



**DECISION of the FEI TRIBUNAL**

**dated 25 June 2015**

**Positive Controlled Medication Case No.:** 2014/CM01

**Horse:** SIR STANWELL

**FEI Passport No:** 102MF59/RUS

**Person Responsible:** Andrius Petrovas

**NF/ID:** LTU/10011105

**Event/ID:** CSI1\*, CSI2\*, CSIYH1\*, Oliva, Valencia (ESP), 2014\_CI\_0297

**Date:** 21 - 26 January 2014

**Prohibited Substance:** Acepromazine (Hydroxyethylpromazine sulphoxide)

**I. COMPOSITION OF PANEL**

Mr. Erik Elstad, Chair  
Mr. Henrik Arle, Panel Member  
Mr. Vladan Jevtic, Panel Member

**II. SUMMARY OF THE FACTS**

**1. Memorandum of case: By Legal Department.**

**2. Summary information provided by Person Responsible (PR):**  
The FEI Tribunal duly took into consideration all evidence, submissions and documents in the Case File and the oral hearing, as also made available by and to the PR.

**3. Oral hearing:** 5 May 2015 – FEI Headquarters, Lausanne

Present:

The FEI Tribunal Panel  
Ms. Erika Riedl, FEI Tribunal Clerk

For the PR:

Mr. Andrius Petrovas, PR  
Dr. Monika Gattiker, Legal Counsel

Dr. Nauris Laizans, Witness (by telephone)  
Dr. Peter F. Cronau, Expert (by telephone)  
Ms. Elke Lefrançois-Dombek, Interpreter

For the FEI:

Mr. Mikael Rentsch, Legal Director  
Ms. Carolin Fischer, FEI Legal Counsel  
Dr. Stuart Paine, Expert (by telephone)

### III. DESCRIPTION OF THE CASE FROM THE LEGAL VIEWPOINT

#### 1. Articles of the Statutes/Regulations which are applicable or have been infringed:

Statutes 23<sup>rd</sup> edition, effective 7 November 2013 ("Statutes"), Arts. 1.4, 38 and 39.

General Regulations, 23<sup>rd</sup> edition, 1 January 2009, updates effective 1 January 2014, Arts. 118, 143.1, 161, 168 and 169 ("GRs").

Internal Regulations of the FEI Tribunal, 2<sup>nd</sup> edition, 1 January 2012 ("IRs").

FEI Equine Anti-Doping and Controlled Medication Regulations ("EADCMRs"), 1<sup>st</sup> edition, effective 5 April 2010, updates effective 1 January 2014.

FEI Equine Controlled Medication Rules ("ECM Rules"), 1<sup>st</sup> edition, effective 5 April 2010, updates effective 1 January 2014.

Veterinary Regulations ("VRs"), 13<sup>th</sup> edition, effective 1 January 2014, Art. 1055 and seq.

FEI Code of Conduct for the Welfare of the Horse.

#### 2. Person Responsible: Andrius Petrovas

#### 3. Justification for sanction:

GRs Art. 143.1: "Medication Control and Anti-Doping provisions are stated in the Anti-Doping Rules for Human Athletes (ADRHA), in conjunction with The World Anti-Doping Code, and in the Equine Anti-Doping and Controlled Medication Regulations (EADCM Regulations)."

ECM Rules Art. 2.1.1: "It is each *Person Responsible's* personal duty to ensure that no *Controlled Medication Substance* is present in the *Horse's* body during an *Event* without a valid *Veterinary Form*. *Persons Responsible* are responsible for any *Controlled Medication Substance* found to be present in their *Horse's Samples*, even though their *Support*

*Personnel* will be considered additionally responsible under Articles 2.2 – 2.5 *ECM Rules* where the circumstances so warrant. It is not necessary that intent, fault, negligence or knowing *Use* be demonstrated in order to establish a *Rule* violation under Article 2.1.”

#### **IV. DECISION**

The below constitutes a summary of the relevant facts and allegations based on the Parties’ written submissions, pleadings and evidence adduced at the Final Hearing. Additional facts and allegations found in the Parties’ written submissions, pleadings and evidence may be set out, where relevant, in connection with the legal discussion that follows. Although the Tribunal has considered all the facts, allegations, legal arguments and evidence in the present proceedings, in its decision it only refers to the submissions and evidence it considers necessary to explain its reasoning.

