

T H E C H E M I C A L H O R S E

Researched and Written
by JANE ALLIN
© The Horse Fund

I N D E X

- Part 1: Introduction (p. 1)
- Part 2: Historical Aspects (p. 2)
- Part 3: The Inception of Drug Testing (p. 4)
- Part 4: Drugs and Their Actions (p. 8)
- Part 5: Policies and Tactics (p. 13)
- Part 6: Class 3 Drugs — Performancing Enhancing or Not? (p. 14)
- Part 7: Class 4 Drugs — Harmless Therapeutics? (p. 18)
- Part 8: The Unclassifieds (p. 24)
- Part 9: A Call for Reform (p. 28)
- Part 10: Who Rules? (p. 38)

* * *

PART 1 — INTRODUCTION

LITERATURE dating back to antiquity conveys the steadfast penchant of humans to push the boundaries of excellence in performance, all in pursuit of the "golden ring".

Over time, the proliferation of performance-enhancing drugs commonly referred to as "doping", particularly by those organizations that regulate competitions, has spread like a pandemic throughout the sports world.

Most unfortunately, horse racing is not atypical of this directive apart from the fact that the athletes have no choice in the matter; the sacrifices are costly and the outcome for the horses even more abysmal.

Moreover, the quest to grab the "golden ring" in the racing industry is far removed from the innocuous merry-go-round.

Today, the discordant topic of medication in the race horse is predominantly a dilemma associated with North American racing.

That is not to say that drug violations do not occur in other countries but rather they are much less commonplace.

Drugs that are administered – some legally – to virtually every racehorse in North America have been banned in the UK, Europe, Japan and all other major racing jurisdictions in the world.

As much as performance enhancement raises issues related to competitive imbalance, what is of greater consequence is the ability of these drugs to mask pain and allow injured horses to keep racing.

Injuries and catastrophic breakdowns in North American racehorses are unmistakably on the rise.

It is widely believed that with the current level of inbreeding producing evermore fragile horses the irresponsible and disproportionate administration of performance-enhancing drugs lays the foundation for the majority of these problems.

The current state of horse racing in North America is best described as a volatile cocktail fueled by economic greed together with increasingly fragile horses and pervasive drug administration that has transformed this once distinguished "Sport of Kings" into a controversial, much maligned commercial industry rife with abuse and disregard for its athletes.

* * *

PART 2 — HISTORICAL ASPECTS

THE PRACTICE of administering performance enhancing substances to race horses is not new and dates back as far as 3,000 years ago. [1]

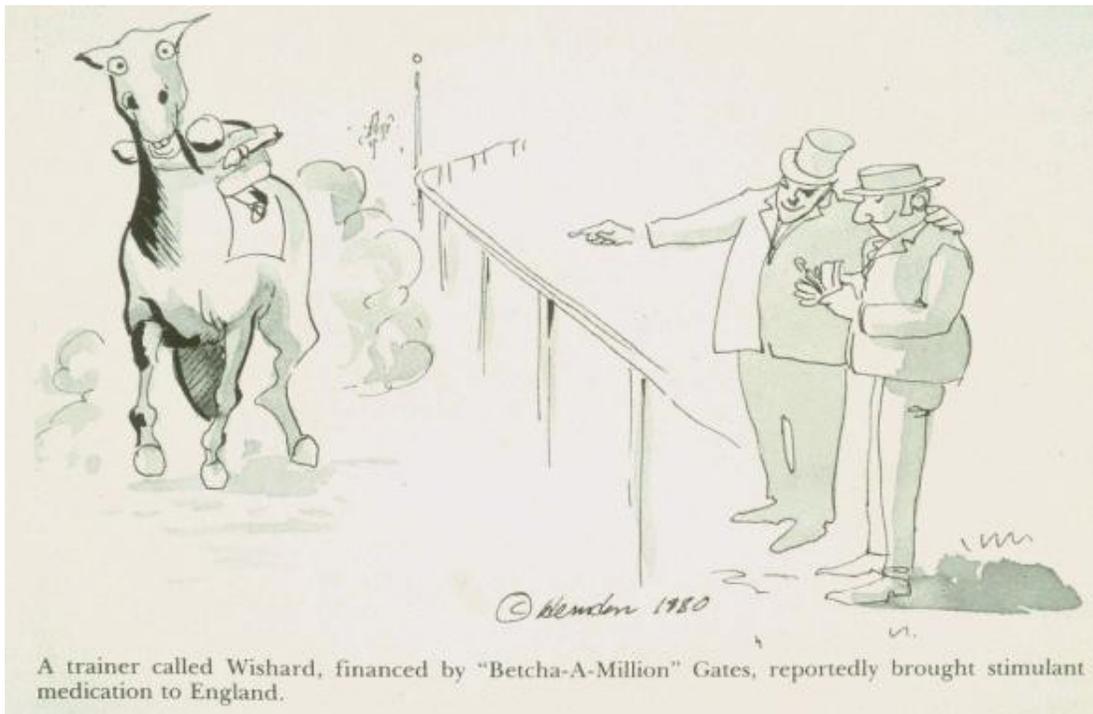
Not until the turn of the 20th century did drugs come under scrutiny as the realization that "doped" horses ostensibly had a competitive advantage. Interestingly the term "doping" and its association with drugs originates from the phrase "getting the inside dope" (i.e. information) and was used to describe handicapping in the 1890's. [2]

In the 1800's, the advent in North America of purified drugs such as cocaine and morphine and their legal and uncontrolled availability established a means of introducing the "medicated" horse to the track for purposes of competitive advantage.

Cocaine a powerfully addictive stimulant, and morphine, a potent opiate analgesic, would be the harbingers of modern drug use in the Thoroughbred. In combination or alone these drugs would serve to increase endurance either by elevating alertness, energy and motor activity or by relieving acute or agonizing

pain – a recipe seemingly so effectual that before long the practice of doping made its way to England and other parts of Europe.

"Around the turn-of-the-century (1890-1910), a number of American trainers went to Europe, taking with them these new 'American' medications. As a group, these trainers were so successful that they became known in European racing circles as the 'Yankee Alchemists.' " [3]



It did not take long for the European and English trainers to protest against the fraudulent American practice of drugging their horses, primarily as a result of their victories over their foreign counterparts.

In England the matter was addressed by the Honorable George Lambton who after repeated attempts to persuade the Jockey Club to contend with the problem took it upon himself to purchase some of the drugs. With bravado he declared that the English horses would themselves be given medication for the races in which the American horses were participants. [4]



Honorable George Lambton

Soon thereafter, in 1903, the Jockey Club of England ruled that running a medicated horse was now an offence against the rules of racing in said country.

Perhaps the greatest significance to the racehorse doping trend in the United States is the story of American trainer Jack Keene, who traveled overseas in quest of reaping the rewards of junked-up racehorses.

Mr. Keene's run, however, came to an abrupt halt one day when he was met in the paddock by a Russian racing official, followed by Russian chemist, complete with a basket of frogs. Some saliva was taken from Mr. Keene's horse, and presumably force-fed to the frog, which then reportedly behaved in a most un-frog-like way". [5]

Unable to race horses in Europe, and now banned from racing horses in Russia, Keene soon returned home to Kentucky and his family farm – Keeneland – where he laid out the track that bears his name, and helped build Lexington into the influential Thoroughbred racehorse breeding and sales center it is today.

North American horse racing is as steeped in tradition as in its drug use. |

[1] http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2885.2006.00770_4.x/abstract

[2] <http://colinsghost.org/2009/02/pack-mckenna-one-of-racings-original.html>

[3] <http://thomastobin.com/drugsmeds/drugsmeds.htm>

[4] Ibid.

[5] Ibid.

* * *

PART 3 — THE INCEPTION OF DRUG TESTING

DRUG TESTING of racehorses in North America began earnestly in the early 1900's however it was next to impossible to enforce these policies and monitor the use of drugs since at the time there were no definitive tests established to assess the level of substances present.

Moreover, at this introductory stage it was more or less based on an honor system wherein the rules of racing without the aid of performance-enhancing drugs were enacted and the trainers and owners simply agreed to abide by these regulations.

By the 1930's it was widely known that there was rampant drug use, including

narcotics, within the horse racing alliance in North America despite the drug bans that had been in place over the preceding years. About this time official drug testing had begun to take hold in other parts of the world.

Finally in 1932 an editorial in *The Blood Horse* alerted the Federal Bureau of Narcotics of these allegations which prompted them to investigate, leading to over 100 convictions of owners, trainers and other personnel at the racetrack. [1]

Effectively this pressured the horse racing business into adopting more stringent measures that would, in practice, improve the image, integrity and future survival of horse racing.

In view of the novel sanctions imposed on the racing industry together with the proliferation of new race tracks in several states in the US, the National Association of State Racing Commissioners was created.

Comprised of racing commissioners from seven states — Florida, Kentucky, Maryland, Michigan, New Hampshire, New Jersey and Ohio — the goal of the organization was to unify the sport within the US and bring to it "forceful and honest nationwide control of racing for the protection of the public". [2]

One of the first steps in reform was to address the issue of drug testing in consequence of the investigation conducted by the FBI. Although the FBI investigation diminished the use of narcotics in horse racing, it did not however curtail the use of other equally potent drugs.

Without existing standards in place the Commission embarked on a program intended to prevent the dispensation of drugs by employing a means of detection. Lacking any decisive or pertinent test method the American authorities sought the help of European experts. [3]

In France a scientist by the name of Kaufman had developed a test method to detect the presence of drugs in saliva.

A chemist, Mr. C.E. Morgan and a veterinary surgeon, Dr. J.G. Catlett out of the Florida Racing Commission traveled to Paris and London to study this method and on return in 1933 began routine collections and analysis at The Hialeah Park Race Track. [4]

Soon thereafter "saliva testing" was introduced to other racing states and the incidence of illegal drugging cases quickly subsided in these areas adding credibility to the sport as it further infiltrated the horse racing circuit.

Over the ensuing years more sophisticated methods of detection were developed

as did the practice of urine collection as an alternative or complement to saliva.

However with these advanced techniques also came the clever introduction of different drugs by zealous individuals seeking to gain profit that were more difficult to detect with each advance in the analytical testing regime.

