THOROUGHBRED HORSEMEN’S ASSOCIATIONS, INC.

RECOMMENDATIONS FOR
A NEW RACING INDUSTRY
DRUG TESTING, MEDICATION
AND RESEARCH PROGRAM
INTRODUCTION

Strict regulation of medication is necessary in an industry where public confidence in the sport’s integrity is fundamental to its success. Indeed, legislative bodies in every state where pari-mutuel wagering on horse racing exists have mandated that racing be strictly and minutely regulated to insure its integrity and fairness.

Medication rules and polices have historically differed from state-to-state and uniformity has been absent. This aspect of the industry has been particularly troublesome in recent years because a substantial portion of the industry’s revenues are generated from simulcast wagering. Bettors at one track have the option of betting on races at tracks in other states, each potentially operating under differing medication rules and policies. Furthermore, many owners and trainers today race their horses in different states on a given day and face the dilemma of complying with differing rules and policies which, in many cases, defy logic. The industry has wrestled with this problem for years without success.

The Thoroughbred Horsemen’s Associations, Inc. has had, as a central part of its mission, the promotion of fair and effective medication polices. The THA represents more than 20,000 owners and trainers, primarily in the Mid-Atlantic and the Midwest. The largest concentration of racing on a daily basis in the United States is in the Mid-Atlantic region. On any given day Mid-Atlantic based owners and trainers can be racing horses at tracks in 6 states, all within a 250 mile radius. Two legs of the Triple Crown are run in this region. World Thoroughbred Championships have been run at Belmont Park and 2 other THA member tracks may host the event during the next 6 years. Moreover, a substantial portion of the daily handle in the United States is wagered on races run at THA member tracks. Consequently, the concept of medication uniformity is particularly important to THA members.

For more than 5 years, the THA has been working with regulatory bodies in its member states to achieve as much uniformity as possible on medication rules, polices and enforcement. Regulators, horsemen, chemists, veterinarians and other experts have participated in this ongoing process. Significant progress has been made.
The NTRA Integrity and Drug Testing Task Force Report and recent medication controversies have made clear, however, that our current drug testing and enforcement policies need re-examination and revisions. The THA advocates a strict, but fair, medication program for racing that balances the integrity of the sport, the need for public confidence in the fairness of our sport, a level playing field for the participants, the welfare of the animal and the realities of training and racing horses in the current environment. The industry must separate those incidents of cheating and intentional attacks on the fairness and integrity of our sport from legitimate medication management and therapeutic treatment. Owners and trainers should not be subjected to the mandatory loss of purses and strong disciplinary action for honest mistakes, legitimate medication management or circumstances beyond their control.

Accordingly, the THA recommends the adoption of a new system for drug testing and medication which addresses the various competing interests, yet maintains the sport’s integrity as its fundamental underpinning. These recommendations include:

a. Vigorous testing and minimum drug testing standards.
b. Analysis of both urine and blood samples collected from a horse.
c. Revisions to the current RCI drug classifications.
d. Documentation of the administration of drugs and medications to racing horses.
e. Withdrawal guidelines.
f. Recognition of the difference between legitimate treatment of illness and injury and therapeutic regimens as opposed to the use of drugs for which there is no legitimate reason for their presence in the racing horse.
g. New penalty guidelines and enforcement protocols.
h. Public education about of the use of medication in racing and the industry’s drug testing and enforcement policies.
i. Creation of a new national drug testing and research consortium and providing it with an ongoing funding mechanism.
Recognizing those jurisdictions and tracks that have embrace a “best practices and standards” system.

Significant aspects of these recommendations are not new to equine competition, although the inability or unwillingness of racing to embrace them is puzzling. The system of testing, documentation and enforcement recommended herein has been, in large part, the regulatory standard in two of the largest non-racing equestrian sports for decades, USA Equestrian, Inc. (formerly the American Horse Shows Association) and the American Quarter Horse Association, under which hundreds of thousands of entries compete at more than 5,000 horse shows and events each year, plus Canada and American racing jurisdictions such as Maryland and New York. It is a system that balances the need to protect the fairness and integrity of competition, the industry’s image, the public interest, and the need to protect the well-being of the horse.

