



# **WAR ON DRUGS? VET RECORDS AND STATE RULES SAY NO**

Part II of A PAINFUL TRUTH: A six-part series on medication and the reform movement in U.S. racing



By Ryan Goldberg

Stables migrating from New York to Florida in the late fall and returning in the spring is as familiar as the birds which trail them. But besides the weather, the horses in those stables, on arrival and then departure, must get accustomed to changes in their drug routine, as important as any decision a trainer will make nowadays.

This is what the stables had grown used to in the Sunshine State. Corticosteroids, such as betamethasone (Celestone) and triamcinolone acetonide (Vetalog), can be administered 24 hours before a race, with the unique exception of prednisolone sodium succinate, which is allowed, like furosemide (Lasix), four hours before post. The 24-hour threshold also goes for a host of non-steroidal anti-inflammatory drugs (NSAIDs) – flunixin, ketoprofen, phenylbutazone. Clenbuterol, the popular bronchodilator beloved for its anabolic effects, reportedly has a five-day withdrawal time. The analgesic butorphanol is also reportedly permitted until three days before a race, the sedative acepromazine at four days, the pain-killer lidocaine at seven. The state doesn't regulate total carbon dioxide (TCO<sub>2</sub>), the byproduct of milkshaking (a solution of sodium bicarbonate administered to racehorses by stomach tube 4 to 6 hours before racing to counteract the accumulation of lactic acid in the muscles), ceding this responsibility to its racetracks. Tampa Bay Downs, for example, claims to test all graded-stakes runners and randomly in other races.

Arriving in New York only weeks ago, the same trainers found different standards: five-day withdrawal periods for corticosteroids when administered systemically and seven days when injected in the joints. Like most states, Florida evidently doesn't make a distinction. Flunixin is



Dr. Mary Scollay, [engineeredracingsurfaces.com](http://engineeredracingsurfaces.com)

allowed until 24 hours before a race, ketoprofen and phenylbutazone until 48 hours. Clenbuterol cannot be used within 14 days. Butorphanol and acepromazine and lidocaine are permitted until four days. The state calls a positive on TCO<sub>2</sub> levels above 37 millimoles per liter.

Something as standard as who administers Lasix differs: private veterinarians in Florida versus state veterinarians in New York. Even the drug tests are dissimilar. To test for several of the more common corticosteroids and a select number

of NSAIDs – all Class 4 and 5 substances – Florida employs thin-layer chromatography (TLC), a fast and inexpensive method which, according to expert opinion, has been outdated since the 1980s and utilized by few other states. The state legislature determines this.

“That testing is not sensitive at all,” says Dr. Mary Scollay, the equine medical director of the Kentucky Horse Racing Commission, who previously spent 13 years in Florida racing. “There is a general knowledge that going to Florida in the winter, a

trainer will have more options to race on medication than he would in his home state.”

The differences between the two states are made greater because of recent changes in New York in response to the task force on the 2011-12 fatalities at Aqueduct (the New York Task Force on Racehorse Health and Safety). It extended its withdrawal time for clenbuterol from four to 14 days, systemic use of corticosteroids from 48 hours to five days and their intra-articular administration from five to seven days. The withdrawal time for methylprednisolone acetate, a popular corticosteroid, but potentially degradative to the joint capsule, sold as DepoMedrol, was extended to 15 days.

The value of the task force’s report cannot be overstated. Like a time capsule, it pulls back the veil on racing as it currently operates, portraying its profound dependence on permissible drugs. Scollay was one of its authors, along with Jerry Bailey, Scott Palmer and Alan M. Foreman.

What happened when New York reformed its medication rules? Shippers disappeared, its average field size dropped, and Aqueduct cut six mid-week days. One could not have dreamed up a better summary of the need for uniform, not to mention tougher, drug regulations.

The comparison between Florida and New York is only one example; every state offers a dizzying assortment of drugs for trainers, by way of their veterinarians, to choose from. As far as withdrawal times and thresholds – not to mention penalties for exceeding them – no two states are alike.