By the late 1940's, the use of narcotics was surreptitiously replaced with amphetamine-type drugs and other related compounds that mimic the stimulation of the sympathetic nervous system - in other words the part of the central nervous system that activates what is often termed the fight or flight response. [5]

Not long after, local anesthetics such as procaine became evident followed by anti-inflammatory drugs and anabolic steroids. [6]

It wasn't until the mid-1980's that a revolutionary new test procedure for high potency drugs was developed - now the backbone of drug screening worldwide. Its inception was directed by the then Kentucky State Racing Commission in response to the widespread and indiscriminate use of powerful narcotics, stimulants, bronchodilators and tranquilizers which eclipsed the less sensitive primary screening test of that time — Thin Layer Chromatography (TLC). [7]

Although inexpensive and fast, the complexity and potency of these compounds proved to overwhelm the capability of TLC to detect the presence of these drugs in the racehorse.

With the introduction of ELISA (Enzyme Linked Immuno Sorbant Assay) in 1988 — basically a variant on the home pregnancy test technology – the sensitivity of modern drug testing had finally met the needs of the industry, perhaps even more so than necessary. [8]

Later using more sophisticated adjunct analytical technology, in particular Mass Spectrometry (MS), the window of detection was pushed to extreme limits such that the extraordinary sensitivity complicated the matter further, particularly in the case of the "zero tolerance" concept according to most of those in the business.

"Zero tolerance" is the racing regulators' philosophy in regulating drug use in race horses — even trace amounts of drugs are not tolerated.

"To Arthur and other equine medical professionals, zero tolerance has no meaning because some level of drugs can always be found with sensitive enough testing. All states start with a zero-tolerance baseline, but the more progressive jurisdictions, such as California, Louisiana, and Kentucky, have

begun instituting threshold levels for various therapeutic medications". [9]

Perhaps a system of threshold limits is a justifiable solution for this dilemma but how are these limits determined and who really knows what level of a particular drug could potentially have an impact on performance?

Moreover, the use of threshold limits is of course a way around the positive drug tests and not a solution – as long as the level is below the threshold value no one will be punished and the use of drugs will continue.

More importantly, what are the effects of continuous use, regardless of quantity, on the horse? Are many of these drugs truly therapeutic and necessary? Thoroughbreds routinely receive medications whether they have ailments or not.

One must also keep in mind that the predominant basis for administration of drugs in racehorses is related to lameness.

Given that a horse can't effectively perform on compromised legs, it is for this very reason these drugs are still in use – a "Band-Aid" for persistent problems with the fragile prototype of the modern Thoroughbred that clearly lead to disaster.

"A consensus among researchers and surgeons has developed that legal medications and cortisone shots, over time, leave a horse vulnerable to a catastrophic breakdown". [10]

Drug dependency, as in humans, is not natural and can create a host of chronic and debilitating problems.

The terms "drug abuse" and "drug dependence" are intrinsically indistinguishable.

And therein lies the challenge; moral and ethical conduct does not always prevail on the track – abuse of the innocent by the greed-driven, commercial horse racing industry.

[1] <http://www.aorc-online.org/about/our-history/>

[2] <http://www.arci.com/about.html>

[3] <http://bjssportmed.com/content/10/3/100.extract>

[4] <http://colinsghost.org/2009/04/dr-ring-and-origins-of-horse-doping.html>

[5] <http://bjssportmed.com/content/10/3/100.full.pdf>

[6] Ibid.

[7] <http://thomastobin.com/drugsmeds/drugsmeds.htm>

[8] Same as 7.

[9] <http://www.drf.com/news/zero-tolerance-policy-causing-total-confusion>

[10]

http://topics.nytimes.com/topics/reference/timestopics/subjects/h/horse_racing/drugs.html

* * *

PART 4 – DRUGS AND THEIR ACTIONS

IN THE late 1960's and early 70's a policy of "permissive medication" banned elsewhere in the world was adopted in North America.

The legalization of drugs brought with it continuing crises that to this day plague the North American racing industry.

Wherein the measure was intended to legally regulate the limits of drug administration for therapeutic use, instead it has created a culture of clandestine alchemists who scheme to gain advantage at any expense.

Wherein the measure was intended to legally regulate the limits of drug administration for therapeutic use, instead it has created a culture of clandestine alchemists who scheme to gain advantage at any expense.

Effectively all Thoroughbreds in North America race on drugs. The carnage is simply a derivative of economic gain and profit margins.

Over the course of time, a systematic drug classification for horse racing was developed by the Association of Racing Commissioners International (RCI) which is reviewed on a semi-annual basis. [1]

The principal rationale for developing the Uniform Classification of Foreign Substances was to educate racing regulators (e.g. stewards) in the relative performing-enhancing effects of the more than 750 agents that have appeared in forensic samples of race horses. [2]

Attaching an actual number to the categorical inappropriateness of a drug makes it feasible for the layperson to comprehend the degree of impropriety of any drug or medication they may encounter.

Table 1 outlines briefly the drug classification scheme established by the RCI.

Table 1. Uniform Classification of Foreign Substances

Source: <http://www.arci.com/druglisting.pdf>

Class	Therapeutic Use	Performance Enhancing Effect	Description	Examples
1	Not accepted	High	Potent stimulant or depressive	Opiates, Amphetamines
2	Not accepted	High	Nervous and cardiovascular stimulants, and depressive neuromuscular blockers	Caffeine
3	Undecided	Moderate to High	Bronchodilators, anabolic steroids, high level diuretics and sedatives	Winstrol
4	Yes but with potential of abuse	Moderate to Low	Corticosteroids, relaxants with no CNS effects, NSAIDS higher than established limits	Phenylbutazone ("Bute")
5	Yes but with concentration limits	Possibly but controlled by limits	Primarily localized action but regulated by concentration limits	Ranitidine ("Zantac")

There is much to say about this classification scheme and its ability to effectively regulate the administration of these drugs to racehorses — none of it positive from the perspective of the horse. It is yet again manipulation in its most flagrant form — an authoritative and ostensibly medical foundation for the categorization of potentially harm-inducing medication simply to permit the usage of drugs without reservation.

A list of the most common permissible and habitually used drugs will cast doubt on their efficacy of promoting welfare to the horse. According to some, the three most widespread performance-enhancing drugs used today are; anabolic steroids (Class 3), corticosteroids (Class 4) and "milkshakes" (bicarbonates — not categorized but regulated by a threshold). [3] This is by no means an exhaustive list as there is a myriad of drugs routinely used to enhance the physical health of the typical racehorse.

What it does point out however is a glaring contradiction between what is, by and large, perceived to be performance enhancing and what is actually classified as performance-enhancing. As per the recommended guidelines outlined by the ARCI, both corticosteroids (non-steroidal anti-inflammatory drug or NSAID) and bicarbonates belong to categories seemingly benign. So what is the more

appropriate assessment regarding these medications?

Moreover, how is it possible to group anabolic steroids in the Class 3 category — "undecided" — may or may not be therapeutic use? It is common knowledge that they are performance-enhancing drugs that build muscle and confer improved endurance. Anabolic steroids carry with them reputed risks and should only be administered to horses who suffer from chronic wasting conditions.

If this is the case, these ailing horses shouldn't be racing in the first place. This begs the question as to why anabolic steroids are even tolerated in NA racing. After all, these guidelines were created to prevent the use of performance-enhancing drugs while promoting therapeutic treatment. Or were they?

"The ban on anabolic steroids proved that when this industry works collaboratively, game-changing progress can be made in a short period of time," Phipps said. "We need more of that spirit of cooperation and a greater sense of urgency". [4]

It is simply a joke — ban them — but list them as Class 3?

A minor misdemeanor in the racing world — a proverbial slap on the wrist — is a sinful and self-propagating endorsement for actions instrumented to camouflage the ugly truth. And to think this is only one example of the hundreds of noxious concoctions fed to these vulnerable creatures.

Apart from the Class 1, 2 and 3 drugs with a predisposition to performance-enhancement, there is an increasingly more insidious side of drug use in North American horse racing that is now attracting much attention from racing officials due to the negative publicity it garners from fans, bettors and the rest of the global racing industry.

Two drugs in particular have become ubiquitous, both of which are categorized as therapeutic and are legal in most jurisdictions. These are none other than Salix (Furosemide formerly known as Lasix) an anti-bleeding medication and Phenylbutazone (PBZ) or "Bute", one of the three NSAIDs permitted in controlled quantities on race day by the NTRA (National Thoroughbred Racing Association).

Salix, a powerful diuretic, can be legally administered four hours before a race to horses that have been documented with a history of bleeding. [5] On the other hand the administration of "Bute" is prohibited within the 24 hours before post time for the race and is controlled by plasma threshold concentrations.[6]

No other country in the world permits race day medication nor do they allow horses to run on the threshold levels permitted in North America.

Prior to discussing the effects these drugs have on the Thoroughbred and ostensibly the fine line that divides the terms performance-enhancing and therapeutic or for that matter unsafe, it is worthwhile considering a compilation of rulings documented by the Racing Medication and Testing Consortium (RMTC) for 2010 and 2011 to date.

Since the beginning of 2010 there have been approximately 600 drug infractions in the 38 racing jurisdictions in North America which, by the way, lack standardized drug testing or legality.

Although the RMTC record is not complete as the list is subject to information available through public disclosure, it nonetheless provides an overall representation of the common drugs detected as well as those that are generally less frequently discovered in forensic samples.

Table 2 outlines some of the more common drug violations. Keep in mind that this represents only a small percentage of the actual number of drugs that comprise the list.

Table 2. Drug Violations in Thoroughbred Racing (2010-2011)
[\[http://www.rmtcnet.com/content_recentrulings.asp\]](http://www.rmtcnet.com/content_recentrulings.asp)

DRUG	CLASS	CATEGORY	USES
Phenylbutazone (Bute)	4	NSAID	Musculoskeletal inflammation
Furosemide (Salix)	N/A	Diuretic	Anti-bleeding (EIPH)
Flunixin	4	NSAID	Musculoskeletal inflammation
Methocarbamol	4	Muscle Relaxant	Skeletal muscle spasms
Clenbuterol	3	Beta2-agonist	Bronchodilator
Dexamethasone	4	Corticosteroid	Anti-inflammatory/ immunosuppressant
Triamcinolone Acetate	4	Corticosteroid	Anti-inflammatory/ immunosuppressant
Dimethyl Sulfoxide (DMSO)	5	Solvent	Topical analgesic
Methylprednisolone	4	Corticosteroid	Anti-inflammatory/ immunosuppressant
Omeprazole	5	Proton Pump Inhibitor	Gastric acid suppressant
Ranitidine	5	Proton Pump	Gastric acid suppressant

		Inhibitor	
TC02 (Milkshake)	N/A	Bicarbonate	Counteraction of lactic acid in muscles
Testosterone	3	Anabolic Steroid	Build muscle mass
Boldenone	3	Anabolic Steroid	Build muscle mass

Many of these drugs are used in combination without known effects on the physical health of the horse while others not mentioned occur less frequently but are more potent and can have serious lasting side effects particularly when given habitually over the longer term.

