

Medication being used to qualify for medication-free races

By Geir Stabell

From next year, any trainer who has violated rules regarding use or possession of Class 1 drugs over the past twelve months, will be barred from having runners at the Breeders' Cup Series. This was announced following a Breeders' Cup board meeting in September.

This is good news, and – though positives for Class 1 drugs are extremely rare in racing – the new rule is clearly another step in the right direction, and this regulation leads my thoughts swiftly back to a vital question I posed in an earlier *Trainer* article, namely; should horses that have obtained invitations, achieved ratings, or points qualifying them for big international medication-free events *while actually running on medication*, be given preference over contenders that have been campaigned to get into these same events while racing *without* any form of medication?

To my mind, the answer is an absolute 'no'. The way these things work in horseracing today is as bizarre as it is unique, when compared to practices in other sport. Outside observers can be forgiven for, yet again, making comments like 'horseracing is a business first, secondary a sport'.

Within the sport, we are all striving for a level playing field at the top level, aren't we? As things stand in many a corner, that is not always the case. In quite a few cases it is far from so. The only true playing field would be staging high profile meetings open only to horses racing without any form of medication, and have never been raced on medication. If, as is widely appreciated, these most common forms of medication, like Bute and Lasix, have a bearing on performances, how can it then be right that horsemen and women in some parts of the world get help from medication when qualifying their horses for an invitation to ship abroad to jurisdictions where any use of such medication is strictly prohibited?

I think we have all seen enough examples of how a move to the US, and administration of medication for races, has turned ex-European runners around big-time, to agree that this is an important aspect of international competition well worth addressing. It is nothing short of astounding that racing regulators have made no mention of, never mind attempts at addressing, this problem. They seem to have been blinded by an obsession of getting international competition at their venues.

Never mind how such visitors have been prepared in order to qualify.

Names like Ventura, Megahertz, Silic and Starine spring to mind. Until they ran on medication, they were nowhere near good enough to make them anything but longshots at the Breeders' Cup. There are many more, and more to follow. Such 'medication-improved' runners will, in turn, get invitations to participate in championship races outside North America. If they had stayed in Europe all along they might never have come within a marathon of getting such an invitation.

You might argue that, surely, in North America this is not a problem, since horses are allowed to race on Bute and Lasix nationwide anyway, a state of affairs that ought to make it a level playing field. I'm not so sure about that either. While I must admit that this problem struck me a couple of years ago when analyzing international races at Sha Tin and the Dubai World Cup night card, not big races in the USA, I don't think one can say that it's totally fair within the US either. Simply because the thresholds regulating the use of medication vary from state to state. A trainer who feels that a horse needs a larger dose of medication to produce the form required to qualify for, say a Triple Crown or Breeders' Cup race, or an invitation from Sha Tin or Royal Ascot for that matter, can run his horse in prep races in jurisdictions where a larger dose is allowed, thus increasing his chances of getting those valuable points, stakes earnings, or achieve that crucial rating, catapulting the horse into the desired field. If the same horse had gone through the preps in a state with a lower threshold, or in Europe, he may not have had much of a chance of securing a berth.

Even if you are not convinced that adding medication can move a horse up the results charts, you must agree that – in principle – these practices are wrong. Okay, keep on inviting those horses with great results while racing on medication to take part in races where medication is not allowed. Keep on allowing them to push medication free runners down to the list of reserves, but do not call this way of selecting big race runners fair, do not call it a 'level playing field'. Quite simply, it is not.

Ideally, horses qualifying for international championship races (which are often over-subscribed) should have been qualified by racing under *exactly* the same rules and regulations regarding medication, as in the jurisdiction where the big race is set to be staged. That, and only that, would be a way to go about creating a level playing field.

If organisers of such events as Royal Ascot, the Breeders' Cup, Hong Kong International day, Dubai World Cup night, the Melbourne Cup festival etc. really want to put up a fight against medication, perhaps they should give preference to horses that have been free of medication in their preceding races when sending out invitations, and again if fields are over-subscribed. Perhaps they should *only* invite horses that have been medication free in their races over, say, the past 24 calendar months.