##### **1. Factual Background**

- 1.1 SIR STANWELL (the “Horse”) participated at the CSI1\*, CSI2\*, CSIH1\*, in Oliva, Valencia, Spain, from 21 to 26 January 2014 (the “Event”), in the discipline of Jumping. The Horse was ridden by Mr. Andrius Petrovas who is the Person Responsible in accordance with Article 118.3 of the GRs (the “PR”).
- 1.2 The Horse was selected for sampling on 26 January 2014, at 12:05.
- 1.3 Analysis of urine and blood sample no. 5520704 taken from the Horse at the Event was performed at the FEI approved laboratory, the Horseracing Forensic Laboratory, Sport Science (“HFL”) in the United Kingdom by Ms. Martina Wieder, Senior Scientist, under the supervision of K. Lubbock, Team Leader. The analysis of the urine sample revealed the presence of Hydroxyethylpromazine sulphoxide (“HEPS”).
- 1.4 HEPS is a metabolite of Acepromazine. Acepromazine in turn is a Prohibited Substance under the FEI Equine Prohibited Substances List. Acepromazine is a tranquiliser with sedative effects and is classified as Controlled Medication Substance under the FEI Equine Prohibited Substances List.
- 1.5 No request had been made to administer Acepromazine to the Horse, and no Veterinary Form had been provided by the PR for the use of the substance on the Horse. Therefore, the positive finding for Acepromazine in the Horse’s sample gives rise to a Controlled Medication Rule violation under the ECM Rules.
- 1.6 Under the ECM Rules, in cases of the presence of a Controlled Medication Substance, a PR may elect the so-called “Administrative Procedure” (also referred to as “Fast-Track”), provided that the prerequisites of Article 8.3.1 of the ECM Rules are fulfilled. However, the case at hand is

not eligible for the Administrative Procedure insofar as the PR had already committed an ECM Rule violation in the last four (4) years preceding the Sample which caused the present Adverse Analytical Finding (Controlled Medication Rule violation (Case 2012/FT13 – P&L VAN HELSING)).

## **2. The Further Proceedings**

- 2.1 On 10 March 2014, the FEI officially notified the PR, through the Lithuanian Equestrian Association ("LTH-NF"), and the owner of the Horse, through the Federation of Equestrian Sports of Russia ("RUS-NF"), of the presence of the Prohibited Substance following the laboratory analysis, the possible rule violation and the consequences implicated. In the Notification Letter, the PR was also informed that due to the fact that he had been held responsible for a Controlled Medication Rule violation in 2012 (Case 2012/FT13 – P&L VAN HELSING), the period of Ineligibility to be imposed on him would be at the discretion of the Hearing Panel, who should - in accordance with Articles 10.2 and 10.6.1 of the ECM Rules - in every case render increased penalties for multiple violations up to and including three (3) years Ineligibility, if so warranted.

## **3. The B-Sample Analysis**

- 3.1 Together with the Notification Letter the PR was also informed that he was entitled: (i) to the performance of a B-Sample confirmatory analysis on the positive sample; (ii) to attend or be represented at the B-Sample analysis; and/or (iii) to request that the B-Sample be analysed in a different laboratory than the A-Sample.
- 3.2 On 19 March 2014, the PR requested the B-Sample analysis to be performed in a different laboratory than the A-Sample analysis. Further, the PR requested to attend the B-Sample analysis.
- 3.3 On 8 April 2014, the PR informed the FEI that he no longer wished to attend the B-Sample analysis.
- 3.4 From 9 to 11 April 2014, the B-Sample analysis was performed on the urine sample at the Laboratoire des Courses Hippiques ("LCH"), France, by Mr. Yohan Glavieux, Senior Analyst, under the supervision of Dr. Philippe Plou, Head of Technical Division.
- 3.5 The B-Sample analysis confirmed the presence of HEPS.
- 3.6 On 17 April 2014, the results of the B-Sample analysis were provided to the PR through the LTH-NF.

