Internationally Harmonised Screening Limits for Medication Control

Doping substances have no established therapeutic indication or are substances of abuse and may alter performance. Examples include anabolic steroids, erythropoietin, amphetamines, and cocaine, and other stimulants. They have no place in greyhound racing and GBGB controls doping substances by sampling and a policy of zero tolerance, i.e., if the substance is identified in a greyhound in any amount, the person responsible is brought before a disciplinary committee.

In contrast there are a range of medications that can be used to treat greyhounds. Effective veterinary treatment is not only required for good animal welfare but also, greyhounds are working performance animals whose owners pay fees to keep them in training. However, such medications carry risks. These medications may directly or indirectly affect performance or lessen the requirement to rest and recuperate before continuing with training. This latter scenario poses primarily a welfare risk to the greyhound, and secondarily a reputational risk to greyhound racing.

Given the capability of modern analytical techniques to detect ever smaller amounts of substances, it is not possible to control these medications by a zero-tolerance approach, i.e., there has to be sensitivity control on the analytical techniques used. Such sensitivity control must be scientifically determined to ensure that integrity and animal welfare needs are properly served. To achieve sensitivity control for medication we have worked nationally and internationally, especially with Greyhounds Australasia, to produce scientifically based Screening Limits which then can be used by a Veterinary Surgeon to advise on a Withdrawal Time if they prescribe these medications. Full information is available in the Veterinary Portal, and the information is summarised below.

Please note, the listed 'Detection Time" is not the same as the Withdrawal Time advice which is the responsibility of the prescriber and should be longer than a Detection Time to take into account the impact of sources of animal variability and the medicinal product formulation administered.

Substance	Screening and or Residue Limit in urine	Screening and or Residue in plasma	Detection Time [1] (hours) in study after last administration
Carprofen	5 ng/mL	20ng/mL	120
Butylscopolamine	10 ng/mL	1 ng/mL	48
Dexamethasone (as sodium phosphate)	200 pg/mL	200 pg/mL	120
Firocoxib	2 ng/mL	2ng/mL	96
Flunixin	50 ng/mL	1ng/mL	72

Meloxicam[4]	*2ng/mL*	*5ng/mL*	*432*
Ketamine	100 ng/mL (Controlled by dehydronorketamine)	500 pg/mL (Controlled by dehydronorketamine)	48
Xylazine	5 ng/mL (Controlled by 4-hydroxy-xylazine)	50 pg/mL	96
Morphine	200 ng/mL RL	N/A	N/A
Prednisolone	50 ng/mL	N/A	48

1. The Detection Time is information from the regulator and is a product of the first observed time point at which urine and/or plasma samples collected from all dogs in the study are below a screening sensitivity limit. **It is not a Withdrawal Time**.
2. **Withdrawal Time advice is the responsibility of the prescriber** *and should be longer than a Detection Time* to take into account the impact of sources of animal variability and the medicinal product formulation administered.
3. **The GBGB requires no treatments be given in the 7 clear days before a race, therefore in Britain a minimum Withdrawal Time of 168 hours applies.**
4. *The use of meloxicam for racing greyhound is not advised due to this extended Detection Time: 432 hours= 18 days.*
5. 120 hours=5 days, 144 hours=6 days, 168 hours=7 days, 192 hours=8 days, 216=9 days, 240 hours= 10 d