Frequently Asked Questions

The following is a compellation of questions raised as part of the Welfare of the Horse in the 21st Century Initiative.

GENERAL QUESTIONS

I am confused by all the terms used in the Drugs & Medications Rules. Please define the terms.

USEF General Rule 410 provides a thorough definition of substances **forbidden in competition.** For the most part, these substances are consistent with the FEI "Banned Substances."

- **Forbidden Substance**s are any substances that are **not permitted to be in the horse's system at the time of competition.** More information can be viewed at: http://www.usef.org/issuu/flipbook.ashx?docname=DrugsMedsGuidelines2013&pdfurl=http://www.usef.org/documents/drugsMeds/DrugsMedsGuidelines2013.pdf

The USEF Equine Drugs and Medications Program is underpinned by a belief that judicious use of certain therapeutic substances is appropriate for horses in competition and provides recommendations to comply with **Quanitatively Restricted Medications List**.

Quantitatively Restricted Medications are any substances in which there is a maximum permitted plasma concentration. More information can be viewed at: http://www.usef.org/issuu/flipbook.ashx?docname=DrugsMedsGuidelines2013&pdfurl=http://www.usef.org/documents/drugsMeds/DrugsMedsGuidelines2013.pdf

The **FEI** regulates prohibited substances.

Prohibited Substance is an umbrella term used to identify any substance that is not allowed in a Horse's system during competition. Prohibited Substances fall into two categories, Banned Substances and Controlled Medication Substances. These are regulated by the FEI Equine Anti-Doping & Controlled Medication Regulations. These regulations are frequently referred to as the EADCM regulations and can be found on the Clean Sport website at www.cleansport.org.

Equine Prohibited Substances List. The list identifying the Banned Substances/Controlled Medication Substances and Banned Methods/Controlled Medication Methods. The List contains individually-named substances that are either Banned or Controlled at FEI Events and is subject to annual review. The List is revised by a group of experts (List Group) who propose changes to the FEI Bureau once a year. All changes come into effect 90 days after publication. The List is available in the "Resources" section of this Clean Sport toolkit, on the Clean Sport website (www.cleansport.org) and as a smartphone app.

What are the definitions of trace amount, threshold level, SLOD, and at what level is a positive called?

The USEF Equine Drugs and Medications Program does not utilize the term "trace amount." This is a term that is commonly used to describe an amount that is believed to be associated with no pharmacological effect.

The term "threshold" is intended to differentiate between the amount of a naturally occurring substance that is normally present and a level that is indicative of an administration. Testosterone is a good example, as it is a hormone in all mammals and its presence is expected. However, a threshold would distinguish between what level would be normal and what level would indicate an exogenous administration (Exogenous: Any material that is present and active in an individual organism or living cell but that originated outside of that organism).

SLOD is the Screening Limit of Detection. This is a level that is applied to substances that are not exogenous and would not normally be found in a horse unless an administration had occurred. A qualitative finding above the SLOD would be considered a positive.

Is a positive ever called if the amount is below the SLOD?

No

What is the definition of "zero tolerance?"

"Zero tolerance" was a term used to describe the policy that any amount of a forbidden substance would constitute a positive finding. However, with improving testing technology and the ability to detect substances at lower levels, the detection of some substances could occur well outside a reasonable expectation for pharmacological effect. The use of Screening Limit of Detection (SLOD) takes into consideration the improvement in technology and the risk assessment of the specific substance and provides a limit at which excess is considered a positive finding.

Why is the SLOD not available to the membership?

It is standard operating practice for testing laboratories not to disclose the Screening Limits of Detection (SLOD) of restricted substances. For example, WADA (the World Anti-Doping Association) does not disclose SLOD.

Why is the level of some substances different for horses, humans, and other animals?

Not every drug affects every species the same way. Species metabolize drugs differently, and some drugs react differently in various species. For example, the de-wormer Ivermectin commonly used in horses can be fatal for some breeds of dogs.

Another example is the NSAID (Non-Steroidal Anti-Inflammatory Drug) firocoxib. The equine product is Equioxx® and the canine product is Previcox®, but the drug itself is the same. In dogs the labeled dose is 227mg daily for a 100lb dog, but in horses the labeled dose is 45.5mg for a 1000lb horse. For a 20lb dog, the labeled dose for Previcox® is 57 mg daily; this is nearly 25% more than a 1000lb horse should be administered in a day.