In races that are designed to have a strong impact on the breeding of thoroughbreds, one might also consider taking the ultimate step of writing race conditions only allowing horses that have never raced on medication, and whose sires and dams never raced on medication, to be eligible. Announcing such changes for a number of prestigious events, with a five to six years' notice, might be both a bold and interesting experiment worth considering.

In valuable, high profile international events at Sha Tin, Meydan or Royal Ascot, North American trained horses that have been raced on medication, can easily 'lock out' runners from other countries that have never raced on medication. In the foreseeable future, this is not going to be major issue at Ascot, as the restrictions on field sizes are nowhere near the same as at places like Sha Tin and Meydan. Both of these courses have a maximum field limit of 14 runners, with a panel of handicappers ranking the contenders in case more than 14 horses being declared to run. Do these handicappers pay much attention to which of the borderline horses have been raced on medication or not? I have seen no evidence of such practice.

2009 HONG KONG SPRINT – A BRILLIANT EXAMPLE

At last year's Hong Kong International day, the locally trained runner Brilliant Chapter, a horse that had never raced on medication, failed to make the cut. His connections had to accept that their horse – a regular in stakes sprints at Sha Tin and just two lengths beaten by Happy Zero when trying to give that rival 2kg in the Sha Tin Trophy (G3) two months earlier – was ranked last of 15 declared runners in the Hong Kong Sprint (G1), a race allowing no more than 14 starters. Meanwhile, the two US shippers, California Flag and Cannonball both made it comfortably into the field. California Flag had raced 16 times previously, every time on both Bute and Lasix. Cannonball had raced on Lasix in all but two of his starts in North America, and – like California Flag – he had both "B" and "L" printed next to his name in the racecard at the Breeders' Cup, where this pair filled first and third in the BC Turf Sprint. Racing without medication, they had to settle for fifth and tenth at Sha Tin.

Interestingly, One World, second when Brilliant Chapter ran such a fine third behind Happy Zero in the Sha Tin Trophy (G3), upheld the form by running an excellent race for second to Sacred Kingdom in the Hong Kong International Sprint (G1). Just over an hour later, Happy Zero took second behind the outstanding champion miler Good Ba Ba in the Hong Kong Mile (G1). Is it reasonable to assume that, in view of these results, the connections of Brilliant Chapter felt that their horse had deserved to get into the Hong Kong Sprint field? Could it be, that it left a sour taste having to accept that two North American trained horses, both having achieved results qualifying them for a berth while racing on medication, pushed Brilliant Chapter out of the race his connections had been aiming for all season? I should think so.

BAN THE HORSE

Returning to the Breeders' Cup resolution mentioned initially, stopping trainers who have broken the rules on medication over the past year from racing their horses at what is often billed the 'World Championships of Horseracing', it needs pointing out that, if this is going to have any effect at all, the regulations on assistant trainers taking over the licences of banned trainers must be tightened. This resolution will not have the desired effect if a trainer gets his or her ban at some point leading up to the Breeders' Cup, can simply 'hand over' the licence to an assistant trainer – making sure that for his clients it is business as usual on the most valuable weekend of the year. The only way to pull the rug under the violators probably is to ban the *actual horse* from taking part, thus putting additional pressure on trainers.

Losing the licence for a period of time is inconvenient, but seemingly not an insurmountable problem these days. Losing the odd horse to another trainer may not be good for business, but what about the day when a violation of the rules might cost the trainer his support from a big owner? Going down this route may be creating deterrent that will actually get us somewhere. Then again, if a horse trained by a handler who has been found to have violated rules regarding use or possession of Class 1 drugs, is as a result denied a run at the Breeders' Cup – well, then this horse can always be rerouted to Hong Kong International day at Sha Tin.

Can we say that the racing world is working in harmony when dealing with these matters?

Probably not.