



Equine Anti-Doping Report

For The Six Months Ending 30th June 2022

Issue 3 - July 2022

Executive Summary

Earlier this year, the IHRB welcomed the independent audit of our Equine Anti-Doping Programme which was carried out by Dr. Craig Suann and also the opportunity to reappear before the Joint Oireachtas Committee for Agriculture, Food and the Marine.

We are grateful for the time which both Dr. Suann and the Joint Oireachtas Committee have afforded us and we will now work with stakeholders and towards our next budget cycle to explore the recommendations which were made.

In the first half of this year, IHRB has taken 2,996 samples in total. 2,116 (70.6%) of these samples were taken at a Race meeting or Point to Point and 880 (29.4%) were during Out Of Competition Testing (OOCT). Of the samples taken, two have returned an Adverse Analytical Finding (AAF) (0.06%).

So far this year, 13 of the 20 Referral Hearings relating to AAFs in 2021 have been heard, with the remaining seven from last year and the two from the first half of this year planned to be heard in the coming months.

IHRB Out of Competition Testing

Twelve IHRB staff members were issued with warrant cards in May 2021 by the Department of Agriculture, Food and the Marine (DAFM) to work as Authorised Officers under the Animal Remedies Act. This allows the IHRB unprecedented access to any Thoroughbred at any time and is a major asset to the Equine Anti-Doping programme in Ireland, in particular for the purposes of Out of Competition Testing (OOCT). Set out below is an outline of the broad process behind an unannounced IHRB operation carried out under these auspices.

Each operation starts with the planning. A number of sources of information is used to determine where the team are going to go and what they are going to do when they get there. The basic approach is our risk register, which is a list of all licensed Trainers and

Handlers, when they were last inspected and what was found.

While much of our testing is routine and random, it can also be driven by intelligence or "assessed information", such as previous breaches, a complaint or patterns of form, strike rate or other important information. Anything involving an adjudged concern about animal welfare will be acted on immediately.

The team

All IHRB Out of Competition Testing is carried out by Authorised Officers (AOs). Typically, the team comprises of two or three AOs, one of which is designated lead. Inspection planning and research is usually carried out by the office-based vets in the Veterinary Department of the IHRB, with the

lead being tasked the day before. As a routine the remainder of the team attending the inspection is advised only of a meeting point for the briefing on the day and only at the briefing is the team made aware of the detail of the work for that day including the location of premises.

At the premises

Each member of the IHRB team is trained and briefed in relation to their duties on the day. The AOs use a modular template to document the information needed to assess the premises, people, horses, medication and other factors relevant to the proper running of the yard. The horse aspect is detailed, usually involving identification of all horses on the premises, an assessment of their health and use of animal remedies, passport status and an audit of medications on the premises is standard. Out of Competition samples from horses are typically taken as hair and blood with each sample being taken under fully witnessed chain of custody as on the racecourse.

Unlicensed premises

If the team is on an unlicensed premises, the basics of the medications in use/present are documented in order to make sense of the results of the

sampling carried out and horses will be identified as appropriate. An audit of the premises is not part of the remit unless it directly relates to the Animal Remedies Act.

Follow-up

At the end of the inspection, the person responsible at the premises is given feedback, which will be followed up by a more detailed letter following review of the Team Leader's report compiled by the Chief Veterinary Officer. Both the on the spot feedback and more detailed follow-up from the Veterinary Department will set out any action necessary. For a licenced premises, should a potential breach of Rules have been identified, the matter will be referred to the Referrals Committee for hearing and the details of all hearings are published by the IHRB. Alternatively, if there is no breach of Rule but matters are not as they should be, these may be referred to the Licensing Committee. In relation to an unlicensed premises, should a prohibited at all times substance be confirmed by the laboratory, the matter will be referred to the DAFM.





Pre-Race Testing

Having initiated Pre-Race Testing (PRT) in the latter half of last year, the IHRB has recently reviewed progress in this area with representatives of the Irish Racehorse Trainers Association and Restricted Trainers Association. Both representative bodies reiterated their support for the testing and the discussion centred upon evolving it. We currently use a handheld instrument, the i-STAT, on the racecourse as a screening tool to direct further regulatory testing as needed. It gives an approximation of the

amount of dissolved carbon dioxide in the sample whilst the regulatory testing is performed back at the laboratory on the 'gold standard' instrument which actually measures it. This testing is primarily to detect and deter 'milkshaking' or alkalinisation, which is a doping practice. In line with recommendations from Dr. Suann's report, we hope to introduce changes to the current system of PRT in the second half of this year and will liaise further with the representative bodies in this regard.



