



DRUGS IN U.S. RACING - 2010

THE FACTS



With more rigorous standards than the Olympics, professional horse racing has the most aggressive drug testing program in professional sports, testing for more substances with greater sensitivity than anyone else.

September 1, 2011

Copyright: 2011. Association of Racing Commissioners International.

Summary:

- Horse racing is subjected to the most aggressive drug testing program of any professional sport, testing for more substances with greater sensitivity;
- 324,215 biological samples taken from racing horses were submitted to testing labs in 2010;
- Less than one half of one percent (.493%) of those tested samples were found to contain a substance not allowed by racing's medication rules;
- Of those, 94% were overages of legal therapeutic medications at concentrations in excess of permitted levels. These medications are used routinely in equine care by licensed veterinarians and cannot be equated with "horse doping";
- Only 47 of the over 320,000 samples tested in 2010 contained a Class 1 or Class 2¹ substance that could qualify for the term "horse doping".
- Possible "Horse doping" accounted for 0.015% of total samples tested. Such instances have remained rare for the past ten years despite dramatic increases in testing sensitivity.
- Overall violations of the medication rules in 2010 were 20% less than 2001.
- The \$35 million collective investment by the US state racing commissions on drug testing dwarfs the entire \$26 million budget for the World Anti-Doping Agency.
- Claims that illegal drugs are "rampant", "endemic", "widespread" in horse racing are not consistent with the facts, although illegal drug use does exist and there is an ongoing need to support efforts to detect and punish those responsible.

¹ See Classification definitions later in this document.

Narrative:

On May 5, 2011, the front page of USA Today was headlined “Chemical Warfare in Horse Racing Targeted”. The article was prompted by the comments of a prominent public official who declared that “Chemical warfare is rampant on American racetracks”. Such salacious comments create an undeserved negative perception of a sport that is responsible for the employment of over 380,000 people across the country.

There has been much written or claimed about the extent to which professional horse racing has a drug problem. Surely there is a challenge as equine care has evolved to be more medication reliant in the same way human care has. Today, legal medications are often prescribed by physicians and veterinarians to improve the health and quality of life for people and animals.

This conventional reliance on legal medication presents a challenge for racing regulators who must ensure compliance with the rules protecting the public and the horse. Many who have been widely quoted on this issue have not had access to the data contained in this report. This data, obtained from state regulatory bodies, represents an unbiased view of the extent to which drug violations actually occur in the sport.

It has long been acknowledged that professional horse racing - thoroughbred, standard-bred, and quarter horse contests - are aggressively regulated by the states because pari-mutuel wagering on the outcome of these contests has been an authorized and limited form of gambling originally intended to support rural and agricultural economies.

The “anti-doping” standards in horse racing are more aggressive than those deployed in the Olympics. In fact, the worldwide annual drug testing budget of the World Anti-Doping Agency (WADA) is dwarfed considerably by the collective investment made by the state racing commissions in just one country, the United States. U.S. state racing commissions commit over \$35 million annually to directly test for medication violations. By comparison, the World Anti-Doping Agency’s world-wide effort relies on \$26 million in funding. The financial statements published on their website reveal that of that amount, \$1.6 million is specifically earmarked for testing fees.

Horse racing's anti-doping program tests for more substances at deeper levels than any other professional sport. These facts are inexplicably ignored by many who wish to opine on this matter and have been successful in drawing attention to their assertions by spinning negative headlines about the sport.

The perception created is not consistent with the facts.

In 2010, 324,215 biological samples were taken and tested.² Lab results show that 99.51% of those samples were found to contain no foreign or prohibited substance. In other words only less than one half of one percent of all samples tested was found to have contained a substance in violation of the rules³.

An examination of racing commission data also reveals that in those relatively rare instances when a violation of a medication rule does occur, most were associated with a legal substance administered in the normal course of equine care by a licensed veterinarian and cannot be characterized as "horse doping" or as indicative of a "drugging".

