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FINDINGS AND RECOMMENDATIONS

Introduction and Summary

The Irish Greyhound Board (IGB) commissioned, by tender, a review (‘Review’) of Anti Doping and Medication in October 2104:

“Quotations/Tenders are invited for a contract to provide an anti-doping and medication control review to the Irish Greyhound Board (IGB). This review will issue recommendations which will allow the IGB to then consider any amendments to legislation, practices and policies required to ensure both the advancement of the Boards commitment to the welfare of the greyhound and that the integrity of the Irish Greyhound Industry is derived from a level playing field. The required expertise for the review will include independent high level and wide current knowledge and perspective on science and policy of medication and doping control in greyhounds and across animal sports, veterinary medicine and animal welfare, conduct of reviews, regulation of sports, and the ability to work constructively and communicate across a wide range of internal, national and international stakeholders.”

The tender for this Review was awarded to Scientialis Ltd. This was announced in December 2014. A wide Assessment of Evidence on anti-doping and medication control was undertaken to inform the Findings and subsequent Recommendations to the IGB. Both the IGB’s 2012 Strategic plan and the 2014 Indecon report, as well as the 2006 Dalton Review, all made comments and recommendations on anti doping and medication control policy, its regulation, sampling, laboratory analysis, and disciplinary processes. There have been responses to these recommendations, most extensively in the IGB’s response to the Indecon report.

To progress and implement improvements in anti doping and medication control additional specific expertise at a high level, with wide current knowledge and perspective on science and policy of medication and doping control in greyhounds and across animal sports, veterinary medicine and animal welfare, conduct of reviews, and the regulation of sports was engaged by the IGB. With this specification, provided via this Review, the IGB can consider the specific and detailed measures which will allow it to ensure the ongoing amendments to legislation, practices and policies required to ensure both the advancement of the IGB’s commitment to the welfare of the greyhound and that the integrity of the Irish Greyhound Industry is derived from a level playing field.

Overall the Review’s Findings, cross referenced to a detailed review of Evidence and its Assessment, describe, for anti doping and medication control, the specific details of the longstanding and significant deficiencies in policies, processes, and their implementation that have been undermining the integrity and reputation of greyhound racing in Ireland.

Important improvements in anti doping and medication control are in progress by the IGB to address these issues, led by its Board and Executive and illustrated by the IGB response to the Indecon report and this Review. However, it was noted during the conduct of this Review that the IGB’s work for such improvements has been been considerably disrupted and delayed by the legacy of mistrust and lack of communication on the improvements being made, leading to concerns still being raised by stakeholders on a regular basis, which paradoxically is causing further distractions and delays to these improvements.

This Review provides the recommendations to continue to progress addressing these issues. Its recommendations refer to and evolve from the IGB response to the Indecon report, but they necessarily are much more specific and detailed because of: the extent of the issues to address; their longstanding nature; specific knowledge is required to assess and propose solutions; and specific facilities and expertise will be also required for their implementation.
1. Regulation and governance of greyhound racing in Ireland [13, 23]

1.1. The overall landscape for the oversight of greyhound racing in Ireland is complex with potentially the same greyhounds running in Ireland under the IGB’s statutory regulation based on legislation, in the wider context racing in Northern Ireland under non-statutory regulation of a private club, and racing in Great Britain under non-statutory and accredited regulation of the Greyhound Board of Great Britain (GBGB). In addition Ireland supplies up to 80% of greyhounds racing on British tracks, and some dogs also compete in the related but separate sport of coursing, under the rules of the ICC [13, 23]. The Irish Coursing Club (ICC) also has some related roles. The roles of Government, through the Department of Agriculture, Food and the Marine (DAFM), and the Houses of the Oireachtas, especially in this wider context, introduces additional complexity [13.2] and challenges [14.5, 17.5].

1.2. Within these structures there is a need for enhanced coordination (Recommendation 1):

1.2.1. Between IGB and Government to ensure best prior planning on anti doping and medication policy [17.5, 17.11.2].

1.2.2. Greatly improved coordination, clarification of responsibilities and alignment between IGB and ICC on the Regulation of anti doping and medication control [17.6, 18.6, 19.3, 23] to provide a level playing field across all parts of the island of Ireland.

1.2.3. Convergence2 between IGB and GBGB where possible [23.4.3.5] on Regulation, Intelligence (focused on general information on drug use etc., not operational details [23.4.3.1]) and Research [17.10, 18.1, 20.4, 23] in respect of anti doping and medication control for the purpose of benefiting Irish greyhound racing, its stakeholders, and the wider public.

2. The impetus for change [14]

2.1. Common themes on anti doping and medication control in Irish greyhound racing emerged from this public information, including the Dalton Report, the IGB Strategic Plan, the Indecon report, websites of the main newspapers, parliamentary comments, social media sites, internet forums and letters from stakeholder. These themes included [14.6] the desire for:

- Resolution of issues that are longstanding and remain in part unresolved [14.4] over the last 8 years.
- Much stronger regulation and penalties.
- Strong and transparent executive and IGB Board leadership.
- Adequate resources.
- More and faster public information and much more transparency.

1 Figures in [ ] cross reference to the section numbers in EVIDENCE AND ASSESSMENT

2 The term convergence is used to mean to ‘change so as to become similar’. The term ‘harmonisation’ is usually used in anti doping and medication control policy (http://www.irishsportscouncil.ie/Anti-Doping/About_Us/) to describe this as a voluntary approximation of different regulatory systems by eliminating significant differences, not unification of Rules. ‘Convergence’ is used here to avoid any potential confusion with legislative uses of the term ‘harmonisation’.
• More education and understanding on all aspects for public, officials, legislators and stakeholders.
• Greatly improved procedures and laboratory testing for prohibited substances.
• Introduction of out of competition testing.
• More trust in the IGB’s procedures and standards.

2.2. Irish greyhound racing is clearly suffering on-going reputational damage from widespread distrust in its procedures and standards [14.4]. This is exacerbated by the perception that the same issues are repeatedly raised over many years, and that progress is at best limited [14.4]. A key overarching issue is therefore much clearer, more public and ongoing communication, by the IGB [17.11], of the importance and urgency that the significant deficiencies in anti doping and medication control policies, procedures and process, and their implementation, are being addressed. (Recommendation 2).

2.3. Overall, whilst these long-standing and significant deficiencies are starting to be addressed by a wide range of IGB activities, with the IGB’s response to the Indecon report providing the key framework for the IGB’s work, this progress is not visible to stakeholders and is complex to manage and track. As such it is recommended that all these activities are formally and comprehensively managed using project management tools. This will facilitate regular reporting to the IGB Board, the DAFM and to stakeholders (Recommendation 2).

3. **Public information from the IGB on legislation, regulations, information and processes for Anti Doping and Medication control [15]**

3.1. Taken as a whole the primary legislation, with the associated Code of Practice in the care and welfare of Greyhounds and associated Animal Remedies Regulations would appear to provide, in themselves, a very strong basis for regulation of doping and medication, although revisions of the Greyhound Industry Act 1958 could be considered to help underpin enforcement, such as on welfare related issues [15.1.6].

3.1.1. The Animal Remedies Regulations are relevant, useful, but have not been viewed until recently as easily accessible to support anti doping and medication control [15.1.6].

3.1.2. The Welfare of Greyhounds Act 2011, its regulations that can be made, its associated Code of Practice, and the Animal Health and Welfare Act 2013 should be utilised more to address primary welfare issues arising from associated secondary doping abuse and medication misuse. Secondary legislation is now in progress to utilise these laws.

3.1.3. An intelligence led approach, where possible [23.4.3.5], with inter-agency cooperation, could provide the information that allowed the more effective use of these currently under-utilised Regulations relating to Welfare and Animal Remedies.

3.1.4. The risks of utilising the European Union (Animal By-Products) Regulations 2014 to allow feeding of Category 2 animal by-products (ABPs), for racing greyhounds have not been fully considered holistically, specifically including in respect of anti doping and medication control. Category 2 ABPs includes meat from fallen stock, so may contain drug residues. There does not appear to be any wider public awareness of the significant anti doping and medication control risks of feeding Category 2 ABPs.

3.2. The Animal Remedies Regulations, the Welfare of Greyhounds Act 2011 (with its associated Code of Practice) and the Animal Health and Welfare Act 2013 should be
reassessed, with the assistance of DAFM if needed, to ensure they are fully utilised (Recommendation 3).

3.3. There is range of existing secondary legislation [15.2] that is used by the IGB to operate regulation [17.5.1].

3.3.1. The secondary Greyhound Trainers’ Regulations 1961 in place requires licensing of trainers and allows licence conditions to be established. This route to regulation is underway, has not so far been implemented and its use should be developed.

3.3.2. Sampling has been possible under legislation at public sales since 1996, and has recently started to be used.

3.3.3. The way notification of sampling has been implemented in the past has been perceived to reduce integrity [15.2.6], but whilst in fact it is adequate, this has been poorly communicated [19.3.1.2].

3.3.4. The existing ability to take a wide range of types of samples, particularly including hair, and detain and identify greyhounds, presents considerable opportunities for anti doping and medication control.

3.4. Use of licence conditions, regulation of doping and medication, using existing powers for sampling at sales, whilst currently being progressed item by item, should be systematically reassessed, together with the use of exclusion orders (Recommendation 3).

3.5. Findings related to the use of Animal by Products [15.1.6, 18.6.5.4], the definition of Prohibited Substances [15.2.6, 18.6.6], announcing sampling [15.2.6, 19.1.2], transparency in Control Committee activities [15.2.6], sensitivity control in the laboratory [15.4.10], and use of Public Analysts [15.2.6] are addressed in Sections 5, 6, 7, 10, 6, and 9 respectively.

3.6. A number of new items of secondary legislation, or revisions of existing legislation are in progress [15.3]. It is important to communicate and signpost how these changes are fully aligned, and how they complement existing processes [15.3.4, 15.4.10] and this should be carefully and systematically considered. The IGB discussion point for some form of interim judgement [15.3.4] before the Control Committee determination, in the context of the findings of this Review, would seem to be unnecessary and complicate later processes (Recommendation 3).

3.7. As regards, Notices and other information, which facilitate the implementation of legislation:

3.7.1. There is a range of publicly available Notices and other information relating to anti doping and medication control on the IGB website and elsewhere. There are welcome initiatives to develop a Resource Centre on the IGB’s website, and introduce controlled SOPs. Overall the current presentation and content, as exemplified by the position on the use of anabolic steroids [15.4.3], is fragmented, incomplete and confusing [15.4.10].

3.7.2. There is no publicly available information on issues relevant to anti doping and medication control that is sent to trainers as part of licensing, or to owners, as found in other sporting authorities [15.5].
3.8. The content and management of information relating to anti doping and medication control, whether primary or secondary legislation, publicly available Notices and other information, information sent to participants needs very considerable integration (utilising project management tools) to achieve the required improvements (Recommendation 4).

4. **IGB internal documentation on procedures for anti doping and medication control [16]**

4.1. Despite an understanding of current needs and procedures by the staff in post using local documentation, in general it would appear that there is a need to further develop recorded internal procedures for the robust and repeatable operation of the IGB’s regulatory systems.

4.1.1. The introduction of Standard Operating Procedures (SOPs) for the IGB’s operational procedures, with a formal structure, version control, and sign-off, is a welcome initiative.

4.1.2. The senior level discussions on a regulatory strategy and the analysis of process flow are to be acknowledged.

4.1.3. The appointment of a Quality Assurance manager, who is developing, and will audit, policies and procedures, is also acknowledged

4.2. The content and management of all internal documentation relating to anti doping and medication control, needs improvement [14.4.10], this is underway, but this should also be done in the context of publicly available information meeting external needs and be coordinated with internal information [15.6, 16.8], and be carefully project managed and tracked to ensure both initial and long term coordination (Recommendation 4).

4.3. In the future external validation by accreditation might be considered for regulatory processes, as already in place for laboratory processes.

4.4. **Findings related to laboratory performance standards, avoiding conflict of interests, and the Control Committee [16.8] are addressed in Sections 8, 9 and 10 respectively.**

5. **Findings from internal and stakeholder conversations [17]**

5.1. The need for change (see Section 2) found from the assessment of publicly available information, was very clearly replicated in the internal and stakeholder conversations.

5.2. One of the most important findings was the lack of availability of a clear and public strategic policy on anti doping and medication control from the IGB [17.11], based on current core concepts on anti doping and medication control [17.11.1.6]. This largely explains the uncertainty and differing views on anti doping and medication control across the IGB, the DAFM and greyhound racing’s stakeholders. A clear and public policy, meeting international standards [18, 20] and promoting an internationally converged (a.k.a. ‘harmonised’ in anti doping and medication control parlance) approach [23] is required (Recommendation 5).

5.3. The other major finding is that the current approach to the permissive use of ABPs in racing greyhounds in Ireland [17.11.2.3] is incompatible with modern international standards of anti doping and medication control. It is strongly recommend that a total ban on use of Category 2 ABPs is introduced by the IGB for feeding greyhounds that are racing,
with the IGB’s sanctions coordinated where necessary with the sanctions available for use by the DAFM itself (Recommendation 6).

5.4. Findings relating to the IGB’s cautious use of legislation [17.11.2.1&2] are addressed in Section 3 (Recommendation 3).

5.5. Findings relating to a lack of clearly presented information by the IGB [17.11.2.5] are addressed in Section 4 (Recommendation 4).

5.6. Findings related to the sampling strategy [17.11.1.4], sample collection [17.11.1.5], performance standards (17.11.1.7], conflicts of interest (17.11.1.8&9], the Control Committee [17.11.1.11] are addressed in Sections 7, 8, 9, 10 respectively.

6. International comparisons on anti doping and medication policy [18]

6.1. Overall the practical implementation of best practice internationally for a more converged definition of prohibited substance would appear to include having wording focused on performance and welfare [18.6.1]. (Recommendation 5).

6.2. This would have the advantage of convergence of outputs with GBGB, but would require clear policies, underpinned by legislation, to avoid exemptions creeping in via precedent: In particular this revised primary definition should exclude the exemptions “could not be traced to normal and ordinary feeding”, to avoid food contamination by substances then allowing exemptions. Such food contamination can be managed by clear policies and robust use of Thresholds and RLODs [18.6.5] (Recommendation 5).

6.3. Therapeutic use exemptions [18.6.2] should be limited, conservative, published, internationally converged 3, and specifically no longer include the use of phenobarbital for greyhounds with epilepsy (Recommendation 5).

6.4. Strict liability which is a well established, widely used [18.6.3] and defensible approach in anti doping and medication control and has been publicised as an option for the IGB. It should be adopted and implemented with; use of Thresholds for endogenous substances, use of Screening Limits of Detection for therapeutic medications, use of Recommended Limits of Detection for other substances, and use of a core list of substances that are totally banned. If so required strict liability should be adopted via legislative changes (Recommendation 5).

6.5. Thresholds for endogenous substances, Screening Limits of Detection for therapeutic medications, and Recommended Limits of Detection for other substances should be set using relevant scientific literature, commissioning and reviewing studies, and via international cooperation [18.6.5, 23.4.4]. This will require improved access to scientific expertise and a framework for international cooperation (Recommendation 12). This information will feed into setting an effective laboratory performance standard [20.4] (Recommendation 7).

6.6. The findings on improved information to participants [18.6.6] are addressed in Section 4 (Recommendation 4).

7. Sampling strategy [19]

7.1. The IGB’s current sampling strategy has been too routine, and because of the perception that there is then no element of surprise, seen as potentially allowing avoidance.

7.1.1. A targeted intelligence led strategy with an element of routine surveillance is required [19.3]. This has been agreed in principle, but this will now require a change of approach to be implemented and relevant expertise. This would be facilitated by a separation of functions within the Regulation Department [21.3.3] (Recommendation 9).

7.1.2. The communication of the implementation of the legislative requirement for names of greyhounds selected for testing at any race meeting or trial shall be publicly announced has been reviewed and changed so the names are announced after testing [19.3.1.2].

7.2. Out of Competition Testing and at sales should be introduced as soon as possible [19.2], for the former using conditions on trainers (public/private/owner) licences [15.2], possibly also using the Welfare legislation [15.1.6], (Recommendation 3).

7.3. In time, the targeted use of hair sampling should be implemented [19.3.4.2], this will require much improved laboratory capability (see section 8) and for certain penalties review of Article 32 (i) of the Greyhound Industry (Racing) Regulations, 2007.

7.4. The finding of the need for a coordinated sampling strategy between the IGB and ICC [19.3.6] has been addressed in Section 1 (Recommendation 1).

8. Laboratory performance and standards [20]

8.1. Widespread concerns on the National Greyhound Laboratory’s ability to detect prohibited substances were noted in the review of websites of the main newspapers, parliamentary comments, social media sites, internet forums, in letters and in comments from many stakeholders.

8.2. These concerns were found to be justified in part, as the facilities available to the National Greyhound Laboratory were not able to detect at least some important medications and doping agents at the levels required for effective anti doping and medication control [20.3]. Any issues with the performance standard used are distinct from the laboratory’s continuing satisfactory accreditation to conduct testing [20.4.2.2]. Procedures used for sample collection and transmission to the laboratory should regularly reviewed by the IGB’s Regulation Department [20.2.2.2] (Recommendation 8).

8.3. The causes of this sub-optimal laboratory performance include a combination of the Regulation Department's not having access to the expertise required internally or externally to set and audit an adequate laboratory performance standard (Recommendation 9), and so provide information to be used on this issue by the IGB. [20.4.3.2] (Recommendation 5).
8.4. The solution is not simply more money. For an anti doping and medication control laboratory for animal sports to be effective to current international standards what is required is suitable expertise, investment in suitable equipment and critical mass with a throughput approaching at least 10,000 samples a year that allow samples to be tested cost effectively. This should be coupled with ensuring those commissioning the laboratories work are educated customers [20.4.1.1] (Recommendation 9).

8.5. After the IGB, through its leadership, sets its anti doping and medication control policy (Recommendation 3) the IGB Regulation Department should obtain the expertise and set an anti doping and medication control standard, [18.4.2.2] then set the related Thresholds and Limits of Detection and then the resultant laboratory performance standards [20.1]. These Thresholds and Limits of Detection drive regulatory enforcement and participant education on avoiding doping violations and managing therapeutic medication withdrawal and also inform on standards for laboratory procurement. (Recommendation 8).

8.6. There are number of approaches for procuring an effective laboratory but these definitely do not include the status quo, nor simply increasing sample throughput as this is not cost effective. Options will take into account legislative, financial but also political considerations and include a commercial joint venture, a joint venture with Irish horseracing and even horse sport, or hybrid tender for a management contract could all deliver requirements and an Irish component. The advantages and disadvantages of each of these options are described [20.4.3.2.4]. It is vital that any approach includes suitable expertise as much as adequate equipment (Recommendation 8).

9. The management of adverse analytical findings [21]

9.1. The management of adverse analytical findings should be robust, informed and free of potential or perceived conflicts of interest.

9.2. There is inadequate information and expertise available to the IGB and to the Control Committee [21.3]. The dearth of available expertise in anti doping and medication control has led to sub-optimal policy making, implementation, and integrity. A number of routes are available to obtain such expertise [21.3.2.3].

9.3. Such expertise should also include understanding betting. Information should be available on betting patterns in each case, from partnerships with third parties, with data controls as required [24.4.3.6].

9.4. Core skills required within an IGB Integrity group would include skills in the gathering of information, its assessment and presentation of cases, with suitable technical and professional knowledge (legal, scientific, veterinary, investigational etc). (Recommendation 9). The detailed organisation and delivery of such a function is a matter for the IGB to consider and could include employees, contractors or services in any combination.

9.5. There is not enough independence in the planning of a sampling strategy [19.3.5], the management and oversight of the laboratory [20.4.1.1] and the management of adverse analytical findings [21.3.3]. Separation of the roles of integrity and operational delivery within the IGB’s Regulation Department is required (Recommendation 9).

9.6. A separate integrity role for within IGB’s Regulation Department would be the focus for information sharing, with controls as required [24.4.3.6], with Customs and Excise and An
9.7. Because the need to cooperate with DAFM, Customs and Excise and An Garda Siochána, a formalised approach should be adopted to managing and utilising information that is compatible with any national intelligence model used for enforcement purposes [21.3.3.3.7] (Recommendation 9).

9.8. All adverse analytical findings should be made public, starting with a public announcement after the laboratory finding is confirmed, clearly labelled as an adverse analytical finding, in the context of the responsible person (trainer), dog identity (name), and time and place of the sample (race, sale, or premises) (Recommendation 9).

9.9. An informed judgement, under a standardised procedure, suitably recorded and open to appeal, should be made whether to prohibit the dog involved from competing, based on the nature of the adverse analytical finding (Recommendation 9).

9.10. The ability for a participant to utilise a Public Analyst [21.3.4] introduces an element of very serious uncertainty into the IGB’s ability to enforce anti-doping and medication control and this must be addressed (Recommendation 10). The principles in the Guidelines for Referee Analysis of the Association of Racing Chemists could be adopted to ensure that any analysis is comparable between laboratories and to a suitable standard.

10. The Control Committee [22]

10.1. The Control Committee’s functions are seriously hampered as it is not provided with adequate information to make timely and robust decisions [22.1.1.3]. An IGB Integrity group, within the Regulation Department should manage investigations, such that the Control Committee can focus on determination of findings without delays (Recommendation 9).

10.2. This, together with inadequate processes [22.1.1.2, 22.3] and an inability to make information public on all adverse analytical findings, all Decisions, all with Reasons, [22.1.1.4], creates huge challenges for the Control Committee and undermines how its work is regarded.

10.3. The Control Committee should be provided with better information (Recommendation 9), should have published written procedures for operation including for conflicts of interest and roles and standards expected of its members, that are benchmarked internationally [22.3.9]. It should publish all Findings and Reasons, and keep a full, but private, record of its discussions (Recommendation 11).

10.4. Penalty guidelines should be published, these should be a realistic deterrent and be benchmarked internationally. Whilst outside the strict remit of the Control Committee, reciprocation of penalties with the ICC and with the GBGB should be implemented by the IGB, utilising legislation if required. (Recommendation 11).

11. National and International Coordination [23]

11.1. Irish dogs can run in Ireland (under the IGB), Northern Ireland (under the ICC) or Great Britain (under the GBGB), and many Irish dogs are exported to Great Britain to race.