IHRB Operational Activity

The following is a summary of the sampling activity carried out in the first six months of 2022.

Raceday

JANUARY TO JUNE						
RACES	BLOOD	URINE	HAIR	PRE RACE TESTING	TOTAL	ADVERSE ANALYTICAL FINDINGS
1,321	337	1,083	170	112	1,702	1

Point-to-Point

JANUARY TO JUNE						
RACES	BLOOD	URINE	HAIR	TOTAL	ADVERSE ANALYTICAL FINDINGS	
408	414	0	0	414	0	

Out-of-Competition/Inspections

JANUARY TO JUNE						
PREMISES VISITS	BLOOD	URINE	HAIR	TOTAL	ADVERSE ANALYTICAL FINDINGS	
90	442	0	438	880	1	

Monthly breakdown of Out Of Competition tests

	URINE	BLOOD	HAIR	TOTAL
January	0	50	50	100
February	0	93	88	181
March	0	100	100	200
April	0	100	100	200
May	0	99	100	199
June	0	0	0	0
TOTAL	0	442	438	880

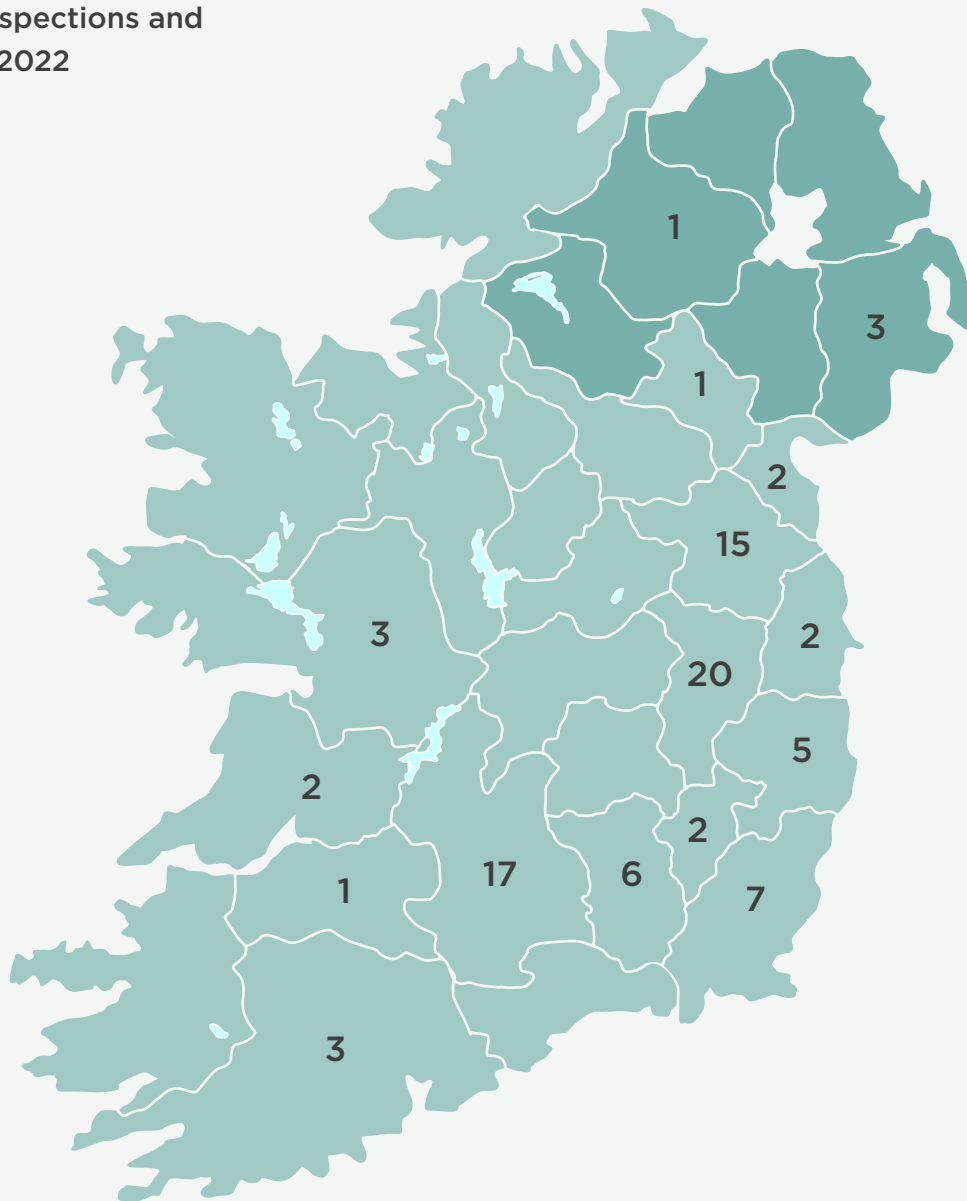
Follow up investigations post AAF

JANUARY TO JUNE					
INVESTIGATIONS	BLOOD	URINE	HAIR	TOTAL	
1	25	0	25	50	

Monthly breakdown of all raceday and Point To Point samples

	FIXTURES (PtoP)	RUNNERS (PtoP)	URINE	BLOOD	HAIR	PRE RACE TESTING	POINT TO POINT	TOTAL
January	22 (6)	2,095 (390)	132	48	9	0	43	232
February	20 (12)	1,819 (670)	124	48	39	0	77	288
March	24 (15)	2,114 (807)	141	48	28	0	91	308
April	34 (18)	3,217 (979)	219	67	56	42	114	498
May	42 (13)	3,866 (809)	259	68	27	28	89	471
June	36 (0)	2,892 (0)	208	58	11	42	0	319
TOTAL	178 (64)	16,003 (3,655)	1,083	337	170	112	414	2,116

Map of Inspections and OOCT in 2022



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This report provides a snapshot of IHRB testing activity and outcomes in the first half of this year and, with a total of almost 3,000 tests across the country yielding only two adverse analytical findings, it demonstrates the rigour and extent of our testing processes and provides reassurance regarding the integrity of Irish horseracing to all participants and stakeholders in the sport.

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Darragh O'Loughlin
IHRB Chief Executive Officer

Medication Control – Triamcinolone Acetonide

Regulation of animal sport carries a unique responsibility that the health and welfare of animal participants is paramount. This includes anti-doping. The IHRB is a signatory to the international agreement of the International Federation of Horseracing Authorities (IFHA) which sets out that in addition to controlling the use of drugs which have no place in our sport, we must regulate how medications are used. The principle is that whilst horses can and should receive bona fide medication in training, with veterinary oversight, they should not race under the effects of medication.

