

RESEARCH ARTICLE

Detection of Various Prohibited Substances in Thoroughbred Racehorses at Three Major Racetracks in Türkiye: A Nine-Year Experience

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Abstract

The use of prohibited substances raises significant ethical and global issues for horseracing. To mitigate these problems and maintain control, prohibited substance controls are conducted on samples taken from thoroughbred horses before and after races. However, limited information is available on prohibited substances detected as a result of these controls. In this study, 39.935 samples from races held at three racetracks in Türkiye between 2015 and 2023 were analysed qualitatively and/or quantitatively using gas chromatography-mass spectrometry, liquid chromatography-mass spectrometry, high-resolution mass spectrometry, inductively coupled plasma mass spectrometry, and a biochemistry autoanalyser. Overall, 219 violations caused by 314 findings were reported. Of these findings, 140 were International Screening Limit, 86 were prohibited for use at any time, 60 were threshold, and 28 were substances within the scope of International Residue Limit. Consequently, violations detected at three major racetracks in Türkiye over nine years were evaluated, and useful information was shared with scientists working in this field, race veterinarians, horse owners, and trainers.

Keywords: Horseracing, anti-doping, Türkiye, prohibited substance, racetracks

INTRODUCTION

Doping in racehorses is described as the administration of any substance, other than normal food, intended to alter a horse's speed, strength, or stamina in running. In horse sports, prohibited substances not only include doping agents used to enhance performance but also legitimate therapeutic agents (off-label use of veterinary or human drugs necessary for the horse's health) that may indirectly influence performance. For this reason, regulatory rules have been developed by the International Federation of Horseracing Authorities (IFHA) to control the substances used in horseracing. Türkiye has adopted and applies the rules set by the IFHA without exception ^[1].

The prohibited substances in horseracing and their exceptions are defined in Article 6A of the "International Agreement on Breeding, Racing and Wagering (IABRW)" published by IFHA ^[1]. Accordingly, substances capable of acting on one or more of the cardiovascular, respiratory,

digestive, urinary, reproductive, musculoskeletal, hematologic, immune (except licensed vaccines against infectious agents), and endocrine systems in mammals, as well as their synthetic counterparts, masking agents, oxygen carriers, and substances that directly or indirectly affect or manipulate gene expression, are classified as prohibited substances. These are divided into four categories: substances subject to International Screening Limits (ISL) ^[2-4], substances with threshold values ^[1], international residue limited (IRL) substances ^[5], and substances that are prohibited for use at any time ^[1].

In this context, the urine and plasma limits of ISL substances permitted for therapeutic use by the IFHA was defined, and the rules for their use were established. When a substance exceeding the ISL is detected during screening analyzes for the control of prohibited substances, a qualitative confirmatory analysis, usually performed by mass spectrometry is carried out to confirm the presence of the prohibited substance. Quantification



is not required for this confirmation. In addition, analyzes using different types of mass spectrometers (screening and confirmation) based detection of the parent compounds or metabolites. Under these rules, the detection of a substance above the ISL constitutes a direct violation. Even if substances are detected below the ISL, their presence in combination with another substance sharing the same mechanism of action or with a masking agent also constitutes a violation ^[3,4].

Endogenous substances in horses (e.g., testosterone, carbon dioxide) or substances present in plants traditionally grazed or used as horse feed (e.g., arsenic, cobalt) are defined under the category of threshold substances. During screening analyzes, if a substance in this group is suspected of exceeding the threshold, quantitative analyzes are performed. If exceedance is confirmed, it is reported as a violation ^[1,6,7].

Internationally harmonized residue limits are applied to control certain feed contaminants and environmental substances. The substances in this category are controlled at the screening level, like those of ISL substances ^[5].

Detection of these substances themselves, their metabolites, isomers, metabolite of the metabolites, or prodrug forms, as well as any scientific evidence indicating their administration, causes a violation ^[1].