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IGB should coordinate and converge anti doping and medication control nationally and internationally. Better liaison between the ICC, the GBGB, the IGB and Greyhounds Australasia (GA) is also recommended [23.4]. (Recommendation 1,12).

11.2. The addition of a welfare component into the definition of prohibited substances in the primary and secondary legislation could explicitly allow intelligence led use of the Welfare of Greyhounds Act 2011 and other welfare legislation [15.1.6]. Changes to the Greyhound Industry Act 1958 could also be considered to underpin this. The phrase “could not be traced to normal and ordinary feeding” should be removed from the primary definition of prohibited substances to avoid unwarranted exemptions. These changes would also allow better convergence with the GBGB Rules (Recommendation 5).

11.3. The IGB should develop mechanisms to share and offer intelligence on abuse of doping substances and misuse of medication, with controls as required [24.4.3.6], with partners including the GBGB, GA, horseracing (including HRI/Turf Club), DAFM, Horse Sport Ireland and Irish Sports Council's National Anti-Doping Programme (Recommendation 12).

11.4. The IGB should share and offer research on abuse of doping substances and misuse of medication with partners including the GBGB, GA, horseracing (including HRI/Turf Club), DAFM, Horse Sport Ireland and Irish Sports Council's National Anti-Doping Programme (Recommendation 12), as well as formal exchange on enforcement with DAFM, Customs and Excise and An Garda Síochána as required [21.3.3.3.7] (Recommendation 9).
Recommendations

1. The IGB should coordinate and converge anti doping and medication control nationally and internationally.
   1.1. The IGB should establish a permanent programme of regular meetings on anti doping and medication control between its Executive and the DAFM so anti doping and medication strategy and policy are communicated.
   1.2. The IGB should work with the ICC, and with the DAFM when needed, in respect of greyhound racing across Ireland and Northern Ireland for full alignment of anti doping and medication control outputs, via procedures, sampling strategies, laboratory standards, Thresholds/Screening Limits/Recommended Limits of Detection, penalties and improve and formalise information sharing and reciprocation of penalties.
   1.3. The IGB should approach the GBGB to converge anti doping and medication control approaches, Thresholds/Screening Limits/Recommended Limits of Detection, laboratory performance standards, and improve and formalise Intelligence and Research sharing and reciprocation of penalties.
   1.4. Additionally cooperation with Greyhounds Australasia, on Intelligence and Research to support anti doping and medication control, should be sought.

2. The IGB, through its leadership, should ensure the IGB explicitly and publicly communicates its commitment to anti doping and medication control policies, processes, and their implementation, to an international standard.
   2.1. There should be regular updates on progress on the IGB's implementation of changes started in its Strategic Plan following the Indecon report, and from this Review.
   2.2. The IGB should emphasise to its stakeholders the importance of addressing these threats to the reputation of Irish greyhound racing.
   2.3. Given the wide range and complexity of activities to improve anti doping and medication control these should be formally and comprehensively managed using project management tools.

3. The IGB should fully utilise existing legislation for anti doping and medication control.
   3.1. The IGB Regulation Department should formally and systematically reassess how to fully utilise, including by use of intelligence, all relevant primary legislation including the Greyhound Industry Act 1958, the Animal Remedies Regulations, the Welfare of Greyhounds Act 2011 (with its associated Code of Practice) and the Animal Health and Welfare Act 2013, with the assistance of the DAFM if needed.
   3.2. Likewise the IGB Regulation Department should formally and systematically reassess how to utilise all secondary legislation including licence conditions under the Greyhound Trainers' Regulations 1961, the use of Exclusion orders under the Greyhound Industry (Racing) Regulations, 2007 and the use of existing powers for sampling at Sales.
   3.3. These reassessments should then be considered by the IGB’s Board to critically assess, in a coordinated and systematic manner, if all these regulations as a whole are being fully utilised to aid anti doping and medication control and also address primary welfare issues arising from doping abuse and medication misuse.
   3.4. A summary of the IGB’s Board’s conclusions in this matter should be made public, followed by appropriate consultation and implementation for effective use of these existing Regulations.
   3.5. In addition new items of secondary legislation, or revisions of existing legislation should build on existing legislation and processes.
   3.6. Out of Competition Testing and the testing of dogs at sales should be introduced as soon as possible
4. **The IGB should effectively inform on anti doping and medication control.**
   4.1. The IGB Regulation Department should systematically undertake a comprehensive review of what information is available to the public, participants and internally relating to anti doping and medication control, including not only its policies and procedures but all public information.
   4.2. The content, gaps in content, and how and to whom it is available should be critically assessed.
   4.3. Stakeholder needs should visibly be taken into account.
   4.4. The final and sustainable output should be a long term information strategy, with well controlled documentation, that reliably continues to deliver, and makes coherently available, what each internal or external customer needs to regulate, be regulated, or to understand regulation, relating to anti doping and medication control.
   4.5. It would be prudent investment to ensure that the approaches developed would be compatible with those required for possible later adoption of external accreditation.

5. **The IGB, through its leadership, should ensure a science based anti doping and medication control policy, underpinned by legislation, to meet international standards is formally agreed and publicised.**
   5.1. This should be for strict liability for prohibited substances.
   5.2. The definition of Prohibited substances need revision in legislation to focus on a definition of those with any effect on performance and welfare at any amount.
   5.3. Current exclusions on feed should be removed from the Regulations.
   5.4. This policy should be implemented by the Regulation Department with:
      5.4.1. Use of Thresholds for endogenous substances, use of Screening Limits of Detection for therapeutic medications, use of Recommended Limits of Detection for other substances.
      5.4.2. Use of a core list of substances that are totally banned.
      5.4.3. A core list of allowed substances such as wormers, oestrus suppressants or wound powders
      5.4.4. Thresholds and Limits of Detection set at stringent internationally converged amounts.
   5.5. Effective enforcement would also require creating access to a laboratory able to detect to internationally recognised limits of detection to meet these policy objectives.
   5.6. The therapeutic use exemption for phenobarbital should be removed.

6. **To manage the risk to integrity IGB should not allow the use of Category 2 ABPs in greyhounds that are racing, and request the same of the ICC for greyhound that are racing in Northern Ireland.**
   6.1. The strongly recommended and most straightforward approach to implement this is a total ban, coordinated with the DAFM, that prohibits supply of Category 2 ABPs to greyhound kennels.
   6.2. A less robust alternative is to allow supply but to prohibit feeding before racing.
      6.2.1. The period before racing that Category 2 ABPs are disallowed should then be set over an introductory period working with trainers, with robust laboratory monitoring, after which stringent Recommended Limits of Detection are enforced by strict liability using an effective laboratory.
   6.3. Whatever route adopted, enforcement would be by robust laboratory monitoring, with sanctions for violations coordinated by the IGB and the DAFM as including the withdrawal of DAFM licences to use ABPs where appropriate.
7. The IGB should implement strict liability by robust and informed limits of detection in the analytical laboratory.

7.1. The IGB Regulation Department should initiate a programme to set Thresholds for endogenous substances, Screening Limits of Detection for therapeutic medications, and Recommended Limits of Detection for other substances using relevant scientific literature, commissioning and reviewing studies, and via international cooperation.

7.2. Levels should be set in the context of strict liability, using updated legislation, to international converged (a.k.a. 'harmonised') levels standards that do not allow any doping and avoid racing under the influence of therapeutic medication.

7.3. These levels should then be used in setting the performance standard for the laboratory.

8. The IGB should establish an effective analytical laboratory service.

8.1. After the IGB, through its leadership, sets its anti doping and medication control policy the IGB Regulation Department should obtain relevant expertise and set an anti doping and medication control standard, then related Thresholds and Limits of Detection and then the resultant laboratory performance standards.

8.2. This laboratory performance standards will then objectively drive procurement of effective laboratory arrangements.

8.3. The arrangements for obtaining an effective analytical laboratory service, include the required performance standard, should be reviewed in light of the options, and their advantages and disadvantages, as presented in this Review, as it is unlikely that an evolution of the current arrangements will suffice or provide value for money.

9. The IGB should separate operational delivery of regulation and management of integrity.

9.1. Within the IGB’s Regulation Department the operational delivery of regulation, and delivery of integrity, should evolve and separately report to the Director of Regulation and Governance.

9.2. Such a new separate integrity group within the IGB Regulations Department would plan the sampling strategy, manage intelligence and information sharing, propose Thresholds and Limits of Detection, oversee sample collection process and oversee the laboratory, set the laboratory’s performance standards and manage, investigate and present adverse analytic findings.

9.3. This integrity group would require expertise, or access to expertise, high level knowledge in anti doping and medication control and betting, access to betting information, and have skills in the gathering of information, its assessment and presentation of cases as well as other suitable professional and technical expertise.

9.4. This integrity group should be the focal point for information sharing and research coordination with external bodies.

9.5. A formalised approach should be adopted to managing and utilising information that is compatible with national intelligence models used for enforcement purposes.

9.6. All adverse analytical findings should be made public, starting with the confirmed laboratory adverse analytical finding.

9.7. After an adverse analytical finding an informed judgement should be made whether to prohibit the dog competing, based on the nature of the adverse analytical finding.

9.8. The secretariat to the Control Committee should sit more at arms length, either directly reporting to the Director of Regulation and Governance or to the Chief Executive for those functions.
10. The IGB Regulation Department should urgently clarify and address how the IGB can enforce the use of an adequate performance standard if a participant elects to exercise their right to have a sample analysed by a Public Analyst.

10.1. The principles in the Guideline for Referee Analysis of the Association of Racing Chemists could be adopted to ensure that the analysis is comparable between laboratories.

11. Control Committee processes should be improved, it should be better supported and it should be much more transparent in its operations.

11.1. The Control Committee should be provided with better and more information on each case to be able to focus on the determination of Findings.

11.2. The IGB should request of the Control Committee that:

11.2.1. It should have published written procedures for its operation that are benchmarked internationally, including for conflicts of interest and roles and standards expected of its members.

11.2.2. It should publish all Findings and Reasons.

11.2.3. It should keep a full, but private, record of its discussions.

11.2.4. It should have penalty guidelines that should be published, these should be a realistic deterrent and be benchmarked internationally.

11.3. Whilst outside the strict remit of the Control Committee, reciprocation of penalties with the ICC and with the GBGB should be implemented by the IGB.

12. The IGB should better coordinate and share nationally and internationally on Rules, Intelligence and Research.

12.1. Some capacity in Intelligence and Research should first be established so the IGB has something to offer to potential partners.

12.2. The IGB should share and offer intelligence and research on abuse of doping substances and misuse of medication, in line with legislative obligations, with partners in such as the GBGB, GA, Horseracing (including HRI/Turf) Club, DAFM, Horse Sport Ireland and Irish Sports Council's National Anti-Doping Programme, as well as on enforcement with the DAFM, Customs and Excise and An Garda Síochána.
EVIDENCE AND ASSESSMENT

Introduction

The IGB operates in a relatively complex environment and the IGB’s 2012 Strategic plan and the 2014 Indecon report, as well as the 2006 Dalton Review, have all made comments and recommendations on anti doping and medication control policy, its regulation, sampling, laboratory analysis, and disciplinary processes and there are ongoing responses to these recommendations, most extensively in the IGB’s response to the Indecon report.

Anti doping and medication control has complex scientific, technical and regulatory aspects. Therefore this wide Assessment of Evidence on anti-doping and medication control was undertaken to fully inform and underpin the Findings and subsequent Recommendations to the IGB. This is presented separate to the Findings for clarity.

13. The overall structure of regulation and governance of greyhound racing in Ireland

13.1. Bord na gCon (the IGB) is a commercial semi-state body which is responsible for the control and development of the greyhound racing industry in the Republic of Ireland.

13.2. The IGB was established by the Greyhound Industry Act 1958, its regulations must be laid before each House of the Oireachtas and it is accountable to any Committee appointed by either House of the Oireachtas or jointly by both Houses of the Oireachtas.

13.3. The IGB operates under the aegis of the Department of Agriculture, Food and the Marine (DAFM) who oversee the key IGB Board appointment processes, funding, and sponsor the legislation necessary for the detailed operation of the IGB.

13.4. The IGB has wide powers to regulate and licence stadiums, officials and participants, based directly on these detailed legislative powers. It owns nine of these stadia and has wide commercial activities.

13.5. The Irish Coursing Club (ICC) regulates the sport of coursing, runs the greyhound studbook, and regulates greyhound racing in Northern Ireland. Across all of the island of Ireland greyhounds therefore can race under at least two different regulatory jurisdictions.

13.6. There is also a close relationship with greyhound racing in Great Britain where greyhound racing is regulated under an accredited non-statutory regulator, the Greyhound Board of Great Britain (GBGB). Ireland supplies up to 80% of greyhounds racing on British tracks, and greyhounds from Ireland compete in Britain and vice versa.

13.7. Assessment of the overall structure of regulation and governance of greyhound racing in Ireland

13.7.1. The landscape for the oversight of greyhound racing across the island of Ireland is complex.

13.7.2. The role of Government raises the additional challenge of operating sporting regulation through legislation, including any cooperation with other bodies, and there are no plans to change this.
13.7.3. Some Irish greyhounds may run under up to three regulatory jurisdictions.
13.7.4. There is further discussion on regulation in Northern Ireland in sections 19 and 23.

14. **Review of existing public information on the overall state of anti-doping and medication control in Irish greyhound racing**

14.1. **The Dalton Review**

In 2006 the Minister for Arts, Sport and Tourism, who at that time led the Ministry with overall responsibility for greyhound racing, commissioned a report to examine, in part:

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... the way in which Bord na gCon procedures dealing with doping infringements are presently carried out, to comment on the adequacy of existing procedures and to advise whether there should be any changes or modifications put into effect.
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The report recommended:

- More targeted testing.
- Extension to the range of substances considered prohibited, and in particular steroids.
- Introduction of external testers.
- More independence, via a committee or similar, in the management of regulation and the laboratory.
- An appeal mechanism to be put in place.
- Control on conflicts of interest on the Control Committee.
- Publication of all findings.
- Control Committee to review consistency and basis for penalties.
- Greater use of disqualification and exclusion orders.
- Use of aggravating and mitigating factors in decisions.

This report also considered corporate governance, noting it was difficult to comment on its Terms of reference without also considering this area, and recommended:

- Greater clarity on the respective role of the IGB’s Board and its Executive.
- Introduction of more external perspectives and expertise to the IGB’s Board.
- Term limits for the IGB Board members.

14.2. **The IGB Strategic Business Plan**

As noted in the IGB’s 2012 Annual report, the landscape in Ireland and beyond has changed ‘dramatically’ since the previous strategic review. O’KellySutton were retained by the IGB to assist with the development of a 5 year strategic business plan (‘Plan’) which was published in September 2013[^4].

The new Plan was in response to these challenges to greyhound racing worldwide, including falling attendances, changes in leisure and betting patterns, the ageing demographics of participants, pressure at the national level from the country’s financial recession, and concerns on the IGB’s financial and organisational performance.

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The IGB was itself clear in its response to the later Indecon report that “These challenges have touched all aspects of its governance, finance, operations, personnel and stakeholders”

The Plan recognised the opportunities nationally and internationally for Irish greyhound racing and breeding, stemming from the supply of greyhounds to Great Britain, a set of modern stadiums with good customer facilities, and possibilities to increase sales of the betting product overseas.

Key findings of the Plan relevant to this Review included:

- The need for a stronger regulatory and compliance environment.
- The need to educate and communicate on this stronger environment.
- The need to improve testing procedures and laboratory analysis for banned substances.
- The need for Irish greyhound racing to enjoy a positive reputation.
- The need for the highest standards of greyhound welfare.
- The need to appoint an executive team and streamline the organisation structure.
- The need for the new executive to lead and deliver and the IGB’s Board to have a focus on Corporate Governance and strategy.

Since the Plan was published a new CEO and Executive team have been appointed.

14.3. The Indecon report

In July 2014 Minister of State at the Department of Agriculture Food and the Marine, Tom Hayes TD, published a “Review of Certain Matters relating to Bord na gCon”, prepared at his request by Indecon independent economic consultants (‘Indecon report’). The terms of reference were:

- Assess the appropriateness of the existing legislation in the current operating environment, particularly with regard to the governance of Bord na gCon, and make recommendations as to any changes required.
- Evaluate whether the current structure and size of the IGB Board and management structure of Bord na gCon is best designed to ensure that the organisation operates efficiently and effectively, in order to maximise the potential of the industry and make recommendations as to any changes required.
- Against the background of the current financial environment, identify opportunities to increase the commercial income of Bord na gCon assessing levels of debt sustainability and outline the actions required in this regard, including through the development of the breeding sector, having regard to the Bord na gCon Strategic Plan 2013 to 2017.
- Assess the appropriateness and effectiveness of the systems operated by Bord na gCon with regard to the regulation of the industry and greyhound welfare and make recommendations as to any changes required.

Financial matters loomed large in the motivation for commissioning the Indecon report but there were key findings in the Indecon report relevant to anti doping and medication which included:

• Skills gaps in the IGB’s Board, but noting an appointment had been made to address a lack of veterinary expertise in the context of regulatory and welfare roles of the IGB.
• Endorsement of the Plan’s recommendation for the need to appoint an executive team and streamline the organisational structure, as well as improve governance.
• Recognition that integrity of the regulatory system is crucial to the greyhound racing industry.
• Recognition that Irish greyhound racing has faced very significant potential reputational damage in recent years concerning aspects of the exercise of regulatory functions, particularly the decisions concerning cases where greyhounds have tested positive for prohibited substances.
• In particular the adverse effect of positive findings for prohibited substances, the numbers of these cases dismissed and delays in the disciplinary process and sample handling deficiencies were noted.
• The National Greyhound Laboratory in Limerick faces challenges keeping ahead of new prohibited substances with shorter and shorter half-lives and keeping abreast of new testing methodologies and technologies.
• This is noted to be more manageable for a large specialist laboratory than for a smaller laboratory, both in terms of expertise and by the high capital costs of investing in state-of-the-art testing equipment.
• Concern on the absence of rights to conduct off-course drug testing.
• Additional disciplinary sanctions were recommended to be applied as a matter of course for any breaches.
• The need for adequate internal resources, and in particular for regulatory responsibilities.

Animal welfare was described in the Indecon report as an important priority. Whilst the report did not explore this in more detail it is important to note that:

• Any doping abuse or misuse of medication may adversely affect greyhound welfare.
• Poor medication control policies, with concerns of non-compliance, may deter trainers from adequate treatment of greyhounds.

The Indecon report made eleven specific recommendations on regulatory controls relevant to anti doping and medication control (numbering as in the Indecon report):

12. The Minister to appoint the members of the statutory independent Greyhound Racing Control Committee and Control Appeal Committee.
13. Rigorous procedures and processes for regulatory control must be consistently implemented.
14. Mandatory penalties including exclusion orders and disqualification orders to be imposed for breaches of regulations.
15. Regulations and procedures should be introduced to ensure effective enforcement of penalties.
16. Both Bord na gCon and the Irish Coursing Club should be able to independently serve exclusion orders and disqualification orders.
17. Off-track testing for prohibited substances to be implemented.
18. Data on the number of tests undertaken, the number of positive tests and the number of adverse findings to be published.
19. All adverse findings to be published within pre-defined periods subject to rules for adjournments and appeals.
20. Consideration of laboratory testing to be transferred to independent laboratories over time to ensure economies of scale.
21. Licensees to disclose on an annual basis any adverse findings and any information in relation to matters under investigation as part of their licence application.
22. Formal information sharing arrangements to take place with enforcement agencies including Customs and Excise and An Garda Síochána.

There is extensive discussion of the roles of the Control Committee, its relationship with the IGB in particular it was noted:

“There is a need for absolute clarity between all parties on appropriate protocols and on other aspects of the processes. Such procedures and processes must then be consistently implemented. “

and

“Overall Indecon considers that the present legislation, regulations and processes for provision of integrity services in the greyhound industry should be enhanced in order to build a reputation for exceptional regulation of the sector.”

On publication of the Indecon report the Minister also published his response which included this section relevant to anti-doping and medication control:

“I endorse the recommendations in relation to regulatory controls, animal welfare and greyhound breeding. While the independence and objectivity of the current Control and Appeals Committees is recognised, I accept the need to ensure that this is seen to be the case. In future, therefore, the Minister will appoint the members of these Committees and their findings will, subject to due process, be published within a pre-defined timeframe. I agree that random off-course sampling for prohibited substances should be undertaken and that annual data on welfare inspections should be published along with the provision of additional resources for greyhound welfare and for breeding incentives. I will make the necessary legislative changes required to implement a number of the recommendations as a matter of urgency.”

The IGB responded to the Indecon report on October 2014 and in summary in respect of the specific recommendations (numbering as in the Indecon report):

1. Strengthening of Board of Directors and management
   A veterinary expert has been appointed.
12. The Minister to appoint the members of the statutory independent Greyhound Racing Control Committee and Control Appeal Committee.
   IGB is supportive, and recognised the need for appropriate scientific and legal expertise.
13. Rigorous procedures and processes for regulatory control must be consistently implemented.
    IGB is undertaking a full review of polices, processes, procedures and legislation.
14. Mandatory penalties including exclusion orders and disqualification orders to be imposed for breaches of regulations.
    IGB is reviewing and comparing sanctions across national and international greyhound and horseracing jurisdictions in order to set guidelines and design a booklet for publication on the IGB website to cover all breaches of its rules.

15. Regulations and procedures should be introduced to ensure effective enforcement of penalties.
   *IGB is developing written procedures and penalty guidance and reviewing the need for any enabling legislation.*

16. Both Bord na gCon and the Irish Coursing Club should be able to independently serve exclusion orders and disqualification orders.
   *IGB is working with the Department of Agriculture, Food and the Marine to review primary legislation to implement this.*

17. Off-track testing for prohibited substances to be implemented.
   *IGB recognise this is a crucial regulatory power which will be included within the IGB testing framework and operating procedures under the remit of new primary and secondary legislation.*

18. Data on the number of tests undertaken, the number of positive tests and the number of adverse findings to be published.
   *IGB has developed a ‘Resource Centre’ on its website and is introducing testing and results data.*

19. All adverse findings to be published within pre-defined periods subject to rules for adjournments and appeals.
   *IGB will develop a standard procedure on publications.*

20. Consideration of laboratory testing to be transferred to independent laboratories over time to ensure economies of scale.
   *IGB will conduct detailed cost and regulatory reviews of the laboratory.*

21. Licensees to disclose on an annual basis any adverse findings and any information in relation to matters under investigation as part of their licence application.
   *IGB licence applicants will be required to disclose on an annual basis any information in relation to matters under investigation as part of their licence obligations.
   *The IGB will also operate on an intelligence-led basis going forward.*

22. Formal information sharing arrangements to take place with enforcement agencies including Customs and Excise and An Garda Siochána.
   *IGB are currently integrating this into policies and enforcement practices.*

The IGB response also included these items relevant to Doping and Medication control:

- Conduct an organisational review to ensure that IGB staff are deployed in the most efficient manner possible to deliver maximum effectiveness.
- Division of responsibilities between the Executive and IGB Board.