Example of detection levels between humans and animals:

Airline pilots were held to the Department of Transportation detection cutoff of 300 nanograms of cocaine because this represented the limits of testing technology at the time.

Horses are far more sensitive to cocaine than humans. As a result, "cocaine positive" is called for levels less than 300 nanograms in a horse.

For many years the cutoff level of detection for cocaine was not harmonized between the Department of Transportation and the Department of Health and Human Services. It is interesting to note that in 2010 the detection levels for cocaine for the Department of Transportation and the Department of Health and Human Services were harmonized and changed from 300 to 150 nanograms. This resulted in more than 1300 additional cocaine positives on tests performed in 2011.

Why aren't the "Testing Veterinarian Guidelines" made available to the membership?

These are not testing protocols. Instead, these are 'guidelines' to assist the testing teams to comply with the intent of USEF General Rules Chapter 4. These guidelines contain specific information regarding communication between the Equine Drugs and Medications Program office, the testing veterinarian, and the USEF laboratory.

In January 2013, the USEF Board of Directors deemed information in this manual as Confidential to **ensure the integrity of the program.**

Are samples frozen and retained? Can a member be held accountable for a positive test at a later time?

The USEF Lab does not routinely retain samples; however this policy is currently under review. The human anti-doping world does retain samples for future analysis. The USEF is seeking feedback from members; please email concerns to horsewelfare@usef.org.

What is the process for the development of tests for new substances?

The development of tests for new substances starts with intelligence and surveillance from the industry. The process can be very different depending on the substance being investigated. The establishment of a SLOD or a "threshold" considers whether a substance is endogenously produced, is ubiquitous in the environment, or only detected following an administration. The pharmacology of the substance is taken into consideration when establishing a SLOD or threshold.

Why can't we allow horses to be administered ½ cc of Acepromazine in competition if it is reported on medication reports and filed with the competition steward prior to competing?

No rational justification for the presence of any substance that alters mental activity in a horse in competition exists.

Can USEF rules require identification of a specific location of testing?

While it is possible to identify the exact location of testing within the USEF rules, it has been found preferable to maintain flexibility in order to be more responsive to specific situations. The guidelines for testing are reviewed annually to determine what procedures work best for each breed and discipline respectively to better respond to the current competition environment.

What are the side effects of overusing NSAIDs (Non-Steroidal Anti-Inflammatory Drugs)?

Ongoing research reveals that the overuse of NSAIDS can cause potentially harmful, even severe side effects. Outwardly, diarrhea, loss of appetite, and a dull attitude can be seen. Each of these symptoms can be a clinical sign of more severe colic-related problems. Please refer to the ***NSAID and Your Horse*** brochure: http://issuu.com/equestrian/docs/nsaidandyourhorseweb?mode=embed&layout=http://www.usef.org/issuu/nsaids/layout.xml&showFlipBtn=true

How can we prevent/predict reactions like colic from happening to a horse because of a poor reaction to drugs?

There is no way to predict when a horse might incur an adverse reaction to an administration.

Is there really a test for Carolina Gold?

Yes

Are there other testing labs that can identify the presence of Carolina Gold (GABA)? Can members purchasing horses have samples drawn during a pre-purchase exam tested for this and other substances?

We understand other labs have been developing tests and are identifying the presence of GABA.

The USEF is in the process of evaluating the feasibility of providing pre-purchase screening, but the USEF lab does not currently offer this service. However, USEF leadership believes such a service could be a valuable benefit to members and is exploring the possibility of "getting into this business."

What is the timeline from when a horse is tested to announcement of any penalty?

In 2011 and 2012, it took an average of 81 days for the disposition of a positive finding to occur in matters where an Administrative Penalty was offered by USEF and accepted by the trainer. This calculation includes the period from when the Testing Veterinarian collected the sample at a competition until the case closed. This time period does not include the suspension period.

In 2011 and 2012, for positive finding cases that went to a hearing before the USEF Hearing Committee, the average number of days was 246. This calculation includes the period from when the Testing Veterinarian collected the sample at a competition until the Hearing on the matter closed. Following a Hearing, it may take up to 60 days before the Findings from the Hearing are issued to the parties, which includes the penalties imposed. The average for these cases is due, in part, to cases that are continued to a later hearing date at the request of the trainer.

How long after the completion of a class is a horse subject to being tested?

Consistent with GR 402.1, a horse/pony may be tested at any time while on the competition grounds.

