



SUBSTANCE ABUSE

A NEW VIEW OF AN OLD ENEMY

 Lissa Oliver  Alamy, Shutterstock, www.focusonracing.com



If ‘Franck’ “eats like a normal human being” he weighs 68-70 kilos. He needs to be 64 kilos. But it isn’t only about weight. “Among the lads, there are many former jockeys. The weight has caught up with them, but they remain alcoholics. They work in the yard all morning, and sleep in a nine-square-metre room, because here [in Maisons-Laffitte] real estate is very expensive. Don’t be fooled; if you do this job and you don’t race...it’s a bad luck thing.”

It isn’t just weight. It isn’t just disappointment and loss of a dream. And, as Custance recalled in his 1894 memoir, it wasn’t only the daily glassfuls of the crude and potent laxative concoction known as ‘Archer’s Mixture’ that contributed to Victorian pin-up jockey Fred Archer’s early demise. “Unfavourable public comments made in the press or conveyed to him by trouble-making acquaintances, slander and back-biting such as it is almost inevitable for a man in his position to suffer, racked him mentally.” Today, we call that social media.

Resorting to substance abuse and becoming reliant upon its effect is as old as racing itself. The problems that drive the unfortunate to addiction have never gone away and are not going to, either. And the benefits of that addiction are hard to obtain by any other fashion.

“In racing, the call of the bottle and the threat of the scale go hand in hand. Alcohol dehydrates, so it takes you to the bathroom more easily, and acts as a pain reliever,” Manuel Aubry, work-rider, told Rue 89. “A lot of white wine and champagne because it doesn’t make you fat. My weight is 73 kilos. I went down to 66.5. I was hypoglycemic.”

And there’s another factor as well. Maurice Corcos, director of the adolescent and young adult psychiatry department at the Montsouris Institute in Paris, responded, “Sports practice requires dietary restrictions. Both are self-reinforcing and addictive. Anorexia, bulimia and sports are addictions. We must add the state of elation linked to sporting success. When all these addictions are no longer enough, there may be the switch to others like alcohol and cocaine.”

If the problems haven’t changed or diminished, our recognition of the symptoms have. As we can already discern from those featured here, what we see only as a problem in itself is nothing more than a symptom of several problems. The industry is tackling the symptoms stringently; but is it equipped to really prevent the problems at source?

That may not be our concern, but of considerable concern to trainers is the repercussion of staff becoming dependent on alcohol or drugs. It doesn’t only affect their timekeeping, work ethic and impact on their colleagues; the risk of cross-contamination is a major issue.

We have already seen in Britain the disqualification of a winner due to a banned substance that was traced back to the hair dye used by an assistant trainer. Last October, a point-to-point winner in Ireland was disqualified for traces of the drug Ecstasy. Veterinary surgeon Hugh Dillon stated the horse could have been inadvertently exposed to Ecstasy through human contact. The trainer was fined €1,500. Another Irish trainer saw his €1,000 fine waived having taken all reasonable precautions to avoid contamination, as his disqualified horse had

“I have seen so many jockeys wasting on physic go out like the snuff of a candle,” said starter and former jockey Henry Custance, in 1886. In 2016, work-rider and former jockey ‘Franck’ told Rue 89 journalist Clément Guillou, “I saw that if I drank bottles of vodka and took cocaine, I was not hungry and I urinated a lot, so I lost weight. I became addicted at 22 years old, up to three or four grams a night. Then there are the prohibited products, diuretics (Burinex) and laxatives (Contalax).

“My first Burinex, I lost one and a half kilos in 12 hours. Your heart is beating very fast, you urinate all afternoon. You still want to go, but you have nothing left.” ‘Franck’ took only five milligrams of the most powerful diuretic, prescribed for acute and chronic renal failure. “You feel your belly retract. I know the Burinex shoot my back. And since you have only been snacking for three days, you are a little tense at the time of the race. The cramps happen quickly.”

apparently tested positive to caffeine from a small amount of coffee spilt on racecourse stable bedding.

In North America, a trainer was held blameless after a horse in his care tested positive for cocaine. The Maryland Racing Commission ruled, "Because of his past history and the drug in question, the groom was requested to deliver a urine sample. He refused to take the drug test but did admit that he was in possession of cocaine the day the horse ran." As a result, the trainer was not fined, but the horse was disqualified and lost the \$13,110 purse. This was in contrast to three previous positive tests for cocaine handled by Maryland stewards, who handed out 15-day suspensions despite evidence of contamination from backstretch employees.