Anti-doping laboratories generally analyze prohibited substances in accordance with IFHA rules and the technical criteria established by the Association of Official Racing Chemists (AORC) ^[8-10]. However, published reports on the findings of these laboratories are quite limited. The most comprehensive report on the use of prohibited substances in racing covers the 12 years ^[11]. IFHA has published the results of all laboratories for specific periods ^[12]. These reported violation rates vary among studies: in Illinois, a violation rate of 0.45% was observed over a five-year period ^[13], in Louisiana, 1.01% of 52.909 samples analysed ^[14], in Iran, 31.4% of 656 samples analysed ^[15,16], in Cyprus, 161 violations (1.52%) were reported as a result of analyzing 94.800 samples ^[17], in the Czech Republic, twelve different prohibited substances were detected, alone or in combination, in 2.03% of 641 samples ^[18], and in Italy 549 violations (0.4%) were reported as a result of analyzing 104.770 samples ^[19]. Furthermore, the results of similar studies are evaluated in another study ^[20].

This study aimed to retrospectively analyze prohibited substance findings in urine and blood samples collected from three racetracks in Izmir, Bursa, and Kocaeli, Türkiye, between 2015 and 2023, and to provide information for scientists, racing veterinarians, horse owners, and trainers.

MATERIALS AND METHODS

Ethics Statement

This study does not require ethics committee approval, as it is based on previously published analysis results.

The Laboratory and Samples

Urine and blood samples collected before and after thoroughbred horse races held at the racetracks in Izmir, Bursa, and Kocaeli were divided into two groups: "A" and "B." The portion of each sample designated as the "A sample" was sent to the Istanbul Pendik Veterinary Control Institute Doping Laboratory, while the "B sample" was retained at the respective racetrack for confirmatory analysis.

Each sample underwent an initial screening analysis, followed by confirmatory testing for those in which the presence of prohibited substances was suspected. If the presence of a prohibited substance was confirmed, the finding was reported as a positive result. Following such notifications, the corresponding "B sample" was transferred by the relevant racecourse to another authorized doping laboratory (Veterinary Control Central Research Institute Doping Laboratory, Ankara) to confirm the presence of the prohibited substance.

Samples received at the laboratory were analysed according to established procedures ^[21,22] within 1-15 days of receipt. Negative samples were stored for one month, while positive samples for six months.

Instrumentation and Methodology

Analysis of prohibited substances in blood and urine samples were carried out in accordance with the guidelines of the Association of Official Racing Chemists (AORC) ^[8], IFHA ^[1], Commission Implementing Regulation (EU) 2021/808 and ISO/IEC 17025:2017 standards. Mass spectrometer calibrations (in both positive and negative ion modes) and instrument cleaning were performed for each sample batch before analysis. After calibration and cleaning, a system suitability test was conducted to verify the performance and stability of the instrument before beginning the analytical sequence.

Urine Samples Analysis

Urine samples collected post-race and submitted to the laboratory were divided and subjected to both enzymatic and alkaline hydrolysis. A 15 mL aliquot was taken for enzymatic hydrolysis and subsequently divided into three portions. Each portion was extracted using different solid-phase extraction (SPE) procedures. The resulting extracts were individually analysed on mass spectrometric instruments selected according to the chemical characteristics of the compounds (LC-MS/MS ^[23-25], UHPLC-HRMS ^[26] and GC-MS ^[2,27,28]). The portion

subjected to alkaline hydrolysis was extracted using a SPE method and then analysed by GC-MS [2]. Arsenic and cobalt were analysed by inductively coupled plasma mass spectrometry (ICP-MS) after acidic dilution (1:25, v/v) of the samples [29]. Another portion of the urine sample was diluted 1:5 (v/v) without hydrolysis, ultracentrifuged, and analysed using UHPLC-HRMS [30].