Not even neighbors, like Texas and Louisiana, which share horses and horsemen and where the most common drugs are treated differently. Texas permits only furosemide on the day of the race, whereas

Louisiana reportedly allows up to five adjunct bleeder medications. The same for bute. Louisiana allows 5 milligrams the day before – though 2 milligrams for graded stakes – but Texas sticks with the lower administration of 2 milligrams for all races. And following new Racing Medication and Testing Consortium (RMTC) guidelines, Texas recently extended its withdrawal time for clenbuterol to 14 days and intra-articular injections of corticosteroids to seven days, plus 21 for DepoMedrol.

Louisiana, without identifying which drugs, authorizes the “full use

## **What happened when New York reformed its medication rules? Shippers disappeared, its average field size dropped, and Aqueduct cut six mid-week days.**

of modern therapeutic measures for the improvement and protection of the health of a horse,” except on the day of the race. This 24-hour anything-goes rule is unique. In racing parlance, Louisiana is called a horsemen-friendly state.

“I have serious questions about it, to be honest,” says Dr. Ken Quirk, the Texas Racing Commission’s equine medical director, who fears his state will lose even more horses to Louisiana as a result.

These disparities raise a question at the heart of permissive medication and American racing: If all of these drugs are classified as therapeutic, their purpose presumably based on science, then how could separate

racing jurisdictions approach them so differently?

It seems a trainer would have to be crazy to use illegal drugs when so many legal ones are at his disposal. Before the days of pharmacological drugs, the goal was to “hop ‘em or stop ‘em,” but what the picture looks like now is an everyday practice of using drugs to manage pain and other complications to get a horse to post. Since the majority of horses race for tags, it makes sense. “The claiming game does not protect the horse,” Scollay says. “It’s like day-trading on the stock market.”

From 2005 through 2011, there were 3,497 post-race medication rulings, not including furosemide, collected from 32 states by The Jockey Club. Of this total, 2,006 were for drugs related to pain management and another 216 for corticosteroids.

Medical records for the horses who died at Aqueduct elevate to life these cruel statistics. You see nearly every trainer push right up against the withdrawal time for a variety of drugs, stacking similar NSAIDs and corticosteroids, searching for combinations which might prove more effective than the parts. The RMTC recently proposed rules against “stacking” NSAIDs, but at present few states have them.

“It’s not uncommon for a racehorse in a lot of jurisdictions, not just Texas,” Quirk says, “to receive flunixin at 36 or 24 hours before the race, maybe even ketoprofen at the same time, and the day before two milligrams of bute and then also dexamethasone phosphate, which is a corticosteroid. I have an issue with that. If you have all those on board, how does that impact the pre-race inspection process?”

This greatly concerned the authors of the Aqueduct report. Seven of the 21 fatalities had received intra-articular injections of corticosteroids near the race, but their trainers didn’t

124.12

VET: JAMES C. HUNT  
PO Box 30452  
ELMONST NY 11003

CORONADO HEIGHTS  
(TOOD PIETTER - trainer)

Euthanized after catastrophic injury during 2/25/12 race at Aqueduct. Front leg injury. Exact nature unknown. Contact NYRA vets for specifics.

