



Frequently Asked Questions

At 12 July 2018

Greyhounds Australasia (GA) Rule Changes

1 August 2018

When do the rule changes apply to me?

GRSA introduced these changes on 1 April 2018.

Tasracing has yet to determine when it will introduce the changes.

All other controlling bodies will adopt the changes on or just after 1 August 2018.

Which rules will change?

The following Greyhounds Australasia Rules (GARs) will change:

- GAR 1 – Definition of prohibited substance
- GAR 1 – Definition of exempted substance
- GAR 83A – Race day and Day Prior Treatment
- GAR 79A – List of permanently banned prohibited substances
- GAR 84A – Treatment records to be kept
- GAR 21A – Consecutive days racing

A copy of the amendments to each of the rules is attached.

What is a permanently banned prohibited substance?

The prohibited substances as defined in GAR 79A are considered so concerning from a welfare or integrity point of view that they are deemed by experts to have no place in the sport at all – these are called permanently banned prohibited substances.

Permanently banned prohibited substances should never be in a greyhound's system (whether on race day or out-of-competition).

Because these substances are so concerning for the integrity of the sport, participants are also not permitted to possess, acquire, attempt to acquire, administer or attempt to administer any permanently banned prohibited substances at any time.

Example – EPO/Growth hormone/Anabolic androgenic steroids are permanently banned prohibited substances (as listed in GAR 79A i/viii/xx respectively)

If a trainer acquired, possessed, administered or allowed these substances to be administered to a greyhound it would be in breach of this rule, regardless of whether a veterinarian had prescribed the substance to the greyhound, as they have been assessed as having no place in greyhound racing.

What is a prohibited substance?

A prohibited substance is defined in GAR 1. As in the previous definition, it includes any substance capable of having an effect on a greyhound's body system.

The basic underlying principle is that we should have "drug-free racing" so that punters can be confident that greyhounds run on their merits, and the greyhound's performance is not influenced in any way by any sort of drug or other substance.

This means that when they are presented to race, greyhounds must not have anything falling within the definition of prohibited substances in their system.

What is the difference between a permanently banned prohibited substance and prohibited substances?

All permanently banned prohibited substances are also prohibited substances but not all (in fact relatively very few) prohibited substances are permanently banned prohibited substances.

If prohibited substances are acquired and possessed appropriately, many can be used in the routine husbandry and training of greyhounds - they just need to be out of the greyhound's system on race day.

Example – A veterinarian prescribes a 7-day course of firocoxib to a greyhound for lameness. This is a prohibited substance because it is an anti-inflammatory and a Prescription Animal Remedy (Schedule 4 of the Poisons Standard)

During the 7 days of treatment Stewards attend the trainer's property and conduct an out of competition swab. The laboratory detects firocoxib - a prohibited substance. However, as this substance is detected in a non-race day sample, Stewards will take no further action.

If the sample were taken on a race day it would have resulted in a positive swab, as greyhounds need to be presented to race drug free.

What is an exempted substance?

A group of substances are exempt from being prohibited substances, as defined in GAR 1. These exempted substances include vaccinations, antibiotics (except procaine penicillin), antiparasitics registered for use in canines (except levamisole) and specific substances in females only for controlling oestrous (heat/season). If these substances are detected in a greyhound, it will not result in a breach of the rules.

These substances still need to be appropriately prescribed, administered and their use recorded.

As noted in these FAQs, norethisterone and ethyloestrenol will soon be exempted for oestrus control in females.

Example – A veterinarian prescribes a 7-day course of the prescription animal remedy (Schedule 4 of the Poisons Standard) amoxicillin (an antibiotic) to a greyhound for a mild infection. The trainer records the treatment in their Treatment Record.

The greyhound recovers, races and is swabbed. The laboratory detects amoxicillin, but as it is an antibiotic it is therefore an exempted substance, and Stewards take no further action.

Why is the definition of prohibited substance changing?

The definition of prohibited substance in greyhound racing has not been reviewed for over 20 years despite significant advances in medicine and the creation of new drugs. A review of this definition identified a need to include a more detailed list of substance categories that will provide more clarity to participants.

This clarity was needed as, at times, there has been confusion about whether a substance was prohibited because its drug class may not have been listed in the definition, but it clearly had an effect on a body system or was specifically listed in the Commonwealth Poisons Standard.

The amended rule now lists consistent mammalian body systems and drug categories as compared to other racing codes. This allows for greater consistency across codes that share the same drug testing laboratories, and in many jurisdictions, operate under the same controlling body.

Why is the definition of prohibited substance so broad?

The new definition is no broader than the previous definition. There will be no actual change in the practice by laboratories of which substances they report as a prohibited substance as a result of the implementation of this change.

Regulatory bodies are not, and never have been, concerned with applying the racing rules unreasonably so as to capture the provision of food and water (or the vitamins and electrolytes (including potassium, bi-carb, etc.) that are present in normal foodstuffs). To do so is clearly not in the interests of the sport or the regulation of it. This common sense approach is reinforced by the recent NSW Court of Appeal decision in *Day v Harness Racing NSW* (2014) (88 NSWLR) which warned against 'extreme literalism' (594) in interpreting racing rules and 'that the legal meaning of the rule has nothing to say about ordinary, naturally occurring foodstuffs.' (606)

The list of prohibited substances includes things like vitamins by injection – does that mean I can't give vitamins to my racing greyhound?

Most substances that are administered by injection already meet the current definition of a prohibited substance as they are being administered to cause some effect on a body system. If that were not the intention, then would be no purpose for administering the substance.

The list of prohibited substances in Part B only refers to vitamins that can be administered by injection and, as with any prohibited substance, they can be used but must not be present in a sample taken on race day. All prohibited substances must be registered, labelled and obtained appropriately, including vitamin injections. Oral supplementation of normal amounts of vitamins for a canine diet is still acceptable but participants must be mindful of breaching any thresholds established (e.g. cobalt from Vitamin B12).