What's more is that many of these powerful drugs, although effectively banned, are now controlled by threshold concentrations meaning that they can be administered to horses as long as there has been a sufficient withdrawal period such that traces of the compounds do not show up in samples pre- or post-racing.

A carefully orchestrated approach prompted by the "zero tolerance" issue for allowance of the more potent medications.

Clearly the use of some of the drugs reminiscent of old has gone by the wayside due to increased surveillance as a result of pressure from global competition and overall disdain for unregulated performing-enhancement drugs.

Nevertheless North America has failed miserably. The drivel dispensed by the authorities should fail to convince even the uninformed.

"In fact, almost all drug positives being called are of the minor variety. So far in 2010, there have been over 400 medication-related rulings against Thoroughbreds in the United States, according to information collected by the ARCI and available on website of the Racing Medication and Testing Consortium, an industry research group. Not one positive has been called for a Class 1 drug, the most serious, and only four Class 2 Thoroughbred violations made the RMTCC list." [7]

They are not missing the point. Rather they are transparently circumventing it.

What has happened in the downward spiral of horse racing in North America is that drugs inappropriately classified as therapeutic have superseded what once was accepted practice, and now substitute in great quantity what other more dangerous drugs accomplished in lesser concentration.

Why?

Because these are the accepted rules, and punishment is typically inconsequential. Play by the rules and reap the benefits with minor expenditure and penalty.

The innocuous Class 4 drugs function most conveniently, as tokens of blamelessness.

[1] <http://www.arci.com/druglisting.pdf>

[2] <http://www.lsu.com/unv002.nsf/%28NoteID%29/DBF185D6B0C8B1BA86256D020047DA47?>

[3] <http://goo.gl/oyqk3s>

[4] <http://www.thoroughbredtimes.com/national-news/2011/04/11/jockey-club-backs-call-to-end-race-day-medications.aspx>

[5] <http://www.toba.org/owner-education/common-injuries-and-ailments.aspx>

[6] http://www.ntra.com/safetyalliance/Final_2011_Code.pdf

[7] <http://community.tvg.com/t5/The-Grandstand/Drug-Testing-and-Confusion/m-p/316672>

* * *

PART 5 – POLICIES AND TACTICS

AT THE same time the North American racing industry aspires to persuade the public and the rest of the global racing community of its advancing drug policies in terms of horse welfare, it neglects to account for its penchant for chronic over medication regardless of an intangible drug classification scheme.

The continued aggressive use of legal drugs, many of which have potentially non-therapeutic benefits, continues to plague the North American Thoroughbred wherein the number of fatal breakdowns is steadily climbing.

The legalization of drugs and lax regulation has in fact led to increased use of less abrasive drugs with equally dire consequences.

While the effects of most of the Class 1 and 2 drugs are well documented, there is much uncertainty and contention with many of the Class 3 and Class 4 alleged therapeutic medications.

None of these drugs is allowed at any level in most racing jurisdictions around the globe. At the heart of the matter is the idea that if a drug can be used therapeutically, there is no limit to its benefits. Many of these drugs, in particular the corticosteroids, are very potent, and if administered appropriately and judiciously, can be effective in managing pain, inflammation and other equine

ailments.

"However, clinical experience has shown the examining veterinarians these drugs can be terribly misused in racehorses. While reducing inflammation can be beneficial in the short term, the underlying pathological condition is often left unchanged. If the true extent of the injury cannot be evaluated by the examining veterinarian at the time of the pre-race examination, horse and rider may be placed at undue risk." [1]

Although most racing jurisdictions in North America have managed to curb the practice of allowing certain race day medications there persists a culture of drug dependence unlike the rest of the racing world.

What are the effects of these so-called therapeutic drugs? Do they in fact enhance performance? Are they genuinely therapeutic? Are they safe?

A closer look at the effects of some of these drugs have on the physiology of the horse should cast no doubt upon the false guise they act as purely therapeutic agents.

In the end, it is the manner in which the racing industry has, for practical purposes, developed a tactic that deals with the low-level therapeutic positives spawned by ambitious drug-testing and the adoption of tolerable threshold levels. A threshold is analogous to a speed limit.

As long as test results are below the permitted threshold, even if positive drug levels are observed, a trainer, for example, can be warned but not punished.

[1] http://www.rmtcnet.com/resources/NSAID_IA_Cort_Statement.pdf

* * *

PART 6 — CLASS 3 DRUGS: PERFORMANCING ENHANCING OR NOT?

UNDENIABLY, Class 1 and 2 drug prevalence and violations are in decline in North America.

Most of these drugs are, for all intents and purposes, ill-intentioned when administered to enhance performance and the consequences on the welfare of the horse are destructive and far-reaching.

Nonetheless they continue to show up in drug testing albeit in lesser frequency than more "tolerable" medications.

Given the ambivalent nature of the questionable therapeutic use of Class 3 drugs it is worthwhile to consider two that remain on the current list of violations. One such category of drugs is anabolic steroids, currently restricted but not truly banned from racing.

Controlled by threshold limits they continue to surface in the countless violations that continue to beleaguer the industry. Anabolic steroids such as Boldenone or Stanozolol (Winstrol) are synthetic compounds that mimic the effects of male sex hormones.

By increasing protein synthesis within cells they effectively enhance the production of cellular tissue, particularly in muscles. [1] Most who administer these substances claim to do so to improve appetite, promote tissue healing and help the horse regain their competitive spirit. [2]

"Kentucky Derby winning trainer Bob Baffert comments. 'People complain that we don't run our horses enough. If they get rid of steroids you'll see them run even less often. If a horse has been racing hard or is dull, the steroids help recharge their batteries. They don't make horses run faster'." [3]

Doubtful and hardly close to what these nasty drugs should be used for in the typical racehorse — if at all.

Baffert unsuccessfully endeavors to use the pathetic rationale of therapeutic medication but his statement clearly falters as it is in direct reference to enhancing the performance of the horse. Guilty as charged.

While it is quite likely that anabolic steroids may not improve the speed of the racehorse it is widely known that they do build muscle and can combat fatigue.

Moreover, horses in other parts of the world race very successfully without anabolic steroids. So why use them in North America?

According to many veterinarians there are significant gains in physical strength, stamina and mental attitude of race horses. [4]

So the bottom line again is simply for competitive advantage at the expense of the horse and the belief — clearly stated — that they improve performance.

In contrast to what these veterinarians assert, the negative aspects of steroid use are wide-ranging.

A horse's muscle mass is primarily on the top half of their frame. At high speeds

an enormous amount of weight comes down on their legs with only tendons and ligaments to absorb the huge amount of energy and power transferred to their limb structure. With an increase in body mass the risk to the Thoroughbred increases significantly given the fragility of their legs as a result of incessant inbreeding.

As for other effects on the horse, anabolic steroids can interfere with normal sexual functions rendering some of the stallions, geldings or mares who are administered them permanently infertile.[5]

Moreover, these "roids" typically increase aggressive and unmanageable behavior creating a level of unpredictability that adds risk and danger to those who handle the horse.

"This behavioral inconsistency is pretty common with ABS or exogenous androgen treatment. It always rings true to me when I hear reports on the concerns about erratic behavior in humans on steroids — that's exactly my experience with horses. I'd rather be around a consistently tough stallion on his natural hormones than a mild stallion or a gelding or a mare that's on anabolic steroids. You let your guard down, and you can get hurt," McDonnell cautions." [6]

Steroids also contribute to clotting disorders, liver damage, heart attacks, strokes and weakened tendons. [7]

Apart from the persistence of steroid use, violations of the drug Clenbuterol over the permitted threshold are far more prevalent. Because it is a bronchodilator there has been great concern about its ability to enhance performance.

Sold under the name Ventipulmin, its pharmacological use should be restricted to horses with legitimate respiratory conditions. Instead, because it relaxes the muscles that line the airways, it is used in the otherwise healthy horse to increase the amount of air intake in each breath due to its ability to enlarge or dilate the airways.

By increasing the amount of oxygen to the lungs some believe that it will allow the horse to runner faster and enhance performance. However, it has been documented that in the healthy horse this is not the case.

"The drug was given intravenously to racehorses and oxygen levels were found to be no higher than in horses that did not receive it. Although it appears to help horses with diseased lungs, it does not seem to help healthy horses." [8]

While it is not an anabolic steroid, clenbuterol has some of the same effects such as increasing muscle mass and enhancing performance. [9] One of the more precarious effects on muscle function is that a horse tires more quickly than one not on the drug.

Could this contribute to breakdowns? Most definitely. Additionally it has been shown that long-term use has the potential of decreasing heart function, performance, exercise capacity and the horse's ability to recover from physical exercise.[10]

"After banning it as a performance enhancer, racing later permitted the widespread use of Clenbuterol — a drug originally marketed to fatten cattle — after its proponents claimed nothing else worked as well to clear out a horse's respiratory system. Despite evidence suggesting that this drug can alter the muscle mass of the heart, it is commonly used in racing." [11]

The question then arises as to whether the risks to the horse and the prospect of monetary penalty to the trainer are worth it. There is little doubt that the horse does not factor in as heavily as the potential profits. With the temptation to achieve full performance on race day and with penalties so low, there is no incentive not to.

[1] http://en.wikipedia.org/wiki/Anabolic_steroid [2]
<http://www.indianaharness.com/Announcement/IHRC/Anabolic%20Steroids%20in%20Horse%20Racing.pdf>

[3] Ibid.

[4] <http://veterinarynews.dvm360.com/dvm/Veterinary+Equine/Anabolic-steroids---uses-and-abuses/ArticleStandard/Article/detail/510572>

[5] [http://www1.agric.gov.ab.ca/\\$department/deptdocs.nsf/all/hrs3718](http://www1.agric.gov.ab.ca/$department/deptdocs.nsf/all/hrs3718)

[6] See footnote 4.

[7] <http://www.bloodhorse.com/horse-racing/articles/44131/commentary-a-matter-of-integrity>

[8] <http://www.veterinarypartner.com/Content.plx?P=A&A=2913&S=0&SourceID=69>

[9] <http://www.aqha.com/en/Racing/News-Articles/AQHA-Studies-Clenbuterol.aspx>

[10] See footnote 8.

