

FROM THE HORSE'S MOUTH

A REVITALISED NHA

As the National Horseracing Authority, we are committed to not just the long-term development and wellbeing of the sport of horseracing, but also the horses and the people.

The overall approach is to protect the sport through efficient and excellent governance with integrity, and to build the brand through improved and new projects or initiative. Our passion is horses, people, integrity, service and excellence. Our **vision** is to create the environment in which the sport of horseracing, the horses and the people can thrive. Our **mission** is to regulate, govern, serve and promote the sport of horseracing

in Southern Africa. Our **values** are Service (we are empowered to serve), Integrity (we do the right thing), Responsiveness (we act with urgency), Excellence (we exceed and excel), and Dedication (we love what we do). The objectives of the National Horseracing Authority of Southern Africa in its identified territories are: to regulate the Sport of Horseracing; to govern the sport with integrity; to serve the industry through excellent, efficient and effective administration of amongst others, the Stud Book, registrations, licensing, race day services and laboratory services; to promote and encourage the promotion of the sport of horseracing, the quality of the thoroughbred, industry training and skills development; to promote and foster co-operation and goodwill with recognised authorities, governments and other relevant stakeholders.

By: Lyndon Barends



2016/7 NEW SEASON LAUNCH

The 1st of August marked the beginning of the 2016/17 season, and this coincided with 100 days in the office for the new MD, Mr Lyndon Barends. To mark the occasion a launch party was organised and rolled out at the head office as well as regional offices. Much to the delight of everyone the head office was given a fresh new look. The morning started with a teambuilding workshop, where the new business plan for NHA was discussed, unveiling the new vision and mission. The workshop discussed the role played by everyone in the day to day running of NHA and their individual contribution to the overall performance of the Authority. The business plan outlines and details how the organisation will move forward towards peak performance, improving efficiency and effectiveness. The new vision and mission was also revealed which speak to the aspirations the organisation has towards the future as well as articulate reasons for NHA's existence. The Chairman, Mr Andrew O'Connor, thanked the staff for their dedication and support through the previous eight months

which have been tumultuous. He highlighted though that the first change had already happened, alluding to the fact that the team led each other to the office blindfold for the unveiling of the new office look. This, he said, demonstrated trust and showed that the team was capable of achieving great things if they worked together. He wished the team well and reminded them to always demonstrate integrity in everything they do. In his address, Mr Lyndon Barends announced that the season launch will be used each year to recognise milestones and celebrate remarkable performance and achievements by the staff. Staff were paired up to reveal the vision and mission, service, integrity, responsiveness and dedication canvases in the boardroom. This demonstrated the Power of One, theme for the year. The theme talks to the accumulative impact of the actions of one individual; One passion, One purpose, One dream, One team. "The ultimate goal is to work together towards one dream and one team. It all starts with you believing in the value you bring to the organisation",

explained Mr Barends.



BIRTHDAYS

The best of your life has yet to come.....embrace it, be confident, and embark on a future of limitless possibilities and opportunities!!

The NHA would like to wish all our stakeholders born in September a very happy birthday.

WOMEN'S DAY 2016 A focus on the Historical Women in the sport of kings!

On June 15, 1971, Cheryl White became the first black female jockey. She was also the first woman at a major track to win five thoroughbred races. In 1991, after passing the California Horse Racing Board's Steward examination, she began serving as a racing official at California tracks.



Pictured: The First Black Female Jockey - Cheryl White.



Pictured above: SA's first black Para rider qualifies for Rio Paralympics - Tamsin Mbatsha-Bouwer.