A Withdrawal Time is needed between treatment and raceday. Racing authorities provide scientific information, a Detection Time, for commonly used medications to use as a basis for a Withdrawal Time. The Detection Time comes from studies where a specific medication is used in a specific dose regimen in research horses, measured in blood, hair and urine and related to science about the concentration at which the medication has an effect. Detection Times are reliable because of how most medications are handled by the horse and the level at which they have an effect on the

horse is predictable, consistent and understood. This unfortunately does not hold for all medications, in particular triamcinolone acetonide (TCA).

TCA is a potent anti-inflammatory and analgesic, usually administered intra-articularly (into a joint). It has no published Detection Time but a minimum Stand Down of 14 clear days after being administered intra-articularly. A Stand Down is used because the relationship between the concentration of medication in the joint and in the horse's system is not as closely linked as for medications given by other routes. Factors including the type of joint, presence of pathology/other medications and dose affect how long the medication takes to clear. Administration into the stifle, back and denser tissue have all been associated with adverse analytical findings for TCA in the last three years. Higher doses need a longer Withdrawal Time, as when multiple treatments have been given. The IHRB is working within the European Horserace Scientific Liaison Committee to publish harmonised advice about TCA but in the meantime urges that careful consideration is given to a suitable Withdrawal Time over and above the minimum Stand Down and to contact us for advice/elective testing.

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The first half of 2022 has seen a strong focus on testing, with almost 3,000 samples being taken by the team, particularly out of competition. This is the most samples we have ever taken in a six-month period but as we have said before, the programme is about these being the right samples as well as in sufficient quantities.

I believe we are continuing to make strong progress. Participants are increasingly engaging with us about equine anti-doping and medication control, asking for advice and better understanding these two key areas.

This is reflected in the significant drop in Adverse Analytical Findings reported from

10 in this period last year to two this year. Triamcinolone acetonide (TCA) does remain an area which requires particular attention and we have highlighted that in this report to try and assist Trainers and Handlers.

We are looking forward to further debate and feedback on this and other matters at our Equine Anti-Doping Seminar planned for later in the autumn.

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Dr Lynn Hillyer

IHRB Chief Veterinary Officer/
Head of Anti-Doping

