

CALENDAR NOTICE (to be published 30 June 2017)

Disciplinary Committee Inquiries

The Disciplinary Committee of the GBGB were in attendance at a meeting held on 15 June 2017:-

Mr R Woodworth CBE (in the chair)

Mr H Starte

Mr M Elks

1. Central Park Stadium – KOOGA KLAMMER – Professional Trainer Mr D Pruhs

Professional Trainer David Pruhs was found in breach of rules 152 (i), 174 (i)(b), and 217 of the GBGB Rules of Racing in that a urine sample taken from the greyhound KOOGA KLAMMER at Central Park Stadium on 7 March 2017 was analysed by LGC Health Sciences as containing the presence of cetirizine.

Mr Pruhs was unable to attend but participated by means of telephone conference. Racing manager Mr Andrew Clayson apologised for his absence. Area stipendiary steward Adrian Smith was in attendance together with Professor Tim Morris, independent scientific advisor.

The Committee heard evidence from Professor Tim Morris that cetirizine is not available as a veterinary medicine and should only be used in animals under the veterinary prescribing cascade. It is an antihistamine drug licensed for use in the symptomatic relief of allergic conditions. It is available in a number of over the counter medicines. It is considered to have a lower potential for sedation than other antihistamines but with the potential for a depressant effect on the nervous system. It is therefore a substance which, by its nature, could affect the performance or prejudice the wellbeing of a greyhound.

In evidence to the Committee Professor Morris referred to advice by LGC Health Sciences that there were no indications of any parent antihistamine hydroxyzine in the screening data, this in the context that hydroxyzine is rapidly converted to cetirizine regardless of the route of administration in dogs, and therefore the likely finding was of exposure to cetirizine itself. Cetirizine is excreted via the urine of people with relatively little metabolism. While Professor Morris could see nothing in the greyhound's reported treatment records to account for the finding of cetirizine in the urine sample taken from KOOGA KLAMMER nonetheless he noted that Category 2 meat had been fed and if cetirizine has been used in food producing animals then any meat must be Category 2. A limited use of cetirizine in horses for the treatment of allergies and other conditions does occur but Professor Morris thought that Category 2 meat was an unlikely source of cetirizine in this case.

When KOOGA KLAMMER had given the positive sample, he had been competing in the valuable Racing Post Juvenile race and the dog had finished 5th beaten some 19 3/4 lengths having checked on the run-up. The dog was confirmed at the time by the track veterinary steward to be lame.

Mr Pruhs who admitted the breaches of rules 174(i)(b) and 217 in this case confirmed that "he had trained dogs for 40 years, had never previously had a positive test and hadn't a clue" how the substance came to be in the greyhound. He employed 3 full-time staff and 6 part-time but he

confirmed that none had been taking anti-histamine medicine at that time. The Committee considered at length with Mr Pruhs whether the cetirizine could have occurred through contamination of the urine sample taken at Central Park Stadium but, apart from the sample bowls being handed to the trainers because all finalists had to be tested, the sampling procedure was unexceptional. There was no evidence of any unusual betting on the race and considering the value of the race in question, the Committee agreed with the acceptance by the Director of Regulation that there had not been a deliberate administration of cetirizine to KOOGA KLAMMER. Accordingly, the Committee was faced with the possibility of deciding whether the cetirizine had occurred as a result of feeding Category 2 meat or through some contamination of the sample at the track without compelling evidence in either case. Nevertheless, the GBGB Rules of Racing impose strict liability on the trainer and the Disciplinary Committee found Mr Pruhs in breach of rules 152 (i), 174(i)(b) and 217 in that he had in his charge a greyhound that tested positive for a banned substance. While the Committee accepted that Mr Pruhs did not administer cetirizine and found him a very credible witness they were concerned at some of his practices notwithstanding his considerable experience. The continued use of Category 2 meat (upon which Mr Pruhs claimed to be unaware of GBGB advice) as well as his practice regarding completion of his greyhounds' Treatment Book represented poor practice and needed changing. The Committee recognised Mr Pruhs unblemished record but ordered that he be cautioned and fined £250.

2. Kinsley Stadium – SENSIBLE MINNIE – Professional Trainer Mr G Douglas

Professional Trainer Geoffrey Douglas was found in breach of rules 152 (i), 174 (i)(b) and 217 of the GBGB Rules of Racing in that a urine sample taken from the greyhound SENSIBLE MINNIE at Kinsley Stadium on 7 October 2016 was analysed by LGC Health Sciences as containing the presence of dorzolamide.

Mr Douglas apologised for his absence as did Kinsley racing manager Andrew Mascarenhas. Area stipendiary steward Pete Rosney was in attendance together with Professor Tim Morris, independent scientific advisor.

Professor Morris gave evidence that dorzolamide is a human medicine for the treatment of raised pressure within the eye. Whilst not licenced, it is also recognised for use in dogs. Dorzolamide affects dogs as it does humans by inhibiting the production of fluid within the eye. It is also a diuretic if given systemically (by mouth or injection) but with lesser effects if applied directly onto the eye (when a potential side effect is stinging). Given its diuretic properties dorzolamide is by its nature a substance that could affect the performance of a greyhound. Diuretics may also be abused as masking agents for other prohibited substances.

Professor Morris advised the Committee of the unusual history surrounding SENSIBLE MINNIE. On the 10 March 2016, a Disciplinary Committee had found Mr Douglas in breach of the "strict liability" rules 174 (i) (b) and 217 for having in his charge the same greyhound SENSIBLE MINNIE which had tested positive for the same substance namely dorzolamide (which the Committee concluded had been administered in Ireland before the greyhound came into Mr Douglas' care). The positive sample in that case had been given on the 27 June 2015 and a test of the Point of Registration sample given on the 11 April 2015 (immediately before entering Mr Douglas' kennels from Ireland) had also tested positive for Dorzolamide. The levels of dorzolamide were relevant. In the POR

sample, the estimated level was 34ng/ml, in the 27 June 2015 race day sample the estimated level was 2ng/ml. An out of competition sample taken on the 28 August 2015 (ie 139 days after the original POR) revealed no traces of dorzolamide whereas the race day sample taken on the 7 October 2016 (ie 545 days after the POR) revealed estimated levels of 1.5 ng/ml. Further out of competition samples taken on the 6 November 2016 again revealed no traces of dorzolamide. Professor Morris suggested to the Committee that there were two explanations for the finding of dorzolamide in SENSIBLE MINNIE's urine sample taken on the 7 October 2016. Either the greyhound had been exposed again to dorzolamide after 28 August 2015 or the contrasting findings between the negative sample taken on the 28 August 2015 and the positive sample taken on the 7 October 2016 represented a continued low level presence of a single dorzolamide exposure before 11 April 2015. The science suggests that as red blood cells reach the end of their lifespan, dorzolamide is released and again taken up by new red blood cells, with low levels of elimination via the urine, at around the absolute analytical limit of detection for dorzolamide with variable detection or no detection. Professor Morris thought it likely therefore that the dorzolamide was "cycling" into and out of the analytical detection levels and although it was exceptional that traces of dorzolamide were still evident some 545 days after the positive POR sample it was scientifically possible. He considered this possibility more likely than a further administration of dorzolamide.

In all the circumstances, the Committee considered that no blame attached to Mr Douglas in this case. He had admitted breaches of the "strict liability" rules 152 (i), 174 (i)(b) and 217 of the GBGB Rules of Racing but the Disciplinary Committee were content to accept the Director of Regulation's submission that no further action should be taken.