Further detailed cross reference, assessment and recommended further specific scientific technical, and regulatory development of the IGB’s ongoing response to the Indecon report is provided throughout this Review. However, given that this work is active and ongoing, this information be be superseded from the point at which the Review completed its work.

14.4. Progress since the the publication of the Dalton Review, the IGB Strategic Plan and the Indecon report

The IGB Strategic Business Plan was published in September 2013 and in particular the IGB’s response to the Indecon report was published in October 2104. There is a new Executive Team recently in post.

In December 2014 the IGB launched a short consultation to propose:
• That publication of all positive tests should take place at the conclusion of the analytical phase of the anti-doping and medication control process and after notice of results have been sent to the parties involved, prior to any hearing by the Control Committee. Such publication would specify the number of negative results, and the identity of any dogs which have tested positive.
• To allow for the publication of Control Committee findings regardless of whether or not an appeal has been lodged to the Control Appeal Committee.
• To ensure greyhounds testing positive for a prohibited substance after a race be immediately and automatically disqualified from that race.
• This included a discussion point on a short and rapid procedure to allow for a test result to be challenged before an independent body before disqualification.

In the consultation the IGB also gave notice that it is considering further consultation on these matters relating to anti doping and medication control:

• To create a formal non-exhaustive list of prohibited substances, listing all drugs, substances, supplements and methods which are banned from use in greyhound racing. The concept will also include categorising the list of substances into different groups to correlate with the seriousness of the offence. This list will be developed in a transparent manner with the assistance of the independent scientific group referred to in the IGB’s response to the Indecon report.
• To amend its definition of ‘Prohibited Substances’ to help establish a more robust anti-doping and medication control regime.
• To enforce a policy of zero tolerance on the use of prohibited substances by considering the principle of strict liability for the presence of any drug, including medication, on race days and at any other licensed event or premises. It is proposed that strict liability be applied in all doping and medication control cases. This would ensure that an anti doping rule violation occurs whenever a prohibited substance (or its metabolites or markers) is found, regardless of any other factor.
• A new regulation to introduce a duty to keep records of all medication administered to a greyhound.

These formally announced IGB consultations are complemented by other activities, including starting testing greyhounds in the heats of competitions and meetings with key stakeholders. Thus, any progress must be assessed in the context of these timescales and the IGB being a semi-state Body that must make many change through legislation.

Time has passed since the publication of the Dalton report in 2006 and it would appear that there has been some progress on these matters:

• Introduction of external testers, not just local Stewards.
• Some increased independence, via a committee or similar, in the management of regulation and the laboratory, via a Head of Regulation. An appeal mechanism in place.
• Control on conflicts of interest on the Control Committee.
• Control Committee to review consistency and basis for penalties.
• Use of aggravating and mitigating factors in decisions.

However there has been little visible progress in these matters:

• Targeted testing only now being starting to be introduced.
• Relatively limited extension of the range of substances considered prohibited, and in particular anabolic steroid testing for female dogs only recently introduced.
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- Publication of findings only liability shown, not where liability not shown.
- No greater use of disqualification and exclusion orders.

14.5. Initial review of the stakeholder and wider environment

As made clear in the tender, this is a Review, not a public consultation, albeit that it was also recognised that communication across a wide range of internal, national and international stakeholders was required for the Review. Therefore it was agreed to not necessarily engage with every possible interested party or individual, but that properly representative views should be sought.

However, before these views were sought it was thought useful to make no assumptions and to informally assess the wider public perception of the IGB and its anti doping and medication control work.

The websites of the main newspapers, parliamentary comments, social media sites, internet forums and letters from stakeholder were reviewed in December 2014. This was not a systematic study, but until very recently it was difficult to find positive comments, there was a considerable body of negative criticism, and what was recorded was similar to the findings of the Plan and the Indecon report with:

- Desire for a stronger regulation and compliance.
- Desire for much more information.
- Lack of understand of anti doping and medication control.
- Desire for improved testing for banned substances.
- A high degree of mistrust in the IGB, its Board and its processes.

Whether the reality or not, this clearly illustrates the reputational damage currently being suffered by the IGB.

14.6. Initial overall assessment of the wider information on the state of anti-doping and medication control in Irish greyhound racing

Some common themes on anti doping and medication control in Irish greyhound racing emerged from this public information, including the Dalton Report, the IGB Strategic Plan and the Indecon report. This is even before a detailed consideration of polices, procedures, legislation and stakeholder views. These themes included the desire for:

- Addressing longstanding issues that remain in part unresolved over the last 8 years.
- Much stronger regulation and penalties.
- Strong and transparent executive and IGB Board leadership.
- Adequate resources.
- More and faster public information and much more transparency.
- More education and understanding on all aspects for public, officials, legislators and stakeholders.
- Greatly improved procedures and laboratory testing for prohibited substances.
- Introduction of out of competition testing.
- More trust in the IGB's procedures and standards.

Overall whilst there are long-standing and significant issues to address, there are a wide range of IGB activities in progress which addresses these, and the legislative process does...
take time, this progress\textsuperscript{8} is not particularly visible to stakeholders and is complex to manage.

**15. Review of existing public information from the IGB on legislation, regulations, information and processes for anti doping and medication control.**

**15.1. Review of Primary Legislation**

**15.1.1. Greyhound Industry Act 1958**

This primary legislation established the IGB and granted it powers to regulate by making regulations to be laid before each House of the Oireachtas, i.e. these can be revoked if either House of Parliament votes against it (the negative procedure).

This Act also reconstituted the Irish Coursing Club (‘Club’) and granted it powers to regulate by making rules to be laid before each House of the Oireachtas.

It establishes requirement for coordination between the IGB and the Club.

This Act is a general enabling instrument for the improvement and development of the greyhound industry, does not make specific mention or provision for anti doping to medication control, but does not appear to restrict the IGB in these areas.

There are several relevant wider provisions relevant to anti doping and medication control (section numbers as in the Greyhound Industry Act 1958):

- **25 (2) (m)** regulate the keeping and the supervision of greyhounds immediately before and after their participation in races at greyhound race tracks.
- **37 (1)** The Board (IGB) may make regulations for the control of the training of greyhounds for reward, including by licensing.
- Powers of Investigation, **43** and **44**, and entry, **46**, are granted, including to trainer’s premises, together with disciplinary powers **47, 52**.

[Note that an amendment to this Act, the Greyhound Industry (Amendment) Act, 1993 was not listed on the IGB website as of December 2014.]

**15.1.2. Horse & Greyhound Racing (Betting Charges & Levies) Act (1999)**

This is mainly concerned with the control of betting. There are several relevant provisions relevant to anti doping and medication control (section numbers as in the Horse & Greyhound Racing (Betting Charges & Levies) Act 1999):

- **9 (a)** IGB Board Committees may include persons who are not members of the IGB’s Board.
- **10** the IGB may establish subsidiary companies, and these may( 5) include joint ventures.

[Note that as of December 2014 the link to the Horse & Greyhound Racing (Betting Charges & Levies) Act (1999) was correct in the Reports>Legislation and Rules]

\textsuperscript{8} https://www.kildarestreet.com/wrans/?id=2015-03-31a.35#g37.r
section of the IGB website but erroneously linked to the Greyhound Industry (Control Committee and Control Appeal Committee) Regulations 2007 & 2008 Consolidated in the Resource Centre> Rule and Guides>Primary Legislation section of the IGB website.]

15.1.3. Horse and Greyhound Racing Act 2001

This Act is mainly concerned with the establishment of Horseracing Ireland. There are a few provisions relevant to anti doping and medication control of greyhounds (section numbers as in the Horse and Greyhound Racing Act 2001):

- 12 Established the Horse and Greyhound Racing Fund to give support to horse and greyhound racing, with obligations for the IGB to produce (10) strategic and business plans.
- 14 (2) The IGB is accountable to any Committee appointed by either House of the Oireachtas or jointly by both Houses of the Oireachtas including for (c) “systems, procedures and practices employed by the Board (IGB) for the purpose of evaluating the effectiveness of its operations”.

15.1.4. Welfare of Greyhounds Act 2011

The focus of this Act is on welfare. In the Act, and its associated “Code of Practice in the care and welfare of Greyhounds” there are a number of important provisions relevant to anti doping to medication control of greyhounds (section numbers as in the Welfare of Greyhounds Act 2011):

- 6 The IGB shall (1) establish or adopt a Code of Practice to provide practical guidance on the welfare of greyhounds and (2) publish this on the Internet, (4) “a person who keeps, trades, transports, rears, trains, races or courses a greyhound shall have due regard to a code of practice in so far as the code relates to a greyhound or class of greyhound kept, traded, transported, reared, trained, raced or coursed by the person”, and (5) this Code may be updated from time to time.
- 7 Specific Welfare standards include 1 (e) control of disease and (2) and keeping records, but this does not apply directly to the treatment of injuries.
- 8 Regulations may be made to enhance health and welfare which include (2) (c) the operation, management and supervision of premises where greyhound are kept, bred trained or raced, (2) (f) to keep records of this, (2) (h) keeping greyhounds to avoid unnecessary suffering, (2) (i) provide veterinary or specialist treatment, and (4) make it an offence not to comply with such a regulation.
- 9 The Club may make regulations on (2) (a) identification of greyhounds.
- 12 The Club shall (1) establish a register of greyhound breeding establishments, (7) an application can be rejected for health and welfare breaches, (10) make conditions including the keeping of records.
- 17 Enforcement powers are granted, both (1) to the the local authority and (2) the Board (IGB) and the Club, by the appointment of welfare officers.
- 18 Entry and inspection powers are granted, both for (1) (a) (i) a greyhound breeding establishment or (1) (a) (ii) a greyhound is kept, traded, bred, reared, trained, raced or coursed, or (1) (b) a vehicle, container or vessel, and allows (1) (d) record to be inspected and copied, (2) greyhounds to be examined by the welfare officer or veterinary practitioner, (4) (ii) take samples from a greyhound, animal feed or drink and analyse these, and (4) (ii) remove items.
- 19 Warrants for inspection may be issued if required
• **20** Where a Welfare Officer is of the opinion that health or welfare is threatened where (1) 
(e) a greyhound is kept, traded, transported, bred, reared, trained, raced or coursed, (2) notices may be served to require remedial actions (3).
• **22-27** There are significant penalties for non-compliance.
• **29** The Dog Breeding Establishments Act 2010 does not apply in greyhound breeding.

15.1.4.1. Code of Practice in the care and welfare of Greyhounds

This Code is made under Welfare of Greyhounds Act 2011 and there are a number of important provisions relevant to anti doping and medication control of greyhounds (section numbers as in Code of Practice in the care and welfare of Greyhounds):

• **1** “The primary objective of the code is to set standards and clearly define what is expected of all individuals engaged in the care and management of registered greyhounds”. 

“Compliance with the Code, the Greyhound Welfare Act and all other legislative instruments is required by all participants within the greyhound industry.”
• **2** b “The registered owner and the nominated keeper of the greyhound shall both take full responsibility for the physical and social well being of the greyhound and shall do so with full regard to its welfare. “
• **3** e “Protection of the greyhound from disease, distress and injury.” f. “Provision of prompt veterinary and other appropriate treatment in cases of illness or injury.” j “Maintenance of records as required by regulatory bodies.” f. “Compliance with appropriate licensing requirements relating to the greyhound and the premises.” l. “Licensed participants shall undertake educational or training courses as decided by regulatory bodies i.e. IGB and or ICC”.
• **5** j “The person in charge must establish a professional relationship with a veterinary practitioner who can attend to the needs of the greyhound…”
• **6** “Responsible Use of Animal Remedies. Registered owners and keepers shall ensure a. Full compliance with the current Animal Remedies Regulations at all times. b. That only animal remedies sold or supplied by a licensed vendor (e.g. veterinary practitioner, pharmacist or licensed retailer) and authorised for use in Ireland are permitted for use in greyhounds.”

15.1.4.2. European Communities (Animal Remedies) (No 2) Regulations 2007 (SI 786/2007)

These provide a comprehensive legislative basis for licensing of veterinary medicines and controls on their distribution, based on European Union legislation.

The Health Products Regulatory Authority acts as the main national licensing authority for veterinary medicines (a.k.a. animal remedies), while the Department of Agriculture, Food and the Marine licenses premises engaged in the commercial distribution of veterinary medicines.

All animal remedies intended for use are required to be authorised in the State and may only be used in accordance with the conditions attached to the product authorisation and controls on supply and prescription.
Importation and possession of unauthorised animal remedies is contrary to Regulation 3 of the European Communities (Animal Remedies) (No 2) Regulations 2007.

[Note, these Regulations were not, at December 2014, listed on the IGB website, although their provisions apply to all greyhound keepers. They are now listed.]

15.1.5. European Union (Animal By-Products) Regulations 2014

These provide a legislative basis for licensing of the use of animal by-products (ABPs), including as relevant in the current review, their feeding to dogs.

Category 1 ABPs present the greatest hazards, and must not be fed. Category 2 ABPs include meat from fallen stock, so may contain drug residues. Category 3 ABPs include meat that is potentially fit for human consumption but not commercially acceptable for such sale.

Production, processing, transport, storage and use of ABPs is subject to controls.

Category 3 ABPs are classed separately from meat for sale in retail outlets, they are not equivalent in term of legal status and are of less value.

Meat from retail or wholesale food outlets is the most expensive, followed by Category 3 meat, and then lower cost still Category 2 meat.

Greyhound trainers and breeders do therefore often wish to feed Category 2 meat.

15.1.6. Initial assessment of Primary Legislation

Taken as a whole these items of primary legislation, with the associated Code of Practice in the care and welfare of Greyhounds, and associated Animal Remedies Regulations would appear to provide, in themselves, a very strong basis for anti-doping and medication control regulation.

The requirements of the Animal Remedies Regulations do not appear in the information of the IGB website, despite the fact that this is important and powerful legislation to control use and misuse of drugs. This is an important item to remedy, as illustrated in that in 2014 the role of these Regulations in the control of drug use in animal used in sport was highlighted in the Hughes and Fenton cases as related to horseracing. These regulations do also currently apply to greyhound trainers. This increased focus has recently been recognised by the Minister responsible.

Enforcement is currently only possible utilising DAFM inspectors in the first instance, but legislation is being progressed to allow authorised officers to include IGB officials (and also those involved the regulation of horseracing). The IGB’s perception has been that involving DAFM inspectors was difficult as there was a high bar to securing their involvement.

http://oireachtasdebates.oireachtas.ie/debates%20authoring/debateswebpack.nsf/ (indexlookupdail)/20150217~WRA?opendocument#WRA06500

Amendment to Animal Remedies Act 1993 via the current Horse Racing Ireland (Amendment) Bill
The Welfare of Greyhounds Act 2011 requires due regard to the Code of Practice, which in its Section 3 on Responsible ownership and its Section 6 on Animal Remedies require proper and appropriate treatment with the Animal Remedies legislation. Where there is a potential breach this Act then has powers of inspection, sampling and enforcement. If a Welfare Officer is of the opinion that health or welfare is threatened then Notice can be served.

The Welfare of Greyhounds Act 2011 Act contains provisions that at the least have the potential to address the welfare consequence of abuse of doping agents or misuse of medication. The subsequent Animal Health and Welfare Act 2013 presents further opportunities for utilisation, including for the IGB to request that the Minister makes their officials authorised officers under this Act.

Therefore disciplinary consequences from integrity, findings, can where appropriate, be aggravated by such welfare considerations. The Regulations relating to Welfare and Animal Remedies could be very powerful provisions to the IGB, working in concert with the Club, and their use can be driven by intelligence or analytical findings on the primary welfare issues arising secondarily from misuse of medication and doping abuse because:

- Misuse of medication and doping abuse can primarily put the welfare of greyhounds at risk, as well as it may be contrary to the integrity of greyhound racing and the Animal Remedies regulations.
- As an example in the UK the Veterinary Regulator, the Royal College of Veterinary Surgeons, has explicitly told the British regulator of greyhound racing, the GBGB, that a risk of not taking samples for anti doping and medication control is that dogs will be raced with banned substances which could be a potential welfare risk.
- Another example is from the 2014 New South Wales Parliamentary enquiry in Greyhounds where the Registered Greyhound Participants Association (RGPA) submitted that “The effect of drug administration is devastating to the image of the Sport. The RGPA believes that protecting the welfare of the greyhounds by efficient drug screening is paramount”11.
- As an indication the EU veterinary medicinal product regulatory risk-benefit assessments include favourable and unfavourable elements of welfare as well as health12.
- Medication is both necessary for the proper therapeutic treatment of greyhounds to assure their welfare in treating injury as well as disease, but if misused may be contrary to the integrity of greyhound racing, the Animal Remedies Regulations, and put the welfare of greyhounds at risk.

As such the powers available appear to include:

- To make regulations.
- To set and update welfare standards.


• To identify greyhounds.
• To Licence participants and set licence conditions.
• To regulate all premises where greyhounds are present and set conditions.
• To enter, inspect, search and sample dogs, premises and means of transport, equipment and greyhounds.
• To serve Notices based when health or welfare is threatened
• To control greyhounds at premises including their treatment.
• To control the use of Animal Remedies.
• To take disciplinary action.
• To enable prosecutions.

In addition there are other relevant provisions:

• External expertise can be obtained through use of external experts on the IGB’s committees, for example on welfare or anti doping and medication control.
• Subsidiary companies can be established, including joint ventures, for example for analytical laboratory services.
• The Horse and Greyhound Racing Fund provides a funding stream.
• There is oversight by the Houses of the Oireachtas.

It worth considering this assessment of existing available powers and provisions in the light of the initial overall assessment of the wider information on the state of anti-doping and medication control in Irish greyhound racing [see section 14.6].

Many perceived gaps in the regulation of anti doping and medication control could be addressed by effective use of existing legislation, for example use of Animal Remedies Regulations, enforcement of ABP regulations, making regulations on welfare under the Welfare of Greyhounds Act 2011 Act, more use of Testing Orders under the Greyhound Industry (Racing) Regulations, 2007 and welfare focused kennel inspections. Amendments to the Greyhound Industry Act 1958 should also be considered if thought useful to underpin enforcement, for example on welfare.

In particular fully implementing an intelligence led approach, operated through a new Integrity sub group within the IGB’s Regulation Department [21.3.3] could provide the information that allowed the more effective use of the currently under-utilised Regulations relating to Animal Welfare and Animal Remedies.

In 2014 the public position of the IGB, working with the ICC, was to facilitate the use of Category 2 ABP meat to greyhounds, including greyhounds in training by providing regulatory support, to the primary ABP legislation and so assurance to the DAFM. There does not appear to be any public awareness of the significant anti doping and medication control risks of feeding Category 2 ABPs.

15.2. Review of Secondary Legislation

15.2.1. Greyhound Trainers' Regulations 1961

These regulations are made under the the Greyhound Industry Act 1958 and and there are a number of important provisions relevant to anti doping and medication control of greyhounds (section numbers as in Greyhound Trainers' Regulations, 1961):
• 2 All trainers must be licensed.
• 3 Licences are subject to conditions.
• 10 A record must be kept of all greyhounds entering and leaving the trainers premises.

15.2.2. Public Sales of Greyhounds Regulations 1966

These regulations are made under the the Greyhound Industry Act 1958 and there are provisions relevant to anti doping and medication control of greyhounds (section numbers as in Public Sales of Greyhounds Regulations 1966):

• 3 Public sales of greyhounds must be licensed by the IGB.
• 14 (1) “A control steward shall have power at any time to order an examination by a Veterinary Surgeon of any greyhound entered for a public sale. If such control steward directs or requires that a sample of urine or a sample by vomition or any other means be taken from such greyhound for the purpose of analysis thereof,…”

15.2.3. Greyhound Industry (Racing) Regulations, 2007

These regulations are made under the the Greyhound Industry Act 1958. They form the core of the racing regulations with significant provisions relevant to anti doping and medication control of greyhounds (section numbers as in Greyhound Industry (Racing) Regulations, 2007):

• 2 “‘prohibited substance’ means any substance which by its nature could affect the performance of a greyhound the origin of which on or in the tissues, body fluids or excreta of a greyhound could not be traced to normal and ordinary feeding. A finding of a prohibited substance means a finding of the substance itself or a metabolite of the substance or an isomer of the substance or an isomer of a metabolite.”
• 5 (1) “No person other than the racing manager, control steward, veterinary surgeon or other official having the care of the greyhounds, engaged in races shall be admitted to the kennels or kennel enclosure during racing without the prior permission of the control steward and any person refusing to leave such kennels or enclosure shall be reported to the stewards of the meeting.”
• 23 (5) “The racing manager shall not permit any greyhound to compete in a race or trial unless such greyhound’s identity card is produced to him at the time of weigh-in except as otherwise approved by the Board(IGB).”
• 29 Taking of samples
  • (“1) The stewards of the meeting shall have power at any time to order an examination by a Veterinary Surgeon of any greyhound entered for a race or which has run in a race.
  • (2) The Stewards of the meeting and the Stewards present at trials and/or sales trials shall have power at any time to order a sample of urine, blood, or a sample by vomition or any other means, to be taken from a greyhound for analysis PROVIDED ALWAYS that if the Stewards require a sample of blood to be taken, then such sample may only be taken by a Veterinary Surgeon nominated by the Stewards of the meeting. Such samples ordered as aforesaid by the Stewards of the meeting, save in the case of the taking of a sample by blood, may be taken by such person authorised by the Stewards of the meeting. If the Stewards of the meeting order such sample or samples to be taken as aforesaid, the greyhound shall be kennelled at the track, or at such
place as the Stewards may appoint until a sample or samples has or have been obtained. The owner, trainer or their agents or any other person in charge of the greyhound shall not remove the greyhound subsequent to the taking of such sample or samples until permitted to do so by the stewards of the meeting who ordered the sample or samples to be taken.