Blood Samples Analysis

The plasma was separated from the blood samples and divided into five portions. Acidic hydrolysis was performed on two of these portions. After hydrolysis, extractions using different types of SPE cartridges (C18 and mixed-mode cation exchange) were performed, and the resulting extracts were analysed by LC-MS/MS [23], and UHPLC-HRMS. Another portion underwent SPE extraction (C18) without hydrolysis. Another portion was diluted 1:5 (v/v), centrifuged, and analysed by UHPLC-HRMS [30]. The final portion, used for arsenic and cobalt determination, was diluted 1:100 (v/v) and analysed by ICP-MS [29]. Blood samples collected prior to the race were analysed using a biochemistry autoanalyzer to determine total carbon dioxide (TCO₂) concentrations.

All findings, factors, and notable analysis results identified over 9 years are demonstrated in the *Table 1*, *Table 2*, *Table 3*, and *Table 4*.

RESULTS

Between 2015 and 2023, a total of 39.935 samples (2.110 blood samples, including 220 pre-race samples, and 37.825 urine samples) taken from thoroughbred horses and sent to the laboratory were analysed for the presence of prohibited substances. As a result of the analysis, 219 violations were reported (0.55% of all samples). Of these findings, 66 cases (0.2%) involved multiple-substance violations, whereas 153 cases (0.4%) involved a single-substance. Of multiple-substance violations, 24 were detected in samples from Izmir, 19 from Bursa, and 23 from Kocaeli racetracks. In contrast, single-substance violations were detected in 40 samples from Kocaeli, 50 from Bursa, and 63 from Izmir racetracks (*Table 1*).

The highest annual violation rate during the nine-year study period was recorded in 2015 (2.09%), while the lowest was in 2018 (0.34%). Relative to the total number of samples analysed, violations were detected in 0.65% of samples from Kocaeli (63 from 9.633 samples), 0.56% from Bursa (69 from 12.247 samples), and 0.48% from Izmir (87 from 18.055 samples) (*Table 1*).

Of the 314 findings that resulted in violations during this study, 45 different prohibited substances were detected. According to IFHA prohibited substance classification, 140 findings were ISL, 86 were “substance prohibited for use

Racetrack	2015				2016				2017				2018				2019				2020				2021				2022				2023				9 Year Total		
	Number of samples ^a	Single substances ^b	Multiple substances ^c	% Total violations ^d	Number of samples	Single substances	Multiple substances	% Total violations	Number of samples	Single substances	Multiple substances	% Total violations	Number of samples	Single substances	Multiple substances	% Total violations	Number of samples	Single substances	Multiple substances	% Total violations	Number of samples	Single substances	Multiple substances	% Total violations	Number of samples	Single substances	Multiple substances	% Total violation	Number of samples	Single substances	Multiple substances	% Total violations							
Kocaeli	342	5	0	1.46	1451	10	3	0.9	832	3	2	0.60	1290	6	4	0.78	1280	4	1	0.39	1138	5	6	0.97	1154	2	0	0.17	1085	2	4	0.55	9633	40	23	0.65			
Bursa	413	6	2	1.94	901	1	0	0.11	807	9	1	1.23	1806	4	1	0.28	1630	5	2	0.43	1481	10	0	0.68	1811	5	2	0.39	1716	9	5	0.82	12247	50	19	0.56			
Izmir	250	6	2	3.2	3150	7	2	0.29	1403	14	2	1.14	2230	3	0	0.13	2005	9	1	0.5	1724	10	0	0.58	2385	9	4	0.55	2469	4	6	0.41	18055	63	24	0.48			
TOTAL	1005	17	4	2.09	5502	18	5	0.42	3042	26	5	1.01	5326	13	5	0.34	4915	18	4	0.45	4343	25	6	0.71	5350	16	6	0.41	5270	15	15	0.57	39935	153	66	0.55			
Total Violations		21				23				31				18				22			31						22			30			21			219			

The number of samples analysed, ^aThe number of single-substance violations, ^bThe number of multiple-substance violations, ^cThe percentage of violation received according to the number of samples taken