Those substances that could legitimately be construed as a "horse doping"⁴ (RCI Classification Categories I and II) represent just 47 instances out of 324,215 samples tested in 2010. That is less than two one hundredths of one percent (0.015%). The use of terms like "rampant", "endemic", "widespread", "chemical warfare", or "racing's drug addiction" do the sport and the tens of thousands of families who rely on it a great disservice.

For testing, racing commissions retain professional laboratories who are subject to commission oversight as well as quality assurance programs. In addition, laboratory findings are subject to review by an independent reference laboratory as well as adjudicatory appeal. In 2010, as in previous years, we are not aware of any laboratory finding that was determined to be invalid.

² Thirty-two US racing regulatory jurisdictions responded to the association's survey.

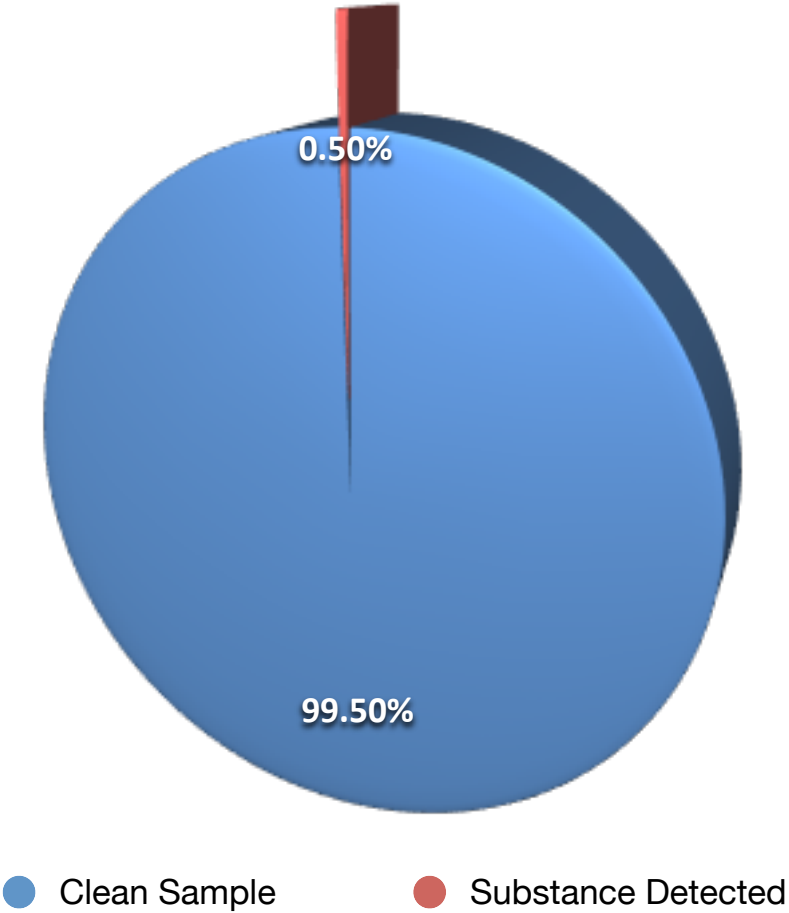
³ In many cases actual violations are determined based on the testing result of a plasma and urine sample. Violations noted in this report are equine related.

⁴ Some Class 2 positives can be for therapeutic drugs that could be a medication error and not qualify as a "doping"; Some Class 1 positives are unintentional secondary contaminations; some positives are associated with human drug abuse and due to the sensitivity of the testing substances are detected in horses these individuals have come in contact with.