**RECOMMENDATIONS**

- **Urine and blood samples must be collected and tested.**
  
The analysis of the blood sample is increasing in importance in regulatory drug control. Accordingly, a urine and a blood sample must be collected from every horse selected for post-race testing. Both the urine and blood sample must be subjected to forensic analysis. The remaining untested portion of any urine and blood sample must be preserved for additional independent testing.

- **Testing laboratories must meet minimum standards.**
  
Laboratories conducting forensic analysis should be required to meet the following minimum standards:

a. Primary screening for prohibited substances should be conducted by enzyme linked immunosorbant assay (ELISA). A minimum of 30 ELISA tests, on a rotating basis, should be conducted on each urine sample.
b. Secondary screening should be conducted by thin layer chromatography. This technique should be used for drugs for which there is no ELISA test and for non-steroidal anti-inflammatory drugs.

c. Confirmation testing should be conducted by high performance liquid chromatography (HPLC) coupled with photo diode array and fluorescence detection and gas chromatography/mass spectrometry (GC/MS).

d. The THA urges that laboratories be required to transition to confirmation testing utilizing liquid chromatography/mass spectrometry (LC/MS) a more accurate and definitive confirmation technique for detecting illegal performance enhancing drugs which are present at very low levels.

e. States where forensic laboratories cannot meet these minimum standards should be required to contract with a laboratory which meets or exceeds these standards.

The term “trace level” of a drug has been given differing meanings by industry participants and the media and is largely misunderstood. In analytical terms, trace level refers to the suspicious or positive hit for a drug during screening and the subsequent failure to confirm the presence of the drug following confirmation testing. In this context, trace level does not refer to the pharmacology of the drug or its ability to affect performance. **No sample should be reported as a positive test by a forensic laboratory unless it has been screened as positive and confirmed as positive.**

All analytical results of a sample must be made available for review during any investigation and disciplinary process.

- **The report of a positive test and the identities of the affected owner and trainer must remain confidential until an investigation is completed and a Stewards hearing is conducted.**

The report of a positive test by a laboratory and the names of the affected owner and trainer must be treated as confidential and not released to the public until the investigation is completed, a determination of compliance or non-compliance as hereinafter described is made
and a Stewards hearing has been conducted. In the case of compliance, no report should be issued. If public announcement is necessary prior to the disposition of the case by the Stewards, it should be limited to notice that the particular race in question is “under investigation.”

- **Every racing jurisdiction should permit the subsequent independent analysis of a positive urine and/or blood sample. All independent testing should be conducted under the auspices of a newly established industry drug testing and research consortium.**

  Independent testing of urine and/or blood samples reported as positive for a prohibited drug is necessary for the integrity of the testing process and to protect the due process rights of the accused. The racing industry should embrace this practice but prevent potential abuse. Further, the industry needs to end laboratory shopping and ongoing confrontations involving the industry’s scientific community.

  Later in this proposal, the THA urges the immediate creation of a non-profit industry consortium whose sole responsibility will be overseeing drug testing and research for racing in this country. The THA recommends that this consortium designate one or two laboratories to which all requests for independent testing will be channeled. The consortium will establish the ground rules for such independent testing and the designated laboratory must agree to adhere to such ground rules. The cost of such testing will be borne by the consortium and not the accused owner and trainer.

- **The current schedule of RCI drug classifications should be revised.**

  For years, the industry has relied on drug classifications based on pharmacology and the potential to affect performance developed by the Association of Racing Commissioners International (RCI). The RCI has also issued suggested penalties for violations involving drugs in each classification. There is widespread agreement that the classifications and penalty guidelines need to be revisited. The THA recommends the following changes to the RCI classifications:
a. Current Classes 1 and 2 should be combined into a new Class 1. This new Class 1, considered non-therapeutic, should be comprised of those drugs which have no legitimate medical use in the racing horse and whose pharmacologic potential for altering the performance of a racing horse is very high. These drugs may not be present in a race horse under any circumstance and are deemed to be zero tolerance drugs. Current Class 3 drugs should be reviewed to determine whether any drug, i.e., epogen, belongs in new Class 1.