^a The number of samples analysed, ^b The number of single-substance violations, ^c The number of multiple-substance violations, ^d The % percentage of violation received according to the number of samples taken

Table 2. Distribution of detected findings between 2015 and 2023 according to IFHA groups, mechanisms of action, and quantities of single and multiple substance findings

Name	Effect	Distribution of Single and Multiple Substance Findings by Years																		Number of Finding
		2015		2016		2017		2018		2019		2020		2021		2022		2023		
Substances prohibited for use at any time		S	M	S	M	S	M	S	M	S	M	S	M	S	M	S	M	S	M	
Altrenogest	Oestrus suppression									1										1
Capsaicin	Topical analgesic														2					2
Cocaine	Stimulant													1				1		2
Diisopropylamine	Vasodilator									3		5								8
Dyphylline	Muscle relaxant	2	1	1								1	2	1	1	1				10
Etodolac	NSAID														1	2	2	1		6
Etofenamat/Flufenamic acid	NSAID	1	1					1				2				2	4			11
Heptaminol	Stimulant											1								1
Levamisole	Stimulant		2				2												1	5
Neostigmine	Anticholinesterase	1																		1
Nikethamide	Stimulant	1	1									1								3
Pemoline	Stimulant	1	2																	3
Pentoxifylline	Vasodilator							2		1		2		1						6
Procaine	Local anaesthetic			2	1		2	1	2		1	1		2						12
Pyrilamine	Antihistamine			1													2			3
Ranitidine	Histamine-2 blocker				1		1			1			2			1				6
Sildenafil	Vasodilator													1		1				2
Tenoxicam	NSAID											1			1					2
Trenbolone	Anabolic Steroid															1				1
Verapamil	Antiarrhythmic					1														1
Total																				86
Threshold substances		S	M	S	M	S	M	S	M	S	M	S	M	S	M	S	M	S	M	
Arsenic	Stimulant/toxic					15		2				3		4		4		2		30
Cobalt	Erythropoiesis					8	1	3		7		3		2	1	2	1	1	1	30
Total																				60
International screening limited substances		S	M	S	M	S	M	S	M	S	M	S	M	S	M	S	M	S	M	
Ambroxol	Mucolytic									2				1				2		5
Betamethasone	Corticosteroid									1	2	1		1	1					6
Clenbuterol	Bronchodilator														1					1
Dexamethasone	Corticosteroid						1						1			1			2	5
Diclofenac	NSAID						1					1								2
Flunixin	NSAID	1		1	1	2	3		1	1					1		5		13	29
Furosemide	Diuretic	1																		1
HEPS	Sedative									1	1									2
Hydroxy lidocaine	Local anaesthetic								1		1		1		1	1	2		3	10
Hydroxy xylazine	Sedative							2											3	5
Ketoprofen	NSAID	2			2		1						1		1		2		1	10

Table 2. Continue																				
Name	Effect	Distribution of Single and Multiple Substance Findings by Years																		Number of Finding
		2015		2016		2017		2018		2019		2020		2021		2022		2023		
International screening limited substances		S	M	S	M	S	M	S	M	S	M	S	M	S	M	S	M	S	M	
Meloxicam/Hydroxymethyl meloxicam	NSAID												2		2		7		1	12
Methocarbamol*	Muscle relaxant	1					1							1					3	6
Methylaminoantipyrine	NSAID	3		1	3		1		2	1	1		4		2		7		4	29
Naproxen	NSAID	1		9																10
N-butyl scopolamine	Parasympathetic	1											1		1					3
Phenylbutazone	NSAID										1									1
Triamcinolone acetonide	Corticosteroid														1		2			3
Total																				140
Residue Limits Substances		S	M	S	M	S	M	S	M	S	M	S	M	S	M	S	M	S	M	
Atropin	Anticholinergic		1		1		1		1											4
Caffeine	Stimulant	1	1	4				1	2			1				1			3	14
Morphine	Opiod analgesic					1					1	5		3						10
Total																				28
General total																				314
Ambroxol: Metabolites of bromhexine, HEPS: Metabolites of acepromazine, Hydroxy lidocaine: Metabolites of lidocaine, Hydroxymethyl meloxicam: Metabolites of meloxicam, Hydroxy xylazine: Metabolites of xylazine, Methylamino antipyrine: Metabolites of dipyrone, Flufenamic acid: Metabolites of etofenamate																				
* Asian screening limited. S: Single Substance. M: Multiple Substance																				