2010 Samples Tested and Results:

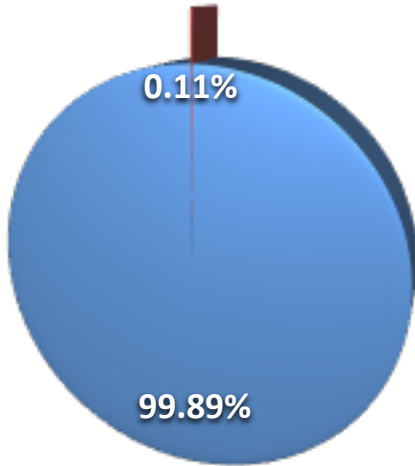
Jurisdiction	Samples Tested	Substance Detected	%
Arizona	1,457	37	2.54%
Arkansas	1,146	7	0.61%
California	40,470	101	0.25%
Colorado	491	9	1.83%
Delaware Harness	7,504	9	0.12%
Delaware Thoroughbred	2,544	12	0.47%
Florida	16,155	135	0.84%
Illinois	14,071	60	0.43%
Indiana	8,719	20	0.23%
Iowa	3,540	9	0.25%
Kentucky	10,851	81	0.75%
Louisiana	12,880	80	0.62%
Maine	3,313	5	0.15%
Maryland	5,098	29	0.57%
Massachusetts	3,420	13	0.38%
Michigan	2,738	51	1.86%
Minnesota	3,989	130	3.26%
Montana	224	5	2.23%
Nebraska	3,094	47	1.52%
New Jersey	39,196	31	0.08%
New Mexico	8,986	56	0.62%
New York	52,748	60	0.11%
North Dakota	71	5	7.04%
Ohio	16,445	170	1.03%
Oklahoma	9,623	51	0.53%
Oregon	1,965	18	0.92%
Pennsylvania	37,114	217	0.58%
South Dakota	100	0	0.00%
Texas	8,769	66	0.75%
Virginia	1,432	8	0.56%
Washington	608	3	0.49%
West Virginia	5,454	75	1.38%
All US Jurisdictions:	324,215	1600	0.4935%

