

# Therapeutic Drugs & Decision Levels

## A TESTING DILEMMA

BY LAURA GRUBB, WITH HELP FROM DR. DENNIS MEAGHER\*

**A**s modern methods of drug detection become more sophisticated, an increasing number of small amounts of “non performance-enhancing” substances can be found in post-race tests that cause a horse to test “positive.”\* Positive drug tests are “negatives” in the industry, as they cost owners purses, damage trainers’ reputations, and mar racing’s image.

Furthermore, fear of a positive drug test can cause trainers to shy away from medications that are beneficial to horses, negatively affecting their well being. Procaine penicillin is an example of a medication that is superior in the treatment of common ailments, but is not used as often as it should be for fear of incurring a positive test. Procaine is a local anesthetic that can be used to remove pain from an area and is a component of procaine penicillin. Penicillin remains a very effective antibiotic for a horse, but is often not used because the procaine may be found in a post-race test.

Recognizing this dilemma posed by current testing procedures, the California Horse Racing Board (CHRB), TOC, and other industry representatives are discussing California medication rules in an effort to protect owners and trainers from such tests while helping them maintain the health of their horses.

### What is a “Decision Level?”

California is the first racing jurisdiction to develop rules for “decision levels” in therapeutic medications used in racehorses. Decision levels are those extremely low levels at which a substance can be detected in a horse’s post-race test, but not at which they affect the horse’s performance. When a substance found is below a decision level, it is not considered “positive.” Such levels are established through extensive research.

The CHRB has expressed a willingness to discuss expanding the list of permitted therapeutic drugs for which decision levels are established. They are also considering exploring research to determine decision levels for some Class 1, 2, and 3 drugs (see sidebar), particularly those which are environmental contaminants, or commonly found substances.

### Establishing Decision Levels Requires Considerable Research

But before the CHRB will expand decision levels in order to keep up with modern drug testing’s sensitivity, considerable research must be done to determine on a scientific basis that such actions will not enhance the performance of a horse, and thus affect the outcome of a race. For the CHRB, protecting racing’s image in the minds of the betting public is of paramount importance in keeping handle healthy.

During recent discussions at the CHRB’s Medication Committee and Medication Advisory Committee meetings, the need for additional research into the effect of trace levels of therapeutic medications on racehorses was discussed. Drs. Cynthia Baker and Scott Stanley of UC Davis pointed out the types of in-depth studies that are needed, and presented examples for research models that could be used to investigate these issues. CHRB Commissioner Stephan Manolakas, Chairman of the CHRB’s Medication Committee, has proposed that Drs. Baker and Stanley prepare research proposals and submit them for funding consideration. Studying the clearance time of procaine from a horse’s system is one proposed project.

Other initial projects would address therapeutic medications. It is recognized that some drugs in Class 1, 2, and 3 present unique problems because of their presence as “environmental contaminants,” or widely found sub-

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stances. Caffeine is one example, as it is present in such a large range of commonly used products. Also, some drugs in Class 1, 2, or 3 are extremely potent, and have the ability of affecting athletic performance even at very low levels. For example, morphine, a Class 1 drug, could have a marked local effect when given directly into a joint. Thus it is very possible that for many drugs, no decision level will be found in the near future.

It is important to remember that only well-controlled, in-depth scientific investigation will allow for the proper evaluation of these issues, which entails considerable time and money. Opinions and assumptions are not sufficient when it comes to rule changes that involve drugs, which have the ability to affect athletic performance.

Progress is being made, however, in our medication rule dilemma. Owners should understand that many changes have been made over the past several years in medication rules that specifically relate to their equine investments, including:

- In the event of a positive drug test, owners or trainers can request a split sample be sent to an independent, CHRBR-approved laboratory for testing. If the split sample is found to be positive the positive result stands. If the split sample is found to be negative by the independent laboratory, then the test is considered negative

and the case is not pursued.

- For positive tests for drugs in Classes 4-7 (see sidebar), a redistribution of purses does not occur. This is not the case in most states. Positives occurring in Classes 1-3 result in the recession of any purse money earned.

- Stewards are allowed to consider mitigating circumstances when they are considering a penalty against a trainer for a positive test. Whether or not a trainer had control of a substance getting into a horse, especially if it is an environmental contaminant, is factored into their decision-making process.

- Decision levels have been established for 8 therapeutic medications commonly used to treat horses, or are common environmental contaminants. When one of these substances are found to be below the decision level, they are not considered a positive, as it has been determined that at that level they do not have an impact on athletic performance. The eight drugs are acepronazine, mepivacaine, promazine, albuterol, atrophine, benzocaine, procaine, and salicylates.

- A standard policy has been implemented to address high test results for non-steroidal anti-inflammatory drugs (usually high bute tests). Phenylbutazone (Bute) is a permitted medication that can be administered up to 24 hours before a race. A blood test taken after the race cannot contain more than 5

**DRUGS** CONTINUES ON PAGE 17

## CHRBR Drug Classification

**CLASS 1:** Substances not approved by the FDA for use or sale in the U.S., and substances, both medicinal and non-medicinal, which have high abuse potential. They include, but are not limited to, stimulants, depressants (i.e. opiates, opium derivatives, and synthetic opioids) and psychoactive drugs (i.e. LSD).

**CLASS 2:** Substances that are pharmacologically active in altering consciousness or the psychic state or are therapeutic drug substances with potential for abuse.

**CLASS 3:** Substances whose major pharmacological effects are on the cardiovascular, respiratory, and/or autonomic nervous system.

**CLASS 4:** Substances that are approved by the FDA for human use, and are used on horses under extra-label guidelines as defined by the FDA. These drug substances include, but are not limited to, human-labeled nonsteroidal anti-inflammatory agents, antihistamines, and some analgesics.