at any time,” 60 were “threshold substances,” and 28 were within the scope of the IRL. Among these substances, 111 were non-steroidal anti-inflammatory drugs (NSAIDs), 58 were stimulants, 22 were local anaesthetics, 16 were vasodilators, 14 were corticosteroids, and 10 had opioid analgesic effects (Table 2).

According to the results, arsenic and cobalt were the most frequently detected substances within the threshold substance category, each detected in 30 cases. All arsenic violations were caused by single-substance findings,

whereas 4 of the cobalt cases involved multiple-substance violations; in the remaining cases, cobalt was detected alone (Table 2).

In the present study, all of the 28 violation findings caused by the substances covered by the IRL were due to atropine, caffeine, and morphine. Seventeen of these findings were caused by single-substance violations, while the others were multiple-substance violations. In this category, caffeine caused the most violations with 14 findings, followed by morphine with 10 findings and atropine with 4 findings (Table 2).

Table 3. Distribution of multiple substance violations involving procaine, meloxicam and flunixin by year												
Multiple Substance Violations Containing Procaine			2015	2016	2017	2018	2019	2020	2021	2022	2023	Total
Procaine	+	Methylaminoantipyrine, ketoprofen		1								1
		Ranitidine		1								1
		Methocarbamol, flunixin			1							1
		Ketoprofen			1							1
		Flunixin, atropin				1						1
		Methylaminoantipyrine, flunixin				1						1
		Methylaminoantipyrine					1					1
		Ranitidine, hydroxy lidocaine, methocarbamol						1				1
Total				2	2	2	1	1				8

Table 3. Continue												
Multiple Substance Violations Containing Procaine			2015	2016	2017	2018	2019	2020	2021	2022	2023	Total
Multiple Substance Violations Containing Meloxicam and Metabolites												
Hydroxymethyl meloxicam/ Meloxicam	+	Methylaminoantipyrine, ambroxol						1				1
		Nikethamide, dyphylline, methylaminoantipyrine						1				1
		Etodolac, capsaicine							1			1
		Flunixin, ambroxol								1		1
		Flunixin, methylaminoantipyrine								1		1
		Flunixin, triamcinolone acetonide								1		1
		Etofenamate, cobalt								1		1
		Hydroxy lidocaine, methylaminoantipyrine								1		1
		Methylaminoantipyrine, flunixin								1		1
		Dexamethasone, levamisole									1	1
		Ketoprofen, meloxicam, methylaminoantipyrine								1	1	2
Total								2	1	7	2	12
Multiple substance violations containing flunixin												
Flunixin	+	Hydroxy lidocaine									2	2
		Cobalt									1	1
		Dexamethasone									1	1
		Diclofenac, caffeine				1						1
		Caffeine									1	1
		Hydroxymethyl meloxicam, ambroxol								1		1
		Hydroxymethyl meloxicam, methylaminoantipyrine								1		1
		Hydroxymethyl meloxicam, triamcinolone acetonide								1		1
		Hydroxy xylazine									3	3
		Methocarbamol									2	2
		Methocarbamol, methylaminoantipyrine									1	1
		Methocarbamol, procaine			1							1
		Methylaminoantipyrine								1	2	3
		Methylaminoantipyrine, hydroxymethyl meloxicam								1		1
		Procaine, atropine				1						1
		Procaine, methylaminoantipyrine				1						1
Total			0	0	1	3	0	0	0	5	13	22