[11] <http://www.animallawcoalition.com/horse-slaughter/article/543>

* * *

PART 7 – CLASS 4 DRUGS: HARMLESS THERAPEUTICS?

AS MUCH as many drugs can and are used to heighten performance, by far the most controversial in the horse racing industry today are the Class 4 NSAID's (Non-Steroidal Anti- Inflammatory Drugs) corticosteroids and the much criticized "Lasix" (also known as Salix) — an unclassified permitted race day medication in North America.

It was in the 1970's when North America adopted the policy of "permissive medications" that the administration of Lasix and painkiller Butazolidine — the brand name of Phenylbutazone (commonly referred to as "Bute") — became standard at the track. Hence there is a long history of drug abuse when it comes to these types of medications.

Many in the industry believe that Salix is beneficial to the horse because it prevents the common problem of bleeding in the lungs or EIPH (exercise-induced pulmonary hemorrhage).

The majority of the racing jurisdictions in North America also permit the administration of one of the NSAID's over a prescribed period of time (no earlier than 24 hours before race time).

These are typically either phenylbutazone ("bute"), flunixin or ketoprofen. Others include steroidal (catabolic) anti-inflammatory drugs or corticosteroids used to decrease inflammation in joints.

There is much concern that the presence of these drugs interfere with the ability of the tending veterinarian to properly evaluate the horses on race day as they have the tendency to mask lameness and respiratory problems.

In fact, over medicating with legal drugs together with lax oversight to their use has led to a consensus among equine researchers and surgeons that legal medications such as Salix and Bute as well as cortisone shots, over time, leave a horse vulnerable to a catastrophic breakdown. [1]

- Corticosteroids

Intra-articular corticosteroids have been used for many years in the horse racing industry to aid in the treatment of the swelling and inflammation in the joints of horses.

These catabolic steroids act as potent anti-inflammatories and immunosuppressants that have benefits in low dosages for therapeutic uses only. Typically these drugs are injected directly into the joints analogous to

transmission fluid for an automobile.

"Used properly, corticosteroids can be beneficial at lower doses about six to seven days before a race, Soma said. But they often are administered 'improperly' — 48-72 hours before a race, in multiple joints, and perhaps weekly, he said." [2]

Although there are threshold limits to abide by their use is persistent and the wide-spread overages in higher than recommended doses in otherwise healthy horses contribute to a host of problems - in particular serious negative consequences on cartilage integrity. If used inappropriately, these powerful anti-inflammatories can destroy the cartilage and potentially contribute to chronic arthritis. [3]

Additionally the use of corticosteroids can delay healing of soft tissues such as ligaments and tendons meaning that if a horse is relying on the drugs to relieve pain and swelling the underlying injury is still subject to repeated stress that is now masked and as such can create further and more acute damage to the tissues. [4]

These are not the only side effects that have been documented.

Not only are the corticosteroids anti-inflammatory medications but they are also immuno-suppressants meaning that they have the capacity to suppress immune system function resulting in an increased susceptibility to infectious diseases and cancers.

When used on a frequent long-term basis many of these horses may be vulnerable to chronic infections, especially lung and sinus problems (e.g. viral respiratory illness). [5]

If that isn't enough:

"Another side effect of corticosteroids in the horse is laminitis or founder. The specific reason why corticosteroids predispose to founder is unknown, but it is thought to be related to an effect on the blood supply to the deep layers of the foot. The occurrence of this phenomenon is variable and is more likely to occur when more potent types of corticosteroids are used or very high doses of the less potent ones are used for long periods of time.

The exception to this is the individual horse, which for unknown reasons, is more sensitive to corticosteroids with respect to founder. It has been observed that even a few low doses of less-potent corticosteroids will cause sore feet in some horses." [6]

And finally, it has been demonstrated that chronic and inappropriate use can lead to life-threatening systemic hormonal and metabolic changes.

These include but are not limited to: weakness and loss of muscle mass, suppression of the ability to produce natural corticosteroids, depressed calcium and potassium levels, induced diabetes-like state with symptoms of increased thirst, hunger and urination and last but not least stomach and duodenal ulcers. [7]

These drugs have the potential of killing a horse at the wrong dose.

Obviously the boundaries of drug administration in the race horse have exceeded the wisdom of normalcy as well as ethical significance. As the industry is dependent on these horses, putting them at risk for the sake of financial gain is forthright insanity.

- "Bute" (aka Phenylbutazone and Butazolodin) and Other NSAID's

Phenylbutazone — or "Bute" for short — was introduced into veterinary medicine in the 1950's and by 1959 had been approved for use in racing by the State of Colorado. [8] Many believe that this was the beginning of the era of "permissible controlled substances" in the horse racing industry.

Probably one of the most famous cases of the use of "bute" in horse racing was the disqualification of Dancer's Image in the 1968 Kentucky Derby.

Post-race urinalysis revealed trace amounts of Bute but, while at the time legal at some tracks, Churchill had yet to adopt this rule. Shortly thereafter it was legalized in most states and was well established in racing jurisdictions by the mid to late 70's.

Many claim that Bute, currently one of the most common drugs used in horse racing, is akin to aspirin.

Classified as therapeutic there are many misconceptions about this hypothesis, primarily from the standpoint that it allows injured horses to continue training and running.

Anti-inflammatory drugs do not cure musculoskeletal problems although they do provide control of inflammation which helps to decrease further damage while controlling the discomfort to the horse during painful episodes.

"Phenylbutazone seemed a miracle drug when the stuff began entering the

bloodstreams of racehorses in the 1960s. I was collecting the post-race urine that concentrated the metabolites of that drug during the '60s, and as a teenager I became acutely aware of drugs and racehorses.

What a soothing anti-inflammatory effect bute brought to racehorses in those simpler days when its use first became widespread. The alleviation of certain lamenesses was dramatic. 'Really sweet stuff,' I remember Wright Haggerty's Kentucky groom telling me on the Shelby, Montana, backside in 1965 as he pestelled up tiny white 100-milligram dog pills he had received from my father, the attending and regulatory veterinarian (thus my job as urine catcher)." [9]

Phenylbutazone is used to treat a wide range of musculoskeletal disorders such as sprains and strains, muscular overuse (including both muscular damage and strain/damage of the tendons attaching muscles to bone), tendonitis, acute joint injury/strain/sprain, and arthritic conditions.

It is also often used to control the fever associated with viral or bacterial infections but its use under these circumstances may mask the severity of the problem. [10] No doubt that short-term relief is of merit but continued administration can lead to severe and problematic consequences for the horse.

The question then arises as to the performance-enhancing ability of this so-called innocuous "aspirin-like" medication. There is no doubt to this end effect.

Although Bute may not make a horse run faster, nonetheless it enables mobility via its anti-inflammatory effect. A horse that feels no pain will run as it would without the underlying physiological problems associated with their legs, feet or joints. Weakened musculoskeletal structures however are prone to further injury when worked to the same extent as their healthy counterparts.

The other problem that's lies within is the mindset that if the horse doesn't respond as expected simply increase the dosage.

It has been proven time and again that the proper management of lameness in the horse is rest. Unfortunately for the horse, the owners and trainers are not willing to wait these long periods of time as with every passing day they lose more money.

"With racehorses the clock is ticking, fast. If drugs can save time with racehorses, they are used for just that. And that is the case these days. The industry has transcended bute. The monthly veterinary bills at Belmont and Aqueduct often exceed the monthly training fee. Ask any owner." [11]

Unmistakably the use of Phenylbutazone and other common NSAID's such as flunixin or ketoprofen allows the horse to continue training or return to training in a shorter period of time.

However, with these drugs masking the degree of lameness that continues to exist, there is the consideration of the contribution to both catastrophic and non-catastrophic breakdowns.

This is especially true in the case of "stacking" NSAID's — a common practice which is routinely used and appears frequently in the record of violations.

Combining different NSAID's is an illegal practice due to this masking effect on lameness which can, in effect, eliminate pain. It is callous and irresponsible to believe these medications do not contribute to further detriment to the horse.

As with the corticosteroids, Bute can also increase the propensity toward gastrointestinal ulceration when administered on a continuing basis.

Gastric ulcers are common in horses, with prevalence estimated from 53 to 93%, depending on populations surveyed and type of athletic activity.

The gastric ulcers in horses are caused by many factors including, anatomy of the stomach, diet, restricted feed intake, exercise, stress (stall or transport), and the use of non-steroidal anti-inflammatory agents. [12]

In racehorses the incidence tends to the upper limit as a result of the implacable combination of strenuous exercise, stress and NSAID's.

This tendency of increased gastric ulceration however is neatly managed by yet more drugs. Enter the proton pump inhibitors (e.g. Ranitidine (Zantac), Omeprazole) which suppress the production of gastric acids – "Nexium" for horses.

It seems then that the Class 5 medications such as these serve as a category of drugs that manage the effects of the other more potent ones — plainly a domino effect and a never-ending cycle of drug abuse that ultimately shortens not only the racing careers of these guileless creatures but also their life expectancy.

In 2008, the U.S. House Subcommittee on Commerce, Trade, and Consumer Protection examined the state of horse racing.

During a hearing, Susan M. Stover, DVM, PhD, Diplomate of the American College of Veterinary Surgeons, Professor, JD Wheat Veterinary Orthopedic Research Laboratory, School of Veterinary Medicine, University of California, Davis,

testified:

"Musculoskeletal injuries are the greatest cause of racehorse death and attrition" "From 1990 to 2006, an increasing trend was observed for injury rates. The proportion of Thoroughbred horses with a fatal musculoskeletal injury during racing and training has risen from approximately 3 horses to 5 horses per 1000 Thoroughbred race starts. The proportion of Thoroughbred racehorses with a fatal musculoskeletal injury has risen from 17 horses to 24 horses per 1000 Thoroughbred horses that started a race. Musculoskeletal injuries resulted in 19-33% of racehorses leaving training within a 3 month or less period in the United States." [13]

Dr. Stover explained "many catastrophic, fatal musculoskeletal injuries" result from pre-existing, less severe injuries that occur from "repetitive, overuse".

In other words, horses continue to train and race despite injuries or damage which may be untreated or do not heal sufficiently. The result is further injury and damage, many times catastrophic or fatal. [14]

These comments together with the fact that the average number of starts per year for a racehorse has gone from over 11 to about 6 in 40 years beg the question as to how much of a role medication has played on the shortened careers and lives of the Thoroughbred. On the contrary Seabiscuit raced almost 40 times as a 2-year-old yet some still remain in denial.