2010 Nationwide in the United States:

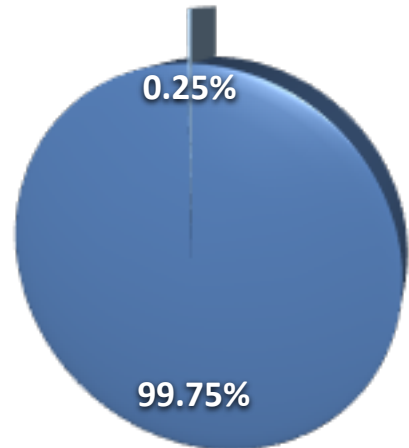


2010 Top Four Racing States:

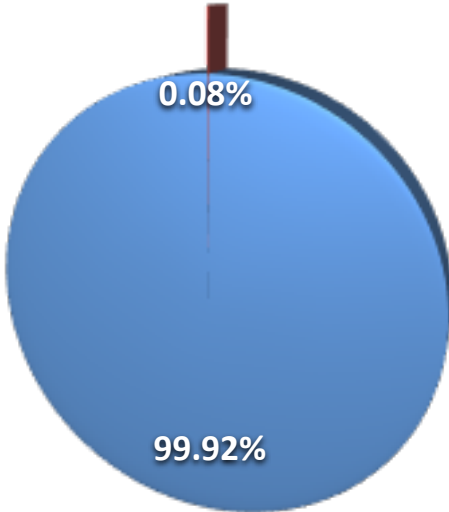
New York: 52,748 tests



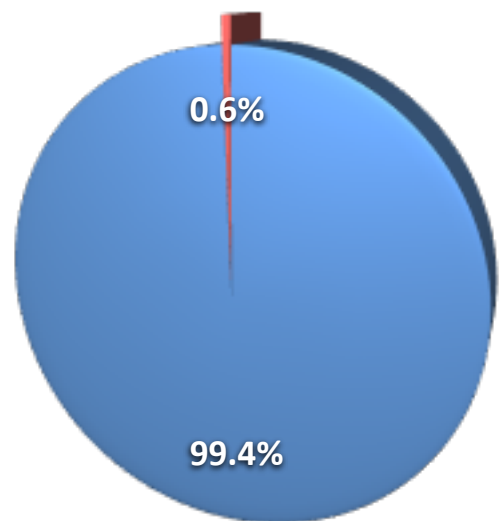
California: 40,470 tests



New Jersey: 39,196 tests



Pennsylvania: 37,114 tests

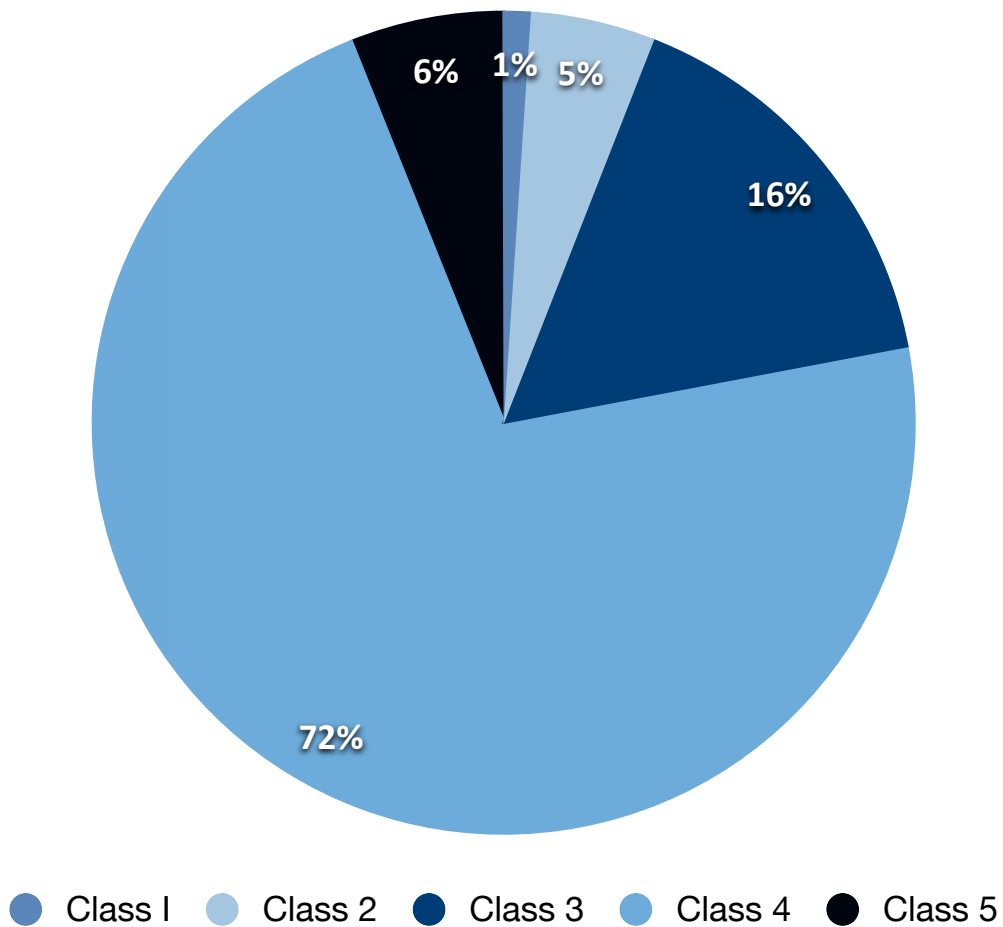


2010 Substance Violations:

In 2010, according to the records submitted to the RCI database by the individual state racing commissions, there were 795 violations of the medication rules found from 324,215 samples tested. The distribution of the severity of the violations are noted below with some variations year to year but nothing to justify a claim of a trend upwards or downwards.