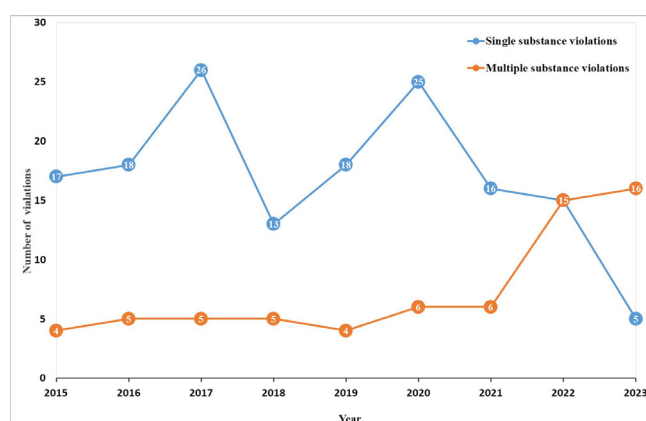
Fifty-two of these findings caused multiple-substance violations, while 34 caused single-substance violations. These violations were mostly caused by NSAID (etofenamate/flufenamic acid 11 finding, etodolac 6 finding), local anaesthetic (procaine 12 finding), muscle relaxant (diphyllyne 10 finding), and vasodilator (diisopropylamine 8 finding) effective substances (Table 2).

Thirty-five of the ISL substance findings resulted in single-substance violations, and the others (105 findings) resulted in multiple-substance violations (Table 1). Some of these identified violations resulted from the detection of multiple prohibited substances in combination, while

others resulted from the identification of a single prohibited substance. Due to the continuous changes in substance/ formulation findings detected in multiple-substance violations, such violations were generally identified once. However, the combinations of flunixin + hydroxy lidocaine and flunixin + methocarbamol were each detected twice, whereas the flunixin+ hydroxyxylazine and flunixin+methylaminoantipyrine combination was detected three times. However, significant changes over time were detected in both multiple and single-substance findings (Table 3, Table 4).

Table 4. Distribution by year of some painkillers and NSAIDs resulting in single-substance violations

Substances	2015	2016	2017	2018	2019	2020	2021	2022	2023
Betamethasone/dexamethasone					2		1		
Etodolac								2	
Tenoxicam						1			
Hydroxy xylazine				2					
Morphine			1			5	3		
Etofenamate/flufenamic acid	1			1		2		2	
Flunixin	1	1	2		1				
Ketoprofen	2								
Methylaminoantipyrine	3	1			1				
Naproxen	1	9							

**Fig 1.** Distribution of violations due to multiple/single findings by years

DISCUSSION

When interpreting the results, it is worth noting that the Pendik Veterinary Control Institute Doping Laboratory started its activities in October 2015; racetracks were closed for 3 months because of the suspension of horseracing in 2020 due to the Covid-19 pandemic, and elemental analysis of horse urine and blood began in 2017. According to the findings, the violation rate was calculated as 0.55% in 39.935 samples. This rate is lower than those reported from racetracks in Iran ^[15], the Czech Republic ^[18], Cyprus ^[17], and Louisiana (USA) ^[14], but higher than those reported from racetracks in Illinois (USA) ^[13] and Italy ^[19]. These differences are thought to be associated with national regulatory frameworks, analytical capacity of laboratories, regional differences in food sources, and substance use practices.

In this current study, all detected threshold substance violations were caused by arsenic and cobalt (*Table 2*). Arsenic has been used as a tonic in horses and is considered a potent doping agent due to its potential performance-enhancing properties ^[6,31]. Cobalt, a well-known chemical

inducer of hypoxia-like responses, has been utilised clinically to stimulate erythropoiesis in patients with chronic anaemia and to promote physiological adaptation to low-oxygen conditions ^[7,32]. Until 2015, licensed formulations containing arsenic were available in several countries; however, their approval was subsequently suspended worldwide because of carcinogenic effects ^[29]. Despite this, arsenic has been reported to occur in homoeopathic products and various plant sources ^[29,33]. In contrast, there are cobalt-containing approval formulations worldwide; moreover, cobalt may also be present as a component of premixes used in horse nutrition ^[7].