(3) Should the owner, trainer or their agents or any other person in charge of the greyhound, so require, the sample so taken in accordance with the provisions of sub-article (2) above shall be divided into two parts and each part placed in a container which shall be sealed, provided there is sufficient volume (20 ml) in the sample. One part of the sample shall be dispatched to an Analyst approved by the Control Committee and the other part, if so required, by the owner, trainer or their agents or any other person in charge of the greyhound, shall be sent by the Stewards of the meeting to the Secretary of the Control Committee who, in turn, shall forward same to any public analyst nominated by the owner, trainer or their agents or any other person in charge of the greyhound, the cost of such analysis to be borne by the owner of the greyhound in question. The result of all analyses of samples taken shall be made available to the Control Committee and also to the owner and trainer of such greyhound.

(4) Should the owner, trainer or their agents or the person in charge of the greyhound or any other person obstruct or impede the taking of a sample under this article of the Regulations, the Control Committee may make an Exclusion Order under Section 47 of the Act against such person and, in addition, may disqualify in the manner laid down in Section 45 of the Act any or all greyhounds, kept, owned, trained or managed by such person.

(5) A duly authorised officer of the Board (IGB) may exercise the powers conferred on the stewards of the meeting by this Article.

(6) The names of greyhounds selected for testing at any race meeting or trial shall be publicly announced.

(7) The prize money won by any greyhound tested at a race meeting under this Article shall be withheld pending the result of the test.

(8) Where a sample has been taken from a greyhound in accordance with sub-article (2), and analysed in accordance with sub-article (3), and such analysis has proved positive for a prohibited substance, the Control Committee may order as follows:—

(a) An Exclusion Order under Section 47 of the Act be made against the registered owner or trainer of such greyhound or against both such owner or trainer;

(b) Disqualification from the race or sweepstake and the prize money won by the greyhound and the trophy, if any, be paid and awarded to the next placed greyhound in the race;

(c) A Disqualification Order under Section 45 of the Act be made against all or some greyhounds kept, owned, trained or managed by the registered owner or trainer of such greyhound;

(d) the sanction of an appropriate fine; and/or

(e) an order be made that greyhounds owned or trained by the registered owner or trainer of such greyhound be tested each time they race for a specified period of no longer than six months.

30 (1) “No person having any interest in or connection with any greyhound which is the subject to any investigation duly initiated under the Act or under these regulations may effect any transfer of ownership of greyhounds pending the result of such investigation. (2) (i) Arising out of any investigation duly made under the...
Act or under these regulations, the stewards of the meeting may at their discretion:— “take a number of actions including suspending any greyhound.

32 (1) “An Exclusion Order may be applied to any person:— (a) who shall administer or cause or attempt to cause to be administered to a greyhound for any purpose any prohibited substance and the presence of any quantity of a prohibited substance in any body fluid (which term shall include saliva, urine, blood and excreta) collected for testing, constitutes an offence; (b) who shall be found guilty of conduct of a serious nature causing injury or harm to the welfare of a greyhound(s); (f) who is guilty of, or conspires with any other person for the commission of, or is an accessory to any corrupt or fraudulent practice in relation to greyhound racing in this or any other country;”

15.2.4. Greyhound Industry (Control Committee and Control Appeal Committee) Regulations 2007 & 2008 Consolidated

These regulations are made under the the Greyhound Industry Act 1958. They have significant provisions relevant to anti doping and medication control of greyhounds (section numbers as in Greyhound Industry (Control Committee and Control Appeal Committee) Regulations 2007 & 2008 Consolidated as on the IGB website):

5 A Control Committee shall be appointed by the IGB but be independent. (iii) Membership shall include a solicitor and a veterinarian

6 Act on the Racing Regulations and in particular (1) (iv) “…any act or thing pursuant to Article 29(4) and (8) (Taking of Samples) and Article 32 (Bribes and Corrupt Practices) of the racing regulations;”

8 (4) Decisions must be notified to affected persons, the Control Committee may (5) (i) fine up to €7,500, (ii) direct costs to be paid, (iii) disqualify and exclude, and (6) “shall” publish its findings but this publication shall be withheld pending the outcome of any appeal and this applies (5) ‘Where any person appears to the Control Committee to have contravened any provision in these Regulations’ (i.e. only where a contravention has taken place).

7 (4) Subject to the Regulations, the Control Committee may regulate by standing orders or otherwise the procedure and business of the Committee.

11 A Control Appeal Committee shall be appointed by the IGB but be independent. (iii) Membership shall include a solicitor or barrister and a veterinarian

12 The Control Appeal Committee hears appeals from decisions of the Control Committee

8 (6) & 14 (33) The Control Appeal Committee “may” publish their findings in all decisions in a manner it deems fit. These Control Committees “may” publish their findings only in decisions when a violation is determined.

15.2.5. Identification of Dogs

The Welfare of Greyhounds Act 2011 states that The Dog Breeding Establishments Act 2010 does not apply in greyhound breeding. Section 16 of the later Act requires that dogs be identified by a microchip. Microchips provide a robust format for linking...
dogs to owners and trainers, and so to specific violations of the Regulations. In effect this excluded greyhounds from this effective and internationally recognised robust form of identification.

However under Schedule 4 of the Animal Health and Welfare Act 2013 a regulation will be introduced to make micro-chipping of all dogs in Ireland compulsory by 2016. The IGB has already started to encourage greyhounds to be microchipped, especially as dogs travelling (for example to the UK) under the EU Pet Travel or Balai regulations (as required for commercial trade) must be identified in such a manner. Since 1 January 2013 all dogs in Northern Ireland must be microchipped at eight weeks old. All greyhound racing in Great Britain must be identified by a microchip.

15.2.6. Initial assessment of secondary legislation

The secondary Greyhound Trainers' Regulations 1961 in place requires licensing of trainers and allows licence conditions to be established. In the light of the ability to utilise licence conditions it is perhaps surprising that this route to regulation has not been utilised to date. However it is understood that Conditions to Licences are now under consideration, in particular for entry and sampling of trainer premises for the primary purpose of anti doping and medication control. This is such an important and flexible approach to regulation that it may also be worthwhile making it use clear if primary legislation is amended in the future.

Sampling has been possible at public sales since 1996, but there is no information available to show that these powers have ever been used, indeed later enquiry confirmed this was the case.

In the The Greyhound Industry (Racing) Regulations 2007, the regulations

- Define a prohibited substance, but focus on effect on performance rather than strict lability.
- Allow any type of sample to be taken, including, for example, hair.
- Allow for a primary (A) sample to be analysed on behalf of the IGB, and for second (B) sample to be sent to a Public Analyst but do not specify the conditions for adequate analysis.
- Control access to greyhounds and require identification procedures.
- Require the names of greyhounds selected for testing at any race meeting or trial shall be publicly announced.

Overall there would appear to be a need to address the primary definition of prohibited substances, reconsider how the names of greyhounds selected for testing at any race meeting or trial are publicly announced and ensure clarity on standards of analysis by any laboratory to ensure robust identification of any prohibited substances. The change to stop announcing the names of greyhound to be tested in advance is now currently being implemented and should increase perceptions of integrity (see section 19.3.1).

The existing ability to take a wide range of types of samples, including hair, and identify and detain greyhounds present considerable opportunities for anti doping and medication control.
The ability to issue exclusion orders for doping abuse, misuse of medication and cheating is also a considerable opportunity for anti doping and medication control but does not appear to have been fully utilised, at least in part due to legal constraints.

The Greyhound Industry (Control Committee and Control Appeal Committee) Regulations 2007 & 2008 Consolidated does allow:

- The Control Committees to publish its findings in decisions in a manner it deems fit, but only where a contravention has taken place.
- To regulate by standing orders or otherwise the procedure and business of the Committee.
- It was initially unclear, and would likely remain unclear to the wider public unless clarified, if these conditions stop the Control Committee being more transparent on its processes and stop it being more informative on reasons for findings, or whether the current approaches are policy decisions of the Control Committee.

Many perceived gaps in the regulation of anti doping and medication control could be addressed immediately by effective use of existing legislation, for example sampling at sales, use of licence conditions, and use of a wider range of samples such as hair.

15.3. Statutory Instruments in progress

At the time of the initiation of this review there were as number of items of secondary legislation in preparation or being progressed by the IGB, alone, or in a combined statutory instrument.

15.3.1.Duty to Keep Record of Medication

15.3.1.1. This would require trainers to keep a record, in a proscribed format, of any medication or treatment administered to a greyhound for at least one year.

15.3.2.Publication of Control Committee decisions

15.3.2.1. This would allow the IGB to publish notice of any decision made by the Control Committee or Control Appeal Committee, and a 'summary' of each decision to be published.

15.3.3. Disqualification of a greyhound in the event of a positive sample

15.3.3.1. This would allow the IGB to disqualify a greyhound where fraud, a positive test, or a prohibited substance administration, amongst other things, applied.

15.3.4. Initial assessment of Statutory Instruments in progress

Existing powers imposing conditions on trainers’s licences have not been used in the past as a faster and more flexible way to produce a Duty to Keep Record of Medication, although new secondary legislation would also be effective. As compliance with the Code of Welfare under the Welfare of Greyhounds Act 2011 is required by all participants within the greyhound industry and the Code says records
must be kept as required by regulatory bodies, this should be considered as an another route to the same result.

The proposed legislative changes to the Publication of Control Committee decisions raise two questions. First, how does this fit with the possible proposal out for consultation by the IGB for publication of adverse analytical findings\(^\text{13}\) at an earlier stage, i.e. at the conclusion of the analytical phase of the anti doping and medication control process, and after notice of results have been sent to the parties involved, and this prior to any hearing by the Control Committee. Second does the legislative proposal to allow a ‘summary’ of each decision to be published, equate to what was the rationale for the decision, commonly known as ‘Reasons’. A conflict could arise if an adverse analytical finding was made public, prior to being submitted to the Control Committee for a determination, and then the Control Committee did not find the case proven. The proposed legislative change would allow all initial findings to be published, not only where a contravention has taken place, but as all submitted adverse analytical findings would be public, if reasons could not be published then this would exacerbate mistrust.

15.4. IGB Notices and other information

15.4.1. Medication Information - Dietary Contamination & Administration of Therapeutic Substances

This was implemented and published on the IGB website on 1 December 2014 with Document Reference Number RN10010.

It applies a screening limit of 1µg/ml for morphine and procaine described as ‘common practice’ in other major greyhound racing jurisdictions.

It announces that ‘residual’ traces of non steroidal anti inflammatory drugs (NSAID) will not be declared as positive.

It endorses the use of therapeutic exemptions, allowing the use of phenobarbital with a veterinary certificate.

15.4.2. Guidelines on Withdrawal Times for the Administration of Therapeutic Medicines to Racing Greyhounds.

This was issued and published on the IGB website on 2 December 2014 with Document Reference Number RN10011.

It introduces the concept of a Withdrawal Time, defines this, and lists factors that may affect Withdrawal Times and mitigations against positives.

It announces withdrawal times for NSAIDs, although it actually gives ‘clearance times’, and does this for three older NSAIDs and cites scientific sources that are out of date, where more update to date information is available, for example from the GBGB or GA.

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\(^{13}\) Here the term ‘adverse analytical finding’ and ‘confirmed’ are used as described by the Association of Racing Chemists: [http://www.aorc-online.org/documents/glossary-of-terms/](http://www.aorc-online.org/documents/glossary-of-terms/)
15.4.3. IGB Regulatory Notice To Owners & Trainers

This was issued on the 31 March 2014. It does not appear on the IGB website but appears in third party websites.

It recommends the use of Norethisterone (as contained in, for example, the preparation Primolut-N) as an oestrus suppressant.

It states: “The administration of any anabolic steroid will be strictly forbidden and the presence of an anabolic steroid, a metabolite of an anabolic steroid, or an isomer of an anabolic steroid in a urine or blood sample taken from a racing female greyhound will constitute an offence under the Greyhound Industry Act 1958 and Greyhound Industry (Racing) Regulations, S.I. 302 of 2007 as and from October 1st 2014. The presence of anabolic steroids, their metabolites or their isomers has been prohibited in male greyhounds since May 1st 2007 and there will be no change to this regulatory provision.”

It announces the screening limits for morphine and procaine.

It announces that ‘residual’ traces of non steroidal anti inflammatory drugs (NSAID) will not be declared as positive.

It endorses the use of therapeutic exemptions (TUE), allowing the use of phenobarbital with a veterinary certificate.

It disallows the use of anabolic steroids in female greyhounds from October 1st 2014.

15.4.3.1. Confusingly a Notice had been issued by IGB on January 1, 2007 that stated; ‘Bord na gCon has directed that, effective May 1, 2007 the administration of anabolic steroids to a greyhound is banned and the presence of an anabolic steroid in a greyhound sample will constitute an offence under the Greyhound Industry Act, 1958 and the Greyhound Race Track (Racing) Regulations, 1993.’

15.4.3.2. Another further later, but undated, IGB Notice stated: ‘Following a meeting held on April 29, 2007, the IGB Board directed that, effective May 1, 2007 the administration of anabolic steroids to male greyhounds is banned and the presence of an administered anabolic steroid or its metabolite in a male greyhound sample will constitute an offence under the Greyhound Industry Act, 1958 and the Greyhound Track (Racing) Regulations,1993.’

15.4.4. Control Committee Reports

One publication was initially on the IGB website lists, dated December 2014, listing the affected party, the drug found and the penalty, with a further update in February 2015.

15.4.5. Notice re; Sampling Procedures

This short notice states that Owners and Trainers are advised that on occasions they will be requested to re-kennel a greyhound for a period of up to one hour for the purpose of obtaining a post-race sample and is found in the Trainers and Owners section of the IGB website.

15.4.6. Bord na gCon Regulatory Announcement Regarding Prohibited Substances

This was issued as a News Release on 7 November 2014 and announced that a backlog of cases involving prohibited substances has been cleared.

15.4.7. Analytical Samples forwarded to the Independent Control Committee

This was issued as a News Release on 5 December 2014 and announces that positive samples from the 2014 Puppy Derby quarter finals had been forwarded to the Control Committee. It confirms that currently the only regulatory mechanism through which publication of any detailed findings can be published is at the conclusion of proceedings before the Control Committee or the Control Appeal Committee.

15.4.8. A Consultation on Proposed Regulatory Reform

This was issued as a News Release in December 2014.

It included proposals, relevant for anti doping and medication control, for:

- Publication of positive test results at an earlier stage, the conclusion of the analytical phase of the anti-doping and medication control process and after notice of results have been sent to the parties involved, and this prior to any hearing by the Control Committee.
- Publication of the Control Committee findings regardless of whether an appeal has been lodged.
- Disqualification of a greyhound after a positive test is reported.
- A rapid procedure for challenge such a positive.

It also listed potential future proposals including:

- Creating formal list of prohibited substances.
- Amending the definition of prohibited substances.
- Introducing strict lability for prohibited substances.
- A requirement to keep medication records.

15.4.9. ePO paper

This has been placed on the IGB website and is a copy of a scientific paper on this subject.

15.4.10. Initial assessment of IGB Notices and other information

Publicly available notices and other information relating to anti doping and medication control are on the IGB website and elsewhere, but their presentation is fragmented, incomplete and confusing.
Screening limits are published for morphine and procaine, but the precedent of their publication, versus non-publication of screening limits for other drugs does not appear to have been considered, with NSAIDs being an example where ‘residues’ are mentioned.

Regarding morphine and procaine positives the approach of prevention first does not seem to have been considered in the advice given to the IGB:

- The implications of feeding products that may contain morphine.
- The implications of feeding category 2 ABPs, whether it is currently licenced, or if licenced, is then still desirable in the context of anti doping and medication control.

The wider implications of introducing TUEs in the context of animal sports medication control do not appear to have been fully considered.

The specific implications on the use of phenobarbital for epilepsy, including on betting to lose and on breed integrity do not appear to have been considered in the advice given to, and accepted by, the IGB.

The concept of Withdrawal Times has been introduced and defined, but only undefined clearance times are given. These clearance times are from much older studies using older analytical techniques in jurisdictions with much more permissive medication policies.

There are other relevant papers, such as on the excretion rates of more modern NSAIDs, that could have been utilised. There is also information available from other jurisdictions, such as the GBGB or GA, which report more modern and relevant studies in greyhounds.

The published withdrawal times appear shorter than expected for modern standards of medication control.

It is unclear why a single scientific paper, on ePO, has been placed on the IGB website.

The introduction of Regulatory Notices is to be welcomed, and they are a more consistent approach that the previous ad hoc announcements that appear inconsistency published and contained information on a variety of subjects.

However important topics, already published in the former ad hoc manner, are still not covered by the more formal regulatory notices, such as use of oestrus suppressants and the total ban on the use of anabolic steroids, including in female dogs from 1st October 2014, and specifically this important information only seems to be publicly available on a 3rd party website.

Furthermore contradictory notices, not publicly available on the IGB website, had advised contradictory positions in 2007 on the ban of use of anabolic steroids, first in all greyhounds and then in male greyhounds.

The consultation of future changes includes current and possible future proposals, and it is unclear why there are these two categories of proposals.

The locations of relevant notices on anti doping and medication are inconsistent, being scattered across the IGB website.

Very limited information is available from the Control Committee. This is limited to the most basic reporting of findings where the party is found liable, backgrounds or ‘Reasons’ are not published, as for example by many animal sports authorities.

It seems clear that these approaches do appear to reflect a desire to publish more and raise standards, but much more work needs to be done to improve and coordinate content and presentation, and the advice procured by the IGB now need to be more current.
More specifically there is a need to now have:

- An integrated strategy, with robust implementation, for coordinated and consistent publication of notices and other information on anti doping and medication control.
- For this to be tied to a wider overall strategy on information, including more explicit signposting of current, possible future proposals, and potential changes for consideration (see Section 16).
- An improved and more current detailed technical and scientific programme of advice on anti doping and medication control to ensure a robust and consistent approach to IGB’s policy making.

15.5. Information sent to participants

There is no publicly available information on issues relevant to anti doping and medication control that is sent to trainers as part of licensing, or to owners

15.6. Overall assessment of the information available to the public and participants on anti doping and medication control

There does not appear to be any public IGB policy on anti doping and medication control such as found in other sporting authorities\textsuperscript{15,16}.

As the IGB is regulated by primary and secondary legislation there is not a separate consolidated set of rules, such as in rule book used by other regulators.

Participants and the public must therefore review the legislation to understand their obligations and obtain information. A summary booklet is planned for Penalties, which should help by listing offences.

There is a relatively recent new resources section on the IGB website, which should be welcomed but in general the publicly available notices and other information relating to anti doping and medication control on the IGB website and elsewhere are, taken as a whole, at present fragmented, incomplete and confusing.

16. Review of IGB internal documentation on procedures for anti doping and medication control

16.1. Standard Operating Procedures (SOPs)

16.1.1. IGB Regulatory SOPs

The Regulation Department has recently started to introduce SOPs with formal structure, version control, and sign-off for its operational procedures. Examples include for SOPs for Taking of samples, Processing of samples, Race night operations, and Duties of IGB Officials

16.1.2. Control Committee SOPs

\textsuperscript{15} \url{http://www.fei.org/fei/cleansport/ad-h/eadcmrs}

\textsuperscript{16} \url{http://www.britishhorseracing.com/wp-content/uploads/2014/03/Definition-of-a-Prohibited-Substance.pdf}
No SOPs were available for the functions of the Control Committee.

16.1.3. National Greyhound Laboratory SOPs

In accordance with the Laboratory’s Accreditation by the Irish National Accreditation Board under ISO 120125 (General requirements for the Competence of Testing and Calibration Laboratories’), a full set of SOPs is used in the laboratory.

16.2. Licensee application Forms

Some forms are available on the IGB website, others, such as for Kennel Hands etc., should be made publicly available here when finalised.

16.3. Documentation to Control Committee

Very limited information is provided for the Control Committee on any adverse analytical finding. This usually consists of a simple formal Certificate of Analysis for the adverse analytical finding and a short generic brief on the prohibited substance found.

16.4. Organisation Chart

An organisation chart was provided and reviewed.

16.5. Process Flowcharts

Some work has been undertaken to map the flow of samples, information of adverse findings, and progress through the Control Committee. This to provide the basis to consider improvements to these processes and the time they take.

16.6. Sampling metrics

The Indecon report (Tables 4.2 and 4.8) gives metrics for samples, with 7307 tests reported as taken in 2013. It was reported to this Review that the National Greyhound Laboratory currently is testing 5500 samples a year for the IGB.

16.7. Overall assessment. IGB internal documentation on procedures for anti-doping and medication control.

Whilst there is no doubt good understanding of current needs and procedures by staff in post, with local documentation, in general there is a need to significantly further develop recorded internal procedures for the robust and repeatable operation of the IGB's regulatory systems.

In its response to the Indecon report [14.3] the IGB noted it would review SOPs in the areas of anti-doping and sampling.

As such the introduction of SOPs for the work, each with a formal structure, version control, and sign-off for its operational procedures is a welcome initiative. Likewise the senior level discussions on a regulatory strategy and the analysis of process flow are to be welcomed.
The recruitment of a Quality Assurance manager is noted, who is developing a manual of policies and procedures and implementing a controlled approach to SOPs.

These initiatives need to be completed, materials made available to officials and training and understanding assured, and also be available to participants where compatible with good integrity

It should also be recognised that the day to day use of controlled SOPs requires a culture change that will take some time.

As expected in an accredited laboratory, there is good documentation and documentation control in the National Greyhound Laboratory. In particular the information on analytical performance provided out of these accreditation processes allows an objective analysis of the current performance standards, i.e. what the laboratory can detect and to what level.

As used in the laboratory, local quality assurance management for all IGB’s regulatory documentation could be complemented in the future by external accreditation to ISO/IEC 17065:2012\(^\text{17}\). As such it would be prudent to ensure processes being put in now that would be compatible with any future external accreditation.

The current organisation chart shows that the Dalton report’s recommendation for more independence, via a committee or similar, in the management of regulation and the laboratory has been implemented to some extent. The appointment of a Director of Regulation and Governance, out of the recommendations of the IGB’s Strategic Review, further develops this independence. However the combined day to day management of sampling operations and integrity management, such as adverse analytical findings, should be evolved to provide further separation of roles.

The very limited information currently provided to the Control Committee, and what would appear to be also their limited recorded procedures and records, would seem an area to consider for such a crucial component of the regulatory system.