Class 1	Class 2	Class 3	Class 4	Class 5
8	39	128	572	48

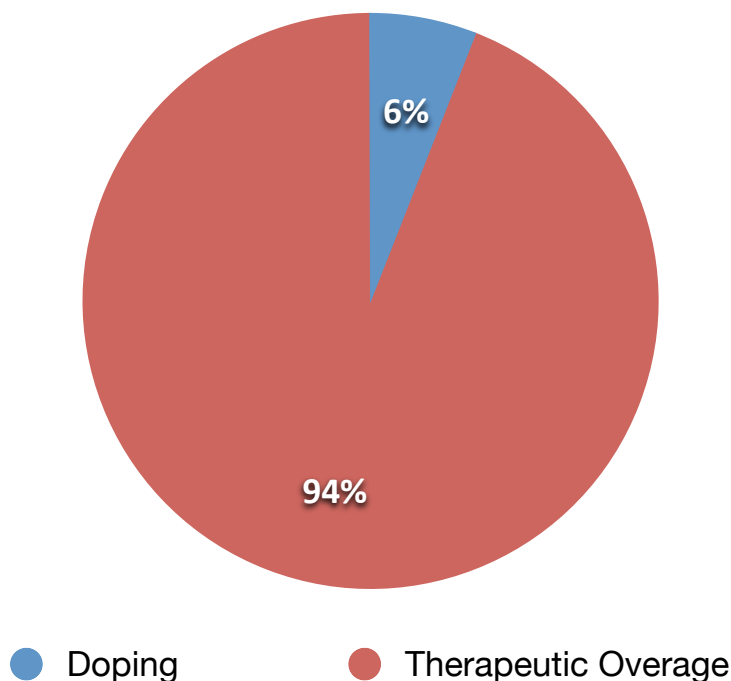
2010 Positives by Classification



Doping vs. Overage:

Considering that Class I and Class II violations can best be described as “doping”⁵ and others characterized as therapeutic overages of legal substances the following chart should put the results of the drug testing program in proper context. Again, it is important to note that the doping rate is 0.015% of all samples tested, an extremely rare occurrence. Ninety-four percent of the horses found to be in violation of the medication rules in 2010 were cited for a substance with less capacity to affect performance than those that would qualify as doping agents. Of those, 72% are for violations of Class IV substances with even less potential to affect performance, if at all.

Doping vs Therapeutic Medication Overage



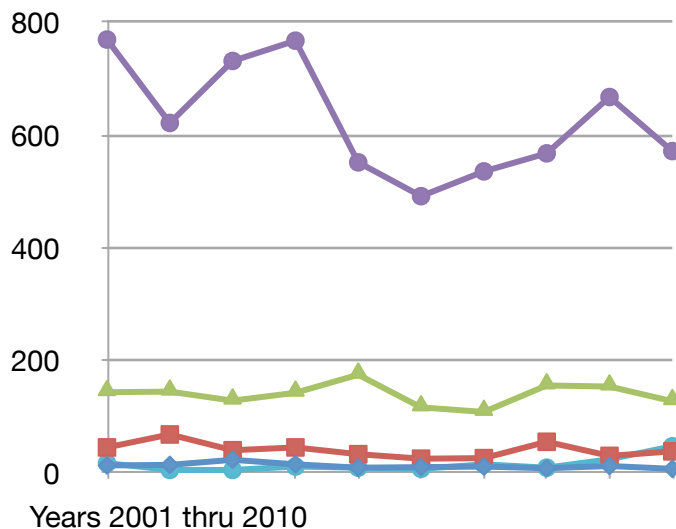
⁵ The applicability of this term to a specific case depends totally on the facts presented in that case. This term is used as a general characterization and may not be applicable to all violations found in this category as noted in Footnote 4.

Trends:

An analysis of the data from 2001 through 2010 reveals no prevailing pattern concerning the number or severity of violations of racing medication and doping rules. Violations remain relatively rare and this has remained constant over the past decade. It is important to note that total medication rule violations in 2010 were 20% less than the 2001 violations.

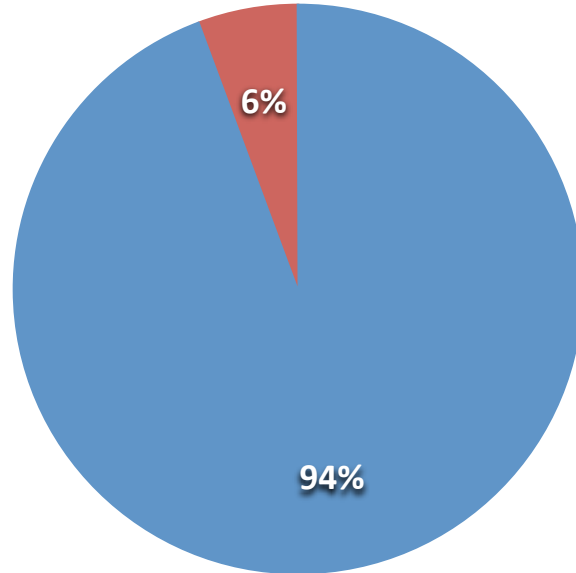
	Class 1	Class 2	Class 3	Class 4	Class 5
2001	14	46	144	770	18
2002	15	69	145	622	6
2003	24	41	129	732	6
2004	16	46	143	768	12
2005	10	34	175	552	10
2006	11	26	117	492	8
2007	12	27	109	536	16
2008	9	56	156	568	10
2009	13	31	154	668	25
2010	8	39	128	572	48