b. A new Class 2 should be created for those drugs which are considered to be therapeutic and have a generally accepted medical use in the racing horse but whose pharmacologic potential for altering the performance of a horse remains high. This class would be comprised of those drugs currently in RCI Class 3 but may include some drugs currently in RCI Classes 2 and 4. This category recognizes those drugs which are legitimately used for the treatment of an existing illness or injury in the racing horse but whose presence in the horse on race day might affect its performance.

c. A new Class 3 should be created to be comprised primarily of the drugs currently in RCI Class 4. This category should be identified as medications routinely used in racehorses for therapeutic purposes, whose pharmacologic potential for affecting the performance of a racing horse is minimal but whose presence in a post-race urine sample can interfere with the ability of the testing laboratory to detect prohibited drugs.

d. The current RCI Class 5 should be eliminated. Any drug in the current RCI Class 5 which is of concern to the scientific community and regulators should be added to the new Class 3.

- **Drugs not listed in the new classifications or which enter the market must be classified by an industry scientific advisory panel.**
Existing drugs whose classifications should be changed, drugs that are not currently listed in the current RCI Guidelines, new drugs entering the marketplace and newly developed drugs shall be classified by a scientific advisory panel appointed by a newly established industry consortium discussed hereinafter. Horsemen should be strongly cautioned about the use of any drug whose classification is not known.

- **Exceptions must be made for those drugs whose presence in a blood or urine sample may have resulted from contamination.**

There are some drugs in the above classifications whose presence in a racehorse may be the result of substances endogenous to horses, substances arising from plants traditionally grazed or harvested as equine feed and substances in equine feed arising from contamination during cultivation, processing or treatment, storage or transportation. This is considered to be environmental contamination. These drugs include, but may not be limited to, STRYCHNINE, ATROPINE, SCOPOLAMINE, CAFFEINE, THEOPHYLLINE and THEOBROMINE. There are other drugs whose potential to affect the performance of a racing horse is high but whose presence in a horse may have been the result of contamination due to circumstances beyond the control of the trainer and not environmental contamination. These drugs include, may be not be limited to, COCAINE and MORPHINE. Regulators must recognize the possibility of contamination as it relates to these drugs and investigate the circumstances surrounding the positive test and determine whether contamination may have occurred. An investigation whose results support a finding of possible contamination should be a substantial mitigating factor in determining whether, and to what extent, disciplinary action should be taken, despite the classification of the particular drug. The THA urges that when a regulatory body accepts the possibility of contamination in a particular case the trainer not be subjected to disciplinary action. The THA recognizes that a case involving possible contamination may lead to an unfair result as to the owner who must lose a purse, but the integrity of the race, as opposed to the culpability of the trainer, must be preserved.
• The industry should adopt withdrawal time guidelines for the new Class 2 and 3 drugs.

The THA recommends that the following withdrawal time guidelines be implemented as an industry standard.\(^1\) Withdrawal time means at least the period of time from the time a drug is administered to a horse until post time of the horse’s race:

Class 1 - None. These drugs have no legitimate medical use in a racing horse and may not be present under any circumstance on race day.

Class 2 - 96 hours

Class 3 - 24 hours

• Coupled with the collection and testing of urine and blood samples, adoption of a new drug classification system and adherence to the recommended withdrawal times, a uniform reporting system documenting the treatment of a horse with medication must be implemented.

The THA recommends coupling the aforementioned collection and testing of blood and urine samples and the adoption of a new drug classification system within the implementation of a uniform reporting system documenting the treatment of a horse with medication. This reporting system is already standard practice in non-racing competitions, some racing states and in Canada and works well. Under this new system, the administration of a drug to a racing horse in the newly-created Classes 2 and 3 must be documented through the filing of a Medication Report Form. The Form must be completed by a licensed veterinarian or, in appropriate circumstances, by the trainer acting under the advice and direction of the veterinarian and filed with a Racing Commission representative at the track where the horse is entered to run as follows:

\(^{1}\)These guidelines are based upon the recommended dosage and time regimen in the product insert.
1. Class 2 drugs - not later than time of entry
   Class 3 drugs - not later than 24 hours prior post time of the horse’s race

   The Medication Report Form shall be made available by the appropriate Racing Commission to all veterinarians and trainers and shall contain the following information:
   a. Name of horse
   b. Name of trainer
   c. Track and race
   d. Identification of medication - the amount, strength and mode of administration
   e. Date and time of administration
   f. Diagnosis and reason for administration
   g. Signature of the administering veterinarian
   h. If the drug is administered by someone other than the veterinarian, the signature of such person and the name of the veterinarian who prescribed the medication

   The Medication Report Form must be initialed and dated, including time of day, by the Commission representative who receives the Report.

