

AAEP NEWS

Public Policy: Uniform medication regulations in horse racing

By Dionne Benson, DVM

Efforts to enact uniform medication regulations in U.S. horse racing are being led, in part, by the Racing Medication and Testing Consortium, whose missions are horse and human safety and racing integrity. The RMTTC originated from the AAEP's 2001 Medication Summit, and the AAEP has been an active RMTTC member from the beginning.

Historically, horse racing medication regulations developed in a piecemeal fashion, with each state enacting regulations that often differed substantially from those of neighboring jurisdictions. These inconsistencies have been a source of criticism and frustration in the industry.



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In response, the RMTTC developed a National Uniform Medication Program that consists of:

- A Controlled Therapeutic Substance List;
- Limitations on the use of race-day medications;
- The Multiple Medication Violation program; and
- A horse racing testing laboratory accreditation program.

The National Uniform Medication Program ensures the integrity of the sport and protects the health and welfare of the equine and human participants. The recommendations regarding the use of controlled therapeutic substances and limitations on the use of race-day medications are of primary importance to veterinarians.

Controlled Therapeutic Substances

The Controlled Therapeutic Substance List (CTS) identifies therapeutic medications commonly used in the racehorse. For each substance, there is a regulatory threshold and a corresponding withdrawal guideline based upon a specific dose and route of administration.

The CTS provides veterinarians with a list of therapeutic medications they can use with defined thresholds and withdrawal time guidance. The CTS list is not and was never intended as an exhaustive list of medications available to veterinarians.

Therapeutic substances not on the CTS list can still be used in racetrack practice. Any drugs a veterinarian can legally administer in their state and racing jurisdiction

are still allowed, but the RMTTC will not be providing guidance on their use to practitioners. Those substances on the CTS list are, however, subject to lesser penalties.

Most regulatory thresholds for substances on the CTS list are based upon RMTTC-funded research. Some (e.g., phenylbutazone) are historic thresholds. Others were developed based upon international research. Additional substances are being investigated and may ultimately be added to this list.

Thresholds are reviewed by the RMTTC Scientific Advisory Committee (SAC), which is comprised of practicing veterinarians, regulatory veterinarians, veterinary pharmacologists and analytical chemists. Combined, the 14 members of the SAC have over 300 years of experience in the area of horse racing regulation and/or racetrack practice. Four AAEP past-presidents and other AAEP members serve on the SAC.

Horse racing is often criticized for allowing any medication to be present in a horse on race day; however, setting a threshold does not mean a medication is present at pharmacologically effective concentrations. Thresholds are set to avoid drug violations for drug residues that can readily be detected by modern laboratories days after they can exert an effect on the horse.

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The AAEP has endorsed this list. It is accessible at www.rmtcnet.com/content_landing_withdrawal.asp.

Race-Day Medication

In response to the anti-Lasix movement, the RMTTC formed a race-day medication task force in 2011. The task force concluded that, to preserve race-day furosemide and eliminate concerns beyond the efficacy of furosemide to control EIPH, a national uniform medication policy must include third-party administration of furosemide only. This approach has been used successfully at the New York Racing Association tracks, at tracks in Ontario, and at a number of Mid-Atlantic harness tracks for several years.

The RMTTC never supported eliminating race-day furosemide. Race-day bleeder medication is limited to furosemide because only furosemide has been shown as efficacious in reducing EIPH. Third-party administration eliminates concerns regarding the administration of other,

Continued on page IV.

AAEPNEWS

Public Policy: Uniform medication regulations in horse racing, continued

inappropriate substances on race day that could endanger the horse, jockey or driver—or impugn the integrity of the sport.

More than 60 horse racing industry groups have endorsed the National Uniform Medication Program. However, much work remains. As of April 28, only five states were uniformly regulating controlled therapeutic

medications and 11 states had adopted race-day medication restrictions. To see the status of these regulations by state, visit <http://horseracingreform.org/default.asp?section=2&area=7>.

Dr. Benson is an AAEP member and executive director and Chief Operating Officer of the Racing Medication and Testing Consortium in Lexington, Ky.

Mental Wellness: Finding calm amid the chaos

When it's not the patient who needs a wellness check, but the veterinarian

An article in the November 15, 2013, issue of the *Journal of the American Veterinary Medical Association* discussed stress, mental health and suicide among veterinary students and practitioners. A portion of the article is quoted here:

A University of Tennessee veterinary college graduate committed suicide in March 2011. At the time, he was pursuing a residency in laboratory animal medicine and a concurrent doctorate with the University of Missouri's Comparative Medicine Program. A fourth-year veterinary student at the University of Montreal took her own life in May 2012, a day before she was to graduate. A second-year veterinary student at Mississippi State University did the same thing this past April. He had just earned his master's in animal physiology from the University of Arkansas.

It's no secret that the veterinary profession can be rough on individuals. There's the stress of getting into veterinary school, performing well, and standing out among peers, followed by years or decades of long hours, demanding clients, and heavy workloads.

What isn't discussed as freely is what happens when those stresses become overwhelming or when mental illness develops as a result. The good news is that more people are pushing for dialogue about this topic, in the hope of preventing these situations from developing or finding ways to help when they do.

For many veterinarians, the stigma associated with mental illness is an important barrier not just to accessing mental health services but to even discussing the topic in the first place.

To read the entire article, please access it at <https://www.avma.org/News/JAVMANews/Pages/131115a.aspx>.

Social Media Practice Tip: Reaching clients through Instagram and Pinterest

By Kelsey Bryant

Photos and videos are very popular with horse owners so we find Instagram and Pinterest to be effective ways to show clients our veterinarians at work and interacting with their patients. These platforms are also very popular with women so they are perfect to reach this demographic.

As two of the fastest growing social media networks they are certainly ones any equine veterinary practice should consider. We post photos of some of the interesting horses or breeds our doctors see during a day. We also like to post fun photos like cats sunning themselves on the dash of a practice vehicle.



Instagram



Pinterest

Instagram and Pinterest “To Do” For You: Posting photos at horse shows or of a busy parking lot at the hospital usually leads to followers liking or commenting on the photos.