#### **4. Written submission by the PR**

- 4.1 On 10 June 2014, the PR provided his explanations for the positive finding.
- 4.2 Together with his explanation, the PR submitted witness statements by Dr. Nauris Laizans, the Horse's veterinarian; Ms. Daiva Petroviene, his wife; and by Ms. Diana Dadzite, his groom. The PR further submitted an expert report by Dr. Peter F. Cronau, veterinarian at Horseconsulting International. The PR further submitted lists of medications applied to horses, including the Horse, for the years 2012, 2013 and 2014.
- 4.3 In his statement Dr. Laizans explained that the PR had called him on 20 January 2014 from the Event, and that he had explained that he had been worried that his horses – in particular the Horse – could injure themselves as they had been frightened and excited by heavy thunder storms. Dr. Laizans further explained that he had confirmed to the PR that he could use some Vetranquil®-Granulat, with the active substance Acepromazine on the Horse, specifically two spoons, corresponding to 80 mg Acepromazine. That according to his experience that dose should not have tested positive anymore on the day the PR intended to next compete, namely on 24 January 2014. Dr. Laizans further submitted a list of medications administered to the Horse in the six months prior to the Event (amongst others several Controlled Medication Substances such as Detomidine hydrochloride, Methylprednisolone and Lidocaine hydrochloride); the list of medications did not contain any entry for Vetranquil®-Granulat.
- 4.4 Ms. Dadzite explained that the Horse had been stabled in the PR's stable since summer 2013. That the Horse had been very nervous and thin when it had arrived, but that it had settled in very well after a few months. That she had worked for the PR for the last three years, and that she had always accompanied the PR to his competitions, and only administered medication to horses whenever she had been specifically instructed to do so by the PR, the PR's wife or the PR's mother. Ms. Dadzite further explained that the Horse had been afraid by the strong winds at the Event, and that it had gotten even more excited when a fire had started in the neighbourhood causing loud noises. She further confirmed that the PR had called the Horse's veterinarian on 20 January 2014, and that he had thereafter administered some Vetranquil®-Granulat to the Horse.
- 4.5 In his expert report Dr. Cronau explained that the metabolism of Acepromazine was well known, and that according to studies conducted in 1982 (Ballard et al.) the half-life of the alpha-phase declined in 4,2 minutes and the beta-phase in 184,8 minutes. That whereas in the studies referred to by him the administered dose had been 0.3 mg per kilogram bodyweight, the dose administered in the present case had only been 0.15 mg per kilogram bodyweight. That therefore the standard excretion time in the case at hand would have been 36 to 72 hours and that therefore, the PR could have assumed that on 24 January 2014, the substance could no longer be detected in either urine or blood.

Dr. Cronau further explained that Acepromazine might have a legitimate veterinary use, i.e. to “break” young horses, to calm horses in loading and transporting them and also in association with minor surgical and other interferences. Finally that at the moment when the substance could no longer be detected in the blood – as in the case at hand – it did not have any performance enhancing effect anymore.

- 4.6 Ms. Petroviene explained that she was the stable manager of the stable owned by the PR and herself, and that she also rode the horses. That following the Controlled Medication case of 2011, medications for the horses were kept in a locked cabinet for which only she, the PR and the PR’s mother possessed a key. That further all medicines given to horses were recorded, and that together with the veterinarian they assured that no horses going to competitions carried any Prohibited Substances in their system.
- 4.7 In essence the PR submitted that:
- a) he had achieved his riding education from the Sport-Academy in Vilnius, and that he had bought his own stable yard about three years prior to the case at hand.
  - b) – upon advice of Dr. Laizans – he had orally administered two measure teaspoons of Vetranquil®-Granulat to the Horse, and that the weather conditions had made the treatment necessary to prevent the Horse from being injured. Further, that he had relied on Dr. Laizans’ advice with regards to detection times of the substance, and that if he would have had reasons to believe that the Controlled Medication Substance was still in the Horse’s system at the time of the competition, he would have filed an ETUE, which would have most probably been approved. That in case he should find himself in a similar situation in the future, he would routinely file an ETUE.
  - c) – insofar as the HEPS had not been detected in the blood, it did not have any performance enhancing effects anymore at the time of the competition, as confirmed by Dr. Cronau. That the sole purpose of the treatment had been to endure the Horse’s welfare.
  - d) he had put in place a very strict system for controlling medications. That all medications were locked in a cabinet for which only his wife and his mother had access, and that any medication taken out of the locked cabinet was listed with the name of the horse concerned and the reason for its administration. That further also his veterinarian kept records of the medications prescribed or applied to each horse.