Classified with Cerebral Palsy, Tamsin hails from Midrand in Gauteng. She rides for the Dressage South Africa and is currently writing matric this year. Having begun horse riding at the age of four, it helped her to walk at age seven, much to the surprise of doctors. Starting off as a show jumper at first, she recently moved to dressage. Her big break and foray into dressage came in 2014 when her talent was spotted by her current instructor during a clinic she attended. In her first dressage show, she came second in the Individual Team test and three months later won her first FEI CPEDI Championship

FROM THE HORSE'S MOUTH

NEWS

NEWS FROM THE EQUINE WELFARE UNIT

There is a misconception amongst trainers that the **Vet Treatment Register (VTR)** only has to be filled in by vets. Please note that this is NOT true. The VTR has to be completed whenever a horse receives ANY treatment. For example, if a vet dispenses a bottle of penicillin for the trainer to administer over the next 3 days, then the TRAINER must enter this administration in the VTR each time he treats the horse. The same would apply for ANY dispensed medication. Please note that a vet may only prescribe medication for **30 days**. Any medication found in a trainer's possession that was prescribed more than a month previously, shall be confiscated and the trainer fined. The same applies to expired medication. Please note that the use of dispensed medication does NOT apply to the 48 hour period before a race day. Only a vet may administer treatment 48 hours prior to a raceday. According to the protocol published, any administration of Lasix must be also be entered into the VTR by the Trainer as soon as it is administered. This becomes very important, should a horse get selected for **Out of Competition** sampling. If the Lasix treatment is not in the VTR at time of sampling, it will be considered not prescribed. The other treatment that has to be recorded is any Extracorporeal Shockwave Therapy. The vet has to prescribe a programme for the horse (also entered in the VTR) and each time the horse is subsequently treated, this must be recorded by the trainer. Trainers must also insist that the vet writes the VTR sequence number on the label of any drug that he dispenses. This will enable the NHA to link any medication found in a trainer's possession to the correct VTR entry, which must detail all the dosage, route etc

requirements. Any dispensed medication not utilised, should be returned to the prescribing vet for disposal. Any **chronic medication** (i.e. treatment longer than two weeks for e.g. Ventipulmin dispensed for IAD in a horse), does not need to be recorded every day, with the proviso that the original dispensing instructions are clearly recorded in the VTR on the day corresponding to the sequence number on the label of the medication. Chronic medication must be renewed every 30 days and re-entered into the VTR with a new label and corresponding sequence number on the medication. Please note that the old 24 hour rule has been changed and no longer applies. It is the trainer's responsibility to ensure that his/her vet completes the VTR legibly as and when he treats the horse. Should the vet utilise his own VTR, then the trainer must file the copy that the vet leaves behind. This becomes very important when Out of Competition testing is done. The trainer MUST have available at all times, proof of any and all treatment administered to his horses. The **discharge form** from a hospital is also considered a treatment record in terms of the rules, to cover horses returning from surgery or hospitalization. It is not necessary to record all administrations of cobalt containing preparations (for e.g. Vit B12) for Out of Competition testing, as cobalt will only be penalised when present on a race day. However, other unscheduled preparations (for e.g. Aspirin, which is available without prescription), must be entered into the VTR by the Trainer when administered. Beware of utilising any "Over the Counter" medication without consulting your vet regarding its composition and possible "prohibited substances" present in the formulation.

all that is required is qualitative confirmatory analysis (usually by mass spectrometry) to confirm the presence or absence of the prohibited substance. Quantification is not required."

Substance	International Screening Limit (nanograms per millilitre in hydrolysed urine)	International Screening Limit (nanograms per millilitre in plasma)
Acepromazine	10 e	0.02
Betamethasone	0.2	
Bromhexine	200 d	
Butorphanol	1	0.01
Carprofen	100	100
Dantrolene	1 g	
Dembrexine	100	5.0
Detomidine	2 f	0.02 h
Dexamethasone	0.2	
Diclofenac	50	
Dipyron	1000 a	
Eltenac	50	
Flunixin	100	1.0
Furosemide	50	0.1
Ipratropium	0.25	
Ketoprofen	100	
Lidocaine	10 b	0.05
Meclofenamic Acid	250	5.0
Meloxicam	10	1
Mepivacaine	10 c	0.05
Naproxen	250	
N-Butylscopolammonium	25	0.05
Romifidine	1	
Salbutamol	0.5	
Triamcinolone Acetonide	0.5	
Vedaprofen	50	

