



WORL YOUTH BRIDGE

teams championships

3rd - 13th AUGUST 2016,

SALSOMAGGIORE TERME / ITALY

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.



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





WORLD BRIDGE FEDERATION Medical & Prevention Commission

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



Giovanni CAPELLI Bruno FEDERICO Paolo Walter GABRIELE



Medical & Prevention Commission Gabriele PW (Chair), Aubry Y, Federico B, Capelli G, Jelmoni G, Stomphorst J, Dagouret F, Gudge A (Secr.) Bruno FEDERICO Paolo Walter GABRIELE







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.



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.

Splitting the Sample

The athlete splits the sample, pouring the urine him or herself, unless assistance is required due to an athlete's disability.

The athlete pours the required volume of urine into the "B" bottle. Then the remaining urine is poured into the "A" bottle. The athlete will be asked to leave a small amount of urine in the



collection vessel so the Doping Control Officer can measure the specific gravity of the sample according to the relevant laboratory guidelines



Sealing the Samples

The athlete seals the "A" and "B" bottles.

The athlete representative and the doping

control officer should verify that the bottles

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**

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 identi-

fication and the authority under which the sample collection is to be

conducted are shown to the athlete.

Notification

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



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).



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.



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Measuring Specific Gravity

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



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.



are sealed properly The DCO measures the specific gravity using the











WHY IS IT IMPORTANT?

Collecting data on Perceived Health-Related Quality of Life, Behavioural risk factors, Chronic Diseases and medication and supplement consumption among Mind Sport Athletes is of great importance because they have different characteristics compared to other athletes, such as a broader age range (going up to ages more prone to chronic diseases needing pharmaceutical treatment) and a focus on mental rather than physical performance.

Despite this, the WADA prohibited list and TUE procedures do not differ from those applied for sport disciplines mostly oriented on physical performance.

The results of this Survey will help WBF to inform IOC about the **health needs of bridge players** from many countries and from all continents and provide WADA with useful data to assist the revision and adaption procedures toward simplification of the TUE process.

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Mind & Health play together WBF Health Interview Survey

Methodology

BACKGROUND

Following the **IOC mandate** for Sport Federations to **monitor Health status and promote a healthy lifestyle** among their athletes, the WBF President, with the advice of WBF Medical Commission, identified health monitoring among international athletes as a priority

PREVIOUS EXPERIENCES

One hundred and forty-one Youngsters, Junior and Girls team players participated during the 14th and 15th World Youth Bridge Championship in 2014 in Istanbul, Turkey and in 2015 in Opatija, Croatia.

WHO SHOULD PARTICIPATE TO THIS SURVEY?

Players in the Youngsters, Junior and Girls teams.

WHAT ARE PARTICIPANTS SUPPOSED TO DO?

1)Fill out an anonymous Health-Related perceived Quality of Life Questionnaire (SF-36 v1[®])

available in different languages

 2)Take a brief (< 10 min) structured interview in English
 on Behavioural risk factors, Chronic Diseases and Medication and Supplement consumption

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WORLD BRIDGE FEDERATION Medical & Prevention Commission Gabriele PW (Chair), Aubry Y, Federico B, Capelli G, Jelmoni G, Stomphorst J, Dagouret F, Gudge A (Secr.) This poster was assembled by: Giovanni CAPELLI Bruno FEDERICO

Paolo Walter GABRIELE



3rd - 13th AUGUST 2016

OMAGGIORE TERME / ITALY

Mind & Health play together

WBF Health Interview Survey 2. Prescriptions and dietary supplements

CAN YOU REMEMBER WHAT SUBSTANCES YOU HAVE TAKEN LAST WEEK?

Remembering commercial names and substance content of any Prescription and Non-Prescription Drug or Dietary supplement that you assumed, for any reason, in the days before a competition may be VERY important <u>in case you are selected for Doping Control</u>. This will help you to fill in the Doping Control Form in the most accurate and complete way.



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.





DS1. Please write in CAPITAL LETTERS the names of each drug that you assumed in the last 7 days / 请写出您最近 7 天内所服用过的所有药物



WO Med

WORLD BRIDGE FEDERATION Medical & Prevention Commission

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

Giovanni CAPELLI

Bruno FEDERICO

Paolo Walter GABRIELE