The definition of prohibited substances is hard to understand. Where can we find more information about prohibited substances?

Controlling bodies do not expect participants to know every one of the thousands of substances that are prohibited, however they do need to know about every substance that they intend to administer to their greyhound, before they administer it (or arrange for someone else to administer it). To assist participants and their advisors (i.e. vets), the detailed notices published by GA provide an overview of each of the groups of substances.

Participants should also ensure that they have a good relationship with their own vet who can provide advice on those substances which can or can't be administered.

More information about registered veterinary medicines can be found on the Australian Pesticides & Veterinary Medicines Authority database: <https://portal.apvma.gov.au/pubcris>

More information about human medicines can be found on the Australian Register of Therapeutic Goods database: <http://www.tga.gov.au/>

The current Commonwealth Poisons Standard listing the substances within the each schedule is available <https://www.tga.gov.au/publication/poisons-standard-susmp>

Why is the definition of exempted substance being changed?

The definition of exempted substance is being amended to add norethisterone (when administered in the prescribed way) as a treatment for the purpose of regulating or preventing oestrus in female greyhounds. Owners and trainers in consultation with their prescribing veterinarian will now have more flexibility in choosing the best form of oestrus control treatment (if any) for that greyhound, instead of the only current option of ethyloestrenol, which many have reported does not suit all females.

Norethisterone is readily available as a human pharmaceutical and is currently used in racing greyhounds in the United Kingdom and New Zealand.

As it is now an exempted substance, will controlling bodies supply norethisterone to control oestrous in female greyhounds?

No. This is a Prescription Only Medicine as defined in Schedule 4 of the Commonwealth Standard for the Uniform Scheduling of Drugs and Poisons, and prescribing laws and guidelines require it can only be prescribed to an animal by a registered Veterinary Surgeon that has that animal under his or her care after establishing a therapeutic need for that substance.

As this is a human medication, it would also require off-label prescription (as does ethyloestrenol), which is prescription for an unapproved indication, dose or form of administration. These requirements can only be met with a bona fide vet-client relationship, and participants need to ensure an active relationship with their vet to assist in the ongoing care of their animals.

Why are restrictions on treatment/injections prior to racing being changed?

The current definition of "race day treatment" has been inconsistently applied by controlling bodies and therefore caused confusion with participants. The notice published clarifies how controlling bodies intend to enforce this rule from 1 August 2018.

The rule already in place makes it clear that no treatment can be given to a greyhound on the day the greyhound is nominated to compete in an Event. That is, no 'treatment' can be administered on the calendar day of racing, from 12:01am until the greyhound is removed from the racecourse after the completion of that Event with the permission of the Stewards pursuant to Rule 42(2), or is scratched with the permission of the Stewards.

In addition, the new rule also prohibits the use of any injectable substance on the calendar day prior to (and day of) an Event.

This rule is already in place for other racing codes and the rule focuses on what is considered an acceptable practice on race day and the day prior (rather than on the substance itself – which is the ambit of race day sampling and subsequent analysis).

What food and supplements can my greyhound have on race day?

Only normal feeding that a greyhound voluntarily eats or drinks is considered acceptable on race day.

No 'treatment' as defined in GAR 83A is allowed, this includes any tablets, capsules, pills, etc. or liquid, paste, etc. that requires syringing into the oral cavity. These can only be administered after leaving the racecourse after the Event.

If normal daily feeding includes adding a small, reasonable amount of electrolyte liquid or powder to a greyhound's feed or drink (e.g. ½ teaspoon of potassium or bi-carb), then this is permitted but this should be done prior to arrival on the racecourse.

What if my greyhound needs an injection prior to racing?

No injectable substance (whether administered by injection or not) can be given from 12:01am the day prior to racing, until after the greyhound has left the racecourse after the event. i.e. If racing on Thursday, the last injection can be given on Tuesday.

Healthy greyhounds are unlikely to need regular administration of injectable substances but where their use is required that can be performed well clear of race day. Treatments close to racing are more likely aimed at affecting performance and do not create a level playing field.

Why can't I administer exempted substances on race day?

You are permitted to administer exempted substances such as oestrus control medication after the Event e.g. in the evening meal following a race.

Administering prior to racing reduces the concentration of these substances and therefore any potential affect they may have, which is more in line with the principles of "drug-free racing".

Why should requirements about treatment records be changed?

The treatment records rule changes require that the date and time of treatment be recorded, and that the record be made on the day the treatment was given. The rule change is intended to ensure that participants keep timely and accurate records of treatments administered to greyhounds. When treatment records are not kept on the day the treatment is given, they can be forgotten about or recorded inaccurately and then are not available when requested by an authorised person or steward.

The information recorded is often helpful in prohibited substance investigations and where the substance, amount, time, route and individual greyhound characteristics are known, there are cases where calculations can be done to ascertain the accuracy of the information provided, therefore it is in the interests of a participant to keep accurate and detailed records in case of an inadvertent positive swab.

My state already has a rule that doesn't allow me to race a greyhound in races over consecutive days. Why is this rule being changed?

Western Australia, Tasmania, South Australia and Victoria already have this as part of their Local Rules. If adopted, this rule will harmonise the national rules and establish a national standard.



Change to definition of prohibited substances to be made in Greyhounds Australasia Rules

Notice to trainers – The definition of prohibited substance within GAR 1 is to be updated

On 1 August 2018, Greyhounds Australasia will update the definition of a *Prohibited Substance* within Greyhounds Australasia Rule 1. The aim of this change is to provide a more detailed list of prohibited substance categories while also aligning the definition with other racing codes, which is important for cross-code regulatory bodies and the laboratories.

Although the changes appear detailed, participants should be reassured that the change in definition will not significantly change the way laboratories conduct testing or report the detection of prohibited substances. The definition of prohibited substance is largely unchanged in practice but is hopefully much easier for participants to understand and ensure they present their greyhounds free of prohibited substances on race day.