"Trainer Ken McPeck suggested the Thoroughbred breeding industry is in part responsible for the decrease in the number of starts per horse. He said the economics of the business have made horses more valuable; therefore, they don't race as much, and are often are retired early, mostly for breeding purposes.

"Horses are every bit as sound today," McPeck said. "You can't blame medication for the problem. I think there is a correlation between (number of starts) and (the breeding industry), but how significant it is, I'm not sure." [15]

Repeated and long-term use of medications leads to tolerance; over time larger and larger doses are required to produce the same effect. Alternatively the effectiveness of the drug begins to ebb if the dosage remains the same.

Building a tolerance for a drug exacerbates both drug abuse and dependency. Increased breakdowns, fewer starts and prolific drug use — there must be a connection.

No time like the present has it been more important to put an end to this abuse and debauchery.

- [1] <http://goo.gl/4xmmZT> [NYT link inactive; use search box].
- [2] <http://www.bloodhorse.com/horse-racing/articles/50634/pa-to-regulate-corticosteroids-as-of-june-1>
- [3] <http://www.thehorse.com/ViewArticle.aspx?ID=347>
- [4] Ibid.
- [5] Ibid.
- [6] Ibid.
- [7] <http://www.stablemade.com/hproducts/drugs/Dexamethasone.htm>],
[<http://www.horseracingofficial.com/default.asp?id=8.2&article=314>
- [8] http://www.rmtcnet.com/resources/Phenylbutazone_Review-Dr._Larry_Soma-Final.pdf
- [9] <http://therail.blogs.nytimes.com/2008/06/04/drugs-and-racehorses/>
- [10] <http://www.stablemade.com/hproducts/drugs/Phenylbutazone.htm>
- [11] <http://therail.blogs.nytimes.com/2008/06/04/drugs-and-racehorses/>
- [12] http://jas.fass.org/cgi/content/full/83/13_suppl/E18
- [13] <http://www.animallawcoalition.com/horse-slaughter/article/543>
- [14] Ibid.
- [15] <http://www.bloodhorse.com/horse-racing/articles/8594/is-medication-really-the-root-of-racings-problems#ixzz1L6mJsYxn>

* * *

PART 8 — THE UNCLASSIFIEDS (Salix and Milkshakes)

- Furosemide (Brand Name Lasix also called Salix)

BECAUSE Salix — now more commonly known as Lasix — is a powerful diuretic when administered to a horse it causes the kidneys to increase urine production over and above the normal limit.

As a result water is removed from the blood, not only in the lungs but also throughout the body.

This reduces the volume of plasma (i.e. the liquid component of the blood that the red blood cells are suspended in) which in turn increases urine excretion, promotes dehydration, weight loss and electrolyte imbalances.

How it helps counteract bleeding is by lowering blood pressure especially in the aorta and pulmonary artery which diminishes the problem of EIPH (Exercise-

Induced Pulmonary Hemorrhage) [1] and returns performance to typical levels. [2]

It is well known that due to the strenuous nature of the exercise involved in horse racing where Thoroughbreds can reach speeds of over 40 mph over the duration of 2 minutes or more, a majority of race horses will to some extent show bleeding in the lungs.

Also known as Simple EIPH, the root cause of this acute, rather than chronic, problem is due to ruptured lung capillaries that release blood into the air passages of the lungs.

Accordingly the air passageways can become obstructed which causes labored breathing and thus difficulty in running. [3]

Because Salix prevents such bleeding in the lungs, it is arguably a performance enhancing drug. For this reason most trainers perceive this drug as adding a competitive advantage especially given that others on the same playing field use it on a regular basis.

Moreover, since every horse will almost certainly have some blood in their lungs post-race, all one has to do is simply have their horse 'scoped' for the detection of blood and they will be put on an EIPH racing list. [4] Problem solved.

There is, however, a darker side to the use of Salix that has no appreciation for the well being of the horse.

A powerful diuretic that can flush out upwards of 2% of a horse's weight in water, the use of Salix can result in the loss of excess potassium and magnesium upsetting the normal electrolyte balance which can bring about an irregular heartbeat and sudden death.

Even low doses of the drug in a dehydrated horse can cause "thickened blood" or circulatory collapse, usually as a result of blood pressure dropping too low.

Furthermore the loss of such large volumes of water (up to several gallons) can confer a weight advantage of as many as 20 pounds or more.

Given that the typical imposts [5] carried by different horses as a handicapping tactic only vary between 5 to 10 pounds, the loss of 20 pounds is indeed significant. [6]

While this in itself is shameless deceit, the excessive urination also has the ability to flush out trace amounts of illicit drugs to the extent that on post-race testing,

they go undetected — a two-fold effect on achieving performance advantage.

What is even more contemptible is that there is literature to suggest that Salix is relatively ineffective at preventing EIPH, the very condition it is meant to control. [7]

In any case it seems that this is transparently apparent to some simply through observation.

"It can't be a coincidence that the introduction of Lasix came at precisely the time a trend began whereby horses make fewer and fewer starts each year. It appears that Lasix has done the exact opposite of what its proponents said it would do, which, if you think about it, makes perfect sense. Horses that have to rely on a drug to get through their race day don't figure to last as long as the ones that gets by on mere hay, oats and water.

"So, it appears that Lasix doesn't solve bleeding or keep horses in training longer. Then what does it do? According to the World Anti-Doping Agency, it masks other drugs. That's why it is on its list of banned drugs, which means athletes competing in the Olympics are not permitted to use it.

"Lasix is a fraud. There is strong evidence that it is detrimental to the long-term well-being of the horse and some of the world's most respected scientists say it can mask other drugs. Its pervasive use adds to racing's image as an outlaw sport where drug use is rampant. Besides Canada, no other country in the world allows it. Yet, its usage here is out of control and no one seems to want to do anything about it. That needs to change." [8]

- Milkshakes

Another unclassified "treatment" to enhance performance is the Milkshake — a concoction of baking soda, sugar and other additives — and has been used by trainers for many years.

Still prevalent in racing today "stomach drenching" is close to an undetectable way to boost a horse's performance as it is not prohibited and bicarbonates are produced naturally in the body.

The method of administration consists of intubation through the nostril of a horse whereby the mixture is poured through the nose and down the throat. This is to ensure that every ounce of the solution reaches the stomach.

It is widely believed that the elevation in the pH of the blood caused by these alkalizing agents lowers the deleterious effects of lactic acid produced in muscles during exertion or high speed performance.

Studies have indicated that high concentrations of lactic acid in the blood and muscle are correlated with fatigue. [9]

In effect the buffering ability of the bicarbonate counteracts the effect of the lactic acid by preventing the decrease in pH. This is nothing more than calculated manipulation of the horse's metabolism.

Apart from the obvious discomfort to the horse, there are other more serious side effects.

As a result of delaying the onset of fatigue, some horses require long periods of time to recover from this practice while others never do and their racing careers are cut short. [10]

More disturbingly if the procedure is performed incorrectly it can puncture a lung and the horse will die by drowning.

There is also concern that Milkshakes have the ability to mask other drugs. In theory the administration of alkalizing drugs can affect the excretion of other drugs.

"Drugs that are of a basic nature might be excreted in lower concentrations and for a longer duration, while those that are more acidic could be excreted more rapidly. One study showed significant increases in water consumption two hours after dosing and a threefold increase in urine production for 18 hours following the administration of 250 grams of sodium bicarbonate. Sodium bicarbonate administration also will acutely increase sodium and bicarbonate output in the urine sample. This masking effect seems to be most effective for drugs such as lidocaine, procaine, and cocaine." [11]

Note the mention of the drugs "lidocaine, procaine, and cocaine". All are Class 1 medications — powerful performance enhancers — that carry with them stringent penalties and imminent harm to the horse.

What's more, it has been postulated that DMSO (Dimethyl Sulfoxide), an analgesic only allowed in threshold values through topical application, has been administered orally by incorporation into Milkshakes to provide pain relief and therefore prolong the onset of fatigue even further. [12]

One must sympathize with these exhausted injured Thoroughbreds, the majority of them still youngsters, run into the ground on their last legs, metaphorically speaking, as in a dilapidated old car.

[1] Exercise-Induced Pulmonary Hemorrhage (EIPH) refers to bleeding from blood vessels within the lung (pulmonary) which occurs during strenuous exercise (see <http://www.eiph.org/>).

[2] <http://www.thinkythings.org/horseracing/lasixinfo>

[3] Ibid.

[4] Ibid.

[5] The weight carried by a horse as a handicap.

[6] <http://www.thinkythings.org/horseracing/lasixinfo>

[7] <http://www.horse-races.net/library/review-112702.htm>

[8] http://sports.espn.go.com/sports/horse/columns/story?columnist=finley_bill&id=3324301

[9] <http://www.harness.org.au/hra/papers/TC02Q-A.HTM>

[10] http://www.amymgillphd.com/library_sub/docs/pdf/Bicarbonate%20Loading.pdf

[11] Ibid.

[12]

http://topics.nytimes.com/topics/reference/timestopics/subjects/h/horse_racing/drugs.html

* * *

PART 9: CALL TO REFORM

"These foreign investors are not confident that horses purchased in America will be able to compete in international venues. With six or more generations of heavily medicated American horses racing on drugs, we are now often being referred to as breeders of the 'chemical horse'. In fact, one of the most prominent owners in Europe recently said, 'We use the United States as a dumping ground for our weaklings.' " [1]

— ARTHUR AND STACI HANCOCK, ROY AND GRETCHEN JACKSON
and GEORGE STRAWBRIDGE

IN HORSE RACING, as with other sports, the use of performance-enhancing drugs is frowned upon since it undermines the principal philosophy of the game as well as devaluing and debasing the rewards of competition.

In the case of horse racing, it is not only irrefutably "cheating", but also animal abuse.

Moreover, when any extraordinary incident is achieved in competitive sport it engenders as much suspicion as it does a sense of awe thereby compromising the very nature of its function as entertainment.

In North American horse racing, these achievements are indeed extraordinary; it is staggering to think how these over-medicated and unsound youngsters manage to compete as fiercely as they do.

In any sport, the romance that seemingly goes with it, is to churn out enhanced performances. But at what cost?

If only to emphasize speed over endurance through the use of questionable and dangerous drugs, coupled with unconstrained breeding programs, how can this bring anything but disgrace to the horse racing industry? To the rest of the racing world, the lax regulation of drug use in North America is inexcusable, and profoundly challenging the survival of bloodstock sales in this country.