How will the "12 Hour Rule" affect ship-ins and animals stabled off property?

Currently, the responsible party for a horse entered in USEF competition could be required to make the horse available for testing even off the grounds of a USEF licensed competition. Since this issue is one that affects the "equal playing field," clarification in the rules to make this abundantly clear is currently underway.

Is there or will there be a test for magnesium?

Research for a test for excessive magnesium administration is currently underway.

Is there or will there be a test for calcium?

The detection of administration of excessive amounts of calcium is associated with the magnesium test research.

Is there or will there be a test for oxytocin?

Oxytocin is a hormone used to induce labor in pregnant women. It has been reported that this hormone is being administered to horses to create an extreme cramping episode from which the horse emerges exhausted and relieved from the painful experience.

The USEF is diverting precious resources to dispel such a horrific practice by investing in research to establish appropriate threshold levels for Oxytocin. However, the adoption of the "12 Hour Rule" will also likely reduce the use of Oxytocin since the desired affect requires administration in close proximity to competition.

What action will be taken against vets who assist trainers in cheating?

This is an area currently under review. The first step is to identify a process by which the Federation can identify the treating vets on the competition grounds. A category of membership is being considered for treating veterinarians. The USEF expects a rule change proposal to be submitted in the rule change process this year.

What action will be taken against a veterinarian who writes prescriptions without knowledge of the horse?

If reported to the Federation, the USEF will notify the respective State Pharmacy Board of this illegal activity.

What are the USEF's plans to stay ahead of the "designer drugs?"

The term "designer drugs" is primarily known in human doping and refers to drugs that are chemically altered to produce a similar effect but lessen the chance of detection.

With regard to the administration of "cocktails" (the combination of substances administered together) shortly before competition, there are ongoing efforts to suppress this practice. However, the eradication of such dangerous practices cannot be done solely in the lab or through testing, but also relies heavily on receiving intelligence tips. As a unified sport and community, the USEF and its members must realize a change in culture and attitude in regard to sporting practices and safety plays as important of a role as that of laboratory testing.

When will a penalty schedule be published?

The concept of a published penalty schedule has been discussed at the committee level. The USEF is aware that the level of fines and suspensions has been the subject of debate. The USEF Hearing Committee has been part of this discussion and understands the concerns that have been raised. Thus far, the group has been guided by a belief that maintaining flexibility in assessing penalties is an important component of the current process.

Will the USEF consider suspending all concerned (owner, trainer, rider) in a positive finding?

Yes, there is currently discussion with respect to who should be held responsible for a positive finding. To share opinions on this topic, please email horsewelfare@usef.org.

Will the USEF consider taking away all of the horse's points for that competition year?

Yes, this is as well as suspension and further sanctions are currently under review.

When will USEF members hear about the results of the horses that tested positive for Carolina Gold? What happened to all the Carolina Gold positives?

The USEF Hearing Committee has heard a few cases regarding Carolina Gold. Findings are published on the Rulings and Findings section of the usef.org website and are available for viewing at:
http://www.usef.org/_IFrames/rulebook/HearingCommittee.aspx

Additional cases are pending in the USEF regulation process.

Is it true that certain de-wormers contain GABA?

No

Is it true that the powdered form of Perfect Prep contains GABA?

There are five different formulations of **Perfect Prep** listed on the company's website. None of the published ingredient lists identify GABA as an ingredient.

Is the company that manufactures Perfect Prep a sponsor of USEF?

No

Since I compete in California what rules do I have to comply with?

Over the last two years the USEF Equine Drugs and Medications Program and the Equine Medication Monitoring Program of the California Department of Agriculture have collaborated to align the future drug rules of the two programs. Both organizations strive for consistent programs that protect the health and welfare of the equine athlete.

The USEF's understanding is that this ongoing effort will be presented as proposed legislation in the near future with an expectation that changes could occur within the next 12 months. If successful, the drug rules governing competition in the state of California could be more harmonized than they have been for many years. Until that time, the best course of action is to become educated on both sets of rules and comply with the most restrictive rule for the drug or medication being administered.

PROHIBITED PRACTICES

What is a Prohibited Practice Rule? Why do we need this type of rule?

The Federation rules have, over time, been primarily focused on detection of prohibited substances and have provided guidelines for the administration of permitted therapeutic medications for competition horses. The concept of legislating prohibited practices was introduced in 1970 by the USDA in the Horse Protection Act and was focused primarily upon soring techniques which were (and continue to be) prevalent in certain segments of the Tennessee Walking Horse breed.