Texas stewards absolved several trainers of any blame when six horses tested positive for the street drug methamphetamine, and human contamination was ruled as a "mitigating circumstance". The horses were disqualified and lost the purse money earned.

When it comes to taking "all reasonable precautions", so much is out of the control of a trainer. In addition to loss of the race and prize money, proving cross-contamination involves lengthy and rigorous investigation and testing, by which time the headlines of disqualification and banned substances may already have caused damage. And there isn't always a simple solution.

As British trainer Dean Ivory discovered, being absolved of guilt is sometimes not enough. His filly was found to have the painkiller Tramadol in her system when she ran unplaced, thanks to a groom urinating in



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SPORTS PRACTICE
REQUIRES DIETARY
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BOTH ARE SELF-
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ADDICTIVE.

MAURICE CORCOS



her box while mucking out. Ivory was fined £750 and commented, "If I put a little sign out in the yard saying 'Please don't urinate in the boxes', owners coming in here will think we're a right tinpot little firm."

He instead employed a former policeman to rewrite his health and safety rules to include a rule against urinating in boxes. It was a costly experience all round.

Alcohol and drug dependency has been a recognised aspect of the racing industry for three centuries, so why is it only now becoming such an issue? Partly this is due to the introduction of testing, but partly, too, we are also more aware of the underlying causes and tragic consequences and are less willing to turn a blind eye.

Testing for alcohol and illegal substances in jockeys was first introduced in France in 1997. Jockeys were breathalysed on a British racecourse for the first time in 2003, and in Ireland in 2007. In 2000, Irish jockey Dean Gallagher became the first in France to test positive for cocaine. "Since testing began three years ago, we have never had any cases of jockeys using hard drugs," said Louis Romanet, Director-General of France-Galop, at the time. "Dominique Boeuf had problems with the police over drugs, but he never tested positive when he was riding."

Paul-Marie Gadot, France-Galop, says, "France-Galop occasionally catches a few jockeys, often foreigners not necessarily used to French doping controls. Around a thousand riders are tested per year, not counting the breathalysers. It is not to make sure that they do not lose, because the performance is made by the horse, but we want to make sure that the jockey does not put his health in danger, that he has not taken alcohol, is not on antidepressant or has not taken diuretics."

'Archer's Mixture' and champagne diets are no longer so open that they're considered de rigueur. Yet they remain, but now, perhaps dangerously, hidden. With stringent testing, the old methods of relief are denied. This has other consequences.

"I commissioned a survey in racing in 2015, and 57.1% of jockeys in Ireland had symptoms of depression," stated Dr Adrian McGoldrick, the Irish Turf Club chief medical officer at that time. In the age group of 18-24, the figure rose to 65.2%. Nationally, only 28.4% of 18-24-year-olds suffer from major depression, so jockeys suffer from depression at an alarmingly higher rate than their non-jockey peers.

To whom do trainers owe the greatest duty of care—their horses, their staff, the jockeys they employ, or their owners? What happens when that duty of care gives rise to a conflict of interest?

Increasingly, apprentice jockeys are testing positive, and they should certainly rate high on that spectrum; they are the next generation of professionals coming through. But should we support, sympathise with, or admonish? What about the duty of care we owe our horses and owners?

Cocaine has been widely used by jockeys as a hunger suppressant, with high-profile names throughout Europe testing positive. Following a six-month ban in 2001, German champion Andrasch Starke was quick to acknowledge the importance of support from his trainer, Andreas Schütz. "I think that's great, and something like

that strengthens. He is with me, and I am also with him. I have great appreciation for his behaviour towards me. Because I am aware that it could have been different. Suddenly I could have stood there without a job."

Starke was already at the top of his profession, and 10 years after the ban he added the Prix de l'Arc de Triomphe to his credits. What if, when testing positive, he had been an apprentice in the first year or two of his career? What if the vital support of his trainer was unforthcoming?

Paul Struthers, CEO of Britain's Professional Jockeys Association, is in no hurry to see Ireland's potent five-year ban for positive drug tests matched in Britain. "My view is, without condoning the behaviour, people can make a mistake. The penalties need to be a deterrent but don't need to be so swingeing that their entire life is ruined and, frankly, five years pretty much does that."