| Date:   | Time:   | Diagnosis:                           | Treatment:                    | Drugs Administered (if applicable) | Name of Horse:   |
|---------|---------|--------------------------------------|-------------------------------|------------------------------------|------------------|
| 1/31/12 | 9:30am  | Pre-Race Rx                          | iv. bute                      | 2 gms phenylbutazone               | Coronado Heights |
|         |         |                                      | iv. banamine                  | 5 gms Flunixin                     |                  |
|         |         |                                      | im. estrone                   | estrone suspension                 |                  |
|         |         |                                      | im. adequan                   | adequan                            |                  |
| 2/1/12  | 9:50am  | Pre-Race Rx                          | iv. legend                    | hyaluronic acid                    |                  |
|         |         |                                      | iv. Vitamin B <sub>1</sub>    | 5 gms thiamine Hcl                 |                  |
|         |         |                                      | iv. Calcium                   | calcium levulinate                 |                  |
|         |         |                                      | iv. bute                      | 2 gms phenylbutazone               |                  |
| 2/2/12  | 4:55pm  | No pathology                         | Post-Race endoscopy           | -                                  |                  |
| 2/3/12  | 8:00am  | Routine post race Rx                 | iv liver and iron             | vit B <sub>12</sub> + Caco Copper  |                  |
|         |         |                                      | per os electrolytes           | Oral electrolytes by tube          |                  |
| 2/19/12 | 5:30am  | Pre-Breeze Rx                        | iv lasix                      | 250 mg furosemide                  |                  |
| 2/19/12 | 8:30am  | 0.5/5 mucous                         | endoscopy                     | -                                  |                  |
| 2/20/12 | 10:15am | Inflammation of medial stifle joints | sedation                      | iv xylazine (rumpun)               |                  |
|         |         |                                      | "                             | iv domosedan                       |                  |
|         |         |                                      | Intra-articular               | IA hyaluronic acid (5cc)           |                  |
|         |         | (early degenerative)                 | injection                     | IA depo-medrol (80mg)              |                  |
|         |         | (joint disease)                      | of medial femorotibial joints |                                    |                  |
| 2/23/12 | 9:45am  | Pre-Race Rx                          | iv banamine                   | 5 gms Flunixin                     |                  |
|         |         |                                      | iv bute                       | 2 gms. phenylbutazone              |                  |
|         |         |                                      | iv banamine                   | 5 gms flunixin                     |                  |
|         |         |                                      | im estrone                    | estrone suspension                 |                  |
|         |         |                                      | im adequan                    | adequan                            |                  |

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VET: JAMES C. HUNT  
'Coronado Heights'

No history of lameness prior to injury. Coronado Heights was in a regular training routine.

| Date:   | Time:   | Diagnosis:  | Treatment:                | Drugs Administered (if applicable) | Name of Horse:   |
|---------|---------|-------------|---------------------------|------------------------------------|------------------|
| 2/23/12 | 9:45am  | Pre-Race Rx | iv legend                 | hyaluronic acid                    | Coronado heights |
| 2/24/12 | 10:00am | Pre-Race Rx | iv vitamin B <sub>1</sub> | 5 gms thiamine Hcl                 |                  |
|         |         |             | iv Calcium                | calcium levulinate                 |                  |
|         |         |             | iv bute                   | 2 gms. phenylbutazone              |                  |

Coronado Heights's career spanned just six weeks and three races, but during the last 25 days of his life, he received 24 separate intravenous, intra-muscular or intra-articular injections, of 9 different drugs, plus vitamins and electrolytes post-race, presumably to counteract the effects of Lasix. He was given that regimen of medications despite the fact that his veterinarian said he had no history of lameness, and his trainer said the breakdown was a complete shock to him.

report this to the stewards, a rule that was never enforced. Coronado Heights, a name which never leaves the mind once you hear his story, was one of those horses.

The four-year-old bay gelding could never match his well-regarded pedigree, by Pulpit out of the Coronado's Quest mare Coronado Rose. He began his career for a

\$12,500 tag on Jan. 12, 2012, and won that day, but two starts and six weeks later, on Feb. 25, he broke down on the track.

The following was his pre-race regimen. Five days before his final race, he was treated for inflammation of the medial stifle joints. He was sedated intravenously with xylazine and dormosedan, his joints injected

with 80 mg of DepoMedrol and 5 cc hyaluronic acid – the first to decrease inflammation and the other to prevent it – and given 5 mg of flunixin. Three days later, he got an assortment of NSAIDs intravenously – two mg of bute, five more mg of flunixin, and Legend, pure hyaluronic acid – and injected intra-muscularly with Estrone and joint treatment

Adequan. The next day, Feb. 24, two more mg of bute, and Vitamin B1 and calcium. According to the death certificate, Michael McCarthy, overseeing Coronado Heights for trainer Todd Pletcher, said the breakdown was a complete shock to him and that the horse had no soundness issues. Either this was a cruel joke or this battery of drugs was standard practice.