## **5. Written submission by the FEI**

- 5.1 On 24 September 2014, the FEI provided its Response to the written submissions by the PR. Together with its Response the FEI provided an expert statement by Dr. Stuart Paine, BSc (Hons), PhD, MRSC, CCHEM, CSci, ACS. Dr. Paine took the position that the PR’s explanation for the

positive finding was not plausible. Dr. Paine explained in this context that he had been informed by the FEI that according to HFL, the estimated concentration of HEPS in the A Sample was 5-10 ng/ml. He further explained that based on a paper on the pharmacokinetics of Acepromazine dosed orally at 0.15 mg/kg which had been published in 2013 by the British Horseracing Association (BHA) and HFL (authors M.E. Wieder et al. (including Dr. Paine himself); (2012)), the European Horserace Scientific Liaison Committee ("EHSLC") had agreed on a detection time of 72 hours for Acepromazine at this specific dose, and in case of oral administration. Dr. Paine further explained that it was highly unlikely that the administration of Vetranquil®-Granulat 1 % would lead to a positive Acepromazine finding (as detected via the HEPS metabolite) at the concentration found in the case at hand six (6) days after the administration; That the levels expected after six (6) days (144 hours) from a 0.15 mg/kg dose would be less than 0.5 ng/ml, and that the concentration of 5-10 ng/ml would be rather consistent with an administration at 48 hours prior to sampling. Furthermore, Dr. Paine explained that the fact that Acepromazine had not been detected in the blood did not necessarily mean that it was not present, but only that the concentration was below the limitations of the mass spectrometer and method used. Further that the estimated concentration of HEPS detected in the Horse's sample of 5-10 ng/ml would, based on the HFL/BHA publication, correspond to 10-20 pg/ml of Acepromazine in the plasma, and that Acepromazine at a concentration of 10-20 pg/ml would be deemed to have a pharmacological effect based upon the irrelevant plasma concentration as calculated by the Toutain method.

5.2 In essence the FEI argued that:

- a) as a Controlled Medication Substance, for which no valid Veterinary Form had been submitted, had been present in the Horse's A- and B-Sample taken at the Event, a violation of Article 2.1 of the ECM Rules had been established. That – given the fact that in 2012, the PR had already had a case involving the same Prohibited Substance as in the case at hand it was not understandable why the PR had not requested a Veterinary Form prior to using the medication. With respect to the PR's claim that in case he would have filed a Veterinary Form it would have most probably been approved, the FEI highlighted that the FEI's approach to the administration of Controlled Medication Substances during competition times was rather restrictive, and that it clearly followed from Article 1046.5 of the VRs that the use of Controlled Medication Substances during an Event would only be authorized in exceptional circumstances.
- b) no elimination or reduction under Article 10.4 of the ECM Rules was applicable since the PR had not fulfilled the prerequisites for the application of that Article, as he had not established – as confirmed by Dr. Paine - how the HEPS had entered the Horse's system. That it was further worth noting that the alleged administration of the Vetranquil®-Granulat was neither listed in the FEI Medication Logbook of the Horse, nor on the list of medications provided to the

Horse by Dr. Laizans; that in the FEI's opinion this would raise even more doubts about the genuineness of the PR's explanation.

- c) even if Article 10.4.1 of the ECM Rules would be applicable to the case at hand, the FEI was of the view that the PR had indeed been at fault when administering a Controlled Medication Substance during an Event, without a valid Veterinary Form. That further the PR should have considered his first Controlled Medication Rule violation as a warning, and should have made himself familiar – at the latest and to the extent necessary – with the applicable regulations, which did not seem to have happened.
- d) an increased period of Ineligibility of up to and including three (3) years had to be imposed, considering that the PR had already committed a violation of the ECM Rules in 2012 which moreover involved the same Controlled Medication Substance as in the case at hand. That in exercising the discretion under Articles 10.2 and 10.6.1 of the ECM Rules, the key consideration had to be the legal principle of proportionality, i.e. that the sanction had to be commensurate with the seriousness of the offence(s).
- e) in light of the PR's explanation that the alleged oral administration on 20 January 2014 of two measure teaspoons of Vetranquil®-Granulat had led to the positive result of 26 January 2014, the FEI requested that all other results obtained by the PR with the Horse during the Event should also be disqualified, in accordance with Articles 9 and 10.1.2 of the ECM Rules.