Nevertheless, arsenic and cobalt violations have been reported in thoroughbred racehorses ^[29,34]. Consistent with previous studies, the results of the present study indicate that, following 15 arsenic violations in 2017, the number of detections declined in subsequent years; however, the continued detection of arsenic in 2018 (2 violations), 2020 (3 violations), and 2021-2022 (4 violations) suggests that this substance may have been administered either illegally or unknowingly.

Similarly, cobalt accounted for a high number of violations in 2017 (8 violations), concomitant with arsenic, and despite a reduction in arsenic detections, cobalt violations increased again in 2019 (7 violations) before declining from 2021 onwards (*Table 2*). This pattern suggests that during the period in which arsenic violations decreased (2018-2019), there may have been a shift towards alternative substances with erythropoietic properties, such as cobalt.

Furthermore, the frequent detection of arsenic and cobalt violations within short time intervals during specific years suggests that racehorses may have been feeds or formulations with unknown composition may be responsible. This detection indicates that threshold substance violations may arise not only from intentional

administration but also from indirect or inadvertent exposure pathways. In addition, the detection of a high number of violations in 2017, when the laboratory first began arsenic and cobalt analyses, can be considered an important indicator that substances not included in the analytical scope may have been widely used (*Table 2*).

Diisopropylamine (DIPA) is classified as a substance that has always been prohibited for use in racehorses [1]. Known to exhibit physiological effects similar to those of cobalt, DIPA was first detected in this study in 2019, with 3 violations identified in 2019 and 5 in 2020 [35]. Notably, during the period in which DIPA was detected, the frequency of cobalt violations decreased compared with previous years (7 violations in 2019 and 2 in 2020). This detection suggests that DIPA may have been preferred as an alternative to cobalt use (*Table 2*).

In residue limited substances category, caffeine was the most frequently detected substance (14 findings), followed by morphine (10 findings) and atropine (4 findings) (*Table 2*). Caffeine is a substance that has stimulant effects on the central nervous system and the musculoskeletal system. In addition, it has mild analgesic, bronchodilator/vasodilator, and diuretic properties [36]. Morphine, a substance derived from *Papaver somniferum*, is widely used in horses as a narcotic analgesic and anaesthetic [37]. Atropine is defined as a prototypical muscarinic receptor antagonist [38]. Because these substances may occur at variable concentrations in feeds used for horse nutrition [37-41], IFHA has established substance-specific IRLs for blood and urine [5]. In addition, licensed pharmaceutical formulations containing each of these substances are available in various countries, indicating multiple potential sources of exposure.

In this study, the detection of morphine (8 violations between 2020 and 2021) within a specific time period, followed by the cessation of these violations, suggests that a particular formulation may have been administered. However, the proximity of Izmir and Bursa to Afyon, where legal poppy (*Papaver somniferum*) cultivation is carried out, together with the presence of well-developed livestock and feed supply infrastructures in these provinces, also suggests the possibility of feed-related exposure [42]. Within this study, the detection of five morphine findings at the Bursa racetrack and four at the Izmir racetrack supports this interpretation.

Similarly, caffeine was detected as a single substance in some cases and in combination with analgesics and muscle relaxants in others, while atropine was detected exclusively in multiple-substance violations (*Table 2*).

These findings suggest that some of the detected substances may be associated with indirect or inadvertent exposure through feed. Nevertheless, based on the available

analytical data, it is not possible to definitively distinguish whether the detected IRL substances, including caffeine, atropine, and morphine, originated from nutritional sources or from deliberate pharmaceutical administration.