Nothing about this was prohibited, although injecting DepoMedrol so close to the race is now forbidden in New York. Coronado Heights wouldn't have failed a drug test, since each was prescribed according to its individual threshold. There are no rules in New York against stacking similar-working drugs.

When tests are blown, it is the cost of doing business. For instance, no trainer in America has had more reported drug positives than Kirk Ziadie, according to public records, yet Ziadie once again leads the Calder standings as he has for much of his 12-year career. His horses have earned about \$11 million in purses, while on 41 occasions they've failed drug tests, tests which are widely seen as insensitive anyway. Despite this record, Ziadie was only fined a total of \$13,100 – not even the winner's share of one race – and his horses never disqualified of purse money. When Florida's Division of Pari-Mutuel Wagering finally tried

suspending Ziadie for two months, he appealed the case for two years.

Even something as severe as the findings of dermorphin, the extremely powerful painkiller derived from South American frog secretion, doesn't mean an automatic ban. Though Quarter horse racetracks in Oklahoma, Texas, New Mexico and California have used their private-property rights to exclude trainers for Class 1 violations, in Louisiana, seven of the eight frog-juice trainers have obtained stays of their suspensions – Alvin Smith Jr. (suspended 10 years); John Darrel Soileau (10 years); Alonzo Loya (five years); Kyi Lormand (three years); Anthony Agilar (six years); and Gonzalo Gonzales (three years). In the meantime, they keep winning races.

As far as their everyday use on the track, corticosteroids have become a new front in medication reform. Though states like New York, Texas and Minnesota have restricted its use close to the race, most states seem stuck at the 48-hour threshold, or even 24 hours. Which means a horse can be injected, dangerously in the joints, after it passes the entry box.

The medical opinion on corticosteroids is that they are highly potent, especially when injected intra-articularly, and successfully quiet joint inflammation and thereby reduce pain and lameness. Their relief is often temporary, however, and when used close to exercise can prove deleterious. You can only "tap" a horse so many times, too, before finding diminishing returns.

And not all corticosteroids are created equal, claims Dr. Wayne McIlwraith, Director of the Orthopaedic Research Center at Colorado State University, who has studied them intensely. "DepoMedrol is bad; the others are good. That's the bottom line," McIlwraith said at the Welfare and Safety of the Racehorse Summit IV held last October at Keeneland.

Because the drugs are long-acting and, depending on their administration, may stay in the bloodstream for several weeks or more, regulation is challenging. Blood tests cannot indicate how or when they were administered, says Texas's Quirk. Until recently, states rarely tested for it; through the '60s and '70s, they

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Kirk Ziadie with GI winner Trust N Luck, Horsephotos



Dr. Wayne McIlwraith, Associated Images: Colorado State University

prostration. However, no other states in sunny climates allow it. Short-acting, it supposedly treats animals on the verge of shock. “As an effort to stave off heat prostration I think it is a real stretch,” says Quirk, himself familiar with sweltering Texas days. Several Northeast trainers who race in Florida during the winter have confided that they believe this practice crazy.

As powerful as they are, McIlwraith said that corticosteroids can easily be pushed out to 14 days – a great distance from the common 48-hour rule. “There needs to be a point where therapy ends and competition begins,” he said pointedly. “That is part of the dilemma we have.”

