

Is there no matter more pressing than international rules on medication?

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There is a need for several changes and improvements in international racing. None can be more pressing than the issue on international regulations on the use of medication. Both on and off the tracks.

Last year, we experienced a Japanese champion being disqualified after finishing third in the Prix de l'Arc. In Hong Kong, the sprinter Takeover Target caused some embarrassment when withdrawn from the Hong Kong Sprint, having failed pre race tests. In Dubai, the result of the Dubai World Cup had to be revised when runner-up Brass Hat was disqualified weeks later. Like Deep Impact, he had failed a post race test.

When discussing medication in horseracing, it would be unwise not to take the publicity aspect to the table. Last December, the Hong Kong international meeting was overshadowed by the debacle surrounding the absence of top sprinter Takeover Target. Leading up to the event, there was almost as much written on this horse alone, as on all the other contenders preparing for the big day.

Bad news sells newspapers and draws attention to web sites. Racing is no different. Horseracing folks around the world try hard to get more coverage in the media, often fighting a losing battle. When a horse breaks down, a jockey is injured or killed, or the words "illegal substance" pop up in the press releases, there is no need to lobby the editors. They will print their take on the matter. And they will not do it in a kind way. In stories regarding medication, you can call it a side effect, but make no mistake about it; this is a seriously detrimental side effect. The "quest for excellence" – in international racing is beginning to get a high price.

Enhancing the breed?

How excellent is the horse that needs to be administered the painkiller "Bute" to win a championship race? How well suited to breeding is the horse that needs the anti-bleeding medication "Lasix" to race? Yes, these drugs are illegal when racing in Europe, but it is not illegal for a European trainer to administer these drugs to a horse when he is training it.

Is this a case of the racing authorities turning a blind eye to what goes on outside their own racecourses? Is it a case of the racing authorities not caring at all about how these animals are being prepared for appearances on their stage? Or is it a case of absolute naivety, in all corners of the racing community, including the normally ever so sharp breeding industry? Either way, it is a recipe for more scandals, and perhaps also for more confusion among the horsemen.

Regulations on medication are very different around the world, giving trainers quite a headache when campaigning horses internationally. Brass Hat's trainer, William Bradley, was convinced that he was within the rules when the horse ran second in the Dubai World Cup. Similarly, Yasuo Ikee, who trains Deep Impact, ran his star in the l'Arc feeling certain that any post race sample would not cause a problem. Both horses were subsequently disqualified from a valuable placing in each race. Both races have clear medication regulations, both trainers felt that they had followed the regulations surely the disqualifications could have been avoided.

Medication qualifies for a run

Medication or no medication does not only play a part on the actual race day. At international meetings, certain quotas of the pre entered horses are ranked by a panel of handicappers. So, if the use of legal medications in the jurisdiction where a horse is based are

performance enhancing, they also become a tool to help qualify a horse for big races. Use of medication can help a trainer to get his horse qualified for a race, even for a race staged under rules not permitting medication. One strong stand to take, for organizers where medication is not allowed, would be to give preference in big races to horses that have not raced on medication. Perhaps the fact that a US based horse has been campaigned on medication, does not give him an edge when he runs free of medication elsewhere. Then again, if this is so, why would a European trainer administer medication when working their horses?

Hong Kong and USA

When Takeover Target tested positive before the Hong Kong Sprint, it was bad news for racing. It was truly creating a slandering effect when the press hammered home the fact that a favorite chasing a million dollar bonus was ruled out due to an illegal substance (in Hong Kong) in his system.

The race was eventually won by Absolute Champion, who had originally not been found good enough to take his place in the field. The handicappers placed him on the reserve list. He had never been raced on medication. Fast Parade, who made it into the selected field as one of the top names, had never run a race without medication. Some reports suggested that he had also failed a medication test on arrival. He was therefore never entered, officially as “he was not doing well” after his trip to Hong Kong. He was shipped back home where, four weeks later, he produced his career best performance at Santa Anita. If Takeover Target and Fast Parade had taken their places in the Hong Kong Sprint, Absolute Champion would not have been a participant. He is currently officially the world’s highest ranked sprinter.

Is there a will to make a change?

Yes there is. At the Asian Racing Conference one report stated: “A growing need for uniform medication rules around the world was underlined by officials representing both racing jurisdictions and the International Racing Bureau.”

Adrian Beaumont, of the IRB, pointed out that the explosion of international meetings had raced ahead of the government protocols. Beaumont said that one of his main wishes for horseracing is “a level playing field in terms of medication.” Mark Player, Hong Kong Jockey Club manager of international races, stated that medication rules should be made globally uniform if international series were to succeed and make the sport grow.

Medication is also an issue for sellers and buyers of racehorses. February 8 this year may have been day one in groundbreaking work. On that day, a bill was filed in the Kentucky House of Representatives that would allow buyers of horses to return the horse and demand a full refund, if veterinary records are falsified or information is omitted. Any administration of drugs would have to be disclosed. This bill is pushed by the Jackson’s Horse Owner’s Protective Association, formed by horseman Jess Jackson and lawyer Kevin McGee who said:

“The actual buyers and sellers of horses would like to see this in Kentucky because it would strengthen the integrity of the business. This would be an excellent way to encourage new owners to come into the business because it reduces the mystery of buying a horse.”