   To ease the preparation, filing and documentation required, the THA urges that computer technology be used to allow veterinarians to file the Reports on-line through computer terminals conveniently placed in the barn areas of tracks and training centers.

   • **Documented treatments which are consistent with the analytical data should be treated as compliance and not deemed to be violations. Documentation which is lacking or inconsistent with the analytical data should result in enforcement action.**

   The value of testing the urine and blood samples and having documentation of the administration of a drug through the Medication Report Form becomes evident in the enforcement process. When a positive test is reported by a laboratory, Commission personnel
should conduct an immediate investigation to determine the circumstances surrounding the positive test. The investigation must include whether 1) a Medication Report Form has been timely filed; 2) if the drug was administered for the treatment of an existing illness and/or injury and, if so, 3) whether the analytical data from the forensic laboratory, including tests on both the urine and blood sample, is consistent with the documented treatment and recommended withdrawal times. In making such a determination, the Racing Commission may rely on its own experts or seek the consulting advice of a scientific panel appointed by the new industry drug testing and research consortium and whose sole responsibility will be to review the documented treatment and analytical data and then advise whether they are consistent. In this regard, the THA strongly recommends that this scientific panel be comprised of experts in toxicology (drug testing) and veterinary pharmacology (preferably a representative from Testing Integrity Partnership, Interstate Drug Testing and Research Partnership and the American Association of Equine Practitioners). There is a positive by-product to this recommendation in that it will provide a mechanism for the competing scientific groups in racing to work together in a purely scientific and non-threatening manner.

If it is concluded that the documented treatment is consistent with the analytical data, then the positive report shall be deemed to be a non-violation and the case shall be closed and no action shall be taken nor any public statement made. If, on the other hand, the documented treatment and the analytical data are deemed to be inconsistent, the case shall proceed to a hearing and possible disciplinary action.

- **The industry must implement post-race quantitation testing of SALIX®.**

The almost universal use of SALIX® in race horses is largely unregulated. While states where SALIX® is permitted on race day have enacted regulations governing the administration of the drug, most have not enacted corresponding regulations that insure compliance. It is well documented that the presence of SALIX® at certain levels in a post-race urine sample can interfere with the forensic laboratory’s ability to detect prohibited drugs. There is also anecdotal evidence of treatment or “topping off” of horses well within recommended administration
guidelines. Some states have moved to protect the integrity of the SALIX® program and the testing process by enacting post-race quantitative guidelines. The THA recommends that all racing states enact post-race quantitation testing of SALIX®. These guidelines should prohibit a horse from carrying in its body at the time of the running of a race more than 100 nanograms of SALIX(a) per millimeter of plasma in conjunction with a urine that has a dilute specific gravity.\(^2\)

Veterinarians should be required to file a written certification, similar to the aforementioned Medication Report Form, indicating that SALIX® was administered and including the date, time, dosage and route of administration. The Report must be filed with a Racing Commission representative at least 1 hour before the horse is scheduled to race.

Post-race quantitation of SALIX® can produce another benefit for the industry. Adoption of decision levels for drugs is prevented, in part, by the largely unregulated use of SALIX®, whose presence makes quantitation difficult and inaccurate. A significant sector of the scientific and regulatory community will not consider decision levels as long as the use of SALIX® goes largely unregulated.