Repetitive use, McIlwraith found, particularly of DepoMedrol, can cause significant damage to the cartilage in the joint. Out-of-competition regulation, the Aqueduct report concluded, is desperately needed. Horses passing through the claiming ranks are bound to receive redundant, and thus dangerous, treatment. Like Almighty Silver, who made 44 starts for earnings of \$372,215 and was claimed three times in the three months leading up to his final race at Aqueduct, each claim making his medical record, which didn’t transfer with change in trainers, increasingly problematic. He received four intra-articular injections five days prior to his fatal breakdown on March 4, 2012. Not enough time had passed to assess

were legal on the day of the race. Minnesota was one of the first to change. Only with the newest testing method – liquid chromatography–mass spectrometry (LC-MS) – can it be detected at minute amounts, says Dr. Jill Hovda, the equine medical director there. Older techniques are bound to miss them;

for this reason, Florida, which uses the antiquated TLC method, has never called a positive since at least 2005.

In Florida, the use of prednisolone sodium succinate on race-day is a relic of that older time. Kent Stirling, the head of its horsemen’s group, has argued that it prevents heat



his response to that treatment, the report concluded.

"Trainers were quite frank to say they would claim a horse and inject it with corticosteroids to get it out there and get claimed," Scollay says. "And this is not only in New York."

She added: "The industry as a whole needs to contemplate what we learned from New York."

What else did they learn? That nothing epitomizes racing's drug problems better than clenbuterol, which goes by the trade name Ventipulmin and treats lower airway inflammation and upper respiratory infections, but also builds muscle mass. Scollay and her colleagues found that clenbuterol was being used beyond its labeled therapeutic purposes and was as regular as feed time.

Clenbuterol arrived on the backstretch around 30 years ago; the late veterinarian Alex Harthill was one of the first to import it, from Europe, and prescribe it here. It did not gain F.D.A. approval until 1998, and thus went undetected in the afternoons for almost two decades. Once a test came out, it quickly surfaced in post-race samples, especially in California, where six trainers, including Darrell Vienna, Bruce Headley, and Vladimir Cerin, had horses test positive. Ted West, the trainer of Budroyale, had eight different horses fail tests. California officials decided to allow it, with minor restrictions, and for much of the next 10 years, there and elsewhere, its withdrawal time was on the order of a few days to a week.

When anabolic steroids were banned in 2010, clenbuterol became even more popular. "I use a lot of clenbuterol in horses," Scott Lake, who has led the nation in wins several times, said that year in a television interview. The number of positives support this trend: from 2005 through 2012, 61 percent of the total occurred in the last three years of that period, according to

public records from 23 states.

In 2011, California found the drug in 54 percent of horses. "Clenbuterol is one of the worst things that happened to racing," Hall of Fame trainer Jack Van Berg told a forum on drug use last year.

For its Aqueduct investigation, Scollay says, "We asked trainers, 'Do you have a regular medication program?' All of them said no, then we asked them, 'Do you use clenbuterol?' 'Yes, we do and we

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The trainers described how, on a regular cycle, a horse bounced back and ate better and looked



[www.clenbuterolinfo.com/](http://www.clenbuterolinfo.com/)

better – effects of anabolic steroids, Scollay says, not airway medication. "We gave them the opportunity to say we need it to maintain airway health. 'The barns are dusty,' things like that...You could've given them that. But no, they all described the anabolic effects."

Its manufacturer, Boehringer Ingelheim, says clenbuterol should be withdrawn 30 days before a race, and the American Quarter Horse Association now follows that guideline. New Mexico recently banned it going on a second year.

Clenbuterol clears the system slowly in urine but quickly in blood, usually gone within 96 hours in the latter. Its anabolic effects remain. It takes approximately 30 days to clear urine. Most states still test blood, Scollay says, but the only way to legitimately prohibit its use is by testing urine; with a 72-hour withdrawal time, for example, a blood test cannot distinguish between a trainer who used clenbuterol every day for a month up to that threshold, or for five days.

Despite this, clenbuterol is treated differently from state to state, according to a survey of state racing commissions and state veterinarians – anywhere from a 24-hour withdrawal (Louisiana and Oklahoma) to 14 days (New York, Texas, Maryland) or 21 days (Arizona, California) or 30 days (Oregon, New Mexico). The rest, however,

fall under a week, and some, like Arkansas, Kansas, Nebraska and Massachusetts offer no guideline. The racing commissions of Florida, at five days, and Illinois, at seven days, declare a zero-tolerance policy, whatever that means. Kentucky and Pennsylvania and Canada are at three days, New Jersey and Iowa and Ohio at four days, and Delaware and West Virginia and Michigan at a week.

