

by Dr. Scot Waterman

Determining Withdrawal Times

Note: The USTA is annually one of nearly two dozen organizations providing funding for the Racing Medication and Testing Consortium, which works to even the playing field for all horsemen related to medication awareness and testing. Following is RMTC Executive Director Dr. Scot Waterman's quarterly report to *Hoof Beats* readers on the RMTC's progress.

One of the Racing Medication and Testing Consortium's main goals is to establish uniform withdrawal times for therapeutic medications in racehorses.

This initiative is of crucial importance to horsemen and veterinarians because of the significant variability in the current regulation of these drugs across state lines. If successful, the program has the potential to eliminate positive tests caused by lack of available information or errors in administration. There is little question that these types of positive tests tarnish the perception of our sport just as much as positives for non-therapeutic, doping drugs.

Over the last few years, the RMTC has been funding administration studies for many of the most frequently used therapeutic medications, several of which are responsible for a substantial number of rule violations. The project, which is unprecedented in scope, utilizes 20 horses for each drug administration. Although this has been a very expensive endeavor, the volume of data collected will allow us to make better decisions on withdrawal times and will be critical as we attempt to foster uniformity across racing jurisdictions.

At our most recent board meeting in October 2010, the first set of withdrawal time and threshold recommendations arising from this research program was announced.



The specific drugs are the short-acting bronchodilator glycopyrrolate and the muscle relaxant methocarbamol. Since we began recording positive tests on the RMTC website in August 2009, there have been more than 60 violations in the United States for methocarbamol alone. A recommendation for the new FDA-approved non-steroidal anti-inflammatory medication firocoxib has also been approved pending resolution of one outstanding issue.

In addition, the RMTC board expects to be able to issue recommendations for acepromazine, pyrilamine, mepivacaine, lidocaine, procaine and butorphanol at its next full meeting in March 2011.

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Our objective is to determine withdrawal times that enable the therapeutic use of these medications without compromising the integrity of racing competition or the welfare of our human and equine athletes, and we believe that these recommendations are a good start. Many in the racing industry have been

eagerly anticipating the results of these administration studies, and with adequate support from our stakeholders and others, we hope to be able to drive uniform adoption of these recommendations at the state level.

I realize that these guidelines do not and will not solve all of the problems related to the safe administration of therapeutic medications. I always encourage horsemen and veterinarians to visit our online withdrawal times database, found at www.rmtcnet.com, for more extensive information on state-by-state withdrawal times. The specific recommendations for the medications mentioned above are also available on the site by viewing the Press Releases page.

The views contained in this column are that of the author alone, and do not necessarily represent the opinions or views of the United States Trotting Association. To comment on this column, e-mail us at readerforum@ustrotting.com.