**CLASS 5:** Substances that have accepted therapeutic uses in horses. These drugs include, but are not limited to, nonsteroidal anti-inflammatory agents that are approved for equine veterinary use by the FDA, but are not authorized by the CHRBR.

**CLASS 6:** Substances that are therapeutically used in the maintenance of a horse's health care. They include, but are not limited to, skeletal muscle relaxants, mucolytic agents, glucocorticoids, mineralocorticoids, osmotic and thiazide diuretics, and anabolic and androgenic steroids.

**CLASS 7:** Medications, which are important to the health and welfare of the horse, but have no effect on athletic performance. Examples include most antibiotics and anthelmintics (worm medications). When Class 7 substances are found in a test sample, a positive violation is not found unless they are at a concentration high enough to interfere with the testing procedures for other substances.

### The Scopolamine Case

On August 22, 1997 the California District Court of Appeals issued for publication a unanimous opinion in favor of the CHRBR's decision disqualifying the owners' horses and the forfeiture of their purses as a result of positive scopolamine findings. The Board had exonerated the trainers involved (the scopolamine came from bedding straw contaminated by jimsonweed).

The CHRBR had argued that its no tolerance rule was consistent with the discretion awarded it by state law; the owners argued for the exercise of discretion by the CHRBR in their favor since the offending drug was administered by accidental exposure.

The Court of Appeals found that the CHRBR was "well within the scope of its delegated authority in adopting an arbitrary penalty rule rather than a case-by-case rule of determination." "Respondent's ... discontent with the rule is a matter to be taken to the Board and/or to the legislative body."

## Its Our Money

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### Legislation

1997 was a bad year for horseracing in Sacramento. Virtually no important legislation was passed (the Cal-Bred Stakes bill was an exception).

No license fee relief was obtained, due in large measure to the intransigent opposition of the parimutuel clerks who were pressing the tracks hard for contract improvements: they successfully blocked license fee relief and the expansion of simulcasting. This logjam blunted the progress we obtained in 1996 and the near-term possibility of new jobs as the industry tries to open new markets.

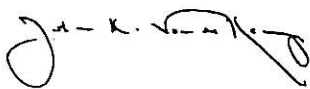
The bottom line: Thank God for SB 2000 license fee relief obtained in 1996! It has made it possible for us to maintain our purse revenues in the face of, at best, static attendance and handle (on and off track and California) and, at worst, continued single digit declines. (The only bright spot is interstate simulcasting: Del Mar's out-of-state handle was *up* 14.9%, while its total California on and off track handle was *off* 2.2%)

### TOC's Survey

Around the time you receive this publication you'll receive a request to respond to a written survey TOC is conducting of its members. Please take 5 or 10 minutes to respond to the questionnaire and return it. It's your chance to talk to the TOC Board with your ideas, views and interests, and will be taken into account as TOC's very active Board develops policy.

On to Cal-Cup Day and Breeders' Cup! 🐾

Sincerely,



John Van de Kamp  
President

## Catalog Page

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be the first or second foal of a young mare, preventing you from seeing what her foals have done at the track. You will have to rely more on what the rest of the family has accomplished, or if the mare herself was a decent racehorse when determining her value. On the other side of the scale, some people have a bias against buying foals from older mares, even though their earlier foals were runners. They believe in the theory that mares do not produce as strong of a foal later in life. Another item people have strong feelings for one way or the other is whether the mare raced herself. If she was unraced, see if you can find out why. Was she injured or did she just not show much ability? Don't hesitate to ask the consignor these questions.

### What's Not Shown on Page Important to Find Out

A very telling item that is never shown on catalog pages is how many starts each horse made. The number of starts is a good indicator of soundness and ability. A horse described as having "14 wins 2 to 7, \$115,320" and a horse that had "3 wins at 2 and 3, \$115, 320" indicates one horse that competed at a very low level, but was probably pretty sound and another that was of much

higher quality, but not around very long. Another item usually edited out are the unraced foals or the foals that started and were not winners. Once again, the companies listed in the additional resources can provide you with unedited pedigrees and other information covering every horse in the catalog. You can also purchase these reports by the individual horse.

Examples of additional information provided include; sale prices of other members of the family, whether the subject horse has ever sold at public auction, breeding nicks, etc. This additional information can help you determine the actual quality of the family.

As you can see there is much to learn about pedigrees - I have only scratched the surface here to get you off to a good start. Ask your bloodstock consultant or trainer to help you with more in-depth information on pedigrees and an actual inspection of the individual for correct conformation, which is the next step in purchasing your horse.

*Gayle Van Leer has been in the thoroughbred industry 25 years, the last 8.5 as Racing Manager for Golden Eagle Farm. She presently works as a Bloodstock Consultant and may be reached at (619) 794-6262. 🐾*

\*A good broodmare sire is one whose daughters have produced a large number of quality runners.

## Therapeutic Drugs

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micrograms per milliliter of plasma. A violation occurs if this level is exceeded, with the following penalty:

Within a 12-month period, the first high test results in the trainer receiving a warning. The second high test results in a \$300 fine. Subsequent violations bring increasing fines. This policy is standard for all breeds and all race meets in California.

We are pleased to report that the CHRB, TOC, and other industry representatives are cooperatively working together to address our state's medication rules and alleviate a "testing dilemma."

Progressive medication rules that benefit racehorses, while protecting the betting public, should result.

\* See "No Harm, No Foul" in the April, 1997 issue of Owners' Circle.



Laura Grubb serves as TOC's Deputy Director for Southern California.

Dr. Dennis Meagher, Interim Equine Medical Director for the CHRB, contributed considerably to this article. We thank

him for his technical assistance. 🐾