Today's advances in medicine, cutting-edge therapies, and nutritional science afford practitioners and equestrians alike with numerous opportunities to aid and assist the equine athlete in the competition environment. In some cases, however, therapeutic treatment is taken to an extreme that counters its benefit to the health and wellbeing of these horses. With a view to the landscape of these advancements coupled with the current equestrian competition environment, there is an apparent need to evolve "acceptable parameters" for owners, trainers, and treating veterinarians regarding the use of new techniques in sports medicine such as shock wave therapy and the judicious and beneficial use of intra-articular medications in sport horses. Additionally, training and preparation techniques that have been deemed as inappropriate and potentially harmful to performance horses are currently under investigation at the committee level.

I'm concerned that we will not be able to give our horses medication by injection i.e., Adequan and Legend. Will the USEF Equine Drugs and Medications Program demand that only licensed vets be able to give our horses injections?

Injections should always be given by someone who has been appropriately trained. The only time the USEF proposes to require a veterinarian administer an injection is within the context of the "12 Hour Rule."

Does the USEF plan for us to go medication free?

In recent years, horse sports have experienced increased public scrutiny to both therapeutic techniques and medication practices in racing. More recently, this focus has raised a number of questions about treatment of horses in the show arena. The USEF Equine Drugs and Medications Program is underpinned by a belief that judicious use of certain therapeutic substances are appropriate for horses in competition, and this philosophy will continue to guide to the program.

Please explain why it is illegal (dangerous) to use a calming element (drug) on a horse to improve its safety and performance?

It is the Federation's viewpoint that while it is not necessarily wrong to sedate (calm) a horse for a specific therapeutic purpose or to contribute to its safety as the result of a trauma or stress, it does significantly endanger equine health and wellbeing. It also violates the concept of "fair play," upon which this Federation's principles in sport is founded; to unnecessarily and artificially affect mentation (level of attention and clarity of focus) in a horse strictly for competitive gain, or to "improve its performance" in the show ring, is therefore against the Federation's rules.

What is the science that supports the proposed "12 Hour Rule?"

The American Association of Equine Practitioners (AAEP) published *Clinical Guidelines for Veterinarians Treating the Non-Racing Performance Horse* in December 2011. The USEF Drugs and Medications and the USEF Veterinary Committees reviewed and discussed the findings of the AAEP Special Task Force and suggested some modifications to the AAEP suggested protocol, resulting in the proposed "12 Hour Rule."

The AAEP Report can be seen here:
http://usefnetwork.s3.amazonaws.com/pdfs/00/00/00/07/64/aaep+clinical+guidelines+performance+horses+final+12-1-11.pdf

What is the most effective and beneficial administration of Adequan? How does the "12 Hour Rule" impact the effectiveness?

The USEF asked an Adequan representative for answers to the following questions:

- ***Will a dose administered four hours prior to competing have any advantage over a dose administered more than 12 hours prior to competing?***

  Once administered IM (intramuscularly), the drug reaches the systemic circulation in 20 minutes and crosses over the synovial membrane within two hours and imbeds in the articular cartilage within 24-48 hours after administration.

- ***Is there any advantage to administering Adequan® within 12 hours of competition?***

  While not on the product label, Dr. Michael Collier noted in his work with radiolabeled Adequan that the hyaluronan concentration "almost doubled" after IM administration within 48 hours**.**

- ***What does "Adequan® i.m. reaches peak therapeutic levels in joints two hours after intramuscular injection" mean?***

  This refers to the drug arrival and crossing over the synovial membrane within two hours after IM administration (Collier). The drug's unique benefit is its ability to maintain this level for the next 96 hours (four days) as it winds up chondrocytes to increase production of proteoglycan complex. This process must be repeated every four days for seven treatments to overcome the deficiencies of chondrocytes that have led to DJD (degenerative joint disease).

- ***If my horse has never had an injection of Adequan® before, would it be helpful to administer it within a few hours of competition?***

  In the original clinical studies that were utilized for the FDA approval we did not see improvements in the main end points of lameness, stride length or joint circumference until the administration of the third and fifth injections. These cases had a chemical OA of Feuds adjuvant, which is quite severe, but the repeated injections are what reversed the clinical signs (Dr. G White and D Hamm).

