

SUMMARY TESTIMONY OF ALEXANDER M. WALDROP
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The National Thoroughbred Racing Association (NTRA) is a not-for-profit trade association for Thoroughbred horseracing. Its members include 65 racetracks and 40 national and state horsemen's groups drawn from 23 states. NTRA member racetracks and horsemen account for about 90 percent of all races run in North America.

In 2007, nearly 107,000 U.S. horses made 918,000 starts in 116,000 races. Our industry tested at least one horse from every one of those races. We screen for up to 200 drugs in one sample. Racing spends between 30 and 35 million dollars annually on equine drug testing and almost \$1.4 million on research and development into new tests and testing procedures necessary to stay current in the detection of performance enhancing drugs and medications.

The horse industry has defined five classes of drugs and medications. Class One drugs have no accepted medical use in the racehorse and a high potential for performance enhancement. Classes Two and Three have little or no generally accepted medical use in the racehorse, but less potential to affect performance than Class One drugs. Classes Four and Five are reserved for therapeutic medications with less potential affect performance than those in Classes One, Two or Three. Class Five medications have established concentration limits.

Only three Class One positives were returned in the 130,000 samples tested across the United States in 2006 (the latest year for which complete statistics are available). Only 27 positives were returned for Class Two or Three drugs in the same sample group. Most drug positives are caused by human error in judging withdrawal times for prescribed therapeutic medications – Class Four or Five medications – prior to a race.

Pari-mutuel horseracing is regulated in 38 jurisdictions by state commissions, which oversee drug testing under the model rules of the Association of Racing Commissioners International (RCI). Model rules are developed with the Racing Medication and Testing Consortium (RMTC), whose stakeholders include regulators, veterinarians, chemists, horse owners, trainers, breeders and racetracks from all horse racing breeds.

RMTC and RCI also develop model penalties for drug violations. The nature and severity of penalties for drug violations are determined by the classification of the drug involved, with due consideration for aggravating and mitigating circumstances, such as the potential of the drug to influence a horse's performance or whether the trainer acted under the advice of a licensed veterinarian. Penalties traditionally have applied to the trainer as the "absolute insurer" of a horse's welfare and safety. More recently, penalties have been reinforced and extended to include sanctions for owners and veterinarians as well as trainers.

The model rules include a policy on steroids. With the full support of our industry, RCI and RMTC have called for the adoption of model rules that would effectively prohibit the use of anabolic steroids in racehorses by the end of 2008. Anabolic steroids do have therapeutic value in treating horses and may be prescribed to aid in recovery from illness or surgery. However, the racing industry is in agreement racehorses should not compete on anabolic steroids.

In practice, that means that anabolic steroids must be withdrawn from a horse's medication regimen at least a month before its next race. In addition, minute levels of only four individual anabolic steroids will be permitted in post-race samples. Two anabolic steroids, stanozolol and boldenone, are approved by the United States Food and Drug Administration for use in horses. Boldenone and two other accepted anabolic steroids, nandrolone and testosterone, are also naturally occurring substances. Only one of these anabolic steroids may be present in a sample. Any other anabolic steroid is illegal.

The model rule has been or is being adopted by Washington, Arkansas, Iowa, Illinois, California, Indiana, Pennsylvania, Delaware, New York and Virginia. Kentucky, Texas, Florida and Maryland are among the many other states that are expected to support the model rule. The states mentioned here account for nearly 60 percent of races run in the United States and we continue to work with the remaining jurisdictions to secure their support. The current rule is based on 30 years of science and testing utilizing urine samples. Our industry is funding further research to provide threshold levels and withdrawal times in both urine and blood plasma. While we await new research, a number of states have already adopted the model rule. Others want to wait until the science is more complete. NTRA, RMTC and RCI are united in saying, "be in compliance by December 31, 2008."

RMTC and RCI together provide the horse industry with something that every sport needs – a credible, scientifically based, industry-led forum for addressing the multitude of drug and medication issues presented by modern day medicine. This approach has proven successful in balancing the legitimate interests of our industry's numerous constituencies and united the horse industry in its efforts to protect the health of our equine athletes and the integrity of our sport.