Importantly, permanently banned prohibited substances must never be present in a sample taken from a greyhound at any time, whereas prohibited substances must never be present in a sample taken from a greyhound on race day. Therefore where appropriate, a prohibited substance can be used for the treatment of a greyhound, but that substance must be eliminated from the greyhound's system by race day to ensure it is presented for an Event free of prohibited substances.

The revised definition of 'prohibited substance' within GAR 1 is as follows:

"prohibited substance" means a substance defined by the following criteria or which falls within any of the groups of substances declared herein unless it is an exempted substance.

- (a) *Substances capable at any time of causing either directly or indirectly an action or effect, or both an action and effect, within one or more of the following mammalian body systems:*
 - i. *the nervous system*
 - ii. *the cardiovascular system*
 - iii. *the respiratory system*

- iv. *the digestive system*
- v. *the musculo-skeletal system*
- vi. *the endocrine system*
- vii. *the urinary system*
- viii. *the reproductive system*
- ix. *the blood system*
- x. *the immune system*

(b) *Substances falling within, but not limited to, the following categories:*

- i. *acidifying agents*
- ii. *adrenergic blocking agents*
- iii. *adrenergic stimulants*
- iv. *agents affecting calcium and bone metabolism*
- v. *agents that directly or indirectly affect or manipulate gene expression*
- vi. *alcohols*
- vii. *alkalinising agents*
- viii. *anabolic agents*
- ix. *anaesthetic agents*
- x. *analgesics*
- xi. *antiangina agents*
- xii. *antianxiety agents*
- xiii. *antiarrhythmic agents*
- xiv. *anticholinergic agents*
- xv. *anticoagulants*
- xvi. *anticonvulsants*
- xvii. *antidepressants*
- xviii. *antiemetics*
- xix. *antifibrinolytic agents*
- xx. *antihistamines*
- xxi. *antihypertensive agents*
- xxii. *anti-inflammatory agents*
- xxiii. *antinauseants*
- xxiv. *antineoplastic agents*
- xxv. *antipsychotic agents*
- xxvi. *antipyretics*
- xxvii. *antirheumatoid agents*
- xxviii. *antispasmodic agents*
- xxix. *antithrombotic agents*
- xxx. *antitussive agents*
- xxxi. *blood coagulants*
- xxxii. *bronchodilators*
- xxxiii. *bronchospasm relaxants*
- xxxiv. *buffering agents*
- xxxv. *central nervous system stimulants*
- xxxvi. *cholinergic agents*
- xxxvii. *corticosteroids*
- xxxviii. *depressants*
- xxxix. *diuretics*
- xl. *erectile dysfunction agents*

- xli. fibrinolytic agents*
- xlii. haematopoietic agents*
- xliii. haemostatic agents*
- xliv. hormones (including trophic hormones) and their synthetic counterparts*
- xlv. hypnotics*
- xlvi. hypoglycaemic agents*
- xlvii. hypolipidaemic agents*
- xlviii. immunomodifiers*
- xlix. masking agents*
 - l. muscle relaxants*
 - li. narcotic analgesics*
 - lii. neuromuscular agents*
 - liii. oxygen carriers*
 - liv. plasma volume expanders*
 - lv. respiratory stimulants*
 - lvi. sedatives*
 - lvii. stimulants*
 - lviii. sympathomimetic amines*
 - lix. tranquillisers*
 - lx. vasodilators*
 - lxi. vasopressor agents*
 - lxii. vitamins administered by injection*

- (c) any substance administered to disguise or make undetectable, or attempt to disguise or make undetectable, the administration of any of the substance(s) referred to in paragraph (a) or (b);*
- (d) any substance(s) specified in Schedules 1 to 9 inclusive of the Standard for the Uniform Scheduling of Medicines and Poisons (Commonwealth) as amended from time to time.*
- (e) unusual or abnormal amounts of an endogenous, environmental, dietary, or otherwise naturally present, substance;*
- (f) a metabolite, isomer or artefact of any of the substance(s) referred to in paragraphs (a), (b), (c) or (d) irrespective of whether or not such metabolite, isomer or artefact has any pharmacological effect;*

In addition to the definition above, various thresholds exist for prohibited substances that occur naturally within a greyhound and are listed within GAR 83 (6) – (12). These thresholds include testosterone, ethanol metabolites, hydrocortisone, 3-methoxytyramine, cobalt and arsenic.

The prohibited substances as defined in GAR 79A are considered so concerning from a welfare or integrity point of view that they are deemed by experts to have no place in the sport at all – these are called *permanently banned prohibited substances*.

Permanently banned prohibited substances should never be in a greyhound's system (whether on race day or out-of-competition).

Because these substances are so concerning for the integrity of the sport, participants are also not permitted to possess, acquire, attempt to acquire, administer or attempt to administer any permanently banned prohibited substances at any time.

Prohibited substances can be possessed providing that is done so in accordance with GAR 84 and can be administered where reasonably indicated, but must not be detected in a sample taken when presented for an Event. Any use must be recorded in treatment records (GAR 84A).

Substances specified in Schedules 1 to 9 of the *Standard* are regularly updated by the federal Government and can be viewed here: <https://www.tga.gov.au/publication/poisons-standard-susmp>

Table 1 below gives examples of specific prohibited substances that fall into each category listed within part b of the definition, but this list is not exhaustive and for clarification, participants should check with their veterinarian or controlling body before administering.