Deaths, breakdowns and medication

How definable is the connection between use of medication and injuries? Taking a global view makes it almost impossible to come to any hard conclusions, as too many other factors play

their part. Nevertheless, one should take note of the recent media focus on ratios of fatalities around the racing world.

According to professor David Nunamaker, at the University of Pennsylvania's New Bolton Center, studies conducted at around ten American racecourses show that the rate of fatal accident in the US is 1,5 in 1,000 starts. This may seem small but even a high profile track suffered from much worse stats last year: 21 horses died during the three-month meeting at Arlington Park outside Chicago. The track had a total of 7,013 starters, producing the grim figure of 3 fatalities in 1,000 starts.

Yes, this was well covered by the non-racing media in Illinois. How this affected business, is hard to say but the on-track wagering at the meeting fell by 14.5% compared to 2005. The average attendance figure was down from 7,607 in 2005 to 6,903 in 2006.

How do these figures of fatalities compare to the rest of the world? Many point out how much better the situation is in Hong Kong, where no form of medication is accepted. They have a fatality rate of 0,58 in 1,000 starts. In England the figure is reportedly 0,65 deaths per 1,000 starts.

Medication alone is not to blame for breakdowns and fatalities in American racing. Other factors are racing on dirt tracks, juvenile racing, and the fact that the country's vast horse population means that there is a much higher proportion of very moderate horses in action. Furthermore, comparing US racing to racing in Hong Kong makes little, if any, sense at all. Not least since the HKJC does not stage juvenile racing and the fact that they race exclusively on turf.

'Cheaters' not so clever on turf?

Gary Duch, Racing Secretary at Hawthorne Racecourse, Arlington's little brother on the other side of Chicago, has some interesting comments.

"I don't believe medication affects the breakdown rate", he says, "I believe that it is caused by too many sprint races under six furlongs and two-year-olds racing over two furlongs too early in their careers. What these horses are learning is speed, speed, speed!"

"I am sure that there are so called 'wonder drugs' some trainers are using as are professional athletes to enhance performance. These 'cheaters' are always a step ahead of testing and have an edge. You can't test for something that you don't know exists."

Duch goes on to make an interesting point about dirt racing compared to turf racing:

"The only difference is that some high percentage of dirt trainers have a poor win percentage on turf. Why I don't know. Turf racing is more formful as turf horses will win the turf races. Dirt horses or horses that are not bred for turf usually are automatic throw-outs."

Lasix and Bute 'overrated'?

European trainers shipping to North America can run horses on medication. Many European trainers sending a horse to a big race in the USA run the horse on Lasix. "First time Lasix" is a well-known phrase among American horsemen and horseplayers. It can often explain a horse's improvement in a race. Many believe it will always improve a horse's performance.

If so, one would think that running a horse without the help of medication at the Breeder's Cup was a sure fire recipe for defeat. After all, with the top trainers in the USA taking their best horses, and many of the finest horsemen in Europe doing the same- and adding Lasix- he or she who decides to go without would stand no chance whatsoever. Not so. In fact, the one trainer who has refused to run his horses on medication, Andre Fabre, has a Breeders' Cup

record pretty close to the best of the Americans. And his record is way better than those achieved by some of the numerically strongest operations in the US. Even those who have been sailing so close to the wind in the medication game, that they have paid the price through fines and suspensions.

Over the years, the French trainer Andre Fabre has run 39 horses at the Breeders' Cup, and won with four of the. 10.2% of Fabre's runners were winners. None of them ran on medication. The most successful trainer in the history of the Breeders' Cup, D. Wayne Lukas, has saddled 146 runners at the meeting, with 18 winners to date. This gives a strike rate of 12.32%.

The simple truth is that Fabre has been as good as the best Americans at the Breeders' Cup, despite the meeting falling after the l'Arc weekend and is thus not his main priority, despite the fact that he is at a disadvantage geographically, and despite the fact that he has never run a horse on medication. While several horsemen in the US believe that Lasix is virtually the most important factor in their quest for success, one man alone, training racehorses in Chantilly, seems to have proven them totally wrong. Other Europeans have run big races at the Breeders' Cup when racing on medication. Perhaps they would have run just as well without?

People are quick to point at one odd result, or a few winning ex-Europeans in the US, and claim that there in lies the proof that racing on Lasix improves the horses' performances. Much was made of Miss Alledged's win in the 1991 Breeders' Cup Turf, when the French filly was racing on both Lasix and Bute. Based on previous form, she was an absolutely shocking winner. She had raced once in the US previously, when fifth in the Washington D.C. International two weeks earlier. Her win over Itsallgreetome at Churchill Downs was lengths better than her performance at Laurel, and also much better than what she had achieved in France, where she had been placed in Group races but could manage only 11th when running in l'Arc. It was reported that she burst a blood vessel at Longchamp that day. Was the anti-bleeding medication Lasix added for the first time on Breeders' Cup day? No, it was not. The filly had also raced on Lasix when well beaten at Laurel Park.

This is not at all the only example of a European horse that has produced contrasting performances on consecutive starts when aided by medication in North America. Sometimes horses run up to form when they are supposed to, sometimes they don't. Strangely enough, this is the case also for horses racing on medication. Can you think of a better "selling point" for those who are working towards a medication free horseracing world?