Ten Year Violation Trends by Classification

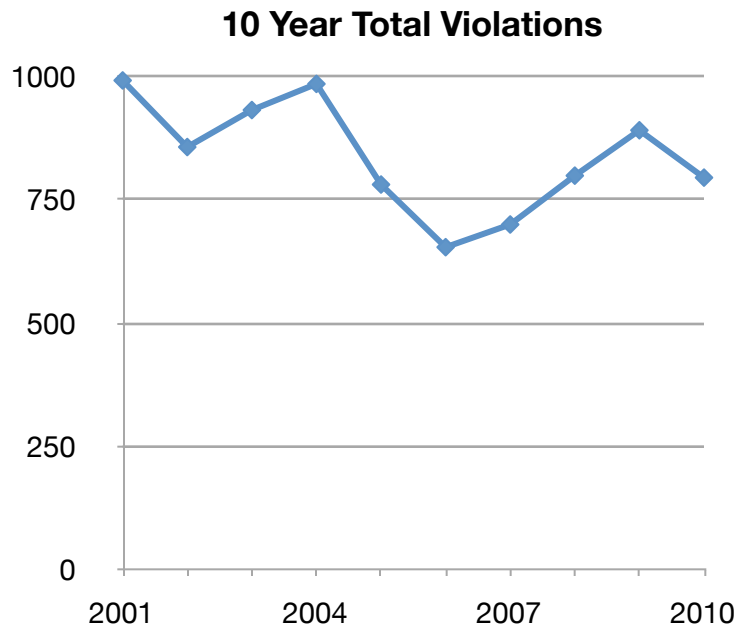


◆ Class 1 ■ Class 2 ▲ Class 3 ● Class 4 ◆ Class 5

10 Year Doping vs. Therapeutic Medication Overage



● Overage ● Doping



Furosemide:

The United States is one of several nations where the raceday use of the diuretic furosemide is permitted. This medication, used to reduce instances of exercise induced pulmonary hemorrhage (EIPH), is allowed under strict conditions requiring administration no less than four hours prior to the race. For the purpose of this report we handled violations of the furosemide rule separately as a trainer can be cited for not having the medication in his horse as well as for an overage. Furosemide violations should not be considered “horse doping”.

Use of furosemide is disclosed to the public in the racing program and while there is an ability to affect performance in some - but not all - horses, the public policy is not restrictive in allowing veterinarians to qualify a horse to receive this treatment based on the detection of minor levels of EIPH.

Since most horses race with furosemide it is a disservice to the sport to contend that one horse has an unfair advantage over another in a particular contest.

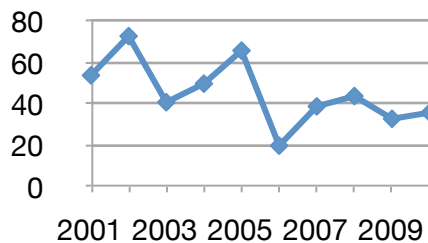
EIPH is the only equine condition that has warranted an exception to permit a prophylactic treatment on race day with medication. It is wrong to equate the use of this medication to paint a picture that racing is “drug ridden”.

In 2010 there were 36 violations of the furosemide rules out of 324,215 samples tested.

The 2010 instances of furosemide violations are 33% less than in 2001. The trend has been generally downward. It is important to remember, as with all statistics in this report, that the instances of a violation of racing medication rules are not a frequent occurrence, representing one half of one percent of all samples tested.