As in previous studies, the most common reason for violations in this study was the items within the scope of ISL [20]. One of the main reasons for single-substance violations within the scope of the ISL may be the racing of horses under treatment without adherence to the detection times established by the IFHA [43]. Another possible reason could be that doping laboratories do not report findings below the ISL. This practice can create the idea that these substances cannot be detected by laboratories, thus leading to uncontrolled drug use. On the other hand, horse owners and veterinarians may not be sufficiently informed about the detection times of drugs [43].

In multiple-substance violations where metamizole and flunixin were detected, low concentrations of local anaesthetics, corticosteroids, and other NSAIDs were also detected. The fact that the detection times [43] of these detected substances are very close to each other can be considered as an indication that substances were administered at the same time, and it can also be considered as an indicator of the possibility of some non-defined cocktail formulations being used.

The majority of violations involving substances prohibited for use at any time were associated with NSAIDs (etofenamate, flufenamic acid, and etodolac), local anaesthetics (procaine), bronchodilators (dyphylline), and vasodilators (DIPA). Although rare, substances not approved for veterinary use, including verapamil, sildenafil, cocaine, and neostigmine, were also detected. In addition, nikethamide in 2015, verapamil in 2018, heptaminol in 2020, and cocaine in 2021 were detected only once. Similarly, findings of DIPA, pentoxifylline, and pyrilamine were observed during specific periods but were not detected afterwards (*Table 2*). These findings may suggest a tendency to favour alternative compounds believed to be undetectable, instead of substances already detected by the laboratory.

In this present study, etodolac and dyphylline, which have very short detection times, caused violations by being detected at low concentrations on 6 and 10 occasions, respectively [44,45]. While three etodolac findings were detected as single-substance violations and three as multiple-substance violations, five dyphylline findings were identified as single-substance violations, and the remaining five as multiple-substance violations in combination with NSAIDs (*Table 2*). These results suggest that substances with short detection times may have been administered in a manner consistent with their pharmacokinetic properties.

Our findings reveal that single and multiple-substance violations vary over the years and that, particularly from 2019 onwards, there has been a marked and sustained increase in multiple-substance violations (*Fig. 1*). This situation suggests not only an increase in the frequency of violations but also a structural transformation in the nature.

Within the scope of the study, certain multiple-substance findings were detected more frequently during specific periods. Multiple-substance violations involving procaine, which began to be detected in 2016, had almost ceased by the end of 2020. Following the cessation of these violations, the detection of combinations containing meloxicam/hydroxymeloxicam began, and after these findings ended in 2022, multiple-substance violations containing flunixin started to be detected (*Table 3*). This data suggests that users may have shifted to alternative substances or formulations to avoid previously detected compounds. These findings indicate that multiple-substance violations are not random but rather that specific substance combinations were deliberately used or prepared. Although multiple-substance violations have been reported in previous studies, the temporal changes and substance profiles observed in this study indicate, unlike the existing literature, the presence of a more systematic approach to multiple-substance use ^[16,20].

Findings related to single-substance violations indicate that the detection profile of certain NSAIDs and analgesic agents has changed over time. Until 2018, these violations were caused by etofenamate/flufenamic acid, ketoprofen, methylaminoantipyrine, and naproxen; after 2018, they were more frequently caused by betamethasone/dexamethasone, etodolac, etofenamate/flufenamic acid, hydroxylidocaine, morphine, and tenoxicam (*Table 4*). These findings indicate a significant shift in the use of NSAID/analgesic prohibited substances from 2018 onwards.

In conclusion, this nine-year retrospective evaluation provides a comprehensive overview of prohibited substance findings in thoroughbred racehorses in Türkiye. The results demonstrate that both single and multiple-substance violations persist over time, with a notable increase in multiple-substance detections in recent years. Temporal changes in detected substances emphasise the importance of ongoing monitoring approaches, harmonised regulatory thresholds, and increased awareness of potential feed-related contamination. These findings contribute region-specific data to the international literature and support ongoing efforts to ensure fair competition and protect horse welfare.

DECLARATIONS

Availability of Data and Materials: The data that support the findings of this study are available from the corresponding author (E. Kabil) upon reasonable request.

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