Table 1: Examples of prohibited substances described in Part b of the definition of prohibited substance*

Prohibited Substance Part B	Examples
Acidifying agents	Ammonium chloride
Adrenergic blocking agents	Cyproterone, Metoprolol
Adrenergic stimulants	Adrenaline, Isoprenaline
Agents affecting calcium and bone metabolism	Calcitriol, Growth Hormone
Agents that directly or indirectly affect or manipulate gene expression	Insulin Like Growth Factor 1, Darbepoetin alfa
Alcohols	Alcohol, Methanol
Alkalinising agents	Sodium bicarbonate
Anabolic agents	Testosterone, Stanozolol, Methandriol, Nandrolone, Ethyloestrenol (males)
Anaesthetic agents	Lignocaine, Bupivacaine, Procaine, Ketamine
Analgesics	Tramadol, Dipyron (Metamizole)
Anti-angina agents	Amlodipine, Glyceryl trinitrate
Anti-anxiety agents	Diazepam, Alprazolam
Anti-arrhythmic agents	Atenolol, Sotalol, Lignocaine, Disopyramide
Anticholinergic agents	Dextromethorphan, Bupropion
Anti-coagulants	Heparin sodium, Rivaroxaban
Anti-convulsants	Clonazepam, Gabapentin
Anti-depressants	Clomipramine, Fluoxetine, Venlafaxine
Anti-emetics	Metoclopramide, Maropitant
Anti-fibrinolytic agents	Aminocaproic acid, Tranexamic acid
Anti-histamines	Chlorphenamine, Fexofenadine
Anti-hypertensive agents	Quinapril, Spironolactone
Anti-inflammatory agents	Carprofen, Meloxicam, Tolfenamic acid, Diclofenac, Flunixin, Ketoprofen, Piroxicam, Firocoxib, Phenylbutazone, Corticosteroids
Anti-nauseants	Mirtazapine, Prochlorperazine
Anti-neoplastic agents	Letrozole, Medroxyprogesterone acetate
Anti-psychotic agents	Lithium carbonate, Risperidone
Anti-pyretics	Ketoprofen, Salicylates
Anti-rheumatoid agents	Sodium aurothiomalate, Methotrexate
Anti-spasmodic agents	Hyoscine, Propantheline
Anti-thrombotic agents	Prasugrel, Ticlopidine
Anti-tussive agents	Pholcodine, Acetylcysteine, Guaifenesin, Dextromethorphan
Blood coagulants	Aprotinin, Tranexamic acid
Bronchodilators	Salbutamol, Clenbuterol
Bronchospasm relaxants	Theophylline, Terbutaline
Buffering agents	Beta-alanine, Sodium bicarbonate
Central nervous system stimulants	Cocaine, Amphetamine, Methamphetamine, Caffeine, Theobromine, Benzylpiperazine
Cholinergic agents	Physostigmine, Pilocarpine
Corticosteroids	Dexamethasone, Methylprednisolone, Fludrocortisone, Prednisolone, Hydrocortisone

Depressants	Pentobarbitone, Alcohol, Cannabis, Arsenic
Diuretics	Frusemide, Hydrochlorothiazide, Spironolactone
Erectile dysfunction agents	Sildenafil citrate, Tadalafil
Fibrinolytic agents	Streptokinase, Tissue plasminogen activator
Haematopoietic agents	Cobalt, Cyanocobalamin, Ferumoxytol
Haemostatic agents	Aminocaproic acid, Tranexamic acid
Hormones (including trophic hormones) and their synthetic counterparts	Nandrolone, Testosterone, Boldenone
Hypnotics	Zolpidem, Mirtazapine
Hypoglycaemic agents	Metformin, Acarbose
Hypolipidaemic agents	Atorvastatin, Fenofibrate
Immunomodifiers	Peginterferon Alfa 2A/2B, Plerixafor, Cimetidine
Masking agents	Diuretics
Muscle relaxants	Dantrolene sodium, Diazepam
Narcotic analgesics	Morphine, Buprenorphine, Fentanyl, Oxycodone, Dermorphins
Neuromuscular agents	Succinylcholine, Doxacurium
Oxygen carriers	Perfluorochemicals, and Modified Hemoglobin Products
Plasma volume expanders	Polygeline, Hetastarch
Respiratory stimulants	Doxapram
Sedatives	Xylazine, Phenobarbitone, Acepromazine
Stimulants	Caffeine, Dexamphetamine, Modafinil, Methylsynephrine, Synephrine, Phentermine
Sympathomimetic amines	Methylphenidate, Pseudoephedrine
Tranquillisers	Acepromazine, Zolazepam
Vasodilators	Heptaminol, Clenbuterol, Salbutamol, Minoxidil
Vasopressor agents	Dobutamine, Phenylephrine
Vitamins administered by injection	Vitamin B12 (Cyanocobalamin), Vitamin C (Ascorbic acid), Vitamin B-Complex

* Some substances listed are permanently banned prohibited substances and therefore must never be acquired, possessed or administered to a greyhound according as detailed in GAR 79A and 84A (4a).



Norethisterone for the control of oestrus in females to be introduced as an exempted substance into the Greyhounds Australasia Rules

Notice to trainers – Norethisterone usage in greyhounds

On 1 August 2018, Greyhounds Australasia will introduce norethisterone to the list of *Exempted Substances* within GAR 1 Definitions as follows:

“Ethyloestrenol or norethisterone when administered orally to a female greyhound and where it has been prescribed by a veterinary surgeon for the sole purpose of regulating or preventing oestrus in that female greyhound.”

Female greyhounds are unable to race whilst in season, which can occur up to twice a year and reduce their available racing career. Since the introduction of a ban on previously used anabolic androgenic steroids (AAS), oestrus control has been limited to the use of ethyloestrenol. Following a review, including research with The University of Nottingham and the Greyhound Board of Great Britain where norethisterone is used successfully, Greyhounds Australasia has agreed to allow norethisterone as an alternative non-AAS means of postponing oestrus in females.

Participants are encouraged to discuss with their veterinarian the options available for regulating or preventing oestrus in their greyhounds in order to make an informed decision. Options available include no treatment (allow natural cycling), spaying (permanent surgical option), or medication with ethyloestrenol or norethisterone.

Norethisterone is a synthetic form of progesterone and belongs to a class of drugs known as progestins, and is commonly used in human contraceptive pills. Progestins prevent oestrus by inhibiting the hormone that causes ovulation i.e. they act on the pituitary gland to reduce its responsiveness to gonadotrophin releasing hormone (GnRH) and blocking the effect of oestradiol on GnRH receptor expression. This leads to a suppression of reproductive cyclicity and prevents oestrus.