Looking at clenbuterol rulings from 2005 through 2012, which can be incomplete, one finds almost no interstate or even intrastate rhyme or reason in how rule-breaking is handled. Some states always take away the purse, others do not. Some states hand out penalties of a few hundred dollars, others a few thousand.

The number of positives per state could depend on many things. Take Pennsylvania, which led all states with 66. Does that mean it has greater clenbuterol abuse or more enforcement? Does it employ more sensitive tests? Do their penalties affect recidivism? In every instance, Pennsylvania took away the purse.

Ohio had 18 positives, all of which merited disqualifications. Its fines were \$250 or \$500, although it handed out suspensions of 15 or 30 days. Illinois, a “zero-tolerance” state, levied fines of \$1,000 or \$1,500 but only one suspension. California, which had 51 positives and disqualified the horse all but 10 times, seemed to offer a ladder of penalties from no fine for a first offense, to \$1,000, to \$3,000, and up to \$10,000 and \$15,000. Other states rarely fine a trainer more than \$1,000. In 2011, one California offender earned a \$7,500 fine and a 90-day suspension.

Kentucky had only six reported positives, which seems low compared to other major states. It only disqualified the winner on three occasions, assigned 15- or 30-day

suspensions, and didn’t levy a fine but once.

Florida, with its “zero-tolerance” approach, had 34 reported positives. Not a single one merited a disqualification, and only once a suspension. Most fines were like traffic tickets – either \$250 or \$300 – with the recent average at \$500. Only three times did a fine reach \$1,000.

“If one were inclined to race on clenbuterol, then why not race in Florida?” asks Scollay. “It’s the cost of doing business. Two-hundred dollars is not a bad investment.”

Clenbuterol is classified as a class 3 drug, but Florida’s penalties for more serious offenses – the first two classes of drugs – are softer than other major racing jurisdictions. So the sunshine isn’t the only attraction.

For the Jockeys’ Guild last January, officials of The Jockey Club revealed statistics on medication rulings it had collected. They found that 15 percent of trainers licensed between 2005 and 2011 had drug rulings during that time. Excluding those with two or three rulings separated by years, 1.5 percent – approximately 200 trainers – accounted for a third of all drug rulings. In their words, this small group was shaping public perception of racing.

Using publicly available documents, the Thoroughbred Daily News learned the identities of these trainers. They are familiar names. The top three had the majority of their violations in Florida.

From 2005 through 2011, Kirk Ziadie led all trainers with 33 reported positives. Then came Dale Bennett, who races in Tampa in the winter and Chicago the rest of the year, with 25. Marty Wolfson, a Breeders’ Cup winner, completed the trifecta with 21. They were followed by Jamie Ness, the nation’s leading trainer by wins (15 violations); Edward Clouston (all 13 in West Virginia); Jason Wise (all 12 in Nebraska);

Rick Dutrow (12, seven of those in Florida); Jerry Hollendorfer (all 11 in California); Troy Bethke (all 11 in Minnesota); and Scooter Davis (nine of 10 in West Virginia).

Some conclusions can be drawn. None of the individuals were scared away by their racing commissions during this time, as their rule-breaking was concentrated in one state. Only later did Dutrow get slapped with a 10-year suspension and Davis booted from Charles Town for using a program trainer while serving a six-month drug suspension. Bethke has not entered a horse since September. The other trainers are still in business.

The most obvious conclusion, especially after expanding the picture to the 50 most-penalized trainers, is alarming: the correlation between leading in drug violations and leading in wins and training titles. These trainers enjoy unbridled success at their home tracks. It is a truth of American racing that falls with the weight of an anvil.

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