- **The use of certain approved adjunct bleeder and other adjunct medications in combination with SALIX® should be permitted, but their use must be disclosed to the betting public.**

\(^2\)These post-race quantitation guidelines are based upon existing regulatory guidelines that recommend that treatment be limited to not less than 2 cc’s nor more than 10 cc’s, intravenously, not later than 4 hours prior to post time.
Many jurisdictions are either permitting the use of, or are not testing for, certain adjunct bleeder medications to be used in conjunction with horses qualified to use SALIX®. These medications, which are deemed to be non-performance enhancing and do not interfere with testing, but may arrest bleeding are: AMINOCAPROIC ACID, TRANEXAMIC ACID and CARBAZOCROME. The THA recommends that the use of these medications in conjunction with the administration of SALIX® be permitted in all jurisdictions. The trainer must declare the use of such adjunct medications at the time of entry. The veterinarian administering such medication shall report the administration on the same Medication Report Form used to report the administration of SALIX®. In addition to denoting the administration of SALIX®, the daily program shall report the administration of any other adjunct bleeder medication to a horse in a race.

The use of conjugated estrogens as a permitted adjunct therapy has also been accepted and its use should be permitted in conjunction with the administration of SALIX®

With the exception of SALIX® and the permitted adjunct medications, no drug should be permitted to be administered to a racing horse within 24 hours of the post time of the horse’s race.

- The racing industry should permit the controlled use of FDA approved nonsteroidal anti-inflammatory drugs and corticosteroids, but must move to curb the excessive use of such drugs for the welfare of the horse.

The importance of nonsteroidal anti-inflammatory drugs (“NSAIDS”) in the therapeutic treatment of a racing horse has been universally accepted for years. Most states limit the permitted use of such drugs to phenylbutazone under regulatory controls. There are other NSAIDS that have been approved by the United States Food and Drug Administration for use in horses and are in common use. These drugs are KETOPROFEN, NAPROXEN, MECLOFENAMIC ACID and FLUNIXIN. Sufficient research on these drugs has been conducted to permit the establishment of plasma concentration levels for these drugs. Accordingly, the THA recommends that the use of any 1 of the 5 FDA approved NSAIDS be
permitted in accordance with established plasma concentration thresholds for each of these drugs.

Additionally, the use of corticosteroids in therapeutic treatment has also been permitted. The THA recommends that the presence of any 1 corticosteroid be permitted in conjunction with a permitted NSAID, subject to compliance with the recommended 24 hour withdrawal guideline.

Conversely, the widespread and largely unregulated use of multiple NSAIDS in horses is becoming a problem of growing concern. Too many of our horses are being treated with combinations of NSAIDS to alleviate pain. There is a growing body of evidence that the use of these drugs in combination are toxic and are seriously impacting the welfare of the horse. It is only a matter of time before animal rights groups renew their attack on racing’s embrace of non-steroidal anti-inflammatory drugs. The THA recommends that the use of multiple NSAIDS in combination be prohibited.

- **The practice of “milkshaking” a horse to reduce the buildup of lactic acid must be eliminated.** The proposed drug testing and research consortium should establish a concentration level for substances considered necessary for the detection of bicarbonate loading.

  The practice of “milkshaking” or force-feeding a horse with a concoction of baking soda, confectioner’s sugar and water prior to a race scandalized harness racing and began to surface in thoroughbred racing in recent years. It is an affront to the integrity of the sport and endangers the welfare of the animal. Most racing jurisdictions have taken steps to ban the practice but there are continuing challenges to the manner in which the industry seeks to enforce its regulation. The racing industry must proscribe to administration of, by any possible means directly into a horse’s stomach, any bicarbonate or alkaline substance, separately or in conjunction with other substances, that elevates a horse’s bicarbonate or pH level above those existing naturally in the untreated horse at normal physiological concentrations, within 24 hours of the race in which the horse is scheduled to compete. The drug testing and research consortium proposed hereinafter should work to establish and recommend for adoption a concentration level that is an acceptable
concentration level for substances that it considers necessary for the detection of a “milkshake” or bicarbonate loading.