- ***How long does Adequan® take to start working?***

  The original data continues to match up with the clinical world in that most veterinaries that work with trainers and riders find the benefits of lameness improvement after a series of injections, typically three, and continued improvement with the full-labeled series.

  Despite the popular use of pre-race or pre-competition use, the current data for immediate benefits remain the increased concentration of hyaluronan, which as veterinarians we are unclear of the full benefits of such an effect.

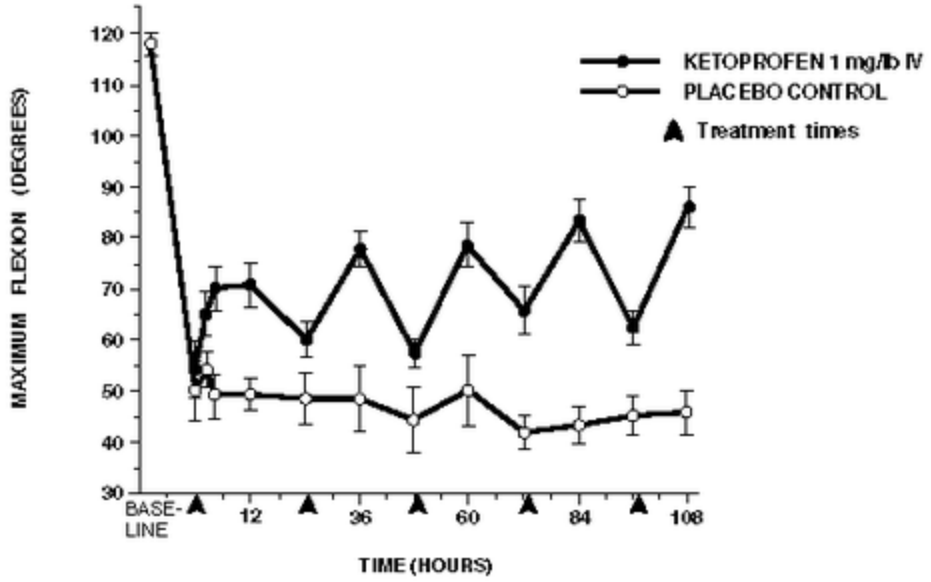
What science supports the changes in recommended withdrawal time from ketoprofen from six to twelve hours?

The excerpts from the ketoprofen package insert reprinted here demonstrate that following a three-day treatment plasma levels are actually higher than following a single dose at four hours.

Pharmacology: KETOFEN is a non-narcotic, non-steroidal anti-inflammatory agent with analgesic and antipyretic properties.

Additional studies using the same model in horses have shown that **the effects of ketoprofen are maximal by 12 hours and still measurable at 24 hours** after each dosage as depicted in the following graph.

Maximum Flexion (mean ± Sem, N = 6)*



***sem = Standard Error Of The Mean N = Number Of Animals**

How Supplied: KETOFEN (ketoprofen) Solution 100 mg/mL is available in 50 mL and 100 mL multidose bottles.

Store at controlled room temperature 20° to 25°C (68° to 77°F).

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Technical Services (USA):	800-366-5288
Website:	www.zoetis.com

Every effort has been made to ensure the accuracy of the Ketofen information published above. However, it remains the responsibility of the readers to familiarize themselves with the product information contained on the US product label or package insert.

How will the "12 Hour Rule" be applied if I am at a show and my class goes earlier than anticipated?

The proposed rule states "scheduled time." As is the case in adjudicating other medications for which the USEF currently has quantitative restrictions, interpretation of the rule is guided by determining "what the reasonable expectation for when a class was to be held." If upon examination, the evidence demonstrates that a class was held prior to what was expected, this will be considered.

What is the purpose of the "12 Hour Rule? How will it be enforced?

The rule is being introduced is to stop the unnecessary injections to horses close to competition.

Implementing the "12 Hour Rule" will not change the therapeutic value of any of currently permitted substances, but it may be the rule that allows the Federation to penalize (hold accountable) practices that may lead to horse collapses or death.

How will the Federation detect if a horse that collapsed or died received an injection within twelve hours?

The USEF will rely on corroborating evidence such as eyewitness testimony or forensic evidence.

If my horse collapses and was administered an injection by my vet within twelve hours of competition will I be penalized?

Welfare of the horse is paramount. Emergency treatment should never be withheld. However, the horse would not eligible to compete for 12 hours (except as provided for in the rule).