## **6. Rebuttal submission by the PR**

- 6.1 On 3 December 2014, the PR provided his Rebuttal submission. Together with his Rebuttal submission the PR provided a further expert statement by Dr. Cronau. Dr. Cronau insisted that in his opinion it was possible that the administration of Vetranquil®-Granulat 1 % - as alleged by the PR, would have led to the positive finding in the sample of 26 January 2014. In this context Dr. Cronau argued that the study quoted by Dr. Paine was not amenable to draw conclusions in the case at hand, amongst others as only six horses had been used for the study, only four of which would be comparable with the Horse; further because the metabolism of thoroughbred horses was different from the one of warm blood horses and that only thoroughbred horses had been subject to the study, whereas the Horse was a warm blood horse. That the metabolism of Acepromazine was different, and slower, for warm blood horses, compared to thoroughbred horses. That the metabolic differences were based on the type of muscle fibres, and that also the lactic acid levels would significantly increase after exercise especially due to the speed. That therefore the study would not be representative for the entire horse population. Further that other criteria such as actual health status, fitness, age etc. of a horse would influence the individual metabolism of a horse. Furthermore that for the study referred to by Dr. Paine, the product Sedalin®, and not



Vetranquil®-Granulat 1 %, had been used and that unlike Vetranquil®-Granulat 1 %, Sedalin® was absorbed differently in the Horse's body; that therefore the results of the study were not applicable in the case at hand. Dr. Cronau further argued that the fact that Dr. Paine was acting as expert for the FEI and at the same time relying on his own publication would per se represent a conflict. Finally that Dr. Paine had confirmed that only the substance Acepromazine, and not its metabolite HEPS would lead to a pharmacological effect. That however neither the substance Acepromazine nor any of its three standard metabolites had been detected in the blood of the Horse, and that only one of the three Acepromazine metabolites, i.e. HEPS, had been detected in the urine A- and B-Sample. That the Horse had therefore competed under its natural abilities. Together with his statement, Dr. Cronau provided a scientific research paper by J.M. McGree et al. (2012) – about a HEPS study in which 12 horses had been administered (intravenously) 30 mg of Acepromazine and for which researchers had been using an alternative approach (from Toutain who had used the Monte Carlo approach) in order to estimate HEPS withholding times, and which came to the conclusion that in about 10 % of horses the metabolite HEPS might be detected 65 hours after administration.

6.2 In essence the PR further submitted that:

- a) he accepted the positive finding for HEPS and that a Controlled Medication Rule violation had therefore been established. That however he did not accept the positive finding for Acepromazine, as no Acepromazine had been detected either in the blood or in the urine of the Horse.
- b) – as confirmed by Dr. Cronau – and based on the sound analysis of facts, data results and the scientific background as presented by him - it had to be concluded that his explanation regarding the source of the HEPS was indeed very conclusive.  
  
– as confirmed by Dr. Cronau and Dr. Paine, the HEPS detected in the Horse's sample had no pharmacological effect. Further, that the blood and urine samples did not show any traces of the Acepromazine itself, and that therefore the administration of Acepromazine on 20 January 2014, the day prior to the start of the Event, had caused no performance-enhancing effect.
- c) he bore no significant Fault or Negligence, as the treatment had been necessary for the welfare of the Horse, and had not been performed in competition. Further since he had sought the advice of his treating veterinarian, who had instructed him - based on his best knowledge and relying on the detection time of 72 hours as determined by the EHSLC. Lastly that he had immediately admitted the rule violation.

## **7. Provisional Suspension**

- 7.1 Together with his Rebuttal submission the PR explained in writing to voluntarily accept a Provisional Suspension, in accordance with Article 10.8.4 of the ECM Rules. The voluntary Provisional Suspension started on 8 December 2014.