From a survey of UK trainers, norethisterone effectively and temporarily postpones oestrus in most females, but some side effects were reported including frequent urination, clitoral enlargement or a behaviour change. A separate review of performance data found that greyhounds performed up to one length slower if treated with norethisterone. These are similar to those side effects reported when using ethyloestrenol and were less likely at decreased doses (2.5mg/day compared to 5mg/day). The performance decrease found is similar to that seen when progesterone is naturally elevated during a normal oestrus cycle.

There are two products that are registered with the Therapeutic Goods Administration (TGA) that contain only norethisterone - Primolut N™ and Noriday 28 Day™. Given the low dose contained in the latter product, Primolut N™ is likely to be an easier and more economic method of controlling oestrus for trainers. The cost per day of ½ - 1 tablet once daily of Primolut N is similar to ethyloestrenol at 45 - 90 cents.

Many products contain norethisterone in combination with other substances (e.g. ethinylestradiol - *an oestrogen not to be confused with ethyloestrenol*) - these additional substances are not exempted from being a prohibited substance and can cause a positive swab. Trainers administering these combination products do so at their own risk.

There are no longer any Australian Pesticides and Veterinary Medicines Authority (APVMA) registered products containing ethyloestrenol available in Australia. There is however one product containing ethyloestrenol (Orabolin) which has been produced under APVMA permit for several years. Unless a fully registered product returns to the market, the reliable ongoing supply of ethyloestrenol may be at risk.

Like ethyloestrenol, norethisterone must only be used for the purposes of regulating or preventing oestrus and can only be prescribed by a registered Veterinary Surgeon to an animal under his or her care after establishing a therapeutic need for that substance. That veterinary surgeon would be prescribing the product '*off-label*' as neither substance is registered for the control of oestrus in canines. The product must be labelled in accordance with regulatory legalisation.

As both exempted substances are a Schedule 4 (Prescription Only) substance, trainers are reminded of their obligations under GAR 83A Raceday Treatment (i.e. do not administer on the day of an event until home after racing) and under GAR 84A Treatment Records (i.e. record administrations to each greyhound in their treatment book).

For further information please contact your state controlling body.



Enhanced Restrictions on Treatment prior to racing to be introduced into the Greyhounds Australasia Rules

Notice to trainers – GAR 83A Raceday and Day Prior Treatment rule extended to prohibit the administration of an injectable substance for a further one clear day prior to racing.

An essential principle of greyhound racing is that greyhounds are to compete free of prohibited substances to ensure a level playing field for all participants and protect animal welfare.

To assist this, on 1 August 2018, Greyhounds Australasia will introduce further restrictions regarding treatment of greyhounds in the period prior to racing within GAR 83A as follows:

“(1) No person without the permission of the Stewards may administer or cause to be administered any treatment to a greyhound at any time on the day of the meeting until that greyhound is no longer presented for an Event.

(2) The Stewards may order that any greyhound that has been administered a treatment in contravention of sub-rule (1) of this Rule be withdrawn from an Event.

(3) In addition to sub-rule (1) of this Rule, no person without the permission of Stewards may administer or cause to be administered any injectable substance to a greyhound at any time on the day prior to the day of an Event that it is nominated to compete in.

For the purposes of this Rule “treatment” includes:

- a) All Controlled Drugs (Schedule 8) administered by a veterinarian;*
- b) All Prescription Animal Remedies and Prescription Only Medicines (Schedule 4);*
- c) Any injectable substance not already specified in this Rule;*
- d) All Pharmacist Only (Schedule 3) and Pharmacy Only (Schedule 2) medicines;*
- e) All veterinary and other substances containing other scheduled and unscheduled prohibited substances.”*

“day” means the 24 hour period from 12:01am to 12 midnight on any calendar day.

Therefore, the change now means that no injectable substance can be administered to a greyhound on the day prior to an Event it is nominated to compete in. As is currently the case, an injectable substance is any substance that is designed to be, or capable of being, administered by injection regardless of whether it is given by injection.

The remainder of the rule remains the same and no “treatment” can be given to a greyhound on the day the greyhound is nominated to compete in an Event i.e. no ‘treatment’ on the calendar day from 12:01am until it is removed from the racecourse after the completion of that Event with the permission of the Stewards pursuant to Rule 42(2) or is scratched with the permission of the Stewards.

Importantly no injectables, controlled drugs (S8), prescription medicines (S4), pharmacist only (S3) or pharmacy only (S2) medicines, or other prohibited substances should be given to greyhounds on race day under any circumstances.

This rule change brings regulations on the treatment of greyhounds close to racing more in line with those in the thoroughbred and harness racing codes and further ensures a level playing field for all participants. It aims to reduce the use of injections in the greyhound racing industry, thereby enhancing animal welfare and reducing the proportion of positive swabs.

There is no peer-reviewed scientific evidence published that proves the use of supplement injections in the pre-race period leads to improved performance or recovery in greyhounds. However, there are concerns that the trauma caused by injections can have negative welfare implications and may reduce performance, while significantly enhancing the risk of returning a positive swab.

By heightening restrictions on treatments close to racing it is hoped that those participants who still consider injections and other treatments are necessary for success can move forward and help advance a sustainable industry that puts the greyhound’s welfare first and above all other considerations.

Where a “treatment” is required to be given daily e.g. oestrous suppression, this can be given after the greyhound has completed its engagement in an Event and left the racecourse (i.e. given on the nightly feed at home).

The officiating Veterinary Surgeon has the permission of Stewards to treat greyhounds on the racecourse as required in conducting their official duties.

Only normal feeding that a greyhound voluntarily eats or drinks is considered acceptable on race day.

No ‘treatment’ as defined in GAR 83A is allowed, this includes any tablets, capsules, pills, etc. or liquid, paste, etc. that requires syringing into the oral cavity. These can only be administered after leaving the racecourse after the Event.

