

Virginia Horsemen's Benevolent & Protective Association

A Short History of Proposed Anabolic Steroid Regulation

Eight years ago the American Association of Equine Practitioners ("AAEP") held a summit at the University of Arizona to address the issue of medication in horse racing. Out of that grew formation of the Racing Medication and Testing Consortium ("RMTC"), an organization of race industry stakeholders whose goal, among other things, is to develop national policies on medication and testing.

Since its formation the RMTC has done valuable work in establishing and publishing guidelines on medication threshold levels and associated withdrawal times. Threshold levels refer to permitted concentrations of a particular drug in a horse's urine or blood on race day as determined by post race testing. (That level usually means the drug has no current or significant pharmacologic effect on the horse.)

Withdrawal times generally advise veterinarians and trainers how far in advance of race day administration of a particular medication must end in order to meet threshold limits for that drug.

The RMTC's work, however, is advisory only. Despite the obvious need for national uniformity on thresholds and withdrawal times—within a season a horse might race in four or five states -- each racing jurisdiction has its own medication rules. A visit to RMTC's website (www.rmtcnet.com) shows a hodgepodge of thresholds and guidelines from state to state.

In an effort to promote uniformity RMTC works closely with the Association of Racing Commissioners International ("ARCI"), the industry organization of state regulatory authorities. As part of the process RMTC develops model rules and recommends them to ARCI, which often adopts the rules, sometimes with modification and sometimes not. ARCI in turn recommends model rules to each state racing authority. The states are then free to do as they chose with the suggested rules.

About a year ago RMTC and ARCI turned their attention to anabolic steroids, prompted in part by front page stories of unlawful steroid and human growth hormone use in baseball, track and field, and cycling, as well as federal legislative interest in the subject.

For decades under state law anabolic steroids like stanozolol (Winstrol), boldenone (Equipose), nandrolone (Durabolin), and testosterone have been lawfully prescribed and permitted for use in race horses. The latter three steroids naturally occur in most horses, unless and until they are gelded. (Over

seventy per cent of male race horses are geldings.) ARCI categorizes those steroids as Class 4 “therapeutic medications routinely used in racehorses.” ARCI also concludes those medications have a “limited ability to influence performance.” (“Bute” and Banamine (flunixin) are also Class 4 therapeutic medications.)

In a consistent fashion the AAEP advises veterinarians that anabolic steroid use is indicated “when the objective is to improve appetite, repair tissue, promote weight gain, and accelerate recovery from disease.”

From a trainer’s perspective horses that are overly stressed during training, racing, and shipping or who are recovering from illness or injuries often suffer from loss of appetite and weight loss resulting in tissue breakdown. Therapeutic steroids help reverse that process and bring the horse back to its normal condition.

Because of public misconception, based on widely publicized steroid abuse by human athletes, it is important to note that scientific studies show equine therapeutic steroids do not make horses run faster or otherwise perform better.

Last year the RMTC proposed a model rule to ban use of all anabolic steroids, except the four therapeutic steroids above. Their administration is regulated by threshold levels in urine. RMTC’s initial draft also included thresholds in blood for the four permitted medications. ARCI adopted the proposed rule, but rejected RMTC’s recommended blood thresholds because of insufficient supporting data. Neither version of the model rule had associated withdrawal times.

Most of the Mid-Atlantic regulators, including those in Virginia, Maryland, West Virginia, Delaware, and Pennsylvania, expressed support for ARCI’s model rule. Pennsylvania and Delaware are expected to implement the model rule, or some variation of it, starting with racing this spring. Virginia will likely do so for summer racing at Colonial Downs. Maryland and West Virginia are aiming for implementation by the end of the year. Little has been said by regulators about proposed penalties for model rule violations.

Various horsemen’s groups, including the Virginia HBPA and the national HBPA, have urged caution in proceeding with the ARCI model rule for at least two reasons. Threshold levels are set in urine only, which at best relate poorly to time of administration and pharmacologic effect. Good forensic science requires that thresholds be based on post race blood samples that are far more accurate. (They are also much less expensive.) Scientific studies sponsored by RMTC to establish levels in blood are underway at the University of Florida and should be complete by the end of the year.

Second, the model rule provides no guidance on withdrawal times. Horsemen do not know how far in advance of race day they have to stop using any of the four therapeutic steroids to meet urine threshold levels. RMTC expects to complete scientific study on that subject by the end of the year. In the mean time various groups are proposing withdrawal times from 45 to 120 days, without any scientific support, and which would have the effect of banning instead of regulating the four therapeutic steroids.

Because of those shortcomings the Virginia HBPA is urging the Virginia Racing Commission to use the ARCI rule only on an interim basis until the end of the year when science catches up with the regulatory desire to enforce anabolic steroid rules. At that time the rule can be made permanent with the addition of blood thresholds and withdrawal times.

As part of an interim fix the VHBPA also suggests using a graduated penalty to account for the fact that horses will be shipping to the Colonial Downs summer meet from states like Florida, Kentucky, Maryland, and West Virginia where anabolic steroid rules will not then be in effect.

Under the VHBPA's proposal to the Virginia Racing Commission all urine test results showing the presence of any of the four regulated anabolic steroids above threshold levels should be recorded and charted for each horse. Initial results above threshold levels should not result in penalties other than a written notification. However, if during the course of the Colonial race meet concentrations of the substance so charted increase in a given horse consistent with re-administration of the medication the trainer should be penalized with a fine, and possible loss of a purse, but not before then.

We think the VHBPA's measured approach gives the racing industry an opportunity to start 2009 with a uniform rule banning all anabolic steroids except four therapeutic medications, with thresholds in blood and associated withdrawal times for those medications.