There would appear to have been a reduction in numbers of samples taken, as there is a disconnect between the 2013 figures of 7307 as noted by the Indecon, report and those reported directly to this Review by the laboratory (5500/year).

17. Internal and Stakeholder conversations

These were held with a range of the IGB’s staff, the IGB’s Board, and a number of external stakeholders. It would be important to understand that the Review is for the IGB, and not a formal external consultation. However, it was felt important to understand the perspectives of a wide range of sources internal to the IGB and of key stakeholders. There were specific questions for each but also, so as to understand what was common and what was divergent thinking, all were asked these questions below:

\(^{17}\) [http://www.inab.ie/media/title,10416,en.php.htm](http://www.inab.ie/media/title,10416,en.php.htm)
• What is your, and your organisation’s role in the context of Irish greyhound racing?/What is your role in the IGB?/What is your committee’s role in the IGB?
• What do you consider to be the IGB’s overall approach to anti-doping and medication control?
• What do you consider to be the IGB’s approach to implementation of anti-doping and medication control?
• Would you change this approach, or its implementation, and if so how and why?

17.1. IGB Regulatory Committee

17.1.1. The Regulatory Committee is a permanent committee of a sub-group of members of the IGB Board that focused on regulatory matters to assist the operational efficiency of the IGB Board. Members of the Committee described zero tolerance to all doping, the need for integrity, concern on contaminants in food, recognised the need for medication to ensure treatment and welfare, and that control of medication should be in the context of direct or indirect effect on performance. Strict liability in anti-doping and medication control was supported when that was raised. Whilst these themes do amount to an anti-doping and medication control policy, it could be described as more implicit rather than explicit and policy should be clearly articulated with clear public communication. Such policies drive regulation through legislation (see section 15).

17.1.2. There was a brief mention in the IGB’s 2012 Annual report that ‘The Board (IGB) operate a zero tolerance prohibited substance testing regime’. The members of the Regulatory Committee were clear that their benchmark in this area was to be in line (but not exceed) regulatory best practice and implementation internationally, and that this aspiration should also apply to the ICC. However in their response to the Indecon report the IGB did state it wished to be recognised as a world leader in greyhound racing integrity and compliance services. Their policies were implemented by existing structures and procedures and control and stipendiary stewards. They regarded the recent Indecon report as a catalyst, citing proposals for change including new legislation, and the IGB’s detailed response to the Indecon report.

17.1.3. The Committee did express some concerns on whether the current Greyhound Industry Act 1958 does fully provide the powers they need, particularly the need for ICC to do certain things. Overall there was a conservative approach to the use of existing legislation, for example this had inhibited the use of the existing law to test greyhounds at sales.

17.1.4. In this discussion there was not clarity on the implications of proposals to suspend greyhounds where an adverse analytical finding was reported, and how the associated administrative procedures might operate. The Regulatory Committee supported changes to independent appointments to the Control Committee, its use of a panel of three, speeding up and streamlining its processes, recording its deliberations, and publication of its Findings and Reasons in all cases.

17.2. IGB staff

17.2.1. Meetings were held with senior members of the IGB’s staff.

17.2.2. Across those involved they did not consider there was a clear and articulated strategic policy distinction between anti doping and medication control, although such
issues are managed distinctly case by case. The focus of testing is primarily at present random, with coverage by numbers of tests done, not on targeted testing.

17.2.3. A wide range of activities, from new secondary legislation, creation of robust and repeatable written procedures, dialogue with stakeholders, and maximal use of existing powers, is underway. More targeted testing, with out of competition testing, is also being implemented.

17.2.4. This lack of clear policies, appropriate powers, and the wider range of regulatory issues needing resolution, plus that information to participants and the public could and should be improved, has meant that progress that has taken place has not always met stakeholder expectations.

17.2.5. Legal scrutiny has been a particular concern in the regulation of Irish greyhound racing, and concerns on this have been a factor in the reluctance to test at sales to date, as allowed under current legislation.

17.2.6. Doping abuse and misuse of medication has not previously been seen as a welfare issue. Welfare is an operational focus and it is within the remit of the Control Committee, but it has has not previously been a strategic focus of the IGB's Board. Staff training would be required to implement greater enforcement activity. Doping abuse is viewed as a welfare issue but not a welfare offence. The Code of Practice under the Welfare of Greyhound Act had not been used and tested as supportive evidence in Court until recently.

17.2.7. The focus of the IGB's Board's consideration of the use of Category 2 ABPs has been perceived primarily on the cost of meat to trainers, not on primarily risks to anti doping and medication control.

17.2.8. All options should be open for effective laboratory services.

17.2.9. There is a good day to day working relationship with the ICC on welfare issues. There are anti doping and medication control challenges to be met in having a level playing field across the wider racing interactions with the ICC for coursing and with its regulation of racing in Northern Ireland.

17.3. National Greyhound Laboratory

17.3.1. The laboratory was established in 1990 by the IGB, with three staff and with expert technical and scientific oversight by a consultant from the Limerick Institute of Technology. Anti doping policy was described as 'more similar to World Anti Doping Agency', in that drugs should not give unfair advantage, be dangerous to health and impact the reputation of the sport. The overall approach is zero tolerance but this is managed by 'thresholds', for example for morphine and procaine. For medication control action levels (also known as screening limits) are used to ensure therapeutic level of medicine are not present\textsuperscript{18}.

\textsuperscript{18} although as Procaine is not a food contaminant the term ‘Recommended Limit of Detection’ should be used instead of threshold.
17.3.2. Around 5500 samples a year were reported to the Review as being processed for the IGB. A very much smaller number of samples were processed for the ICC, around 2-3 per week.

17.3.3. No performance standard (the substances to be tested and to what level they should be detected) was proactively provided by the IGB Regulation Department to the laboratory.

17.3.4. The laboratory had recently commenced work, as requested after an accreditation visit under the Irish National Accreditation Board under ISO 120125 (General requirements for the Competence of Testing and Calibration Laboratories’) to objectively determine the actual Limits of Detection for a number of substances (what is the level the laboratory can detect). This information on analytical performance provided out of these accreditation processes allows an objective analysis of the current performance specification, i.e. what the laboratory can detect and to what level.

17.3.5. For a typical case sent to the Control Committee the laboratory’s consultant provided a Certificate of Analysis and a short one to two page brief on the substance, and attended the hearing by the Control Committee. No other prior substance related information has usually been provided in the first instance, nor is there in the first instance any prior correspondence or meetings with experts engaged by any arraigned party on substance related matters.

17.4. Control Committee

17.4.1. The Control Committee were clear that their role was both to investigate and make decisions on matters referred to their committee. If a matter arose during a hearing they can enquire and also adjourn for further enquiries to be made. In the context of anti doping and medication control policy they considered their obligation was dealing with matters referred to them in the light of the legislation in force. They particularly noted the use of ‘thresholds’ are being important in their determinations. They said the IGB is implementing its obligations for anti doping and medication control by testing, and considered that most violations reported to them were for therapeutic substances. They did feel that a greater understanding and distinction needs to be made and used between doping and medication offences.

17.4.2. There did not appear to be any available documentation, beyond legislation, that laid out the roles and responsibilities of the Control Committee members.

17.4.3. The Control Committee makes its decisions on the ‘balance of probabilities’, cases are heard on their merits, and there is no transcript or recording.

17.4.4. The Control Committee consider they were only able, in law, to publish the findings of an adverse analytical finding which they determine to be correct. They could not publish a finding where they did not uphold the adverse analytical finding.

17.4.5. The Control Committee had no objection in principle to publication of all findings, ‘Reasons’ for all findings, and to penalty guidelines. They did not feel they had the power to make such publications at present. They recognised that ‘mistrust is rampant’, there is lack of information, and that more information would help increase trust.
17.4.6. On the question of the time taken for adverse analytical findings to be determined
the Control Committee had felt that the information from local Stewards enquiries, as
presently organised, did not aid their work, and indeed slowed it down. These
enquires no longer take place, although this has not to date been formally
announced. More investigation and relevant documents being available for the
hearing were considered likely to reduce the time taken for the hearing and provide
information for a better decision.

17.5. **Department of Agriculture Food and the Marine**

17.5.1. DAFM attendees are responsible for the state bodies; IGB, National Stud and HRI.
IGB operates ‘under the aegis’ of the DAFM, who have no role in operational matters
and regarded the IGB as responsible for such operational matters. As such DAFM
would draft primary legislation, take major initiatives such as commissioning the
Indecon report and progressing an enhanced Executive whilst IGB should draft
secondary legislation (under DAFM overall oversight and control), consider if
breaches of Codes of Practice can be used in evidence, create and use tertiary well
implemented detailed policies and procedures, and act on operational matters. There
was not a particular recognition on the IGB’s approach to the implementation of anti
doping and medication control policy but the use of thresholds was mentioned on
several occasions. DAFM were clear that there was ‘no place for abuse’ and they
expected the IGB to be robust on Integrity and Welfare.

17.5.2. Whilst not mentioned by DAFM attendees, it was noteworthy that in the context of
the other relevant state body, Horse Racing Ireland, the Department’s Minister had
stated in the same week as the meeting19: ‘...we cannot compromise or show
flexibility on its (racing’s) people using illegal drugs and illegal substances. If we were
to allow our reputation to be tarnished by some form of tolerance or soft approach to
cheat, which is what it is, well then I think that would be hugely damaging to the
reputation of Irish (horse) racing. And I will not allow that to happen’. He added: ‘The
team here know my view on the issue and we cannot allow any traction to develop
around a lack of trust in Irish racing’.

17.5.3. More recently, the DAFM Minister has made similar statement in relation to
greyhound racing20.

17.5.4. The wider policy tensions between the facilitation of Category 2 ABP meat use in
greyhounds (which is the gift of the Department) and policies on medication control
(which the Department wishes to be robust) had not been fully appreciated.

17.5.5. The Department was asked to provide some statistics of the amounts of Category 2
and Category 3 ABPs. This may help in policy making to know if there was a simple
supply chain problem or an absolute lack of availability of Category 3 ABPs.

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19 Irish Field 24-30th January 2015

20 [http://oireachtasdebates.oireachtas.ie/debates%20authoring/debateswebpack.nsf/(indexlookupdail)/20150217~WRA?opendocument#WRA04400](http://oireachtasdebates.oireachtas.ie/debates%20authoring/debateswebpack.nsf/(indexlookupdail)/20150217~WRA?opendocument#WRA04400)
17.5.6. It was agreed in principle the Animal Remedies Regulations\textsuperscript{21} could be used by IGB, directly by its inspectors in the future\textsuperscript{22} or indirectly now (via information provided to DAFM inspectors by the IGB), and this specific use for greyhounds has been endorsed by the Department’s veterinary experts.

17.5.7. In discussions on ensuring a level playing field across all aspects of the greyhound industry, in the context of the roles of the IGB and the ICC, the Department highlighted section 26 (2) of the Greyhound Industry Act, 1958 (and in particular the italicised text): ‘The Club is hereby recognised as being, subject to the provisions of this Act and of the constitution of the Club and subject to the general control and direction of the Board (IGB), the controlling authority for the breeding and coursing of greyhounds’ in a discussion on how the IGB work with the ICC. This aspect of the general control of the IGB over the greyhound industry, has also be recently emphasised by the Minister\textsuperscript{23}.

17.5.8. The Department agreed that abuse of doping agents and misuse of medication could, in principle, be abuse in the context of the Welfare of Greyhounds Act(see Section 15.6.1).

17.5.9. The Department explained that as the National Greyhound Laboratory is in-house, it does not need to tendered. The Department is aware of opportunities from the parallel HRI/Turf Club laboratory review\textsuperscript{24}.

17.6. ICC

17.6.1. The arrangements between the ICC and the IGB, and their respective roles, are set out in the Greyhound Industry Act 1958. There are good working relations between ICC and IGB on a day to day operational level, but no further arrangements, such as a Memorandum of Understanding, beyond the Greyhound Industry Act 1958 arrangements, at an IGB or similar strategic level.

17.6.2. The ICC regulate the sport of coursing and greyhound racing in Northern Ireland. About 10\% of dogs move between coursing and racing, and a significant number of runners, in greyhound racing can operate under the rules of the ICC when running in Northern Ireland and the rules of the IGB when running in Ireland (see section 23.1).

17.6.3. The ICC have different anti doping and medication control rules, for example medication use is more permissive in coursing, (see section 18.2.2) and considerably less samples are taken for greyhound racing in Northern Ireland (see section 23.1.2). Their procedures could be regarded as more flexible and penalties, where they are

\textsuperscript{21} Specifically possession of unauthorised animal remedies contrary to Regulation 3 of the European Communities (Animal Remedies) (No 2) Regulations 2007 as amended (S.I. No. 786/2007)

\textsuperscript{22} Amendment to Animal Remedies Act 1993 is being progressed via the current Horse Racing Ireland (Amendment) Bill

\textsuperscript{23} https://www.kildarestreet.com/wrans/?id=2015-03-31a.62#g64.r

\textsuperscript{24} http://www.irishtimes.com/sport/racing/hri-and-turf-club-establish-drug-testing-taskforce-1.2027697
applied, can be potentially more robust than those given by the IGB, for example a minimum fine of €2000 for a doping or medication violation is mandatory.  

17.6.4. In discussing the ICC’s regulation of greyhound regulation in Northern Ireland, from the ICC’s perspective it stated was open to cooperation on anti doping and medication control across greyhound racing between Ireland and Northern Ireland.

17.7. **Irish Greyhound Trainers Association**

17.7.1. The Irish Greyhound Trainers Association (IGTA) represent around 40 public (professional) trainers, several of who run considerable numbers of dogs each year. They considered they had little awareness of the availability of any IGB overall policy on anti doping and medication control, received no information from the IGB with their trainer’s licence, and so relied on third party public information, especially from the internet, and their experience. Overall, they supported a level playing field; they did not consider pre-race testing, especially when announced beforehand, to be as effective as post race testing, did not understand why so many stewards were needed for any extra testing, supported more testing in trials and using sales testing, and more targeting such as on the higher values races. They supported out of competition testing, use of conditions on trainers licences as a route to regulation and considered anabolic steroid abuse a welfare issue.

17.7.2. The IGTA were particularly concerned at the economic impact on them if not able to feed Category 2 ABPs, and they considered that drug ‘thresholds’ could control doping concerns in this area.

17.7.3. The IGB have permitted the use of therapeutic exemptions (TUE), specifically allowing the use of phenobarbital for greyhounds with epilepsy, with a veterinary certificate required (see section 15.4.3). The IGTA did not see epilepsy as a problem in greyhounds, would not want such dogs in the breeding stock, and did not support the IGB’s decision to allow the therapeutic use of phenobarbital in racing.

17.7.4. The IGTA supported more rapid progression of adverse analytical findings to a published decision from the Control Committee, but not public notice of an adverse analytical finding before such a Control Committee hearing.

17.8. **Irish Greyhound Owners and Breeders Federation**

17.8.1. The Irish Greyhound Owners and Breeders Federation (IOGBF) represents owners and breeders, so it also interacted with the ICC as well as the IGB. Most participants in the meeting strongly supported zero tolerance for both anti doping and medication control and did not consider zero tolerance to be the IGB's policy as implemented. They considered the IGB implementation by testing to be very poor, being not targeted on risks such as higher grades of race. They wished to see publication of adverse analytical findings before their submission to the Control Committee, publication of all the Committee’s finding with Reasons, and stronger penalties. There was mistrust in the processes for anti doping and medication control, as shown by its allegation that it was concerned that sample findings were being altered before submission to the Control Committee. They considered there to be many internal...
conflicts of interest, such as in the role of the Regulation department as they now deliver the Secretariat to the Control Committee.

17.8.2. As noted, most participants in the meeting, and the Federation formally in its report of the meeting\(^{26}\), strongly supported zero tolerance for both anti doping and medication control with no thresholds for any drugs. Specifically those strongly supporting zero tolerance did not support medication control by use of laboratory action levels/screening limits\(^{27}\) to ensure medications would have no therapeutic effects, even if this mean dogs being laid off for weeks, or even months if hair testing was used.

17.8.3. As noted with the IGTA, the IGOBF did not see epilepsy as a problem in greyhounds, would not want such dogs in the breeding stock, and did not support the IGB’s decision to allow the therapeutic use of phenobarbital in racing. They considered anabolic steroid use completely unacceptable, abuse and a welfare issue. They did not support the use of Category 2 ABPs as feed in racing and reported that ‘8-9 months ago’ they had asked the DAFM not to allow this use in greyhound racing. This would be consistent with their published statement that; “The Federation insisted on a zero tolerance approach for drugs or medication in greyhound racing and are adamant that we are not changing our view. There should be no thresholds for any drugs in our sport.”\(^{23}\)

17.9. Greyhound Racing Integrity Ireland

17.9.1. Greyhound Racing Integrity Ireland (GRII) had been established around one year previously by those raising concerns via internet forums on positive samples in Irish greyhound racing. The GRII reported they had ‘500 members’\(^{28}\) paying ‘€20 each’ to show support. Their objective was for a level playing field with greyhound racing drug free. They did not consider that the IGB had a policy on anti doping and medication control, and described a situation which they regarded as being a list of regulations that were not implemented. They stated the IGB’s Board had not recognised the welfare implications on drug abuse in greyhounds. In general they regarded the approach to sample collection as predictable, limited in scope and scale, not targeted and they strongly supported more targeted testing. They welcomed the recent introduction of testing in trials.

17.9.2. GRII supported more rapid progression of adverse analytical findings to a published decision from the Control Committee, including public notice of an adverse analytical finding before such a Control Committee hearing, use of a smaller panel within the Control Committee membership to allow perceptions of conflicts of interest to be avoided, publication of all committee findings with Reasons, and stronger penalties.

17.9.3. There were constructive suggestions to further enhance the integrity of sample collection. There was little understanding of laboratory, regulatory and Control Committee processes. This contributed to a lack of trust in these processes, with

\(^{26}\) [http://igobf.ie/wp/?p=466](http://igobf.ie/wp/?p=466)

\(^{27}\) Action level used as described by the Association of Racing Chemists: [http://www.aorc-online.org/documents/glossary-of-terms/](http://www.aorc-online.org/documents/glossary-of-terms/).

\(^{28}\) Sporting Press 16/04/15 p16
concerns that adverse analytical findings, for example for stanozolol and procaine, had not been suitably addressed.

17.10. GBGB

17.10.1. The GBGB, the regulator for greyhound racing in Great Britain, recognised that sample collection, testing and a disciplinary process operates for greyhound racing in Ireland, but were not aware of any strategic policy behind these activities. Their perception of the sampling regime that it applied generally to randomly selected small numbers of dogs (two at any particular selected meeting), that the dogs to be tested were announced before testing took place. In the context that the GBGB's own processes were subject to external accreditation, they did not view the IGB's results management procedures as transparent, for example it was not clear to them if all samples were tested, what they were tested for and to what sensitivity level, and if all adverse analytical finding were progressed to a disciplinary hearing. Their experience is that when the GBGB disciplines Irish greyhound participants, as in recent findings on the use of anabolic steroids and other drugs feedback from the IGB on any subsequent actions could be improved.

17.10.2. The GBGB stated it would welcome ‘harmonisation’ (a.k.a. convergence as used in this Review) of approaches between the IGB and the GBGB on anti doping and medication control.

17.11. Overall assessment of Internal and Stakeholder views

The initial assessment of the stakeholder and wider environment, consisting of the Dalton report, the most recent IGB Strategic Business Plan, and the Indecon report, and an informal assessment of the wider public perception of the IGB and its anti doping and medication control work (see section 14.5) concluded that there was:

- Desire for much more information.
- Lack of understanding of anti doping and medication control.
- Desire for improved testing for banned substances.
- A high degree of mistrust in the IGB, its Board and processes.

This more detailed assessment following face to face internal and stakeholder meetings should be viewed in the context of the above initial assessment, but also in the light of the review and assessment of the legislation, regulations, information, documentation and processes for anti doping and medication control in use and available to the IGB.

17.11.1. Common themes included:

17.11.1.1. There was a limited strategic policy described from the IGB, consisting of zero tolerance to doping and understanding that medication should both be used for welfare but also controlled.

17.11.1.1.1. However zero tolerance for doping, whilst publicly announced, is undermined by inappropriate and misunderstood use of thresholds.

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17.11.1.1.2. There is some public information on the approach of medication control by avoiding the presence of therapeutic levels whilst racing, with reference to the use of NSAIDs (see section 15.4.2).

17.11.1.1.3. The current approach to use of Category 2 ABPs is also undermining these standards (see section 17.11.2.4)

17.11.1.1.4. The permissive use of therapeutic exemptions for phenobarbital is not supported by any stakeholders (see section 18.6.2.2).

17.11.1.1.5. The impact of this lack of a clearly articulated, well communicated anti doping and medication control policy was clear across all in contact for this review. It is causing delay, confusion, mistrust and undermining integrity.

17.11.1.2. The IGB were considered by some of the stakeholders to have not recognised the widespread concern on the welfare implications of doping abuse and medication abuse, and are also considered by some to have under-used the powers already available to them to address these concerns.

17.11.1.3. The situation where form and betting data from two different regulators with different standards for anti doping and medication control in Ireland and Northern Ireland were combined, without this being clear to punters, was mentioned on several occasions. The ICC stated it was open to cooperation across greyhound racing between Ireland and Northern Ireland. The GBGB stated it would welcome ‘harmonisation’ (a.k.a convergence as used in this Review) of anti doping and medication control across Great Britain and Ireland. With these common themes for a level playing field, there appears to be value formalising relationships at a strategic level between the ICC and the IGB, and the IGB and the GBGB on anti doping and medication control.

17.11.1.4. The IGB’s testing regime was regarded as routine and not particularly effective, with strong support for more and targeted testing, testing at sales, more trial testing, as well as out of competition testing. All stakeholders recognised that the sampling of dogs at recent competition trails was a positive step forward.

17.11.1.4.1. However despite this positive step it was necessary for the IGB to then issue a News Release on 5 December 2014 to announces that positive samples from the 2014 Puppy Derby quarter finals had been forwarded to the Control Committee. Due to lack of public understanding of processes it was necessary to confirm that currently the only regulatory mechanism through which publication of any detailed findings can be published is at the conclusion of proceedings before the Control Committee or the Control Appeal Committee.