If normal daily feeding includes adding a small, reasonable amount of electrolyte liquid or powder to a greyhound's feed or drink (e.g. ½ teaspoon of potassium or bi-carb), then this is permitted but this should be done prior to arrival on the racecourse.

For further information please contact your state controlling body.



List of Permanently Banned Prohibited Substances to be expanded in Greyhounds Australasia Rules

Notice to trainers – Expansion of permanently banned prohibited substance list within GAR79A Out of Competition Testing

On 1 August 2018, Greyhounds Australasia will expand the list of Permanently Banned Prohibited Substances tested for in out of competition testing.

The prohibited substances as defined in GAR 79A are considered so concerning from a welfare or integrity point of view that they are deemed by experts to have no place in the sport at all – these are called permanently banned prohibited substances.

Permanently banned prohibited substances should never be in a greyhound's system (whether on race day or out-of-competition).

Because these substances are so concerning for the integrity of the sport, participants are also not permitted to possess, acquire, attempt to acquire, administer or attempt to administer any permanently banned prohibited substances at any time.

Compliance with these rules will be enforced by state controlling bodies through all available means including regular kennel inspections, inspections of medications and treatment records, working with other regulatory bodies, and regular out of competition testing, as well as through routine race day sampling. Controlling bodies may conduct out of competition testing on any greyhound at any time, regardless of whether it is named, nominated or not and may take samples of any type listed within GAR 80.

As per GAR 79A (3) any greyhound that tests positive to any permanently banned prohibited substance shall be withdrawn from any Event in which it is nominated to compete and will be ineligible to be nominated for any further Event until a sample is subsequently taken that does not contain any of the substances specified in GAR 79A (2).

The amended list within GAR 79A (2) is as follows:

“(2) The following substances are deemed to be Permanently Banned Prohibited Substances and shall include a metabolite, isomer or artefact of any of the substances specified within.”

- (i) Erythropoiesis-stimulating agents, including but not limited to erythropoietin (EPO), epoetin alfa, epoetin beta, epoetin delta, epoetin omega, novel erythropoiesis stimulating protein (NESP; darbepoetin alfa), and methoxy polyethylene glycol-epoetin beta (Mircera) and other continuous erythropoietin receptor activators.*
- (ii) Gonadotropins, including luteinising hormone (LH), follicle stimulating hormone (FSH), human chorionic gonadotropin (hCG) and equine chorionic gonadotropin (eCG; pregnant mare serum gonadotropin; PMSG).*
- (iii) Gonadotropin releasing hormone (GnRH; gonadorelin).*
- (iv) Corticotropins, including adrenocorticotrophic hormone (ACTH) and tetracosactrin (tetracosactide).*
- (v) Substances listed in Schedule 8 and Schedule 9 of the Standard for the Uniform Scheduling of Medicines and Poisons contained in the Australian Poisons Standard, as amended from time to time.*
- (vi) Diacetylmorphine (heroin), benzoylmethylecgonine (cocaine), cannabinoids and lysergic acid diethylamide (LSD), gammahydroxybutyric acid (GHB) and its salts and amphetamines including amphetamine, methylamphetamine and methylenedioxymethamphetamine (MDMA).*
- (vii) Insulins and insulin-like growth factor-1.*
- (viii) Growth hormones and their releasing factors.*
- (ix) Selective receptor modulators including but not limited to selective androgen receptor modulators (SARMS), selective estrogen receptor modulators (SERMS), selective opiate receptor modulars (SORMS) and selective glucocorticoid receptor agonists.*
- (x) Peroxisome proliferator activated receptor δ (PPAR δ) agonists, including but not limited to GW 1516.*
- (xi) AMPK activators, including but not limited to AICAR (5-amino-1- β Dribofuranosyl-imidazole-4-carboxamide).*
- (xii) Other agents that directly or indirectly affect or manipulate gene expression.*
- (xiii) Hypoxia inducible factor (HIF) stabilisers, including but not limited to cobalt and FG-4592, and hypoxia inducible factor (HIF) activators, including but not limited to argon and xenon.*
- (xiv) Agents modifying myostatin function, including but not limited to myostatin inhibitors.*

- (xv) *Oxygen carriers including but not limited to perfluorochemicals, faproxiral and modified haemoglobin products.*
- (xvi) *Thymosin beta.*
- (xvii) *Venoms of any species or derivatives thereof.*
- (xviii) *Synthetic proteins and peptides and synthetic analogues of endogenous proteins and peptides not registered for medical or veterinary use in Australia or New Zealand.*
- (xix) *Any substance capable of disguising or making undetectable the administration or presence of any Permanently Banned Prohibited Substance.*
- (xx) *Anabolic androgenic steroids excluding those that are defined as an exempted substance pursuant to GARI.*
- (xxi) *Non-erythropoietic EPO-receptor agonists.*
- (xxii) *Allosteric effectors of haemoglobin, including but not limited to ITPP (myo-inositol trispyrophosphate).*
- (xxiii) *Haematopoietic growth factors, including but not limited to filgrastim.*
- (xxiv) *Hydrocortisone (excluding registered topical preparations when administered topically).*

Description of permanently banned prohibited substances

A number of the substances within this list have been banned due to concerns regarding their integrity and/or animal welfare risks. They have the capability of affecting the behavior, condition or performance of a greyhound. Participants are advised that in accordance with GAR 79A they must never possess, acquire, attempt to acquire, administer or allow to be administered to any greyhound from birth until retirement, any substance included within this list.

- (i) Erythropoiesis-stimulating agents can increase red blood cell production and prolong their life in circulation. This leads to an increased concentration of red blood cells in the racing greyhound, which leads to increased oxygen transporting capacity and reduces the effects of fatigue on the muscles. This can increase performance in the racing greyhound. These substances all have serious welfare concerns in the racing greyhounds as they have been linked to cardiac arrest, infarctions of vital organs and cerebral hemorrhage.
- (ii) Gonadotropins (e.g. Chorulon) if administered will increase testosterone levels and may breach the 5β -androstane- 3α , 17β -diol ($\beta\alpha\beta$) thresholds regardless of whether testing is conducted in or out of competition. Use in dogs may increase muscle mass, increase endurance and alter their behavior (aggression and chasing desire).

