

FEDERATION EQUESTRE INTERNATIONALE

PRESS RELEASE

Anti-Doping and Medication Control: Reducing the Risks of Positive Drug Tests in Competition Horses

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To make a clear distinction between the use of routine, legitimate medication and deliberate and calculated doping to affect a horse's performance, the FEI has published Guidelines to assist treating and team veterinarians. The objectives are to protect the welfare of the horse, defend the integrity of the sport and to reassure the public.

The FEI believes that any horse requiring *bona fide* veterinary treatment should receive it, but recognises that the use of medication to treat illness and injury close to an event carries an inherent risk of incurring a positive drug test if insufficient time has elapsed for the elimination of the drug from the horse. The Medication Advisory group (MAG) has therefore joined with the European Horseracing Scientific Liaison Committee (EHSLC) to coordinate a series of drug administration studies to produce information for treating and team veterinarians. For FEI purposes, the drugs have been selected in collaboration with the International Treating Veterinarians Association and are collectively known as the FEI 'Medicine Box'. These are all treatments that might reasonably be expected to be used in routine clinical practice in the time running up to an event.

Experience over many years in the FEI has shown that non-steroidal anti-inflammatory drugs (NSAIDs), which are clinically used in the management of injury, are the most common group of drugs reported as prohibited substances. They have therefore been selected by the MAG as the first group for publication of detection time guidelines, along with the mucolytic agent dembrexine. Information is now available on the FEI web site on the following: phenylbutazone, flunixin, ketoprofen, dipyron (metamizole) and dembrexine. Advice on further drugs in the Medicine Box will follow as soon as possible as the data from the administration studies become available.

The Equine Anti-Doping and Medication Control (EAMDC) Rules adopted by the General Assembly at its meeting in Kuala Lumpur (MAS) in May 2006 clarify that there is a strict liability on the Person

Responsible with regard to prohibited substances. The MAG wish to point out that individual horses will vary in their responses to the administration of drugs as well as to the effects of training and exercise programs, diet, stable management and state of health, which can all cause variations in drug elimination. Detection times issued by the FEI are not the same as 'withdrawal times' which must be a matter for the profession judgement of the treating or team veterinarian using an adequate safety margin and/or the FEI Elective Testing procedures. Further information is available on the FEI website: www.horsesport.org, Veterinary section.

Notes for Editors:

1. The Medication Advisory Group: In 2005, the General Assembly of the FEI accepted the recommendation of the Task Force on Medication and Doping to set up a Medication Advisory Group (MAG) to examine detection times of commonly used therapeutic substances, laboratory sensitivity and how best to meet the needs of treating and team veterinarians responsible for horses in international competition. The Group's members are Jean-Maurice Bonneau (FRA, Chef d'Equipe of the show-jumping team; Dr Björn Nolting (GER, Team Veterinarian), Dr Kent Allen (USA, United States Equestrian Federation); Dr Michael Düe (GER federation) and the Directors of the Paris and Hong Kong forensic laboratories Dr Yves Bonnaire (FRA) and Dr Terry Wan (HKG). The Group is chaired by Veterinary Committee Member, Dr Andrew Higgins (GBR) and the Co-ordinator is Dr Frits Sluyter, Head of the FEI's Veterinary Department.
2. The 'Medicine Box': Medicine Box substances comprise the non-steroidal anti-inflammatory drugs flunixin, phenylbutazone and ketoprofen; the intra-articular corticosteroids triamcinolone acetonide and methylprednisolone, and the intravenous corticosteroid dexamethasone sodium phosphate; sedatives detomidine, romifidine and xylazine; local anaesthetics lidocaine and mepivacaine (without epinephrine); respiratory system products clenbuterol; salbutamol (albuterol) and demborexine; and the colic treatments butorphanol, scopolamine-N-butyl bromide (Buscopan) and metamizole (dipyrone).