2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
54	73	41	50	66	20	39	44	33	36

10 Year Furosemide Violations



Drug Testing Challenges:

The statistics in this report should not be interpreted to say that there are not challenges facing horse racing's drug testing program. New substances are developed each year and there are individuals willing to use them on a horse in an attempt to enhance performance or cheat. Those who administer substances that would never be condoned by a licensed veterinarian must be caught and properly sanctioned. To do this investments in research and investigations are essential if racing's drug testing program is to remain as strong as it is today.

State budget constraints are putting pressure on commission resources and can limit the amount of research and intelligence gathering activities that are possible. This challenge has been met, in part, by the racing industry through its investment in the Racing Medication and Testing Consortium and the tracks specifically through their continued investment in the Thoroughbred Racing Protective Bureau (TRPB). The U.S. Jockey Club has made considerable investment in projects to enhance integrity, support commissions, and better protect the welfare of the sport's equine athletes. The National Thoroughbred Racing Association's Safety and Integrity Alliance also makes a positive commitment to racing integrity through its investment in race track accreditation.

These efforts do not mitigate the need to ensure that racing commissions have adequate resources available to maintain an expansive and effective drug testing program that can evolve as scientific advances are made in both testing technology and equine care.

Disclaimer:

The statistics contained in this report were provided to the Association of Racing Commissioners International (RCI) directly by individual state racing commissions through their management and submission of violation data contained in the RCI database or in response to specific requests from RCI staff. In some cases, information has been obtained indirectly through published annual reports. Questions concerning specific jurisdictions should be directed to that jurisdiction. No statement in this report is intended to be indicative of a specific motive or lack thereof of any individual who is alleged to have violated a racing medication rule. Statements made in this report are designed to make a general assessment as to the extent of drug violations in professional horse racing. Information requests on specific violations or individuals should be directed to the appropriate regulatory entity. RCI is a not-for-profit 501(c)(6) providing services and information to government racing regulators. RCI is not liable for any errors contained in this report which has relied on information obtained from third party state racing commissions.

Classification Definitions

- **Class 1:** Stimulant and depressant drugs that have the highest potential to affect performance and that have no generally accepted medical use in the racing horse. Many of these agents are Drug Enforcement Agency (DEA) schedule II substances. These include the following drugs and their metabolites: Opiates, opium derivatives, synthetic opioids and psychoactive drugs, amphetamines and amphetamine-like drugs as well as related drugs, including but not limited to apomorphine, nikethamide, mazindol, pemoline, and pentylenetetrazol. Though not used as therapeutic agents, all DEA Schedule 1 agents are included in Class 1 because they are potent stimulant or depressant substances with psychotropic and often habituating actions.
- **Class 2:** Drugs that have a high potential to affect performance, but less of a potential than drugs in Class 1. These drugs are 1) not generally accepted as therapeutic agents in racing horses, or 2) they are therapeutic agents that have a high potential for abuse. Drugs in this class include: psychotropic drugs, certain nervous system and cardiovascular system stimulants, depressants, and neuromuscular blocking agents. Injectable local anesthetics are included in this class because of their high potential for abuse as nerve blocking agents.
- **Class 3:** Drugs that may or may not have generally accepted medical use in the racing horse, but the pharmacology of which suggests less potential to affect performance than drugs in Class 2. Drugs in this class include bronchodilators, anabolic steroids and other drugs with primary effects on the autonomic nervous system, procaine, antihistamines with sedative properties and the high-ceiling diuretics.
- **Class 4:** This class includes therapeutic medications that would be expected to have less potential to affect performance than those in Class 3. Drugs in this class includes less potent diuretics; corticosteroids; antihistamines and skeletal muscle relaxants without prominent central nervous system (CNS) effects; expectorants and mucolytics; hemostatics; cardiac glycosides and anti-arrhythmics; topical anesthetics; antidiarrheals and mild analgesics. This class also includes the non-steroidal anti-inflammatory drugs (NSAIDs), at concentrations greater than established limits.
- **Class 5:** This class includes those therapeutic medications for which concentration limits have been established by the racing jurisdictions as well as certain miscellaneous agents and other medications as determined by the regulatory bodies. Included specifically are agents that have very localized actions only, such as anti-ulcer drugs, and certain anti-allergic drugs. The anticoagulant drugs are also included.