- (iii) Gonadotropin releasing hormones (e.g. Fertagyl, Receptal, Ovuplant, Suprelorin) if administered will increase testosterone levels and may breach the 5β -androstane- 3α , 17β -diol ($\beta\alpha\beta$) thresholds regardless of whether testing is conducted in or out of competition. Use in dogs may increase muscle mass, increase endurance and alter their behavior (aggression and chasing desire).
- (iv) Corticotropins (e.g. Synacthen) if administered will increase the levels of naturally produced glucocorticoids which have anti-inflammatory and pain-relieving properties. Use during competition could inhibit sensation of muscle or joint pain and increase the fatigue threshold.
- (v) Substances listed in Schedule 8 and Schedule 9 of the *Standard for the Uniform Scheduling of Medicines and Poisons* contained in the Australian *Poisons Standard* are defined by the Australian Government as Controlled Drugs and Prohibited Substances and is regularly updated and the latest version can be viewed at <https://www.tga.gov.au/publication/poisons-standard-susmp>. These substances may have a performance enhancing or decreasing effect in the racing greyhound and may cause welfare concerns if administered. Possession of these substances is illegal without appropriate authority.
- (vi) Diacetylmorphine (heroin), benzoylmethylecgonine (cocaine), cannabinoids and lysergic acid diethylamide (LSD), gammahydroxybutyric acid (GHB) and its salts and amphetamines including amphetamine, methylamphetamine and methylenedioxymethamphetamine (MDMA) are all illicit substances and possession is illegal. These substances may have a performance enhancing or decreasing effect in the racing greyhound and cause welfare concerns if administered.
- (vii) Insulins and insulin-like growth factor-1 can affect metabolism, growth and development of the racing greyhound. They can produce a performance enhancing effect, and have welfare concerns for greyhounds, which are treated with these substances without therapeutic cause. Appropriate therapeutic treatment of a diabetic greyhound (rarely seen aside from pregnancy induced) would include retirement from racing to better control the condition.
- (viii) Growth hormones and their releasing factors have the ability to increase musculoskeletal growth and development in the racing greyhound and can have a performance enhancing effect in addition to the potential welfare concerns.
- (ix) Selective receptor modulators including but not limited to selective androgen receptor modulators (SARMS), selective estrogen receptor modulators (SERMS), selective opiate receptor modulators (SORMS) and selective glucocorticoid receptor agonists have the ability to have anabolic, behavioral, anti-inflammatory, analgesic or performance effects by switching on normal endogenous production pathways.

- (x) Peroxisome proliferator activated receptor δ (PPAR δ) agonists, including but not limited to GW 1516 have the ability to mimic the beneficial effects of exercise on muscle and metabolic systems and can have a performance enhancing effect.
- (xi) AMPK activators, including but not limited to AICAR (5-amino-1- β -D-ribofuranosyl-imidazole-4-carboxamide) have been shown to increase exercise speed and endurance in sedentary mice and thus its administration in racing greyhounds may increase performance.
- (xii) Other agents that directly or indirectly affect or manipulate gene expression if administered would be considered gene doping. These substances may alter metabolic systems which can lead to increased performance and also present the potential for serious welfare risks for greyhounds.
- (xiii) Hypoxia inducible factor (HIF)-1 stabilisers, including cobalt and FG-4592, and HIF activators, including xenon and argon, can increase red blood cell production and prolong their life in circulation. Increased concentration of red blood cells leads to increased oxygen transporting capacity and reduces the effects of fatigue on the muscles. In addition to the potential for increased performance these substances can have serious welfare concerns in the racing greyhound as they chemically mimic the effects of hypoxia (low oxygen).

Possession or administration of registered, appropriately obtained and labelled products containing cobalt and vitamin B12 is allowed under this rule where appropriate, but the cobalt threshold will be enforced on race day (GAR 10). All treatments must be recorded in the Treatment Record as per GAR 84A. Possession of highly concentrated cobalt salts is likely to be considered a breach of GAR 79A(7). Where an out of competition sample is significantly greater than the threshold and there is concerns a large amount of cobalt salts may have been administered, Stewards will consider the facts of the individual case, including Treatment Records, and expert evidence.

- (xiv) Agents modifying myostatin function, including myostatin inhibitors can increase muscle mass and endurance which can lead to a performance enhancing effect.
- (xv) Oxygen carriers including but not limited to perfluorochemicals, efaproxiral and modified hemoglobin products increase the amount of oxygen in circulation which can then feed muscles and other metabolic systems which are stressed during racing thereby reducing fatigue. They also represent welfare concerns if administered to greyhounds.
- (xvi) Thymosin beta is a peptide which is capable of regulating cell migration and is able to promote blood vessel development and tissue repair after injury. It has an anti-inflammatory action by down regulation of cytokines and can promote the maturation of stem cells, healing damaged muscles. Due to these effects it would be considered a performance enhancing substance.