## **8. FEI Answer to PR' Rebuttal submission**

- 8.1 On 26 February 2015, the FEI submitted an Answer to the PR's Rebuttal submission. Together with its submission the FEI provided a second expert statement by Dr. Paine. Dr. Paine explained that there was a difference between a detection time and a withdrawal time, and that the EHSLC suggested a detection time of 72 hours for oral administration of Acepromazine. That the detection time of a substance was unanimously defined as the time interval between the last administered dose and the time at which the observed plasma or urine concentrations crossed the screening limit for all horses investigated in a scientific study. Furthermore, Dr. Paine quoted a statement from a publication by Toutain (2011) in which the latter explained (with respect to detection times made available by the EHSLC) that a detection time is only a raw experimental observation, whereas a withdrawal time is a recommendation and as such is a matter for professional judgement of the treating veterinarian. That the withdrawal time should be longer than the detection time because it should take into consideration the impact of all sources of animal variability (age, sex, breed, training, racing etc.) and those of the medical product actually administered (formulation, route of administration, dosage regiment and duration of treatment. Finally that the differences between a detection time and a withdrawal time were also clearly explained on both the FEI and EHSLC websites.
- 8.2 In response to Dr. Cronau's criticism about the study referred to by him in his previous expert statement Dr. Paine explained that the study had been peer reviewed by world experts in the field, and that he had cited this publication as it was the only publication that had investigated the pharmacokinetics of acepromazine maleate administered via oral route at a dose of 0.15 mg/kg in horses; that for those reasons this publication was also the most pertinent peer reviewed scientific evidence for the case at hand. That essentially, the scientific publication referenced by Dr. Cronau in his second statement was a study about intravenous administration of Acepromazine to horses, and would therefore not contain the key component of first pass metabolism that resulted in case of oral administration, the route of administration chosen by the PR. In addition, Dr. Paine explained to not agree with Dr. Cronau's statement that Sedalin® and Vetranquil® would have different absorption properties. Dr. Paine explained that both products contained acepromazine maleate. That furthermore Acepromazine belonged to the chemical class of drugs called bases, which were highly ionized in acidic conditions (low pH), as in the stomach. And that an ionized form of a drug could not cross a membrane, i.e. Acepromazine would not be

significantly absorbed through the mucous membranes or the stomach as suggested by Dr. Cronau, but would rather be absorbed further down in the intestinal tract, where the alkalinity increased (pH above 7.4). That this would apply to both the Acepromazine contained in the Sedalin® and in the Vetranquil®, and that therefore both products had similar absorption characteristics.

- 8.3 Moreover Dr. Paine agreed with Dr. Cronau that more than six horses were required to perform a withdrawal time study, but that the scientific publication referenced by himself in his first report was a detection time study, and that the EHSLC recommended at least six horses for a scientific detection time study. That Toutain (2011) had however shown that a withdrawal time could be extrapolated from a detection time study using six horses. That he had further recommended doubling the detection time in order to arrive at the withdrawal time. That therefore a withdrawal time for Acepromazine of 144 hours (2x72 hours) should be used in order to avoid a breach of the screening limit.
- 8.4 With regards to the question of absorption, distribution, metabolism and elimination (ADME) of drugs, Dr. Paine stated that the metabolism of drugs in horses was first of all taking place in the liver – and not - as implied by Dr. Cronau in his second report - in the muscle fibre. That therefore the metabolism was dependent on the relative amounts of specific enzymes present in the horse's liver, and that this amount could vary within a population of horses. That the variability in the enzymes would translate into the variability in the pharmacokinetics within a population of horses, which was the reason why a withdrawal time had to be applied before a competition. Furthermore, that it was currently unknown whether and how the amount of drug metabolising enzymes in a horse's liver would vary depending on age, sex, breed etc., and that therefore the key piece of evidence was that J.M. McGree et al. (2012) – the study referred to by Dr. Cronau – had found that breed, sex, age and weight had no influence on the pharmacokinetics of Acepromazine. That if indeed administration had occurred six days prior to sampling then the estimated concentration of HEPS in the Horse's urine sample (5-10 ng/mL) would be ten to twenty times higher than the highest urine HEPS concentration measured for the six horses in the M.E. Wieder et al. (2012) study. That this would suggest that the Horse in the case at hand had either an extremely poor ability to metabolise Acepromazine compared to the Horse population as a whole, or that administration was given significantly closer to the competition. That however in his opinion no robust scientific argument had been submitted to rationalise why the Horse would be a far poorer metaboliser of Acepromazine compared to the horses used in the M.E. Wieder et al. study (2012). That ultimately however the presence of HEPS constituted a breach of FEI rules, irrespective of the question as to when the administration had taken place.
- 8.5 Finally, that he agreed with Dr. Cronau that HEPS did not have any pharmacological activity, but that the detection of a Prohibited Substance or its metabolites in either plasma or urine constituted a breach of the EADCMRs. Further, in response to Dr. Cronau's argument