- **Consistent with the proposed new drug classifications, new penalty guidelines should be established which differentiate between legitimate therapeutic treatment and non-therapeutic violations.**

Every case which proceeds to a possible disciplinary hearing should be fully investigated to determine the facts surrounding the administration of the drug to the horse. In determining the penalty to be imposed in those cases where a violation is determined, the THA recommends that the Stewards and/or Racing Commission consider the following mitigating factors:

a. Seriousness of the violation
b. Harm caused by the violation
c. Good faith or lack of good faith of the licensee
d. Licensing history of the licensee
e. The documented possibility of contamination involving those drugs susceptible to contamination
f. Whether the drug was administered for a legitimate therapeutic purpose and whether the positive resulted from negligence, inadvertence or mistake
g. The timely filing of a Medication Report Form

The THA recommends that the following penalty guidelines be implemented for the new drug classifications:

Class 1 - absent extenuating circumstances, minimum suspension of 180 days; fine; loss of purse

Class 2 - absent extenuating circumstances, minimum suspension of 15 days and/or fine; loss of purse

Class 3 - fine; loss of purse is discretionary

Rulings should clearly differentiate between violations involving legitimate therapeutic medications and serious violations involving zero tolerance drugs.
The THA strongly urges that Racing Commissions consider resolving new Class 3 medication violations administratively rather than through protracted legal and disciplinary proceedings.

- **The racing industry must establish national drug testing and research consortium to oversee drug testing and research and this consortium should be funded through the assessment of a per-start fee.**

The Task Force has been invaluable in conducting necessary research into the industry’s current medications rules, policies and practices and has focused attention on the steps necessary to enhance and improve medication policy. The THA has endorsed the Task Force’s Report and has urged the creation of a national organization whose primary mission will be improvements in drug testing and research.

It is now time to establish this new organization, whose sole responsibility shall be to oversee drug testing and medication issues and research. The THA urges the immediate creation of a non-profit industry consortium comprised of those organizations who support the program recommended in this proposal. It is anticipated that the initial consortium be comprised of a representative of the following organizations:

- Thoroughbred Horsemen’s Associations
- Horsemen’s Benevolent and Protective Association
- Thoroughbred Owners and Breeders Association
- The Jockey Club
- National Thoroughbred Racing Association
- Thoroughbred Racing Associations
- Harness Tracks of America
- United States Trotting Association
- American Quarter Horse Association
- Thoroughbred Owners of California/California Thoroughbred Trainers Association
- Association of Racing Commissioners International
- North American Pari Mutual Regulators Association
- Testing Integrity Partnership
- Interstate Drug Testing and Research Partnership
- American Association of Equine Practitioners
The THA recommends that the staff of the NTRA Task Force and the Task Force’s current and future projects be transitioned into this new industry consortium.

Funding for this organization is imperative. The THA recommends the implementation of a $5.00 per-start fee for each horse starting in a race, similar to the lead pony fee charged at most tracks to fund benevolent programs, to be paid to the new organization to be used, inter alia, to seek implementation of the recommendations in this program, to conduct independent research into drugs, their pharmacology and performance enhancing capabilities, whether and to what extent decision levels can and should be adopted and improved drug testing and quality assurance. This fee would be assessed to every starter in a thoroughbred, standardbred and quarter horse race. Funding of this program by the industry for research conducted on its behalf is far more likely to gain industry acceptance than research funded by industry stakeholders for their own purposes.

- The racing industry must educate the public about the use of medication in racing and the manner in which it is regulated.

Although the regulation of medication by the racing industry is not perfect and free from criticism, it does an exceptional job in rooting out cheating when compared to other sports. The overwhelming majority of medication positive reports in this country are the result of legitimate mistakes involving the administration of drugs for therapeutic purposes.

The industry needs to educate the public on all aspects of medication policy, including how we test, why we test, what is permitted, why it is permitted, what is not permitted and how violations are handled. Racing should promote the steps it takes to insure the integrity of the sport and its protection of the betting public. The THA urges that an industry statement on medication explaining all aspects of medication protocol and testing be drafted and included in every daily program and in the Daily Racing Form. The administration of any permitted drug to a horse should be disclosed to the public on the daily program and in past performance charts.
• This new system should become a “best practices standards” for racing. Those jurisdictions and their racetracks who participate in this program should be publicly recognized for their participation.

The new medication protocol outlined in this Report, if implemented nationwide, should become a “best practices and standards” in drug testing and enforcement by the racing industry. The THA recommends that the betting public be advised in the daily program of those states and racetracks that have adopted and are participating in this “best practices and standards” program. This will afford the betting public the opportunity to know which racing jurisdictions are playing by one set of rules and which ones are not.

The THA urges industry stakeholders and regulators to consider this plan and move it towards adoption as soon as possible, but not later than April 1, 2002.