17.11.1.5. There also was widespread misunderstanding of sampling collection techniques, laboratory, regulatory and Control Committee processes, that all contributed to a lack of trust in these activities, and even allegations that adverse analytical findings were being altered. (see section 17.8.1). This Review found no evidence that any alterations were taking place, but would consider this mistrust is a result of the lack of information resulting from what the Control Committee being unable announce all its Findings, and its Reasons, publicly (see section 17.11.1.5).
22.1.1.10) More publicity and information on all proven and not proven Findings and Reasons for cases from the Control Committee, together with robust procedures, could help to reduce this mistrust. More information is now being provided for proven Findings.

17.11.1.6. The terms used in anti doping and medication control, such as zero tolerance, thresholds, screening limits etc. are not defined and not commonly understood, which makes debate on policy very difficult. This is illustrated by the extremes of differing perceptions of zero tolerance by the IGB and the IGOBF.

17.11.1.7. There were concerns on what the laboratory is testing for, what it is capable of testing for, and whether all findings are reported. This laboratory was not always testing or detecting key metabolites, for example of anabolic steroids, and was not able to detect therapeutic levels of some NSAIDs (see section 20.3.2).

17.11.1.8. Conflicts of interest, and lack of trust, in the transfer of adverse analytical findings out of the laboratory, via the Regulation Department, to the Control Committee were also commonly cited by stakeholders.

17.11.1.9. There were also some concerns stated about the various reporting relationships, that those who take samples directly control the laboratory, as well as then providing support to the Control Committee, and the Control Committee relies on advice from the laboratory itself on the suitability of the same laboratory’s processes.

17.11.1.9.1. The Review found no evidence that adverse analytical findings were not reported, but these concerns are quite understandable when it is understood that an adverse finding that is not determined as correct then the Control Committee is not permitted to announce this, let alone explain its reasons (see section 17.4.4).

17.11.1.10. The provision of information provided to the Control Committee, as well as perhaps not being as independent as it should seen to be, is reported as extremely limited, and may affect the quality of the decision making as well as introducing further delays as more information is sought. The role and value of the Steward’s enquiries was unclear and they have now been removed from the disciplinary process.

17.11.1.11. There was widespread support for the publication of adverse analytical findings out of the laboratory and prior to submission to the Control Committee, except from the public trainers.

17.11.1.12. Likewise there was full support for publication of all findings of the Control Committee with Reasons.

17.11.1.12.1. Whilst any Reasons would be a subset of what was said and decided by the Control Committee and those attending, the lack of a full record, whether a transcript or a recording, would also appear a significant deficiency, if only to manage an adequate appeals process.
17.11.1.12.2. It is also difficult to see how feedback on the regulatory process, including recommendations for improvement or to correct deficiencies, can be formally communicated to the IGB without such records.

17.11.1.13. Many stakeholders said penalties should be higher.

17.11.2. Specific issues included:

17.11.2.1. There appears to be a very cautious approach from the IGB in using its legislative powers, such as for testing at sales, ensuring a level playing field with ICC events, addressing welfare concerns related to doping abuse or medication misuse. As a general way of working over time, the IGB had not always approached the DAFM for clarification, or assistance in resolving such issues.

17.11.2.2. The DAFM, and its Minister, would appear to want robust use of existing primary and secondary legislation, as well as associated legislation such as on Animal Remedies, as would most participants.

17.11.2.3. All options appeared open for laboratory services, although several stakeholders noted it would be prudent to consider that a service with a strong Irish component may be seen as most desirable. The numbers of samples being processed would appeared below what would provide a critical mass for a cost effective delivery of adequate laboratory support for effective anti-doping and medication control. The specifics of the laboratory’s ability to detect are explored in Section 20.

17.11.2.4. The economic impact on use of Category 2 ABPs was well recognised, but the adverse anti doping and medication control implications, including on the export of dogs, and more importantly possible solutions, had not been equally considered, and the use of Category 2 ABPs was not supported by several stakeholders.

17.11.2.4.1. Category 2 ABPs may contain drug residues. Currently these residues are controlled by IGB ‘thresholds’ set at permissive level. What is required is use of more stringently set Recommended Limits of Detection for Prohibited Substances and their metabolites, together with the ability of the laboratory to detect especially these metabolites. At the moment it is difficult to distinguish between direct medication residues from fallen stock and doping.

17.11.2.4.2. Category 3 ABPs are where a commercial decision has been made not use a product that is fit for human consumption for human consumption.

17.11.2.4.3. Category 3 ABPs are different to meat labeled for human consumption, and are not the same as meat available from butchers, supermarkets and wholesalers as human food.

17.11.2.4.4. For this review the DAFM kindly made enquires and reported back in writing that as precise statistics were not available they estimated between 2.5 and 5 thousand tonnes of Category 2 ABPs were used for feeding dogs each year, of which greyhounds would account for a substantial proportion.
17.11.2.4.5. The bulk of high-volume Category 3 material coming from meat plants goes to rendering.

17.11.2.4.6. Therefore there does appear to be a potential supply chain of Category 3 ABPs that could be used as part of the feeding regime of racing greyhounds to avoid the doping and medication risks of feeding Category 2 ABPs.

17.11.2.4.7. It is recognised that the Category 3 ABPs may need careful selection to provide meat products.

17.11.2.4.8. The most straightforward approach to remove this risk from Category 2 ABP’s is a total ban, coordinated with the DAFM (who regulate public safety aspects of ABP), that prohibits supply of Category 2 ABPs to greyhound kennels.

17.11.2.4.9. A less robust alternative is to allow supply but prohibit feeding before racing. The period before racing that Category 2 ABPs are disallowed could be set over an introductory period working with trainers, with robust laboratory monitoring, after which stringent Recommended Limits of Detection are enforced by strict liability using an effective laboratory.

17.11.2.4.10. Whatever route adopted, enforcement would be by robust laboratory monitoring and limits of detection, and the IGB working with the DAFM for the withdrawal of licences to use ABPs from serious and persistent violators.

17.11.2.4.11. Section 41 of the Greyhound Industry Act 1958 allows the IGB to support the export trade in Greyhounds. Given the size of the export market to the UK and the disparity in approaches to ABPs, the subsequent medication and doping control violations do not support this important market.

17.11.2.5. Participants reported a strong desire for more authoritative information from the IGB on the implementation of anti doping and medication control, with in particular advice on how to avoid breaches.

17.11.2.6. Overall the scale of the external concerns appear vividly illustrated by the GRII claiming they had ‘500 members’ paying ‘€20 each’ to show support for reform of anti doping and medication control in Irish greyhound racing.

18. International input and comparisons on anti doping and medication policy

It was considered valuable to compare and contrast the IGB’s legislation, regulations, information, documentation and processes for anti doping and medication control, particularly in the context of the IGB’s Board stating their benchmark in this area was to be in line with best practice internationally (see section 17.1.10).

18.1. The definitions and scope of Prohibited substances

18.1.1. The IGB uses the definition in the Greyhound Industry (Racing) Regulations, 2007: “‘prohibited substance’ means any substance which by its nature could affect the performance of a greyhound the origin of which on or in the tissues, body fluids or excreta of a greyhound could not be traced to normal and ordinary feeding. A finding
of a prohibited substance means a finding of the substance itself or a metabolite of the substance or an isomer of the substance or an isomer of a metabolite”.

18.1.2. The ICC uses the definition in its Rules: “Where a sample has been taken from a greyhound and analysed in accordance with this Rule and the analysis has proved positive for a drug, or drugs, stimulant or stimulants, sedative or sedatives which shall include the finding of a metabolite or an isomer or an isomer of a metabolite of a drug or drugs, stimulant or stimulants, sedative or sedatives which the Executive Committee consider improper, then a breach of this rule shall have occurred.”

18.1.3. The GBGB uses the definition in its Rules: “..presence on or in its tissues, body fluids, hair or excreta of any quantity of any substance which by its nature could affect the performance of the Greyhound or could prejudice the well being of the Greyhound.”

18.1.4. Greyhounds Australasia (GA) who provide the common Rules for racing in Australasia and New Zealand uses these definitions in its Rules;

18.1.4.1. "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) any substance capable of affecting a greyhound by its action on the central or peripheral nervous system or any part of that system such as the autonomic nervous system, cardiovascular system, respiratory system, alimentary digestive system, musculoskeletal system, genitourinary or endocrine system and includes without limitation analgesics, antihistamines, anti-inflammatory agents, blood coagulants, diuretics, hormones and their synthetic counterparts, stimulants, corticosteroids, anabolic steroids, local anaesthetics, muscle relaxants and tranquillisers;

(b) 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);

(c) a metabolite, isomer or artefact of any of the substance(s) referred to in paragraphs (a), (b) or (e) irrespective of whether or not such metabolite, isomer or artefact has any pharmacological effect; (amended – 01.01.11)

(d) unusual or abnormal amounts of endogenous substance(s) including but not limited to cortisol and testosterone;

(e) any substance(s) specified in Schedules 1 to 9 inclusive of the Standard for the Uniform Scheduling of Drugs and Poisons (Commonwealth) as amended from time to time.

18.1.4.2. The GA Rules also state: “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” and a specified list includes; Erythropoiesis-stimulating agents, including but not limited to erythropoietin (EPO)...., Gonadotropins, including luteinising hormone (LH), follicle stimulating hormone (FSH), human chorionic gonadotropin (hCG) and
equine chorionic gonadotropin (eCG; pregnant mare serum gonadotropin; PMSG), Corticotropins, including adrenocorticotropic hormone (ACTH) and tetracosactrin (tetracosactide), 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, Diacetylmorphine (heroin), benzoylmethylecgonine (cocaine), cannabinoids and lysergic acid diethylamide (LSD), gamma-hydroxybutyric acid (GHB) and its salts and amphetamines including amphetamine, methylamphetamine and methylenedioxy-methamphetamine (MDMA), Insulins and insulin-like growth factor-1. viii. Growth hormones, etc.

18.1.4.3. The Continental Greyhound Racing Confederation (CGRC), the international association representing the national federations from the Continental European countries uses this definition: “A racing greyhound must not be given any chemical, medicine or substance capable of affecting the speed, stamina, courage and conduct of a greyhound. Ordinary food and nutrients which are fed by the mouth are excluded from this rule.”

18.1.4.4. The International Federation of Horseracing Authorities (IFHA) define prohibited substances as: “Substances capable at any time of causing an action or effect, or both an action and effect, within one or more of the following mammalian body systems:

- the nervous system
- the cardiovascular system
- the respiratory system
- the digestive system
- the urinary system
- the reproductive system
- the musculoskeletal system
- the blood system
- the immune system except for licensed vaccines against infectious agents
- the endocrine system.
- Endocrine secretions and their synthetic counterparts
- Masking agents
- Oxygen carriers
- Agents that directly or indirectly affect or manipulate gene expression

and also state: “A finding of a prohibited substance means a finding of the substance itself, a metabolite of the substance, an isomer of the substance, an isomer of a metabolite, or a pro-drug of the substance. The finding of any scientific indicator of administration or other exposure to a prohibited substance is also equivalent to the finding of the substance.”

The IFHA all list non-approved substances as a list of prohibited substances, including other substances with a similar chemical structure or similar biological effect(s), are not to be administered to racehorses at any time in their career:-

“Any substance not addressed by any of the subsequent classes of substances, and which has no current approval by any government regulatory authority for veterinary use, or any substance not universally recognised by veterinary regulatory authorities as valid veterinary therapeutic treatment, as well as anabolic agents, peptide
hormones, growth factors and related substances and hormones and metabolic modulators"

18.1.4.5. The World Anti Doping Agency (WADA) defines prohibited substances by their inclusion in lists of substance banned at all times or banned in competition.

18.2. Therapeutic exemptions

18.2.1. The IGB Regulatory Notice To Owners & Trainers issued on the 31 March 2014, which appears on third party websites introduced and endorsed the use of therapeutic exemptions (TUE), allowing the use of phenobarbital with a veterinary certificate.

18.2.2. The ICC, by a a narrower definition, ‘drug, or drugs, stimulant or stimulants, sedative or sedatives’ and by instruction on what the laboratory should report (Non Steroidal Anti Inflammatory Drugs (NSAIDs) are not reported for example), has a de-facto more permissive approach to therapeutic use of medicines.

18.2.3. The GBGB permits the use of oestrus suppressants, specifying what to use, wormers, vaccines, and a specific list of topical skin sterilants for first aid

18.2.4. GA’s approach to ‘Exempted substances’ includes the following substances that are exempted from being prohibited substances: Ethyloestrenol when administered orally to a greyhound bitch and where it has been prescribed by a veterinary surgeon for the sole purpose of regulating or preventing oestrus in that bitch; Antimicrobials (antibiotics) and other anti-infective agents with the exception of procaine penicillin; Antiparasitics; Vaccines against infectious agents.

18.2.5. The IFHA allows its members to specify that certain agents may not need to be reported by the laboratory, and these commonly include antibiotics, wormers, vaccines etc.

18.2.6. WADA specifies a system of Therapeutic Use Exceptions under certain conditions and strict medical oversight

18.3. Strict lability

18.3.1. The term zero tolerance would indicate that no amount of drug should be present and is not particularly helpful as it is more of a policy position, changes as laboratory performance changes, and so is difficult to converge and put into operation across jurisdictions or internationally.

18.3.2. The approach of strict liability, which means that each athlete or person responsible for a sporting animal, is strictly liable for the substances found in a bodily specimen, and that an anti doping rule violation occurs whenever a prohibited substance (or its metabolites or markers) is found in bodily specimens, whether or not intentionally or unintentionally a prohibited substance was used or there was negligence or otherwise fault.

18.3.3. The value of this approach has been laid out: “The objective of this regime is of sufficient importance, the means employed (strict liability) are rationally connected to the objective, are no more than is necessary to accomplish the objective of making
racing free of drugs and do not impose an excessive burden on those concerned when weighed against the wider interests of the racing community. Those wider interests are concerned with fairness in competition."

18.3.4. The GBGB, GA and IFHA, WADA all operate to strict liability. In particular the Irish Sports Council, which was established on 1 July 1999 under the Irish Sports Council Act, is a statutory authority and operates to strict liability as under WADA's World Anti-Doping Code.

18.4. Managing strict liability

18.4.1. As noted a strict liability violation occurs whenever a prohibited substance (or its metabolites or markers) is found in bodily specimens. This is before any penalty arises.

18.4.2. However strict liability may be managed in a variety of ways by policy and quantitative laboratory controls, underpinned by legislation.

18.4.2.1. As noted there can be therapeutic exemptions, for example where a racing authority decides to instruct a laboratory not to report any amount of a substance such as a wormer.

18.4.2.2. More commonly there are a range of quantitative controls used. The terminology can vary, but there is some standardisation and these definitions are thereafter used:

18.4.2.2.1. Thresholds: A limit to detection applied in a laboratory on instruction from a racing authority of detection applied for substances endogenous to an animal, substances in feed arising from contamination during cultivation, processing or treatment, storage or transportation.

18.4.2.2.1.1. Thresholds are best set after studies of the normal level in a population, this requires a large amount of data, and these are often agreed internationally. They should not be used for exogenous substances or exogenous feed contaminants.

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31 http://www.irishsportscouncil.ie/About_Us/


34 As described by the Association of Racing Chemists: http://www.aorc-online.org/documents/glossary-of-terms/.
18.4.2.2.2. Screening limit: A limit to detection applied in a laboratory on instruction from a racing authority to a screening test below which the laboratory does not pursue the possible presence of a prohibited substance, usually a therapeutic agent (a.k.a. Action Level/Reporting level).

18.4.2.2.2.1. Screening Limits are best set by reviewing or commissioning studies where the levels of drug after administration is measured, an assessment of risk of therapeutic effect is made, and a risk management decision is taken for a level at which there is no longer a therapeutic effect. They are often developed and ‘harmonised’ (a.k.a. ‘converged’ as used in this Review) internationally\(^\text{35}\).

18.4.2.2.2. The interval after drug administration to which the level then falls to one where there is no longer a therapeutic effect is know as a Detection Time.

18.4.2.2.3. Trainers and their Veterinary Surgeons, if advised of such Detection Times can calculate the Withdrawal Time to use to avoid an adverse analytical finding.

18.4.2.2.4. A Detection Time is not equivalent to a Withdrawal Time. The Withdrawal Time should be longer than a Detection Time to take into account the impact of all sources of animal variability (age, sex, breed, training, racing) in order to avoid a positive control and those of the medicinal product actually administered (formulation, route of administration, dosage regimen, duration of treatment)\(^\text{36}\).

18.4.2.2.3. Recommended Limit Of Detection (RLOD): A level below which the presence of a prohibited substance, often that which may be banned will not be confirmed and reported to a controlling authority.

18.4.2.2.3.1. Such an RLOD is most commonly used for:

18.4.2.2.3.1.1. Naturally Occurring Prohibited Substances\(^\text{37}\), example of which would be caffeine, atropine and similar that are present in plant material at very low levels, where after even good quality control, a very small residual amount may be present in feed.

18.4.2.2.3.1.2. Banned substances, such as cocaine, amphetamine, anabolic steroids, where if the analytical instrument's Limit of Detection is low enough to enable even detection of partial traces or genuine trace environmental contamination, a RLOD is appropriate.

18.5. Information to Participants on anti doping and medication control

18.5.1. The information from IGB to participants is described above in Section 4 and 6.

\(^{35}\) <http://www.horseracinginfed.com/default.asp?section=IABRW&area=1>

\(^{36}\) <https://www.ehslc.com/detection-times/withdrawal-times>

18.5.2. The GBGB provides extensive guidance on its website \(^{38}\) and in its weekly Calendar sent to trainers\(^{39}\).

18.5.3. GA\(^{40}\) and its members\(^{41}\) provide detailed advice to trainers.

18.5.4. Horseracing\(^{42}\) and Equestrian sport\(^{43}\) regulators provide extensive advice.

18.6. **Assessing International comparisons on anti doping and medication policy**

It was found valuable to compare and contrast the IGB’s legislation, regulations, information, documentation and processes to implement anti doping and medication control policy in the context of the IGB’s Board stating their benchmark in this area was to be in line (but not exceed) best practice internationally.

18.6.1. Definition of Prohibited Substance.

   18.6.1.1. There are in essence three approaches to a definition of prohibited substances.

   18.6.1.1.1. First is an effect on body systems, as used by GA and IFHA.

   18.6.1.1.2. The second is an effect on performance, as used by IGB, ICC, GBGB and CGRC.

   18.6.1.1.3. The third, as used by WADA, relates the prohibited substance to its presence on a defined list.

18.6.1.2. All have advantages and disadvantages.

   18.6.1.2.1. The first approach is simple, and when combined with strict liability, avoids arguments, and fault, if any is managed through aggravated and mitigated penalties and the use of permitted medication policies.

   18.6.1.2.2. The second approach is relatively simple, but open to argumentation about any effect on performance. This argumentation can be managed by use of strict liability, by having a category of substances that are always banned, and also by use of mandatory medication withdrawal times.

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\(^{38}\) http://www.gbgb.org.uk/anti-doping.aspx

\(^{39}\) http://www.gbgb.org.uk/calendar-notices.aspx


\(^{42}\) http://www.britishhorseracing.com/resource-centre/anti-doping-medication-control/

\(^{43}\) http://www.fei.org/fei/cleansport
18.6.1.2.3. The third approach is more complex, requires very considerable and ongoing resources and expertise for regular review, can lead to abuse of novel substances evading sanction, but can increase clarity.

18.6.1.3. The IGB’s and CGRC’s primary definitions exclude substances that “could not be traced to normal and ordinary feeding”.

18.6.1.4. The IGB’s and ICC’s definitions, for greyhounds that move between races regulated by one body or the other across the island of Ireland, are not the same.

18.6.1.5. The GBGB’s definition includes an effect on wellbeing, the only jurisdiction to explicitly include welfare.

18.6.1.6. GA's definition is more complex, possibly reducing ambiguity, but also possibly opening up routes to exceptions.

18.6.1.7. Overall best practice internationally that is recommended would appear to include working either from a simple definition of an effect on body systems or on performance. The latter would have the advantage of convergence with GBGB, but would require clear policies, underpinned by legislation, to avoid exemptions creeping in via precedent.

18.6.1.8. In addition such best practice internationally that is recommended should exclude the primary exemption “could not be traced to normal and ordinary feeding”, to avoid food continuation by drugs allowing exemptions. Such food contamination can be managed by clear policies and robust use of RLODs.

18.6.1.9. GA, IFHA, and GBGB also all make clear that there are certain substances that should never be found in a greyhound.

18.6.1.10. The IGB imply this for a small number of substances, such as anabolic steroids, but as they make known by limited regulatory announcements (such as that on anabolic steroids on a third party website\(^{44}\)), as such this approach is neither clear, comprehensive or well publicised.

18.6.2. Therapeutic exemptions.

18.6.2.1. The GBGB\(^{45}\), GA\(^{46}\), IFHA (see section 18.2.5) and WADA/FEI\(^{47}\) have clear and well publicised approaches to allow the use of certain substances such as wormers that have ‘herd health’ benefits, or very minor treatments such as antiseptic wound powders. These are exemptions to the approach on prohibited substances and also on therapy, where there are trivial risks to integrity coupled


\(^{47}\) http://www.fei.org/fei/horse-health-and-welfare/doping-controlled-medication
with benefits to individual animal health and welfare or to the welfare of that group of animals.

18.6.2.2. The IGB in a Regulatory Notice To Owners & Trainers issued on the 31 March 2014, which appears in third party websites\textsuperscript{48}, introduced the approach to Therapeutic Exemptions for use of phenobarbital for greyhounds with epilepsy. This specific policy seems very poorly considered.

18.6.2.2.1. The number of greyhounds affected appear to be ‘very limited’, although no reliable numbers were given. In a very large scientific study, albeit in a country with less greyhounds, such a condition was very rare\textsuperscript{49}.

18.6.2.2.2. Whilst it is not clear whether epilepsy is both inherited\textsuperscript{50} and spontaneous in greyhounds, there is a case that successful dogs will be the one kept racing with epilepsy, and as such allowing such dogs to race would select for this trait in the gene pool.

18.6.2.2.3. There was clear and strong support for not allowing dogs with epilepsy to race, to avoid contamination of the gene pool, from all stakeholders.

18.6.2.2.4. In addition, it is likely that effective detection of phenobarbital abuse (for example to stop races) or use in the laboratory should rely on detection of its metabolites rather than parent phenobarbital.

18.6.2.2.4.1. It is possible that at present the laboratory is able to detect these metabolites to a level necessary for effective control (see section 20.3.2).