Certainly there is ample evidence that the proliferation of drug use in North America, whether performance enhancing or therapeutic, has cast an ugly shadow upon a commercial business that is estimated to contribute nearly \$40 billion annually to the Gross Domestic Product of the United States economy as well as providing approximately 1.43 million full-time jobs. [2]

"With attendance and wagering down all over the country, this brings with it not only a significant loss in revenue, but also the unmistakable realization that the public is cognizant of the situation, and will no longer tolerate it. It is a sad state of affairs when "what comes off a veterinarian's truck and goes into a horse is often perceived to be as important to the performance of a horse as its talent". [3]

The insidious use of these harmful and often toxic drugs has only added to the weakness of the modern NA Thoroughbred rather than improving it in any significant way.

The implementation of a unified drug policy has been envisioned for many years, not only to achieve consistency and fairness in North America but also to move toward integrated global guidelines. Drug regulation in other parts of the world is much more stringent and serves to provide a basis for improving the integrity of the sport in North America.

Nonetheless what is of critical importance, regardless of the strategy, is to change the profit making mindset to one that places the safety and welfare of the horse as its highest priority. Until the industry faces the medication issues in earnest, its

efforts to address equine safety will be altogether misguided.

The subject of unification and control of drug policies in North America has been thrashed about for decades without resolve or agreement from racing authorities and those within the industry.

As far back as the early 1990's research studies undertaken and committees formed to address the situation have been a focal point for the push towards reform within the industry in pursuit of establishing a benchmark for the provision of equine health and welfare. Yet with all good intentions considered, the decisive issues that beleaguer the industry have not changed.

Modern North American Thoroughbreds continue to spiral downwards in terms of soundness and the integrity of the sport remains in jeopardy.

"We can draw a line on a graph clearly indicating the decline in average number of starts per horse per year, and trace it directly back to the introduction of race-day use of Bute and Lasix. The sharp decline in average annual starts that began in the 1970s continues today, at an ever more precipitous rate. Today's horses race an average of just 6.11 times per year, compared with 11.31 times in 1960, 10.22 in 1970, and 9.21 in 1980." [4]

Despite the adoption of Model Pari-Mutuel Rules, developed by the RMTC (Racing Medication and Testing Consortium) which are drafted and approved by the RCI (Association of Racing Commissioners International) on an annual basis, the United States maintains the most permissive medication policies for Thoroughbred racehorses from a global perspective.

Many agree that the continued and aggressive use of legal drugs is unequivocally accountable for the world's highest mortality rates where short-term fixes with superfluous administration of therapeutic drugs, have produced considerable vulnerability in the North American racehorse.

"A Jockey Club study released last March determined that racehorses died at the rate of 2.04 per 1,000 starts in the United States and Canada, a rate twice as deadly as in any other country. The Jockey Club has pointed to multiple studies that show permissive drug rules are part of the cause of the high mortality rates. It has gotten the Association of Racing Commissioners International, or R.C.I., to lower the allowable level of phenylbutazone, which can be used to mask injuries to horses," commented Mark Simons in the Thoroughbred Times." [5]

Much of the problem can be attributed to the fragmentation of regulatory bodies in the United States where 38 racing jurisdictions in 38 different states exist, each

with their own set of rules and drug policies.

The intention of the creation of the RMTC in 2002 was to address this very issue but to this day no standardized drug testing or legal rulings are in place on a national level. Since the racing agencies of each state are governed by that state's legislature, they are empowered by their own rules and at their own discretion disconnectedly from other jurisdictions within the US.

Despite the fact that the industry has developed "model rules" with the intention of creating universal regulations governing the use of drugs, there is no manner of enforcement if a state decides not to abide by the recommended measures. Countless states have not adopted these rules and have manipulated them to complement their perception of how they intend to make use of these medications to their best advantage, not necessarily in the best interest of the horse.

What this amounts to is an assemblage of discrete "empires" that exercise sweeping control of those individuals within its alliance frequently creating challenges both within and between individual states.

Different rules and different tolerance levels apply at different racetracks along with considerable discrepancies in suspension time for the same medication violation. More often than not many of the rulings are viewed as unconstitutional and much time and effort can be expended on disputes and appeals.

To this end the penalties imposed by different states are customarily incongruous. This in itself generates much controversy as some states will uphold a trainer's suspension that has been imposed in another state while others will permit trainers to race regardless if they have been suspended under the legislation of another state agency. [6]

As a result there is little incentive to adhere to drug guidelines. Moreover, there is no coherent set of rules as to who is liable – some states will penalize the trainers while others the veterinarian. [7]

As far as penalties go, a positive drug test typically brings with it inconsequential fines and suspensions that can be analogous to a "slap on the wrist" – laughable in comparison to those imposed by other global racing organizations such as the Federation Equestre Internationale [The International Federation for Equestrian Sports] (FEI) which has a zero-tolerance policy through pre- and post-race testing and where no appeals have yet to be won. [8]

Contrast this to trainers in the US such as the incorrigible Richard Dutrow Jr., Jamie Ness (pictured left) or Bob Baffert for example who have averaged a

medication violation every 343, 217, and 465 starts respectively. [9].

"In fact of the top 20 trainers by purses won (2010), only two – Christophe Clement and Graham Motion – have never been cited for a medication violation". [10]

Table 1 below tells the tale.

Table 1. Repeat Offenders

Frequency of drug violations for horses of the top-earning trainers in the United States (2010)

<http://www.nytimes.com/2010/11/04/sports/04racing.html>

TRAINER	STARTS AS OF OCT 26, 2010	STARTS PER MEDICATION VIOLATION
Jamie Ness	4,349	217
Richard Dutrow Jr.	6,174	343
Bob Baffert	9,297	465
John Sadler	10,983	478
W. Bret Calhoun	7,882	525
Kiaran McLaughlin	4,262	710
Doug O'Neill	8,872	807
Michael Maker	2,650	883
Jerry Hollendorfer	24,452	978
Steve Asmussen	26,619	986
Dale Romans	8,628	1,438
Thomas Amoss	9,709	1,618
Anthony Dutrow	5,935	1,978
Mark Casse	8,214	2,054
Todd Pletcher	12,063	2,413
William Mott	19,551	2,444
Nick Zito	13,394	4,465
Roger Attfield	9,123	4,562
Christophe Clement	5,973	0
Graham Motion	7,659	0

Clearly the frequency of these violations together with the fact these individuals continue to train while suspended, regardless of the offense, demonstrates how ludicrous the North American system of penalty enforcement and severity is.

Time and time again these trainers circumvent the rules and are rewarded for their penchant to cheat with punishments that all too often are in name only; their stables remain open and their horses are permitted to race, typically under the name of a trustworthy assistant.

In 2006, for example, when Asmussen (pictured right with Tapiture) was suspended by Louisiana authorities when a filly he trained tested 750 times over the legal limit for the local anesthetic mepivacaine, which can deaden pain in a horse's legs, he turned his horses over to Scott Blasi, his longtime assistant.

Blasi won 198 races in 2006 as the Asmussen stable finished the year with more than \$14 million in earnings. [11]

Moreover, the frequency of violations seems not to factor into the equation either.

"And it takes a near-miracle for a trainer to be permanently barred. Rick Dutrow, trainer of the 2008 Derby winner Big Brown (who raced on then-permitted steroids before his inexplicable non-performance in that year's Belmont Stakes) has accumulated more than 60 violations in his career.

Yet it was only earlier this year that the Kentucky Racing Commission revoked his license, and he continues to train while that decision is on appeal and while he awaits a hearing in New York, the result of which will also almost certainly be appealed." [12]

Obviously the punishment does not fit the crime.

While the North American horse racing industry is making some progress in its struggle to rid itself of a number of illegal drugs, it remains to have little control of the rampant use of legal medications particularly those, which in the minds of many, are perfectly harmless – the so-called therapeutics – Lasix, Bute and corticosteroids for example.

It is however these very drugs that are contributing to the escalating rise in injury rates.

Many of these injuries are a result of pre-existing conditions that have occurred from repetitive overuse during training and racing.

With repeated use and abuse of these drugs, these trainers and owners force these horses to race to exhaustion on injured or fractured limbs never giving time to heal the underlying damage.

Unfortunately the punishment for this carnage is not harsh enough or significant enough to discourage people from using these debilitating measures in pursuit of any means, above-board or not, to gain an edge.

As Dan Metzger, The TOBA (Thoroughbred Owners and Breeders Association) puts it "when you get a slap on the wrist, for a lot of people it's just the cost of doing business." [13]

While the trainers bear the brunt of the liability associated with any positive indication of drugs, where do the attending veterinarians and owners feature in this scenario?

In the big scheme of things aren't these individuals equally accountable? Certainly they should be held responsible as they are endemic to the whole.

"Many people believe the real culprits are veterinarians, the ones actually dispensing the drugs. As things now stand, there is very little accountability in regard to vets. Every time a horse is entered, a trainer should be required to put down the name of the veterinarian that is treating the horse. If some vet's name keeps popping up in connection with horse after horse that records a stunning form reversal then track security will know it had better start asking some questions and putting some pressure on that vet." [14]

Herein lies the corruption that feeds the moral crisis of the horse racing industry in North America - it is a money proposition. These veterinarians are highly educated individuals yet continue to chronically administer these drugs to allow these horses to compete at all costs, most notably their lives.

Why?

They make small fortunes marketing and selling these medications and it seems nothing stops them from treating these horses as mere commodities.

"The Hall of Fame trainer Jack Van Berg told a Congressional subcommittee last June that training horses had become 'chemical warfare.' Arthur Hancock, a fourth-generation breeder and owner, said that after routinely receiving medication bills for more than \$1,000 per horse, he told his vet to give his horses drugs only when they were sick.

'You want to win races, don't you, Arthur?' Hancock said the vet replied.

". . . . The monthly bills for routine care for some horses surpass \$1,000."
[15]

And it is by no means only the trainers and veterinarians at the core of this debacle. Thoroughbred owners are also a pivotal element in this deadly game of "Chemical Warfare".

Horses are routinely administered medications whether called for or not. What's more, there is no transparency as many are loathe to disclosing their medication records.

An article written by Joe Drape prior to the running of the 2009 Kentucky Derby says it all.

"Of the 20 owners or their trainers who as of Monday intended to run a horse in the Derby, only three shared their veterinary records with The New York Times.

"The 17 owners unwilling to show the records offered a variety of reasons for their refusal. Some talked about competitive pressures, and one trainer cited his horse's privacy.