- a Controlled by 4-methylaminoantipyrine
- b Controlled by 3'-hydroxylicloaine
- c Controlled by 3'-hydroxymepivacaine
- d Controlled by ambroxol
- e Controlled by 2-(1-hydroxyethyl)promazine sulphoxide
- f Controlled by 3'-hydroxydetomidine
- g Controlled by 5-hydroxydantrolene
- h Controlled by 3'-Hydroxydetomidine

Substance	International Residue Limits
Caffeine	50 ng/ml urine
Theophylline	250 ng/ml urine
Morphine*	30 ng/ml urine
Bufotenine	10 µg/ml urine
DMT (N,N-Dimethoxytyramine)	10 µg/ml urine
Hordenine	80 µg/ml urine
Theobromine	2 µg/ml urine
Theobromine	0.3 µg/ml plasma

*Total morphine, in both free & conjugated forms:

NEWS FROM THE NHA LABORATORY

Notice to all trainers

The NHA hereby advises it has adopted International Federation of Horseracing Authorities (IFHA) International Screening Limits (ISLs) to be applied in the control of therapeutic prohibited substances and also IFHA Residue Limits to control certain contaminants and environmental substances. In addition to this the NHA, as a signatory country of the Asian Racing Federation, has adopted several Asian Screening Limits (ASLs) for therapeutic prohibited substances. Details of these screening limits can be found in the article below and in the section "International Screening Limits" in the "Laboratory" section of the website:

International screening & residue limits & Asian screening limits

The National Horseracing Authority wishes to advise that the International Federation of Horseracing Authorities (IFHA) has approved International Screening Limits (ISLs) to be applied in the control of therapeutic substances and also Residue Limits to control certain contaminants and environmental substances. These ISLs and International Residue Limits form part of the International Agreement on Breeding, Racing and Wagering. The NHA, as the South African member of the IFHA, has agreed to adopt selected ISLs. In accordance with this, the NHA is currently applying these in its screening program while employing the IFHA's definition which is as follows: "The ISL is the urine or plasma concentration adopted for the screening of a specified therapeutic prohibited substance; it is derived from administration studies followed by a risk analysis consisting of two components: a risk assessment (evaluation of the effect of the substance and factors related to its control) and a risk management (decision step for harmonisation). ISLs and International Residue Limits are harmonised detection limits agreed following input by international consensus and are conveyed by instruction from racing authorities to their laboratories. These limits are simply the detection limits to be used by the laboratories when screening for certain therapeutic substances as instructed by the authorities; they are not international thresholds. When the screening procedure indicates the limit, in either urine or plasma, has been exceeded,

The National Horseracing Authority is a signatory country of the Asian Racing Federation and has decided to adopt Asian Screening Limits (ASLs) for the substances indicated below. The Asian Racing Federation definition is worded as follows: "ASLs are merely harmonised therapeutic substance detection limits adopted by the signatory countries (and conveyed by instruction from racing authorities to their laboratories) for use in the screening of the specified therapeutic substances. The ASLs are NOT international thresholds. When this detection limit is exceeded in the screening process, qualitative confirmatory analysis will be followed to confirm the presence or absence of the prohibited substance. Accurate quantification is NOT REQUIRED for reporting as these therapeutic substances are prohibited by the relevant rules at any levels. ASLs are NOT APPLICABLE to the concurrent detection of a diuretic (for urinary ASLs) or a pharmacologically related medication. Urine and plasma ASLs of the same medication are to be applied INDEPENDENTLY."

Therapeutic Substance	Asian Screening Limits (ASL's)
Methocarbamol	100 ng/mL in urine (restricted to single oral or IV treatment of no more than 5 grams)
Clenbuterol	0.2 ng/mL in urine
Meloxicam	1 ng/mL in plasma