

# **Race Day Medication, EIPH and the Racehorse**

## **Current Situation**

Good morning and welcome to each of you with us this morning.

Our topic today is race day medication, exercise induced pulmonary hemorrhage (or EIPH) and the race horse.

Our perspective will be new to many in this room because it will be an international view on managing the issues.

Our primary goal for today is to inform.

If you are here this morning hoping for a debate of the topic,

you will be disappointed.

Today's presentations are designed to foster interaction with colleagues from across the globe.

Our hope is that at the end of today's sessions, you will be enlightened as to current practices in others countries.

Nothing more - nothing less.

My job is to give each of you in attendance –  
especially our international guests –

a view of the current situation in the United States as it  
relates to the regulation of race day medication.

But first, I want to welcome our international guests from  
around the world

We have participants from nine countries located on six  
different continents.

Each of our international guests traveled many miles to be with us this morning

and to contribute to this International Summit.

We thank you for making the effort to be here.

I also want to thank our fellow sponsors,

the American Association of Equine Practitioners and

the Racing Medication and Testing Consortium

for inviting the NTRA to co-sponsor this important meeting.

We have met almost daily for the past several weeks and

spent countless hours in preparation for this two-day

Summit.

I also want to thank the management and staff of the New York Racing Association for providing us access to this incredible facility

and to congratulate them on an exceptional Belmont Stakes last Saturday.

So, before we hear from our international guests, let's review where we stand in North America.

Here in the U.S. and Canada, we generally allow a single type of anti-bleeder medication on race day known as Salix.

Some states in the U.S. also allow adjunct bleeder medications.

These medications are administered for the purpose of controlling the incidence and severity of EIPH.

Salix is administered in accordance with state regulations that strictly control the amount and timing of administration.

Post race testing is used to confirm compliance with these regulations.

In terms of national uniformity across America's 38 racing jurisdictions,

we have it when it comes to race day administration of Salix.

According to industry sources,  
in the U.S. about 95% of horses run on Salix and/or some  
other anti-bleeder medication.

This is because there are no requirements that horses first  
bleed before an anti-bleeder medication is administered.

Some administer anti-bleeder medication for its diuretic  
effect which is thought to improve performance due to  
weight loss and other reasons.

Long ago, we determined to end the debate whether Salix  
and related adjuncts are performance enhancing  
by allowing all to have access to the medication,  
and thereby level the playing field.

Because of this practice of widely administering prophylactic doses of anti-bleeder medication, the incidents of exterior bleeding are very rare in this country.

On the other hand, no one knows for sure how many horses would bleed but for the prophylactic dosage.

For some, the idea of a race day medication – even one legally administered by a qualified veterinarian under regulatory controls – is unacceptable.

For others,

administration of Salix is necessary to insure that we are looking out for the welfare of the horse.

To say our industry in North America is divided on the issue of Salix is an understatement ...

and I speak from experience.

Two recent NTRA Board meetings have been completely devoted to discussion of race day medications.

Our Board is comprised of seven racetrack representatives

and seven owner, breeder or trainer representatives.

The Board's discussion – and lack of consensus –

on this issue is a microcosm of the broader debate being undertaken in our industry.

Many think our policies should be based on science and the best interests of the racehorse.

Others believe strongly that no horse should run if it needs, or is given, medication to do so.

Still others believe that while science is important, other considerations such public support for drug free competition should be factored into the equation when considering race day medication.

As mentioned above,

there is even disagreement concerning whether Salix is performance enhancing vs. performance optimizing.

Some say it enhances performance while others assert that it merely allows a horse to run to its true form.

Another area for disagreement is in the need for international harmonization.

Some believe that North American needs to be in step with the rest of the world on its medication policies.

Others believe that we've got it right and it is foreign jurisdictions that should move toward our policies and treatment programs for horses with EIPH.

Some characterize Salix as a masking agent for other, more sinister performance-enhancing drugs.

Others maintain that with modern testing in both urine and plasma,

Salix is simply incapable of masking other drugs.

Stepping back from this debate,

we also see worrisome signs for racing in our peripheral vision:

a diminishing foal crop, fewer owners and declining handle.

With our industry in such a fragile condition,

some argue that now is not the time to push for a dramatic change to race day medication policies and that a prohibition of against Salix on race day could lead to even shorter field sizes.

Others say that field size has been in decline since the 1970s (when we in the United States adopted more permissive medication policies generally) and now is exactly the time to reverse course.

Some believe Salix has weakened the breed by introducing bleeders into the stallion and broodmare ranks.

Others are quick to point out that no science exists to support that position.

Many opponents stress the high cost of race day administration as yet another reason to support its elimination.

Others point out that the costs to rehabilitate bleeders or remove them from racing altogether could be far higher.

Some in the industry believe that regulators should focus on better testing for designer drugs and harsher penalties for those who use them – and leave Salix alone.

But that view is countered by those who point out that the public at large is not capable of distinguishing between illegal drugs and permitted race day medications – they are all viewed negatively in today's society.

So, there you have it in a nutshell.

But that is just the industry perspective.

So there you have it. We as an industry are polarized on the issue of bleeder medication.

The next two days will give some indication whether there is common ground to be found on these issues.