"David Lanzman, co-owner of the Derby favorite, I Want Revenge, referred the inquiry to his trainer, Jeff Mullins.

"I'm a mortgage banker," Lanzman said. "I don't know what goes on back there.'

"Mullins declined to provide the records.

"The owners' responses make it impossible to tell what practices even racing's most prominent and accomplished people follow when using chemistry to improve their horses' performance." [16]

It is hardly difficult to imagine why many of these records remain locked and sealed without public scrutiny. Basically we would be privy to testimony that would unveil the virtual "walking apothecaries" these horses have become.

It is not the illegal drugs such as cobra venom (yes, snake venom), the opiates, EPO (erythropoietin), anabolic steroids or stimulants, for example, that are at stake here, but rather the persistent use of painkillers such as the NSAIDs (e.g.

Bute) and corticosteroids as well as Lasix and other adjunct anti-bleeding medicines.

More to the point, this begs the question as to whether these medications should even be allowed during training. Breakdowns occur equally as frequently during training exercises as on race day.

Sadly, these seldom are reported and belie the actual carnage that occurs on the track. These drugs should only be used for what they are intended – as therapies to heal injuries not as crutches that will see these vulnerable creatures to the finish line without heed to their welfare – betrayed of their loyalty, abused and discarded.

Aside from the obvious and intentional manipulation of the race horse, this also brings us to the legal angle of the game – the bettor and the integrity of the industry itself. Drug enhancement is not only a detriment to the horses but is also problematic since it has the potential to significantly skew racing statistics.

Anyone placing bets based on odds as well as the historical performance of a horse is risking more than the obvious.

What's missing in the equation is the uncertainty of drug use – were previous outstanding races a result of performance-enhancing drugs or those that mask pain? Do they run on the same drugs at each and every race? How long ago did they receive that anabolic steroid fix?

In particular, many of the therapeutics can be administered in such a way as to modify a horse's performance so that consistency of form is compromised. This can introduce unpredictability in race-to-race performance so the bettor is at a disadvantage for each and every bet that is placed.

Unlike most other sports, the use of drugs in horse racing is acutely deleterious since the fans money is at stake.

"Brian Stewart, head of veterinary regulation for the Hong Kong Jockey Club, said that while it was impossible to scientifically link drugs to injuries, 'we believe medication adds a risk factor, not only to injury, but to inconsistent racing performance.'" [17]

There is currently no tangible means of eliminating this ambiguity; as it exists today the horse racing industry can be likened to a charade for animal cruelty and blatant fraudulence in terms of the betting public.

Without transparency in drug records the bettors are being defrauded. Fraud is a

crime punishable by law.

"We talk to our bettors, (drug cheating) is a big issue," Willmot, who runs the country's largest racing operation, said yesterday in an interview.

We've seen double-digit declines in (wagering) the past 18 months and it's not just because people wanted to stop betting.

Something happened to make them stop, especially the big bettors. They are voting with their wallets.

The racetracks and the regulators are doing their very best to deal with it. But if the horsemen don't become totally vigilant and do everything they can to minimize this, they might not have an industry. It is that threatening.

We can't have any tolerance for cheats. It has to be our duty to do everything we can to ensure our racing is honest and free of fraud." [18]

Apart from these issues, a fundamental component of the medication dilemma is the testing itself.

Unlike other countries such as Europe, England and Canada for example where testing is centralized, the US has a total of 18 test labs each in different states where the tracks are situated. Moreover, of these, only four are accredited.

Without accreditation the scope of standardization is greatly compromised.

Adding to this quandary is the glaring issue of all but non-existent pre-race testing.

It is widely known that many performance-enhancing drugs given in the right dosage can only be detected before a race and hence promote exploitation by those endeavoring to do so.

Clearly, the unpredictable combination of North America's fragmented regulatory bodies, indiscriminate penalties for drug violations and deceitful racing trainers and others involved in the industry create a disquieting venue for adequate drug regulation.

The long history of the racing industry's tendency to sweep the drug issues under the rug is well established on a national as well as global level. If the industry is to survive here in the US the need for reform is imminent.

- [1] <http://graphics8.nytimes.com/packages/pdf/sports/therailletter.pdf>
- [2] http://www.caloosarealty.net/Horse_Industry_Statistics.pdf
- [3] <http://www.nytimes.com/2009/04/30/sports/othersports/30racing.html>
- [4] <http://www.thoroughbredtimes.com/national-news/2011/04/14/simon-commentary-waiting-for-nothing-from-rci.aspx>
- [5] <http://www.nytimes.com/2010/11/04/sports/04racing.html>
- [6] www.law.villanova.edu/Academics/Journals/.../16%20vill%20199.ashx
- [7] Ibid.
- [8] <http://www.horseracingintfed.com/>
- [9] <http://www.nytimes.com/2010/11/04/sports/04racing.html>
- [10] Ibid.
- [11] <http://www.nytimes.com/2009/11/05/sports/05horses.html>
- [12] <http://therail.blogs.nytimes.com/2011/05/14/racings-drug-problem-more-complicated-than-it-looks/?ref=sports>
- [13] <http://cs.bloodhorse.com/blogs/wgoh/archive/2011/02/23/enough-already-by-jacqueline-duke.aspx>
- [14] <http://sports.espn.go.com/sports/horse/columns/story?id=1995466>
- [15] http://www.nytimes.com/2009/04/30/sports/othersports/30racing.html?ref=eight_belles_race_horse [16]
- http://www.nytimes.com/2009/04/30/sports/othersports/30racing.html?ref=eight_belles_race_horse
- [17] <http://www.nakedcapitalism.com/2008/05/they-shoot-horses-dont-they-triple.html>
- [18] <http://slam.canoe.ca/Slam/HorseRacing/2007/02/20/3647886-sun.html>

* * *

PART 10 – WHO RULES?

- State Regulation

WITHOUT A DOUBT, the North American industry needs to regulate drug policies and sanctions on a national scale to bring itself in line with horse racing on a global basis.

This model of unity would include penalties, tolerance levels, elimination of all race-day medications and the formation of a national organization analogous to other professional sports such as the NFL or NBA for example or more aptly the global racing organization - Federation Equestre International (FEI).

Currently the 38 individual state agencies operate under the auspices of the Association of Racing Commissioners International (RCI). However, as good as the intentions of the RCI may be they exercise no power in terms of enforcing

what they have set out to accomplish.

Part of the problem may stem from the declining condition of the racing industry in North America, and the reluctance of the individual state agencies to impose effective deterrence measures on the trainers as a means of ensuring the sport remains alive.

In any case, the penalties unmistakably need to be much stricter and carry with them heavy fines, detention periods and possible jail sentences where infractions are serious, frequent in nature and where they threaten the lives of the horse and the jockey.

The rest of the world runs drug-free on race day and there is no solid evidence to suggest that North American horses can't either. In fact many North American horses have raced very successfully on tracks in other global jurisdictions where zero-tolerance policies are enforced.

"Anyone who still thinks Lasix is necessary would have a hard time explaining the results of the Dubai World Cup Day races. Fifteen U.S.-based horses competed and, of course, all 15 used Lasix when running in North America. The United Arab Emirates, like every other country in the world not named the United States, does not allow horses to compete on that or any other drug. But our drug dependent thoroughbreds did just fine without their fixes.

"Including Curlin, who was brilliant when winning the Dubai World Cup, three American horses won on the six-race card. Plus, Idiot Proof was second in the Golden Shaheen and Well Armed was third in the Dubai World Cup. It doesn't seem that any of our horses were put at a disadvantage because they didn't have their supposed anti-bleeding drug. Apparently, neither were any of the 68 non-American horses who ran that day at Nad al Sheba Racecourse." [1]

Today drug use in the US is worse than it has ever been notwithstanding the restrictions and policies of banned substances in place.

Moreover, it is the use of race day medication and the perception of lawlessness that has recently brought these issues to the forefront where both the public and racing authorities are now questioning whether the industry has the best interests of the horse at heart.

Until there is uniformity in drug regulation the problems will remain widespread and will continue to diminish the integrity of the horse racing industry and the ensuing detriment to the horses, jockeys and fans.

At the root of the problem is the ever-present race-day medication Lasix, a powerful diuretic which scientific studies have revealed is ineffective in the healthy horse – the majority – and other adjunct bleeding medications.

Additionally the NSAID's, in particular the ubiquitous Bute, as well as the long-term crippling effects of corticosteroids regulated by thresholds but with lasting effects that mask injury and allow horses to run with underlying injury are at fault. Many believe that the chronic use of these medications have lead to the mounting frailty of the North American Thoroughbred.

Unfortunately there is no single organization in the United States that has the power or authority to enforce standardized drug policies.

This includes a large number of associations that are considerably influential: The Jockey Club, RCI, the National Thoroughbred Racing Association (NTRA), Thoroughbred Owners and Breeders Association (TOBA), Breeders' Cup Ltd. (BC), or the Kentucky Thoroughbred Association (KTA), for example.

Consensus on unity will be a difficult and tortuous path fraught with ambiguity and resistance on the part of trainers and veterinarians who profit agreeably from prolific exploitation of permissible medications.

However, despite the lamentable status of the fragmented drug regulations that currently prevails there is much anticipation of change.

Why? Change is central to salvaging what is left of the nearly irreparable industry as it exists today in North America – unspoken castaways in the global picture of an industry – once revered as the "Sport of Kings" both in North America and abroad.

If racing is to remain vibrant in the US and Canada, the industry must cleanse itself of the skeletons that perpetually haunts its closets.

With the March 2011 appeal by the RCI calling for a 5-year phase-out plan that would eradicate the use of drugs and medications in US racing, there may be discernible movement for reform in consequence of the portentous reputation that embraces North American horse racing. Given that the US and Canada are the only major racing countries in the world that allow the use of race day medications, it is very likely that Canada would follow suit. This would bring the whole of North America back on par with the rest of the world.

As RCI's new chair, William Koester, Chairman of the Ohio State Racing Commission, succinctly calls attention to:

"Today, over 99% of Thoroughbred racehorses and 70% of Standard-bred racehorses have a needle stuck in them 4 hours before a race. That just does not pass the smell test with the public or anyone else except horse trainers who think it is necessary to win a race. I'm sure the decision makes at the time meant well when these drugs were permitted, however this decision has forced our jurisdictions to judge threshold levels as horsemen become more desperate to win races and has given racing a black eye." [2]

This prominent development speaks volumes for the North American racing industry. All that is required now is support from the many organizations that can enable its execution.