that only one of the three known Acepromazine metabolites, i.e. HEPS had been detected and that the amount of 10-20pg/ml of Acepromazine would have been detectable by HFL, Dr. Paine explained that sample analysis in the context of a study, such as M.E. Wieder et al. (2012), was different from an unknown competition sample – as the one in the case at hand – as in the context of studies, the analysis was focusing on the presence of one known substance only. That therefore it would not be possible for HFL to confirm Acepromazine according to exact criteria at a rather low concentration such as 10-20 pg/mL, which was however a requirement for an unknown competition sample. That for the samples from the study it had not been necessary to undergo the initial screening for any and all Prohibited Substances – which was however the case for the sample in the case at hand - but that only a quantitative analysis for a known substance, Acepromazine, was required. That furthermore he had been informed by the FEI that according to HFL, on screening of the urine, not only HEPS but also Acepromazine and another metabolite of Acepromazine, 2-(1-hydroxyethyl)promazine (HEP) had been suggested, and that however the concentration of Acepromazine had not been deemed suitable for confirmatory analysis. Further, that according to HFL, on screening of the plasma also Acepromazine and the HEP metabolite had been suggested, but not at a concentration deemed suitable for confirmatory analysis (HEPS had not been suggested on screening plasma). That therefore, there was evidence of parent Acepromazine, seen in both plasma and urine screenings, as well as evidence of another Acepromazine metabolite, HEP, in the plasma. That consequently, only the confirmation of the presence of the HEPS metabolite in the urine had been progressed, as this metabolite had been detected at a much higher concentration in the urine compared to Acepromazine and the other metabolites.

8.6 In a nutshell, the FEI further submitted, that:

- a) the PR's argument that the positive finding was only for the main metabolite of Acepromazine – HEPS - and not for Acepromazine itself, i.e. the substance that was listed on the Equine Prohibited List, was insofar irrelevant as Article 2.1 of the ECM Rules clearly declared the presence of a Controlled Medication Substance and/or its Metabolites or Markers in a Horse's Sample a Controlled Medication Rule violation. That further it did not matter whether there had been any (significant) residual pharmacological effect, since a rule violation was established by the pure presence of a Controlled Medication Substance (or its metabolites – as in the present case – or markers), as set forth in Article 2.1.2 of the ECM Rules.
- b) - as explained by Dr. Paine in both his expert statements – the PR had not established the source of the positive finding.
- c) the sanctions foreseen under Article 10.2 of the ECM Rules only applied to first time offenders. That, as the PR had already violated the ECM Rules in 2012, the sanctions to be imposed on him would be as stipulated under Articles 10.2 and 10.6 of the ECM Rules, i.e. including a three-year period of Ineligibility, if so warranted.