Once the "12 Hour Rule" is put into place, how will the USEF stop high levels of lunging, trainers withholding water, and other cruel practices? What steps will the USEF take to educate licensed officials about judging horses that show a certain amount of spirit?

In an attempt to engage the USEF membership in the discussion about evolving and improving conditions in the changing environment of equestrian sport, USEF President Chrystine Tauber has sent a letter to the chairs of each USEF Breed /Discipline Technical Committee. In this letter Tauber says, "I believe it is time to undertake a thorough review and begin the discussion of training and preparation practices for every discipline and breed within the USEF. From shoeing practices, tail carriage and alteration, to training practices including excessive lunging and over-flexion, I believe it is critical to put these and other practices on the table to begin the discussion. We also need to initiate conversation about 'competition culture.' Has judging evolved to rewarding robotic behavior in the show ring? Are horses showing too much and too often in the quest for year-end points? It is imperative we begin this dialogue for ourselves before others begin it for us." Tauber has requested submission of a written report from each USEF Technical committee chair by August 1, 2013.

Explain why FEI rules allow for injections inside 12 hours in their treating stalls.

The FEI Rules currently provide for treatment of horses (including allowed injections) in the controlled environment of the FEI treating stalls. This is an attempt by the FEI to create greater transparency with respect to treating horses in competition. The USEF Veterinary Committee (which includes several FEI Veterinarians) endorses the AAEP position that nothing vital and necessary for the wellbeing of a horse needs to be administered by injection (except as provided for in the rule) within twelve hours of scheduled competition.

The "12 Hour Rule" preserves the ability to treat with acceptable therapeutic treatments, many of which are not allowed under FEI Rules.

Are there other substances currently being allowed that will be impacted by the proposed "12 Hour Rule?"

Aside from ketoprofen, the administration of methocarbamol will move from six hours to twelve hours. Its muscle relaxation properties will be maintained at twelve hours, but the sedation effect will be eliminated.

What are the three exceptions to the "12 Hour Rule"? What is the rationale for these "carve outs"?

Upon review by the Veterinary Committee, three specific circumstances were identified where the use of an injection could be therapeutic for conditions that did not adversely affect the health or wellbeing of a horse to compete. These exceptions were only determined to be appropriate at least six hours prior to competing; injections of any sort inside of six hours were considered to be inappropriate. The three exceptions are as follows:

1. The use of fluids to hydrate a horse secondary to adverse weather conditions, transport, etc. The minimum amount to be infused would be 10 liters of polyionic fluids.
2. The use of IV antibiotics to treat infections. Many skin infections are unresponsive to oral antibiotics, and can be better managed through IV treatment. These type of infections are not issues of orthopedic disease or lameness, and don't adversely affect the fitness of a horse to compete.
3. The use of dexamethasone to treat allergic reactions involving hives. While this condition does not adversely affect the fitness of a horse to compete, the intent is to provide resolution of clinical signs, and to alleviate discomfort to the horse.

CATOSTROPHIC PROTOCOL

What is the rationale for consideration of creating a "USEF Tip Line?"

In recent months, the USEF has met separately with the FEI, the NFL, the Thoroughbred Racing and Protective Bureau, and the American Kennel Club to better understand what procedures have been developed by similar organizations for monitoring issues of concern within the sports they regulate. We have learned that each of these organizations has some form of "Integrity Unit," a communications network available for exhibitors, trainers, and participants to report issues of concern or abuse. Taking aspects from each organization's approach, the USEF can be guided to create its own program. With consideration given to the number and the broad landscape of USEF licensed competitions, current thinking is to establish a hotline reporting to an independent agency. This independent agency would be empowered, if so directed by the USEF President, CEO, and General Counsel, to investigate or corroborate reports, then, if appropriate, referred back to the USEF.

If a collapse is reported can the horse still compete?

Upon examination by appropriate responsible parties, if a horse that has collapsed appears to be fit for competition, then the horse may compete. The "Collapse Rule" is not a rule that prohibits the collapse of a horse; instead it requires that the collapse be reported to the Federation.

If a horse collapses at a competition and a USEF Drugs and Medications tester is on the grounds is it possible to request or require that the horse be tested?

Yes.

What is the USEF's position with respect to the use of bio-security protocol for testing vets?

The Equine Drugs and Medications Program directs and implements appropriate bio-security measures for testing personnel.

How many horse deaths were reported in 2012?

Sixteen horse deaths were reported in 2012.