To this end, most of the leading racing associations are in favor of a drug-free racing policy including The Jockey Club, BC, TOBA and Keeneland, among others, while the only non-conforming group appears to be the NTRA. At least, they have not yet taken a position on the RCI proposal.

Incomprehensibly, NTRA's president and CEO Alex Waldrop vehemently denies there is anything wrong with how the industry deals with drug and medication issues. Waldrop entirely misses the concept: it is race day medication that is the problem that North American horse racing needs to remedy to conform to the rest of the racing world and restore the integrity of its industry.

In contrast the rest of the racing world applauds this development.

"In the last 20 years, the proliferation of medication has become a big issue in American racing, and the impact it has had on contaminating the breed is an even deeper issue," said John Gosden, a trainer based in Europe [England] who previously trained full time in the U.S. and regularly ships runners to prestigious international events.

The game has become so chemically oriented to the detriment of American racing. When I go to yearling sales, I'm concerned with what the horses have raced on and to what extent their performance was influenced by medication." [3]

Louis Romanet, chairman of the International Federation of Horseracing Authorities (IFHA) adds:

"'. . . the international community is 'absolutely delighted' with the U.S. opening dialogue on drugs in its races . . . IFHA prefers the no-medication approach for many reasons, but the first reason is that racing should be without medication on a global level,' Romanet said. 'We have very big competitions throughout the world—like the Breeders' Cup in the U.S.—and

for the organizers of [the Breeders' Cup] to call their event the World Championships while allowing its athletes to compete on medication is absurd. What sport today would call an event its world championships if its athletes were on medication?' " [4]

Instead, the NTRA along with the American Association of Equine Practitioners (AAEP) and the Racing Medication Testing Consortium, Inc. (RMTC) have called for an international summit on the issue of race day medication, Exercise-Induced Pulmonary Hemorrhage (EIPH) and horse racing. All for naught no doubt, as it appears to be a venue that will welcome the opinion that race day medications are a viable alternative to "zero-tolerance" policies.

What is their motive when Waldrop claims: "Preserving the welfare of our athletes and the integrity of our competition will always be our foremost goals.? [5]

It certainly doesn't seem to be in company with the opinion of the majority, nor does it bode well for NA horse racing or the fact that many believe it is the chronic overuse of therapeutics that is contributing to increasingly more fatal breakdowns and the overall decline in robustness of the NA Thoroughbred.

In any case, however benevolent and progressive the RCI proposal is, there is also the perplexing question of why the lengthy 5-year phase out. Why not one year? A clean and swift break from dependency?

Delaying the implementation of prohibiting race day medications will only muddle the issue further. Five years gives the trainers and regulators of the industry too much time to devise circuitous ways around the system while in the interim horses will continue to suffer at the hands of individuals who should themselves be phased out.

Time will tell whether this is merely a goodwill gesture or an unyielding movement towards reforming North American horse racing.

- Federal Regulation

In the wake of the RCI's five-year drugs phase out proposal – and opportunely only three days prior to North America's crown jewel in horse racing, The Kentucky Derby – a looming development arose out of Washington.

Concerned about the nation's "chemical warfare" on the race track, a bi-partisan group of politicians including longtime advocate of federal regulation of racing medication rules, Kentucky Representative Ed Whitfield, filed legislation entitled the "Interstate Horseracing Improvement Act 2011". Its companion bill was introduced in the Senate by Democratic Senator Tom Udall of New Mexico.

The bill is basically an amendment to the 1978 bill of the same name which stipulates that Congress can require simulcast races to be run-drug free.

As Joe Drape, a writer for the New York Times who relentlessly pursues the drug scandals in the North American horse racing industry, calls attention to – "simulcast wagering is the financial engine of the pari-mutuel industry. Last year (2010), such wagering accounted for 90 percent of the \$11.4 billion wagered on the sport". [6]

Clearly there is a lot riding on the introduction of this bill.

Drape goes on to say:

"Some of horse racing's most influential stakeholders have known that the bill was coming and in recent weeks have called for the elimination of all illegal drugs as well as legal ones, like corticosteroids, that can mask an injury.

Arthur and Staci Hancock, George Strawbridge and Roy and Gretchen Jackson — all prominent owners and breeders — worked behind the scenes on drafting the legislation.

'The industry has suffered a loss of confidence and respect with its fans', Hancock, Strawbridge and the Jacksons wrote in a letter in support of the legislation. 'Countless reports of trainers being charged and doping their horses, coupled with the destruction of horses due to horrific injuries on the track cast our sport as something other than beautiful and noble'." [7]

The reaction to this bill in the North American racing world is at best mixed with the majority strongly opposed to federal intervention. The bill is not for the faint of heart and proposes stiff penalties for both racing personnel and horses alike. If the bill becomes law, the US will reign as the most stringently controlled racing jurisdiction in the world.

The following penalties are proposed.

"Any person who knowingly dopes a horse, or races a horse under the influence of performance enhancing drugs, is subject to civil penalties and suspensions from all activities related to interstate horseracing:

1st Violation	> 180 Day Suspension
2nd Violation	> 1 Year Suspension
3rd Violation	> Permanently Banned

A horse that is doped or raced under the influence of a performance enhancing drug is suspended from interstate horseraces:

1st Violation	> 180 Day Suspension
2nd Violation	> 1 Year Suspension
3rd Violation	> Permanently Banned" [8]

These are stiff penalties indeed that would be career-ending for many, including the horses whose careers typically only span up to 6 years and much less for those who race in more prestigious races.

The legislation appears to categorize all drugs as performance-enhancing without distinction and will hand out the same punishment regardless of what medication is found.

In addition to banning furosemide (Lasix) on race day and creating mandatory federal penalty guidelines for drug violations, it would grant power to the Federal Trade Commission to regulate drug testing of horses and give individuals the right to bring civil actions against racetracks that are not complying with the federal code. [9]

While this would have the ultimate effect of cleaning up the industry and those who defile it, be that as it may, there are many who are reluctant to support federal legislation of the industry.

"Most of the racing industry has aggressively opposed federal regulation, citing concern over laws that could potentially have a crippling impact on the sport. Critics of the draft legislation said the bill was unlikely to gain much support in the House of Representatives, which is controlled by anti-regulation Republicans, because of the way it would broaden federal power.

'This is a serious attack on states' rights,' said one racing official who spoke on the condition of anonymity. 'This is a massive federal intervention, and it would usurp all powers of state racing commissions. The racing commissions are going to fight this tooth-and-nail.'" [10]

Others in the industry cite similar characteristic rationale to distrust congressional oversight.

"The Congressional process is not the best venue to resolve complicated and nuanced issues like medication in racing. In the Congressional spotlight, facts become less important; perception becomes more important.

In addition, the industry enters this process in fragmented form. There are individuals and organizations that are very sympathetic to federal intervention and others who are strongly opposed.

Supporters may be frustrated with the prolonged debate on this issue, but we should be cautious about federal intervention. Having represented the horse industry in Washington, D.C. for some time, I am sure of one thing: once Congress begins debate on proposed legislation, it is easy to lose control.

Amendments can be added to the bill that have nothing to do with the medication issue but are pet projects of others involved in the process. And once there is a federal presence in racing, it is unlikely that Congress would be shy about involving itself again." [11]

While there is no doubt that participation of the federal government in regulating drug use in North American horse racing could be analogous to opening a "Pandora's Box" – one need only to look at horse slaughter legislation and the federal agency Bureau of Land Management's roundups of the wild horses and burros – there is clearly a need for reform within the industry.

Like all major sports in the US and elsewhere there is the prerequisite of a powerful, centralized agency that has the authority to sanction drug and medication laws and regulations. A national organization wherein state agencies retain power yet follow uniform rules of all aspects of horse racing, not just drugs, would serve to unify regulations and penalties while providing a framework similar to the rest of the global racing jurisdictions – an industry-wide consensus and unanimous regulatory enterprise.

If control is given to Congress all power will be lost and the industry will be, at times, in the hands of misled Federal impasse.

"But nationwide medication policies can't be made only with world-beating champions in mind. Rules have to be made that protect the lower ranks, with an eye to prolonging racing careers and keeping races filled. A policy must be made that considers the welfare of all horses, and especially the most vulnerable. Can it be done without medication, the way it is done in other countries? Is a sweeping change possible?" [12]

Most importantly it is the horse at the center of this melee. But until the industry confronts the medication issue seriously, its endeavor to address equine safety will be sadly imprudent. Racing needs what the late Kent Hollingsworth, longtime editor of The Blood-Horse and contributing columnist for Thoroughbred Times

passionately campaigned for over his distinguished career – the call to end all race-day medications.

"Hollingsworth's mantra for years was 'hay, oats, and water,' a recipe he felt could cure some of racing's self-imposed ills. Racing Hall of Fame trainer Meshach Tenney agreed. When the trainer of Swaps and Candy Spots returned to racing after a period of retirement in the 1980s, the stewards tried to update him on new medication rules. Meh. 'Do you have any rules on hay and grain?' he growled. 'Because if you don't, don't bother me. I'm not using any drugs. I'm not going to and I never have'." [13]

Horsemanship — not chemistry — is the name of the game.

[1] http://sports.espn.go.com/sports/horse/columns/story?columnist=finley_bill&id=3324301

[2] <http://www.dailyracingnews.com/columnists/bill-finley/the-end-of-racings-drug-addiction/>

[3] <http://www.thoroughbredtimes.com/national-news/2011/04/22/international-medication-reaction.aspx>

[4] Ibid.

[5] <http://www.paulickreport.com/news/ray-s-paddock/proposed-legislation-would-impose-zero-tolerance-on-drugs/>

[6] <http://therail.blogs.nytimes.com/2001/05/04/legislation-targets-drug-use-in-horse-racing/>

[7] Ibid.

[8] <http://graphics8.nytimes.com/packages/pdf/sports/therailletter.pdf>

[9] <http://www.drf.com/news/legislators-set-propose-federal-medication-laws>

[10] Ibid.

[11] <http://www.thoroughbredtimes.com/national-news/2011/05/10/national-perspectives-hickey-federal-legislation.aspx>

[12] <http://blogs.equisearch.com/horsehealth/2011/04/11/philips-jockey-club-rci-medication-hay-oats-water/>

[13] <http://www.thoroughbredtimes.com/national-news/2011/04/14/simon-commentary-waiting-for-nothing-from-rci.aspx>

THE END

©THE HORSE FUND. ALL RIGHTS RESERVED.