- (xvii) Venoms of any species or derivatives thereof have a wide and varied effect on animals which are all detrimental. These effects range from neurotoxic, myotoxic and hemotoxic and can cause severe illness and death in the greyhound. Although rumoured to improve performance, they would be detrimental to performance and raise serious welfare issues if administered to a greyhound. Venom detection tests can be used to confirm where a greyhound has unfortunately been a victim of snakebite. It is not the intention of controlling bodies to enforce this rule under these circumstances.
- (xviii) Synthetic proteins and peptides and synthetic analogues of endogenous proteins and peptides not registered for medical or veterinary use in Australia or New Zealand are all banned and can have a range of effects such as increasing muscle mass and efficiency of metabolism under exercise conditions. These substances would generally have a positive effect on condition or performance.
- (xix) Any substance capable of disguising or making undetectable the administration or presence of any Permanently Banned Prohibited Substance i.e. masking agents. Although few are known to exist, due to their mode of action and their potential effect on the health of greyhounds, they present welfare and integrity concerns and so their use is banned.
- (xx) Anabolic androgenic steroids excluding ethyloestrenol for controlling oestrus in the female are banned. Use in greyhounds leads to an unfair performance advantage through increasing muscle mass, increasing endurance and altering behavior (aggression and chasing desire). They can also cause several negative health effects in the greyhound and raise potential welfare implications if administered.
- (xxi) Non-erythropoietic EPO-receptor agonists are a group of substances that can increase red blood cell production and prolong their life in circulation. This leads to an increased concentration of red blood cells in the racing greyhound, which leads to increased oxygen transporting capacity and reduces the effects of fatigue on the muscles. This can increase performance in the racing greyhound. These substances all have serious welfare concerns in the racing greyhounds as they have been linked to cardiac arrest, infarctions of vital organs and cerebral hemorrhage.
- (xxii) Haematopoietic growth factors, including but not limited to filgrastim have no therapeutic indication in the greyhound and their administration can alter the synthesis of red and white blood cells. Administration in the greyhound raises serious welfare concerns due to their side effects and potential integrity risks.
- (xxiii) Hydrocortisone is a substance that produces pain-relieving, anti-inflammatory effects and can also alter metabolism and increase the fatigue threshold which is likely to lead to performance enhancement in the racing greyhound. APVMA or TGA registered topical products can be prescribed by your veterinarian after having established a therapeutic need for that product and can only be administered

topically (e.g. on the skin or in the ear). The hydrocortisone threshold (GAR 83 (8)) will now be enforced both on race day and out of competition, and administration of hydrocortisone (e.g. Hysone, Solu-Cortef) will lead to a breach of the threshold. Where systemic corticosteroids are required for treatment, veterinarians can continue to prescribe veterinary products that contain other corticosteroids (e.g. prednisolone, dexamethasone, etc.)

For further information please contact your controlling body.



Amendments to be made to Treatment Record requirements in Greyhounds Australasia Rules

Notice to trainers – Amendment to GAR 84A Treatment records to be kept, clarifying need for the person in charge of a greyhound to make records on the day of the treatment

On 1 August 2018, Greyhounds Australasia will introduce a change to GAR 84A (2) Treatment records to be kept as follows:

- (1) The person in charge of a greyhound must keep and retain records detailing all vaccinations, antiparasitics and medical treatments administered to a greyhound from the time the greyhound enters their care until the greyhound leaves their care and for a minimum of two (2) years. Such record of treatment must be produced for inspection when requested by a Steward or a person authorised by the Controlling Body. Any person responsible for a greyhound at the relevant time who fails to comply with any provision of this rule shall be guilty of an offence.*
- (2) Each record of treatment kept in accordance with this rule must be made by midnight on the day on which the treatment was given and, as a minimum requirement, include the following information:*
 - a) Name of the greyhound;*
 - b) Date and time of administration of the treatment;*
 - c) Name of the treatment (brand name or active constituent);*
 - d) Route of administration;*
 - e) Amount given;*
 - f) Name and signature of person or persons administering and/or authorising treatment.*

For the purposes of sub-rule (2) “day” means the 24 hour period from 12:01am to 12 midnight on any calendar day.

(3) For the purposes of this rule “treatment” includes:

- a) All Controlled Drugs (Schedule 8) administered by a veterinarian;*
- b) All Prescription Animal Remedies and Prescription Only Medicines (Schedule 4);*

- c) Any injectable substance not already specified in this Rule;*
- d) All Pharmacist Only (Schedule 3) and Pharmacy Only (Schedule 2) medicines;*
- e) All veterinary and other substances containing other scheduled and unscheduled prohibited substances.*

Participants are advised that these are the minimum requirements required under the Greyhounds Australasia Rules, and additional recording obligations may be required under various Codes of Practice (CoP) operating in each state or territory. As per the introduction of this rule in 2014, participants are encouraged to record all treatments administered to greyhounds under their care, however unless a CoP requires otherwise, participants need only keep a record of treatment for greyhounds over the age of 16 months until it is retired from racing. A registered person must keep this record for a minimum of two years after either retirement of the greyhound or the greyhound leaving the care of that person.

Participants are encouraged to familiarize themselves with this rule and the amendments to ensure that their treatment records are compliant. The amendments now require participants to record the time as well as the date that the treatment was administered, and must make that record by midnight on the day of the treatment.

Greyhounds Australasia has implemented these minor rule changes to better align with other Australian racing codes and to address some concerns raised during Stewards inquiries. The amendments give further clarity for participants and controlling bodies are hopeful there will be a reduction in non-compliance with this rule now that the requirements are clearer.

Compliance with these rules will be enforced by state controlling bodies through all available means, including regular kennel inspections that will include inspection of medications and treatment records. Trainers who do not comply with the amendments of GAR 84A may find themselves subject to disciplinary proceedings by their controlling body.

For further information please contact your controlling body.



Local Rule to prevent Greyhounds competing on consecutive days to be extended into Greyhounds Australasia Rules

Notice to trainers – National ban on consecutive days racing

On 1 August 2018, Greyhounds Australasia will introduce GAR 21A, prohibiting a greyhound from competing in an Event on two consecutive days as follows:

“A greyhound shall not be eligible to compete in more than one (1) Event over any consecutive two (2) day period, except that a greyhound may be permitted to compete in more than one (1) Event at a coursing meeting.”

Similar existing Local Rules have already been introduced and enforced by controlling bodies including Western Australia, Tasmania, South Australia and Victoria. This rule addition further harmonises the national rules and gives clarity by establishing a national standard.

While unlikely to effect the vast majority of trainers and their nominations, this new rule aims to safeguard the health and welfare of racing greyhounds by ensuring increased rest and recovery time between competition allowing them a better chance at performing at their best and remaining in good health. Greyhounds that are not allowed adequate rest periods between races are generally at increased risk of metabolic conditions and musculoskeletal injuries.

For further information please contact your state controlling body.