint problems	2	2.1
	Yes, not specified	2	2.1
Heart condition/high blood pressure	High blood pressure	3	3.1
	Heart condition	3	3.1
	Yes, not specified	1	1.0
Anxiety and depression	Anxiety	2	2.1
	Depression	3	3.1
Diabetes	Diabetes	1	1.0
Other chronic disease	Overall	10	10.3

Drugs & Dietary supplements

- **Prescription Drugs** in the week before interview were used by 31 Athletes, 10 of which receiving more than 1 prescription drug
- **Dietary Supplements** were assumed by 11 Athletes, none of which assumed more than 1 substance

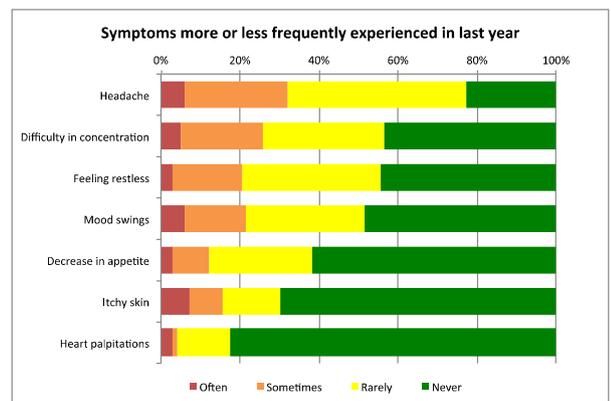


Sleeping problems

~25 % of players declared **insomnia** or **other sleeping problems**

Symptoms

~20% of players experienced, at least sometimes:
Headaches
Difficulties in concentration
Restlessness
Mood swings



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Mind & Health play together

WBF Health Interview Survey Results for adult players

PREVIOUS EXPERIENCES ON TOP PLAYERS

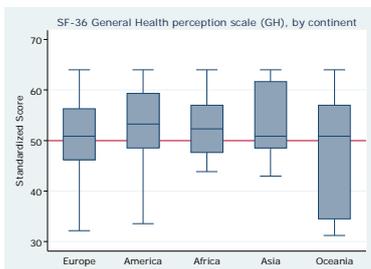
One hundred and twenty-five Top Bridge Open and Women Players from 22 countries participated in this Survey during the 14th World Bridge Games in **2012 in Lille, France** and the 31st World Bridge Teams Championships in **2013 in Bali, Indonesia**.

		N	%
Sex	Male	67	53.6
	Female	58	46.4
Age (years)	<40	29	23.4
	41-50	23	18.6
	51-60	34	27.4
	61-79	38	30.6
Educational level	Some high school	3	2.4
	High school graduate	17	13.7
	Some college or technical school	12	9.7
	College graduate	92	74.2
Country	Africa	12	9.6
	Egypt	7	
	South Africa	5	
	America	36	28.8
	Argentina	4	
	Brazil	9	
	Canada	12	
	Chile	2	
	USA	9	
	Asia	15	12.0
	China	13	
	Hong Kong	1	
	Philippines	1	
Europe	52	41.6	
	England	6	
	France	6	
	Germany	1	
	Ireland	6	
	Italy	13	
	Netherlands	6	
	Scotland	8	
	Spain	4	
	Sweden	2	
	Oceania	10	8.0
Australia		9	
New Zealand		1	

		N	%
Number of chronic diseases	0	29	23.2
	1	40	32.0
	≥ 2	56	44.8
Diabetes	Yes	8	6.5
	Pre-diabetes or borderline diabetes	2	1.6
Heart condition/high blood pressure	Heart condition	5	4.1
	High blood pressure	31	25.2
Asthma/other respiratory disease	Asthma	10	8.1
	Other respiratory disease	3	2.4
Arthritis, joint or back problems	Arthritis problems	6	4.9
	Joint problems	9	7.4
	Back problems	28	22.9
	Yes, not specified	5	4.1
Anxiety and depression	Anxiety	7	5.7
	Depression	7	5.7
Sleeping problems	Insomnia	23	18.7
	Not specified	11	8.9
Other chronic disease	Overall	31	25.2
	Cancer	6	
	Circulatory disease	4	
	Gastrointestinal disease	7	
	Endocrine (thyroid) disease	4	
	Hypercholesterolemia	2	
	Metabolism disease	1	
	Skin disease	3	
	Muscle-joint disease	1	
	Osteoporosis	2	
	Other (congenital disease)	1	
Body Mass Index categories	Normal/underweight	55	45.1
	Overweight	45	36.9
	Obese	22	18.0

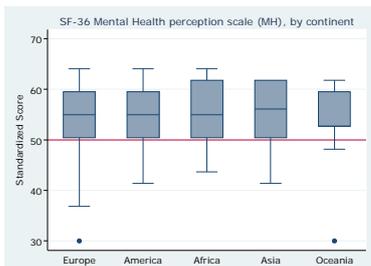


Weight
More than 50% of players were **overweight** or **obese**



SF-36 Results

- **General Health** was around the expected values for age
- **Mental health** showed values of anxiety and depression lower than the general population of the same age



Drugs & Dietary supplements
* Their use increased with age
* Up to 10 different substances were reported