18.6.2.3. The ICC has a different approach to use of therapeutic medication, appearing by Rules and policy to allow the use of certain medications such as NSAIDs.

18.6.2.4. The IGB’s approach to exemptions should focus on minor treatment, preventative treatment such as wormers and oestrus control, as used by GA and GBGB, revoke the exemption for phenobarbital, and avoid the wider approach on TUEs used by WADA.

18.6.3. Strict liability.

18.6.3.1. The GBGB, GA and IFHA (for example the Turf Club\textsuperscript{51}), WADA all operate to strict liability.

\begin{footnotesize}
\begin{itemize}
\item \textsuperscript{48} http://www.limerickandclaregoba.com/index.php/oestrus-suppression-in-racing-bitches/
\item \textsuperscript{49} Heske, L., et al. "A cohort study of epilepsy among 665,000 insured dogs: Incidence, mortality and survival after diagnosis." The Veterinary Journal 202.3 (2014): 471-476. This showed that of all the 665,000 dogs studies, 3 of the 5013 cases were claims for insurance to treat epilepsy in greyhounds and 9 of 2327 claims for death insurance were for greyhounds,
\item \textsuperscript{50} Ekenstedt, Kari J. et al. Inherited Epilepsy in Dogs 2013 Topics in Companion Animal Medicine, Volume 28, Issue 2, 51 - 58
\item \textsuperscript{51} Rule 96: “an analysis of such Samples shows the presence of any Prohibited Substance..” http://www.turfclub.ie
\end{itemize}
\end{footnotesize}
18.6.3.1.1. The GBGB’s approach in its Rules is especially explicit, using the
definition in its Rules: “..presence on or in its tissues, body fluids, hair or
excreta of any quantity (emphasis added) of any substance which by its
nature could affect the performance of the Greyhound or could prejudice the
well being of the Greyhound.”

18.6.3.2. The IGB, by consulting on the use of strict liability\(^52\), makes it clear that it does
not consider such strict liability operates at present: “This (change to strict liability)
would ensure that an anti-doping rule violation occurs whenever a prohibited
substance (or its metabolites or markers) is found, regardless of any other factor. “

18.6.3.3. The value of strict liability has been described above and its use is
recommended. In its absence, arguments about the amount of substance present
and their significance can, over time, disrupt and undermine sporting integrity.\(^53\)

18.6.4. Managing strict liability by use of quantitive controls in laboratory detection.

18.6.4.1. The GBGB, GA, IFHA members and WADA apply a framework of Thresholds,
Screening Limits and RLODs as defined above. They also apply these with an
ability to detect to suitably low levels to operate these approaches effectively.

18.6.4.2. In contrast IGB uses some RLODs, such as for morphine or procaine, but
calls them Thresholds, applies some Screening Limits, but again appears to call
them Thresholds.

18.6.4.2.1. The IGB would appear to take a more permissive approach to setting
these limits than other jurisdictions\(^54\).

18.6.4.2.2. The IGB appears to operate some RLODs and Screening Limits de-facto
as the analytical instruments Limit of Detection is above international norms.

18.6.4.2.3. The IGB itself does not appear to systematically consider either the level
of Detection required, or any controls on such limits, across the range of
doping and medication risks, such as by setting the laboratory performance
standard. Such an approach is recommended.

18.6.5. There are a number of ways that such Thresholds, Screening Limits and RLODs
can be objectively set.

18.6.5.1. Thresholds for endogenous substances can be set by population studies, but
the review found no evidence that thresholds were used, that population studies

\(^52\) http://www.igb.ie/top-nav-corporate/news/a-consultation-on-proposed-regulatory-reform/

\(^53\) In the matter of the appeal of Mr. W. P. Mullins before the appeal board of the Jockey Club:
Aug-2004.pdf

\(^54\) http://www.igb.ie/globalassets/rescource-centre/documents/rn10011-guidelines-on-withdrawal-
times.pdf
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had been undertaken, or international cooperation had been sought to better define Thresholds.

18.6.5.2. Screening Limits for medication can be set by commissioned studies or extrapolation from existing scientific studies. The review found no evidence of commissioned studies, either commissioned by the IGB alone, or in cooperation with other racing jurisdictions. There was some evidence that some such scientific literature had been considered in a limited way by the Oestrus Committee. In addition references were made to the use of scientific studies used in horseracing.

18.6.5.3. There appeared to be no objective or systematic use of published scientific studies, studies conducted elsewhere, or cooperation with the GBGB or others to use and contribute to their scientific studies, by the IGB, to advise its policy, its participants or the Control Committee.

18.6.5.4. The use of Category 2 ABPs are a case in point on the use of Thresholds, Screening Limits and RLOD for the IGB.

18.6.5.4.1. The IGB’s Regulation Committee described their approach as zero tolerance to all doping, the need for integrity, concern on contaminants in food, recognised the need for medication to ensure treatment and welfare, and that control of medication should be in the context of direct or indirect effect on performance.

18.6.5.4.2. Category 2 ABPs may contain residues of drugs used for animal euthanasia such as barbiturates. Barbiturates cause sedation and in higher levels anaesthesia and death. The concern is not the latter, but that smaller amounts might cause sedation, or be impossible to distinguish from use of barbiturate to slow or ‘stop’ a dog. Once fed to dogs, metabolites of barbiturates are formed, and these are the most reliable substances to detect.

18.6.5.4.3. Category 2 ABPs may contain residues of drugs used for animal treatment such as anti-inflammatory or pain killing medications. These can allow injured dogs to run or improve the performance of an injured dog.

18.6.5.4.4. Instead of the use of objectively determined RLOD’s of parent drugs (and importantly their metabolites) for anti doping and medication control, there was what appeared to be a confusing and inappropriate approach of using permissive Thresholds levels (as defined above). If there is ‘zero tolerance to all doping’, for example, there should be no amount of barbiturates tolerated.

18.6.5.4.5. There was also use of the phrase “could not be traced to normal and ordinary feeding” in the primary definition of prohibited substance which appears to allow a permissive approach to anti doping and medication control.

18.6.6. Information to Participants on anti doping and medication control.


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18.6.6.1. It has already been noted that in general the publicly available Notices and other information relating to anti doping and medication control on the IGB website and elsewhere are fragmented, incomplete and can confuse. It is recommended that this is addressed.

18.6.6.2. Other jurisdictions, also as noted, provide much more extensive information, for example specific guidance\(^\text{56}\) and in a weekly Calendar sent to trainers\(^\text{57}\).

18.6.6.3. There are often concerns when information is available only via the internet. Whilst there may be claims of less uptake of such technology by some participants, it is important not to use this as a reason for lack of knowledge. Trainers are running a business, may utilise government services on-line, often buy goods such as supplements on line, and use mobile phone and often smartphone technology extensively. An internet and text communication strategy should be appropriate and targeted.

19. **Sampling strategy**

The IGB strategy for where, when, what, types of sample, and how often samples are taken, was examined and compared to best practice internationally.

19.1. **Race day**

19.1.1. The vast majority of samples currently taken by the IGB are pre-race samples.

19.1.1.1. In the course of normal sampling duties a pre-race sample may not be procured and it is necessary to kennel a greyhound after the race to obtain a sample, but this would not be very common, as on most occasions a pre race sample is obtained.

19.1.2. Dogs to be sampled have until recently been announced in advance of the race.

19.1.2.1. It was misperceived by some stakeholders that this is a threat to integrity, as the stakeholders had then misunderstood that dogs may then be withdrawn for seemingly unrelated reasons to avoid an adverse analytical finding.

19.1.2.2. Retrospective announcement of testing is now being introduced after the race.

19.1.3. Stewards may arrive unannounced at some meetings and sample most dogs.

19.1.4. For high profile finals the Stewards will take pre and post race samples.

19.1.5. Samples have only recently started to be taken in competition trials.

19.1.6. Sales sampling has been allowed in law since 1966 (Public Sales of Greyhounds Regulations).

19.1.6.1. It has never taken place, in part because of concerns on litigation.


\(^{57}\) [http://www.gbgb.org.uk/calendar-notices.aspx](http://www.gbgb.org.uk/calendar-notices.aspx)
19.2. Out of Competition Testing

19.2.1. This does not currently take place.

19.2.2. There is currently no specific legislative basis for Out of Competition Testing.

19.2.3. There appears to be no impediment to the use of conditions on trainer’s licensing condition to allow Out of Competition Testing using secondary legalisation, and this is underway.

19.2.4. The Welfare of Greyhounds Act 2011 in principle allows sampling of dogs in kennels for welfare reasons but secondary legislation may been needed for actual use.

19.3. Assessment of the IGB sampling strategy

19.3.1. The IGB describes its sampling strategy as random.

19.3.1.1. Many participants criticised the IGB’s approach as routine because of the misperceptions of advance warning.

19.3.1.2. The requirement for names of greyhounds selected for testing at any race meeting or trial shall be publicly announced has been reviewed, and has recently been changed with retrospective announcements being introduced. In fact these announcements are made after dogs are kennelled, and withdrawal is only then possible by permission of the Stewards, including with veterinary advice. Whilst this change will support perceptions of greater integrity, the main lesson here is the need to more clearly communicate the robustness of existing procedures and increase trust in the IGB’s procedures. (see Section 15.2.6)

19.3.2. There are more modern approaches to a race day sampling strategy. These involve some truly random testing as a deterrence, and targeted testing that can be based on risk or intelligence and would be regarded as current best practice.

19.3.2.1. It was reported that around 5500 race day samples were taken a year by the IGB. In the first instance mere numbers are less important than an effectively targeted approach.

19.3.2.2. Such a targeted approach requires some specific expertise in planning, betting analysis, intelligence gathering and analysis, and tasking. Some of these can be obtained from external sources, such as betting information, but some secure in-house coordination is required for decision making and tasking.

19.3.2.3. More recently the existing powers under 29 (8) (e) of the Greyhound Industry (Racing) Regulations, 2007 that ‘an order be made that greyhounds owned or trained by the registered owner or trainer of such greyhound be tested each time


they race for a specified period of no longer than six months.” have started to be used on the request of the IGB to the Control Committee.

19.3.3. Coupled with a targeted intelligent race day sampling strategy, sporting regulatory jurisdictions now consider current best practice that race day samples must be combined with out of competition testing for full effectiveness of a full anti doping and medication strategy60.

19.3.4. Most samples taken are urine.

19.3.4.1. Blood as a sampling matrix is less suitable, because a Veterinary Surgeon must take the sample, but also as in general more substances and their metabolites can be detected in urine which is especially important as currently laboratory analytical detection capability is sub optimal (see section 20).

19.3.4.2. A further important development is the use of new sample matrices, especially hair61. Hair can confirm both the historical use of substances, especially doping substances, and also that lower quantities initially found in urine have passed through the dog and been retained in hair.

19.3.4.3. In time the targeted use of hair sampling, as above, should be implemented, but this will require much improved laboratory capability and, for certain penalties, review of section 32 (i) of the Greyhound Industry (Racing) Regulations, 2007.

19.3.5. Overall in the context of current international best practice the existing IGB sampling strategy has been routine, perceived as supporting evasion, has placed excessive reliance on mere numbers of samples, is not targeted, omits out of competition testing, and does not utilise all currently available sampling matrices such as hair. The change towards not announcing the identity of dogs to be tested in advance is helpful in perception of integrity.

19.3.6. In addition, as compared to 5500 samples a year taken by the IGB, it is reported 2-3 per week are submitted to the National Greyhound Laboratory by the ICC. The ICC regulate coursing, but also racing in Northern Ireland (see section 23).

19.3.6.1. Therefore sampling numbers for racing in Northern Ireland are, at best, 2-3% of those for racing in Ireland.

19.3.6.2. There is no knowledge of, or coordination of sampling strategies between, the IGB and the ICC.

19.3.6.3. The coordination and convergence of anti doping and medication control nationally and internationally is discussed in section 23.

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61 http://www.gbgb.org.uk/document/158
20. **Laboratory performance and standards**

An effective laboratory service for anti doping and medication control has three key elements.

20.1. The first element is clear commissioning of the required performance standard from the sporting regulator to the analytical laboratory.

20.1.1. The performance standard describes what substances should be detected and to what level.

20.1.2. This must be set primarily by the sporting regulatory jurisdiction because it should be making the decision on what substances should be detected and to what level based on its anti doping and medication control policies.

20.1.3. The current performance standard of the National Greyhound Laboratory appears to be primarily set by default by the current analytical capabilities of the laboratory.

20.2. The second element is robust procedures for laboratory processes.

20.2.1. Robust procedures in an analytical laboratory are assured by external accreditation.

20.2.1.1. The National Greyhound Laboratory is accredited by the Irish National Accreditation Board under ISO 120125 (‘General requirements for the Competence of Testing and Calibration Laboratories’).

20.2.1.2. This includes full set of SOPs being used in the laboratory, internal quality management, and external quality assessment visits.

20.2.2. Accreditation however assures that what a laboratory is asked to do is done. It does not address directly the policy issues in setting of performance standards or if certain procedures could be improved.

20.2.2.1. The issues with the laboratory’s current sub-optimal performance standards are considered below.

20.2.2.2. An example of potential sub-optimal procedures is that there was a relatively laborious procedure in place to witness and book in samples, which arrived in numbered screw top polycarbonate 20 ml Universal containers within a forensic evidence plastic bag.

20.2.2.2.1. The use of tamper proof bottles, which would reduce the need to use this process to confirm sample integrity.

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20.2.2.2.2. There was also a relatively laborious process in place for correlation of sample numbering on arrivals.

20.2.2.2.3. Regular review of systems the IGB Regulation Department would ensure efficient laboratory systems are in place.

20.3. The third element is the laboratory is able to provide the commissioned performance standard

20.3.1. The laboratories current scope of accreditation does list a range of substances to be detected and a range of levels to which they should be detected.

20.3.2. The laboratory had recently commenced work, as requested after a recent accreditation visit by the Irish National Accreditation Board under ISO 120125 (General requirements for the Competence of Testing and Calibration Laboratories’) to objectively determine the actual Limits of Detection for a number of substances (what is the level the laboratory can detect). This information on analytical performance provided out of these accreditation processes allows an objective analysis of the current performance specification, i.e. what the laboratory can detect and to what level. This exercise has highlighted examples of where the performance standard of the laboratory is sub-optimal.

20.3.2.1. For example the laboratory limits of detection for Carprofen and Firocoxib are not low enough to detect therapeutically active levels of these Non Steroidal Anti-inflammatory Drugs that are used in veterinary practice, and so misuse of these medications cannot be controlled. This is especially important as relatively low levels of these medications are excreted via the urine (more is passed in the dog’s faeces).

20.3.2.2. For example the laboratory limits of detection for stanozolol, and in particular its metabolites, are not low enough to detect the abuse of this substance.

20.4. Assessment of laboratory performance and standards

20.4.1. The National Greyhound Laboratories performance standard does not appear to have been actively set by the IGB as the sporting regulatory jurisdiction, but primarily set by default by the current analytical capabilities of the laboratory.

20.4.1.1. This appears to be because of an absence of an explicit IGB anti doping and medication control policy to drive setting a standard, a lack of availability of expertise, as also recognised by the IGB in the response to the Indecon report, within the IGB Regulation department to benchmark what is required to meet current international best practice, and over dependence on technical and scientific expertise from the laboratory itself, rather than this being combined with informed regulatory oversight by the IGB.

20.4.2. It does not appear that sampling collection procedures are regularly critically assessed by the IGB’s Regulation Department.

20.4.2.1. The potential issues with the sample collection bottles that might potentially allow tampering with bottles used by the IGB were known to the laboratory staff.
20.4.2.2. However they were correctly following the procedures as approved by the IGB Regulation department and so complying with the laboratory's schedule of accreditation.

20.4.2.3. Any concerns on sample integrity on collection or initial processing in the laboratory should have primarily been addressed by the IGB Regulation department.

20.4.2.4. The reasons why this had not been done were unclear, but could include lack of focus and/or lack of expertise.

20.4.3. Current laboratory performance standards

20.4.3.1. Widespread anecdotal reports of concerns on the National Greyhound Laboratory's ability to detect prohibited substances were noted in the review of websites of the main newspapers, parliamentary comments, social media sites, internet forums in letters and in comments from stakeholders.

20.4.3.1.1. These concerns may have been compounded by the lack of transparency IGB's policies and in reporting adverse analytical findings and all the findings of the Control Committee

20.4.3.1.2. However the detection of a range of important adverse analytical findings by the GBGB's laboratory in greyhounds recently arrived from Ireland has fuelled concerns that a sub-optimal performance standard does operate at the National Greyhound laboratory.

20.4.3.1.3. The analysis provided above has shown that these concerns are in a significant part justified.

20.4.3.1.3.1. The IGB's laboratory performance standard should, at the current time, be assessed against the IGB Regulatory Committee describing their policy as zero tolerance to all doping, recognising the need for medication to ensure treatment and welfare, and stating that control of medication should be in the context of direct or indirect effect on performance.

20.4.3.1.3.2. As above some therapeutic levels of medication, such as two important veterinary Non Steroidal Anti Inflammatory Drugs, cannot be detected.

20.4.3.1.3.3. In addition important doping agents, such a stanozolol, cannot be detected by the National Greyhound Laboratory as the laboratory’s techniques and equipment cannot detect low enough amounts of substance’s metabolites (the sensitivity is not low enough). Metabolites are produced from the primary substance when the body alters the chemical structure to allow its breakdown and/or excretion (see section 18.1). Detection of metabolites aids anti doping and medication control as
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metabolites can often be detected in a longer period in urine than the parent substance. The Greyhound Industry (Racing) Regulations, 2007 already do state: “A finding of a prohibited substance means a finding of the substance itself or a metabolite of the substance or an isomer of the substance or an isomer of a metabolite”.

20.4.3.1.3.4. However the detection of suitable levels of any prohibited substances is only part of a comprehensive anti doping and medication control programme. Addressing the until recently routine and un-targeted sampling strategy (see section 19.1), introducing of out of competition testings (see section 19.2) and creating a formalised intelligence gathering function (see section 23.2) will all aid detection in the longer term.

20.4.3.2. There are likely to be several reasons for this sub-optimal performance standard of the National Greyhound laboratory.

20.4.3.2.1. In principle when considering deficiencies in any analytical laboratory investment in facilities or equipment, or staff competence might potentially appear to be causes of these deficiencies.

20.4.3.2.2. However these decisions on investment ultimately result from the policies and prioritisation emanating from the IGB, which is in term has been dependent on the available expertise and understanding on anti doping and medication control from the IGB’s Regulation Department. A veterinary appointment has now been made to the IGB Board.

20.4.3.2.2.1. Until recently the Regulation Department itself appears to have neither had the expertise, nor has it obtained the expertise, to understand in depth what is required to set and implement a modern anti doping and medication control policy.

20.4.3.2.2.1.1. As an example, the misuse of the threshold approach is more than a misunderstanding of its correct use only for endogenous substances. There is a misplaced confidence in the ability of a ‘threshold’ to distinguish doping from food contamination, and no appreciation of the resultant risks.

20.4.3.2.2.2. The IGB has both not had such information presented to them, nor has it ensured that this information is procured.

20.4.3.2.2.3. The IGB is therefore not an educated customer, and so is neither able to set a suitable performance standard for the laboratory, nor does it audit whether this standard is being achieved.

20.4.3.2.2.4. The laboratory staff were competent in the laboratory procedures current under the present performance standard and accreditation.

20.4.3.2.3. It is generally considered by experts that operating an anti doping and medication control laboratory for animal sports to current international standards is not possible without a throughput approaching around 10,000 samples a year.
20.4.3.2.4. This is because this throughput allows investment in expertise and utilisation of the fixed cost of adequate equipment whilst providing acceptable value for money for the commissioning regulator. Suggestions for options for the IGB to address this include:

20.4.3.2.4.1. Doubling the number of samples, from 5,500 from 12,787 runners (43%) to 10,000 from 12,787 runners (78%), or 10,000 from 14756 (68%) if Northern Irish runners were also sampled. This is a crude approach, would still leave all the investment with the IGB, undermines the value of targeted testing and thus would not be a suitable option

20.4.3.2.4.2. A commercial venture that included other analytical work other than anti doping and medication control to share costs and provide income, as illustrated by approach taken by the Mauritius Turf Club. This would allow costs to be shared across a larger business, allow investment in staff and equipment, and should allow a wider range of detection techniques to be available. The organisation of this approach could include a joint venture, as allowed under the Horse & Greyhound Racing (Betting Charges & Levies) Act (1999) (see section 15.1.2) or a contract for services with a third party (see section 20.4.3.2.4.5). The former approach would more easily allow a locally based solution, as the latter would seem to require a tender (see section 17.5.9).

20.4.3.2.4.3. A joint venture with horseracing and even horse sport, given the similar concerns. This would allow costs to be shared across a larger business, allow investment in staff and equipment, and should allow a wider range of detection techniques to be available. The organisation of this approach as a regulators joint venture, as allowed under the Horse & Greyhound Racing (Betting Charges & Levies) Act (1999) could more easily allow a locally based solution and does not seem to require a tender.

20.4.3.2.4.4. A standard commercial open tender against a robust performance standard. This would allow costs to be shared across a larger external business, allow investment in staff and equipment, and should allow a wider range of detection techniques to be available. This would require a tender and may then result in a bid from a laboratory based outside Ireland.

20.4.3.2.4.5. A hybrid solution with a tender for a management contract of some locally based IGB facilities against a robust performance standard, combined with some remote more extensive facilities. This could allow costs to be shared across a larger external business, allow investment in staff and equipment, and should allow a wider range of detection techniques to be available. It may also allow an international input to be combined with an Irish based component.


20.4.3.2.5. It is vital that any approach includes suitable technical and scientific expertise as well as adequate equipment within the laboratory, and suitable IGB management and scientific expertise to be either an informed owner (of a joint venture) or an educated customer (of a service from a third party).

21. Managing adverse analytical findings

When the laboratory reports an adverse analytical finding there are certain results management activities that take place as it passes to the Control Committee.

21.1. As noted above (see Section 17.3.5)

21.1.1. For a typical case sent to the Control Committee, the laboratory consultant provides a Certificate of Analysis and a short one to two page brief on the substance, and attends the hearing by the Control Committee. Comments on therapeutic levels are often quoted in respect of the horse, as it was reported that information in dogs was not as readily available. As such limited information on these matters is provided to the Control Committee.

21.1.2. No other prior information has been usually provided, nor is there normally prior correspondence or meetings with experts engaged by any arraigned party prior to the meeting.