By the close of 2019, the last 15 positive drug tests in Ireland, over a five-year period, were for cocaine, and the Irish Horseracing Regulatory Board (IHRB) saw that as strong enough reason to impose harder punishment. There were no positive tests for alcohol during that period.

Dr Jennifer Pugh, the IHRB Chief Medical Officer, observed, "There needs to be a greater deterrent and, if we increase the number of tests when we visit a racecourse, it could act as a deterrent. My role is to try and pick up the pieces in the aftermath of a positive test result and, believe me, it is an absolute nightmare for those who are caught."

"Behind it all is the need for education and support to avoid them turning to drugs and alcohol in the first place, in what is an exceptionally high-pressured job. Also to note that the cocaine epidemic is widespread in society and not just specific to racing."

The ease of acquiring cocaine is a valid point; it is as easy now to obtain as alcohol and is no longer a drug for the wealthy. Overall, a greater number of cocaine users fall into categories that are described as "just about managing" rather than "middle-class comfort." In Ireland, it has been estimated that 8% of the population have tried cocaine, rising to 11% among young people. According to Home Office figures in the UK in 2017-2018, 2.6% of people aged 16-59 took powdered cocaine, and 6% of 16-24-year-olds have tried it, despite the fact that fewer young people take drugs in general.

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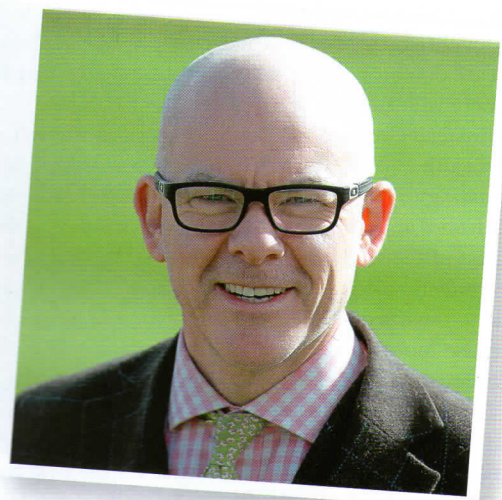
ONE TRAINER COMMENTED
IF I PUT A LITTLE SIGN OUT
IN THE YARD SAYING 'PLEASE
DON'T URINATE IN THE
BOXES', OWNERS COMING IN
HERE WILL THINK WE'RE A
RIGHT TINPOT LITTLE FIRM.



2017-2018 ANNUAL PREVALENCE OF COCAINE USE (AGES 15-64)

Published by the United Nations Office on Drugs and Crime (UNODC)

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| • England & Wales
2.6% | • Brazil 1.75% | • Canada 1.1% |
| • Spain 2.2% | • Chile 1.73% | • France 1.1% |
| • Scotland 2.2% | • Netherlands 1.6% | • Israel 1.065% |
| • USA 2.1% | • Ireland 1.5% | • Costa Rica 1.06% |
| • Australia 2.1% | • Northern Ireland 1.5% | • Luxembourg 1.04% |
| • Uruguay 1.8% | • Bermuda 1.3% | • South Africa 1.02% |
| | • Panama 1.2% | • Norway 1% |



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PAUL STRUTHERS

“Cocaine use is going up,” says João Matias of the European Monitoring Centre for Drugs and Drug Addiction. Hospital admissions for mental health disorders linked to cocaine have almost trebled in the past decade and cocaine-related deaths have increased for the sixth year running, with up to 432 deaths in England and Wales in 2017, compared to 112 in 2011. Racing staff are not immune to the temptations of general society.

Should the suspension of jockeys caught using cocaine be as lenient as six months or as harsh as five years? Last June, Irish conditional jockey Chris Timmons was permitted to resume riding seven months after having originally been banned for four years for testing positive for cocaine. A caveat ensured his suspension could be reviewed if he engaged with the recommended rehabilitation programme. Similarly, apprentice Damian Melia was banned for four years but could reapply for his licence after nine months, while amateur rider Conor Murphy was banned for five years and could reapply after 18 months. Cian Cullinan and David Simmonson, banned for four years and two years respectively, may both reapply to have their licences reinstated—subject to conditions—one year after the date they returned the positive tests.

Any ban is a deterrent, so when that deterrent fails, is punishment the answer? The caveat of leniency, where engaging with support and rehabilitation, suggests otherwise. And if 300 years of history is anything to go by, testing alone will not make the problem disappear. **T**