21.1.2.1. An investigation report form pursuant to section 43 (1) of the Greyhound Industry Act 1958 has very recently been introduced to start to formalise and collect information prior to submission to the Control Committee.

21.1.3. It is understood that local Stewards Inquiries have been discontinued, reportedly as they were seen extend the time taken for dealing with adverse analytical findings without adding value.

21.2. Finally, and importantly, the The Greyhound Industry (Racing) Regulations, 2007 allow for as well as primary (A) sample to be analysed on behalf of the IGB, that a second (B) sample to be sent to a Public Analysts but do not specify the conditions for adequate analysis. The Act does not define the term ‘Public Analyst’.

21.3. Assessment of the management of adverse analytical findings

The apparently little recognised investigatory role of the Control Committee becomes clearer in importance when it is understood how little information it had been receiving until very recently.

21.3.1. In other jurisdictions it is more common for statements to be taken, or information formally received, from the arraigned party prior to the meeting.

21.3.2. More specifically for doping and medication adverse analytical findings more complete information would allow a faster and more informed determination, from the context of the IGB’s Board policy of zero tolerance to all doping and that control of medication should be in the context of direct or indirect effect on performance. The investigation report form is a welcome start.
21.3.2.1. For doping adverse analytical findings provide more information on the substance would aid penalty setting, and its aggravation and mitigation.

21.3.2.2. In particular it could reduce misuse of ‘thresholds’ and, with more stringent RLODs, avoid a permissive approach to doping control.

21.3.2.3. For medication adverse analytical findings more information and expertise would be needed for the Control Committee to determine the direct or indirect effect on performance. A number of approaches could be used.

21.3.2.3.1. Firstly expertise could be available within the Control Committee, and indeed its current membership does include this to some extent.

21.3.2.3.1.1. However without prior availability of the issues and details it is unreasonable to except an instant expert opinion.

21.3.2.3.1.2. This role, if within the Control Committee, would therefore have to become involved at an earlier stage after reporting on an adverse analytical finding, which then would compromise their role of objective determination at the hearing (see section 23.3.9).

21.3.2.3.2. Secondly the IGB could have internal expertise to present information on its case. This is the approach used for example by many horseracing authorities and, as in Australia where a regulator covers greyhound and horse racing.

21.3.2.3.2.1. This expertise should not just be in the laboratory analysis but also in pharmacology, therapeutics and veterinary medicine.

21.3.2.3.2.1.1. This is currently not available within the IGB. Very limited information is presented, it is often based on data from horses and horseracing.

21.3.2.3.2.1.2. There is a significant amount of relevant information available. This comes from the wider scientific as well as veterinary literature, veterinary medicines information, and work done by other greyhound racing jurisdictions. However this information is greatly under-utilised by the IGB.

21.3.2.3.2.2. This approach requires more information on the substance, and the circumstances of its use.

21.3.2.3.2.2.1. Preliminary investigations (or an enquiry) would be required for more information on the substance, and the circumstances of its use. These do not currently take place, nor is there the expertise to conduct them, and to also obtain ancillary betting information, is not in place.

21.3.2.3.2.2.2. This information is still required even with strict liability, otherwise the Control Committee cannot objectively make a determination and aggravate or mitigate penalties.
21.3.2.3.2.3. The arraigned party would need to be able to see the information beforehand, and arrange if they wished for their own expert to be engaged. All such information would be made available to the Control Committee.

21.3.2.3.2.4. The Control Committee would then focus less on its investigatory role, and instead on more informed determination based on the specific facts. In many cases this should expedite the process.

21.3.2.3.3. The third approach is a variant of the second approach, but differs importantly in that an independent adviser is appointed by the IGB. This is the approach operated by the GBGB.

21.3.2.3.3.1. The role of such an independent adviser would be to advise the IGB and Control Committee, in similar way as in the second approach above.

21.3.2.3.3.2. The difference is in the lesser degree of direct involvement in investigation and greater independence.

21.3.2.3.3.3. There is no restriction on the arraigned party challenging this expert before or at the hearing.

21.3.2.3.3.4. The advantage is that for most cases the facts are made clear, costs are reduced, especially for the arraigned party, and the determinations can be better informed than at present.

21.3.2.3.4. Overall in the context of the environment in which the IGB operates the second approach above, where an IGB Integrity group, within the Regulation Department, with suitable in house technical and scientific expertise would appear to be the best approach to manage and present investigations, such that the Control Committee can focus on determination of findings without delays.

21.3.3. The independence of the current process is not optimal.

21.3.3.1. The Regulation Department sets policies and procedures, delivers these operationally, and then manages the results of adverse analytical findings.

21.3.3.2. The laboratory produces the adverse analytical findings, and then prepares drug information and the laboratory consultant attends Control Committee hearings, both to inform but also defend their own laboratory findings.

21.3.3.3. It would be better practice if there was separation, at least within the Regulation Department, between the operational delivery of regulation and integrity management.

21.3.3.3.1. Such a separated group focusing on integrity within the IGB’s Regulation Department would receive adverse analytical findings, gather reports from Stewards, experts and betting information, and present these as the IGB’s case to the Control Committee. It would report as a separate management line to the Director of Regulation and Governance.
21.3.3.3.2. This group would also make or obtain a scientifically and regulatory informed recommendation, either to the Director of Regulation and Governance or even to the Control Committee, whether the nature of the adverse analytical finding presented a risk to integrity such that the dog should not be allowed to complete until further enquires had been made.

21.3.3.3.3. The existing operational delivery of regulation, would report as a separate management line also to the Director of Regulation and Governance.

21.3.3.3.4. The secretariat to the Control Committee should sit at arms length, either directly reporting to the Director of Regulation and Governance or to the Chief Executive for those functions.

21.3.3.3.5. Investigations, laboratory and other input could still be available to the Control Committee by them requiring the attendance of these functions if required, but they would not be performing conflicting functions.

21.3.3.3.6. Such an Integrity sub-group would be the focal point for formal information sharing with other statutory enforcement agencies, including Customs and Excise and An Garda Síochána, as recommended by the Indecon report[14.3].

21.3.3.3.7. Because this need to cooperate with DAFM, Customs and Excise and An Garda Síochána a formalised approach should be adopted for managing and utilising information that is compatible with any national intelligence model used for enforcement purposes67.

21.3.3.3.8. The other partners with whom information should be shared on trends, new threats and other anti doping and medication control issues are discussed below (see section 23).

21.3.4. If a trainer exercised their right to use a Public Analyst, the outcome could be very unclear. There are at least three Public Analyst laboratories in Ireland, but it is also conceivable that this provision might have to apply to any Public Analyst laboratory in the European Union.

21.3.4.1. These laboratories will not have the expertise in urine or other sample extraction, and may not operate to the required performance standard for animal sports anti doping and medication control.

21.3.4.2. If the B sample was not confirmed as an adverse analytical finding by an Irish Government approved Public Analyst, it is unclear if that adverse analytical finding could proceed to the Control Committee, and if it did, if the Control Committee would have any option but to dismiss the finding.

67 http://www.gsinsp.ie/index2.php?option=com_docman&task=doc_view&gid=243&Itemid=152 (see Recommendation 8.8)
21.3.4.3. It is recommended that for any use of the Public Analyst the IGB adopt the Guideline for Referee Analysis of the Association of Racing Chemists to assure that the analysis is comparable between laboratories. 

22. The Control Committee

As outlined above, by necessity the Control Committee undertakes an investigatory role as well as make a determination and setting penalties.

22.1. As noted above (see Sections 17.11.1. 5 & 8 and 21.3.3)

22.1.1.1. Perceptions of conflict of interest, and lack of trust, in the transfer of adverse analytical findings out of the laboratory, via the Regulation department, to the Control Committee were commonly cited opinions of stakeholders. This is quite understandable when it is known that if an adverse finding is not determined as correct then the Control Committee is not permitted to announce this, let alone explain its Reasons.

22.1.1.2. There are also concerns raised, and lack of understanding cited by some stakeholders about the various reporting relations; in that those who take and manage the collection of samples also directly control the laboratory, then as well support the Control Committee, and the Control Committee has to rely on advice from the laboratory on the suitability of the same laboratory’s processes (see sections 17.11.1. 5 & 8 and 21.3.3).

22.1.1.3. The provision of information provided to the Control Committee, as well as perhaps not being as independent as it should be, is reported as extremely limited, and may affect the quality of the decision making as well as introduce further delays as more information is sought. The role and value of the Steward enquiries was unclear.

22.1.1.4. There was widespread support for the publication of adverse analytical findings out of the laboratory and prior to submission to the Control Committee, except from the public trainers. Such announcements should be clearly labelled as an adverse analytical finding, in the context of the responsible person (trainer), dog identity (name), and time and place of the sample (race, sale, or premises).

22.1.1.5. Likewise there was also full support for the publication of all findings of the Control Committee with Reasons. Many also said penalties should be higher. Whilst any Reasons would be a subset of what was said and decided by the Control Committee and those attending, the lack of a transcript would appear a significant deficiency, if only to manage an adequate appeals process. It is also difficult to see how feedback on the regulatory process, including recommendation for improvement or to correct deficiencies, can be formally communicated to the IGB without such records. Relevant legal decisions in a

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68 http://www.aorc-online.org/documents/guidelines-for-referee-analysis/aorc-guidelines-for-referee-analysis.pdf - section on analytical procedures

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related jurisdiction may help guide the IGB in taking this forward ensuring there is a full record made and Reasons are given.

22.2. Penalties

22.2.1. Comparison of penalties between IGB, the GBGB and Australian regulators show a very significant difference in level of monetary penalties and use of suspensions. This has also been recently reviewed by the ICC.

22.2.2. Whilst outside the strict remit of the Control Committee, there appears to be very limited reciprocation of penalties with the ICC and none with the GBGB. Reciprocation is used in similar sports.

22.3. Assessment of the functions of the Control Committee

22.3.1. The apparently little recognised investigatory role of the Control Committee becomes clearer in importance when it is understood how little information it receives.

22.3.2. Given the limited information provided both the arraigned party and the IGB side can ambush or be ambushed, neither of which is conducive to a fair hearing.

22.3.3. Perceived potential conflicts on interest in the advice presented to the Control Committee have been noted above.

22.3.4. The negative impacts of the inability to publish all findings and the reasons are apparent and this should be addressed.

22.3.5. There is a lack of distinction in penalties given for clear doping offences versus medication control violations that illustrate the lack of information and expertise available to the IGB and the Control Committee.

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69 Cronin v The Greyhound Board of Great Britain Ltd [2013] EWCA Civ 668 (18 June 2013); http://www.bailii.org/ew/cases/EWCA/Civ/2013/668.html


71 http://www.gbgb.org.uk/disciplinary-committee-hearings.aspx

72 https://fasttrack.grv.org.au/StewardsHearing/RadbHearing


74 An ambush defence generally regarded as evidence that is introduced late which hampers the prosecution because it has insufficient time to prepare its case in light of the new evidence.
22.3.6. Penalty guidelines should be published and these should be a realistic deterrent and be benchmarked internationally\(^\text{75,76}\).

22.3.7. Whilst outside the strict remit of the Control Committee, reciprocation of penalties with the ICC and with the GBGB should be implemented by the IGB.

22.3.8. Written procedures should be in place to help all Control Committee members on their roles and duties for an objective and independent determination based on the facts presented to them.

22.3.9. Overall it may be useful to review the recent Court of Arbitration for Sport ("CAS") decision\(^\text{77}\) in Dirk de Ridder v International Sailing Federation, which outlined six propositions to ensure that the disciplinary procedures operated by sporting governing bodies adhere to principles of procedural fairness and justice:

- There should be a clear demarcation line between the roles of investigator, prosecutor and adjudicator – in short a legal separation of powers;
- There should be a full disclosure of all material in the possession of the prosecution which may be of assistance to the person charged with the disciplinary offence;
- The material on which the adjudicator is invited to base its verdict should be clearly defined to the person charged, and, as far as possible, the adjudicator should be shielded from material potentially prejudicial to the person charged, but on which the prosecution does not intend to rely;
- There should be a clear demarcation between persons who sit at first instance and those who sit on any bodies to which first instance decisions may be appealed within the same disciplinary structure;
- A person charged should be informed of and given access to the procedures to be applied in his or her case;
- No change to a disciplinary procedure should be introduced with retrospective effect unless favourable to the person charged.

- Governing bodies must also abide by the twin principles of \(\text{nemo judex in sua causa}\) (i.e. no person may judge a case in which they have an interest) and \(\text{audi alteram partem}\) (i.e. that all parties have a right to be heard).

23. National and International coordination

23.1. Regulations and Rules


23.1.1.1. In 2014 there were 1,043 greyhounds running in both the IGB and the ICC jurisdictions, with 12,787 greyhounds running in one or more races at one or more


of the venues in the Republic of Ireland regulated by the IGB, and 1,879 running in the North regulated by the ICC.

23.1.1.2. The key reference to anti-doing and medication control are in the Regulations (see section 23.1.1):

23.1.1.2.1. Section 17 states (6) Where a sample has been taken from a greyhound in accordance with sub-article (2), and analysed in accordance with sub-article (3), and such analysis has proved positive for a prohibited substance, the Executive Committee may order as follows:-
(a) An Exclusion Order under Section 47 of the Act be made against the registered owner or trainer of such greyhound or against both such owner or trainer.
(b) The prize money won by the greyhound and the trophy, if any, be paid and awarded to the next placed greyhound in the race.
(c) A Disqualification Order under Section 45 of the Act be made against all or some greyhounds kept, owned, trained or managed by the registered owner or trainer of such greyhound.

23.1.1.2.2. Section 27 states (1) An exclusion order may be applied to any person:-
(a) who shall administer or cause or attempt to cause to be administered to a greyhound for any purpose any prohibited substance and the presence of any quantity of a prohibited substance in any body fluid (which term shall include saliva, urine and excreta) collected for testing, constitutes an offence.

23.1.1.2.3. There is no definition of prohibited substances in either these two ICC regulations, they are defined in ICC Rule 88, and as noted above this differs from the IGB definition (see section 18.6.1).

23.1.1.3. The ICC has recently conducted a ‘Testing Review’ mainly focused on reviewing and updating its penalties and comparing these to other jurisdictions.

23.1.2. Sampling

23.1.2.1. Sampling numbers for racing in Northern Ireland are, at best, 2-3% of those for racing in Ireland.

23.1.2.2. There is no detailed knowledge of, or coordination of, sampling strategies between the IGB and the ICC.

23.1.2.3. 9,077 samples were taken and analysed by GBGB in 2013, from around 14,000 runners.

23.1.2.4. There is no current knowledge or, coordination of, sampling strategies between the IGB and the GBGB.

23.2. Intelligence

23.2.1. It is now commonplace for sporting regulatory and anti-doping organisations to share information. This is receiving and giving information on substances being misused or abuse, new substances reported being used, and research and
intelligence gathering activities. This allows targeted testing as well as driving research priorities

23.2.1.1. An relevant example is a collaborative structure between horseracing regulators in Great Britain and certain US States, UK Anti Doping, the International Equestrian Federation and the GBGB.

23.2.1.2. Another example is the International Racing Information and Intelligence Service (IRIIS)\(^78\).

23.3. Research

23.3.1. It is also now commonplace for sporting regulatory and anti-doping organisations to share research work. This allow best use of resources and is an ethical response to avoiding duplication of studies using animals.

23.3.1.1. An example is the European Horseracing Scientific Liaison Committee (EHSLC)\(^79\).

23.3.1.2. Another example is the cooperation between state greyhound regulators in Australia and New Zealand\(^80\).

23.4. Assessment of National and International coordination

23.4.1. Rules

23.4.1.1. Irish dogs can run in Ireland, Northern Ireland or Great Britain, and many Irish dogs are exported to Great Britain to race. The ICC implements what is an older version of the IGB legislation, but the definitions of Prohibited Substance differ significantly, both between the IGB and ICC but also between all three regulatory jurisdictions.

23.4.1.1.1. As noted above overall best practice internationally on Prohibited Substances would appear to include working either from a simple definition of an effect on body systems or on performance. The latter would have the advantage of convergence with GBGB, but would require clear policies to avoid exemptions creeping in via precedent.

23.4.1.1.1.1. In addition such best practice internationally should exclude the exemption “could not be traced to normal and ordinary feeding”, to avoid food contamination by drugs allowing exemptions. Such food contamination can be managed by clear policies and robust use of thresholds and RLOD.

23.4.1.1.2. The addition of a welfare component into the definition could explicitly allow use of the Welfare of Greyhounds Act 2011, or this may

\(^78\) [http://ontariohorseracing.ca/Horse-Racing-in-Ontario/Industry-Regulation.aspx](http://ontariohorseracing.ca/Horse-Racing-in-Ontario/Industry-Regulation.aspx)

\(^79\) [https://www.ehslc.com](https://www.ehslc.com)

require review of the Greyhound Industry Act 1958, and also allow convergence with the GBGB Rules.

23.4.1.1.3. The Regulations should also make clear that there are certain substances that should never be found in a greyhound.

23.4.1.2. The procedures, systems and penalties to address violation of Regulations and Rules differ significantly, both between the IGB and ICC, but also between all three regulatory jurisdictions, the IGB, ICC and GBGB.

23.4.1.3. Whilst Exclusion orders in theory should be coordinated, there appears to be no formal system for notification of penalties, and no formal systems for reciprocation of penalties, between the IGB and ICC, but also between all three regulatory jurisdictions. the IGB, ICC and GBGB. Reciprocation is used in similar sports across jurisdictions with different statutory and non-statutory structures (see section 22.2.2).

23.4.1.4. Form and the resultant information that drives betting are in effect common in all three regulatory jurisdictions, the IGB, ICC and GBGB, but anti doping and medication control policy and implementation are not.

23.4.1.5. Punters, or owners, or those taking breeding decisions, are not provided with level playing field by this disparate approach.

23.4.1.6. The report of the Independent Anti-Doping and Medication Control Review for the GBGB81 makes an interesting comparison, many of the issues were similar to those now facing the IGB and this report also acts as a benchmark for the IGB’s Board wish to meet international standards. Two aspects are worth highlighting:

23.4.1.6.1. This GBGB report suggested changes to the whole process from policy to the disciplinary process. This Review recommends similar broad changes for the IGB.

23.4.1.6.2. Better liaison between the GBGB, the IGB and GA is also recommended with this report. This Review also makes this recommendation.

23.4.2. Sampling

23.4.2.1.1. Sampling numbers for racing in Northern Ireland are, at best, 2-3% of those for racing in Ireland.

23.4.2.1.2. There is no knowledge or coordination of sampling strategies between the IGB and the ICC.

23.4.2.1.3. Around 5500 samples were taken and analysed by IGB in 2014 from 12,787 different dogs as runners.

23.4.2.1.4. 9,077 samples were taken and analysed by GBGB in 2013, from around 14,000 different dogs as runners.

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23.4.2.1.5. The basic ‘sampling rate is therefore around 43% for IGB and 64% for GBGB.

23.4.2.1.5.1. But it is difficult to compare the impacts of the respective sampling rates between Ireland and Great Britain, in essence because the GBGB operate a targeted sampling strategy, whereas the IGB's approach has not been targeted and is predictable, although changes are underway.

23.4.2.1.5.2. Furthermore, when a sample is analysed, whether it is determined to be an adverse analytical finding depends on what the laboratory can detect and to what level.

23.4.2.1.5.3. Finally for uniformity the policy would have to be that all substances, not a selection (as for example for coursing), are progressed from an adverse analytical finding to a hearing.

23.4.2.1.6. It is accepted both that sampling rate is important, and that targeted approaches are more effective, that it has been shown that laboratory capabilities are not similar, and that definitions of prohibited substance are different.

23.4.2.1.7. Therefore across the three different racing jurisdictions, IGB, ICC and GBGB, and across to coursing, there is not a level playing field for anti-doping and medication control policy, its implementation and penalties for violations.

23.4.2.1.8. It is recognised that IGB is a primary statutory regulator, the ICC a private club albeit clearly incorporated into the national legislative environment, and the GBGB a foreign regulator created indirectly from government regulation. This creates challenges in working together, but workable solutions for a level playing field for anti-doping and medication control policy, its implementation and penalties for violations have been found in other sports, not least in horseracing.

23.4.3. Intelligence on abuse of doping substances and misuse of medication

23.4.3.1. At present the IGB is not involved, or benefiting from, international cooperation and intelligence sharing. Such intelligence is focused on general information on drug use, trends and findings, rather that operational details of investigations.

23.4.3.2. It is well recognised that patterns of abuse of doping substances and misuse of medication move between sporting jurisdictions, so this is a significant gap for IGB.

23.4.3.2.1. The current concern of abuse of cobalt is a good example.

23.4.3.3. However each regulator involved has to make a contribution to encourage this partnership working.

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23.4.3.4. The current IGB deficiencies in anti doping and medication control policy and delivery mean that active participation would have to follow addressing these deficiencies.

23.4.3.5. Partners in such intelligence sharing should include, to differing degrees GBGB, GA, horseracing (including HRI/Turf Club), DAFM, Horse Sport Ireland and Irish Sports Council's National Anti-Doping Programme.

23.4.3.6. Concerns on potential challenges to information sharing from the requirements of the Data Protection Acts 1998 and 2003 should be addressed with assistance from DAFM if useful. However here the statutory nature of IGB's regulation should aid it as data is required for ‘the purpose of preventing, detecting or investigating offences, apprehending or prosecuting offenders.”

23.4.4. Research on abuse of doping substances and misuse of medication

23.4.4.1. At present the IGB is not involved, or benefiting from, international cooperation in research.

23.4.4.2. It is well recognised that new threats are continually emerging, so this is a significant gap for IGB.

23.4.4.3. However each regulator involved has to make a contribution to encourage this partnership working.

23.4.4.3.1. The work needed to sample large numbers of greyhounds for a robust threshold for cobalt, where doping abuse is a major current concern, would be a good example of the value of such cooperation between greyhound racing regulators.

23.4.4.4. The current IGB deficiencies in anti doping and medication control policy and delivery mean that active participation would have to follow addressing these deficiencies.

23.4.4.5. Partners in such research sharing should include, to differing degrees GBGB, GA, horseracing regulators (including HRI/Turf Club), DAFM, Horse Sport Ireland and Irish Sports Council's National Anti-Doping Programme.

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83 https://www.dataprotection.ie/viewdoc.asp?DocID=796#DPA