- d) with regards to the PR's claim that the treatment of the Horse had been "fully justifiable by the condition of the horse" and had further been "necessary for the welfare of the Horse", the FEI argued that the FEI Veterinary Regulations foresaw a system by which any treatment with a Controlled Medication Substance – either before or at the Event – had to be authorized by the FEI Veterinary Committee or Veterinary Delegate at an Event. That the PR had however not complied with this process, i.e. he had not asked for a (retroactive) authorization of the treatment by means of a Veterinary Form.
- e) Regarding the PR's claim that the treatment had not taken place "in competition", the FEI argued that at the alleged time of administration, the Event had already started. That, as per definition of the "Period of Event" in Appendix A to the GRs, the Event had started one hour before the beginning of the first Horse Inspection. That according to the Schedule of the Event the first Horse Inspection for the competition in question (the CSI2\*) had started at 10 am on 20 January 2014, and that according to the PR's explanation, in particular the statement by Ms. Dadzite, administration of the product had taken place following strong winds in Olivia, on the afternoon of 20 January 2014. Moreover, that even if the treatment had taken place before the beginning of the Event, the PR had to ask for a retroactive authorization of the treatment under Article 1046.7 of the VRs.
- f) Finally, and in response to the PR's argument that the treating veterinarian had relied on a detection time of 72 hours, the FEI argued that – as pointed out by Dr. Paine in his statement of 25 February 2015 – the 72 hours determined by the EHSLC was a detection time, and not a withdrawal time, and that a withdrawal time – which was longer than the detection time – would have had to be taken into consideration by the treating veterinarian.

## **9. Final Hearing**

- 9.1 A Hearing took place on 5 May 2015 at the FEI Headquarters, in Lausanne, Switzerland.
- 9.2 At the beginning of the Final Hearing the Parties agreed that the two experts, Dr. Paine and Dr. Cronau, would be giving testimony at the same time, and according to a list of pre-established topics.
- 9.3 Dr. Paine and Dr. Cronau further discussed whether the PR's explanation of the Acepromazine administration (two spoons of the Vetranquil®-Granulat via oral route) on 20 January 2014 at around 3 to 4 pm could establish the source of the Prohibited Substance from a scientific point of view, i.e. could scientifically explain the positive finding for HEPS in the Horse's urine at the amount detected in the sample of the Horse taken on 26 January 2014, at 12:05. Dr. Paine maintained that whereas in the M.E. Wieder et al. (2012) study the same Acepromazine dose as

allegedly used in the case at hand had been used, even the “worst case” horse in the M.E. Wieder et al. (2012) study showed significantly lower levels of HEPS after six days than the Horse at the time of sampling. Dr. Cronau upheld his objection to the M.E. Wieder et al. (2012) study referred to by Dr. Paine, maintaining that it was not representative for the entire horse population, as it had been conducted with 6 horses only. He explained in this respect that whereas he accepted the methods used and the results of the M.E. Wieder et al. (2012) study, in his view it was very questionable whether those results were transferable to the case at hand, amongst others as the absorption of the acepromazine maleate in Vetranquil®-Granulat 1 % - the product administered to the Horse-, and in Sedalin® - the product used in the M.E. Wieder et al. (2012) study -, were different; specifically that various parameters in the saliva and mucous membranes of the horse would influence the Sedalin® application, but not of the Vetranquil®-Granulat 1 % application, as the latter took place through the stomach; in response Dr. Paine disagreed that the Acepromazine would be absorbed in the stomach and explained in this context that Acepromazine was a basic drug and could therefore not cross the stomach membrane, as the high acidity in the stomach would render the drug almost completely ionized. Dr. Cronau conceded that this was correct, in theory, stating that there were still many open questions in this regard.

- 9.4 During the hearing Dr. Cronau and Dr. Paine agreed that a doubling of the detection time would provide a withdrawal time, i.e. in the case of Acepromazine 6 days for (2x72 hours). Dr. Cronau further stated that two famous Equine clinics had issued withdrawal times of 5 and 8 days respectively for Acepromazine. With regards to the metabolism of drug in horses, Dr. Cronau accepted that the liver would be the main site of metabolism. However he argued that the capacity of the liver for detoxification would be influenced by various factors, such as sex of the horse, stress, influence of the sport etc. That therefore in the case at hand the situation at the Event, i.e. fire, noises etc. had to be considered as “stress situation” which had also influenced the liver of the Horse. Dr. Paine explained in this context that in his view a difference in muscle-twitch would not have – as alleged by Dr. Cronau – an impact on the metabolism of Acepromazine, as the liver was the main site of metabolism and worked independently of muscle twitch. Further that a good understanding of the variability in metabolism would allow an understanding of the concentration of the drug metabolised with time. Specifically that the blood/urine concentration of Acepromazine versus time could be understood by the variability in the rate of drug metabolism by the liver. In this context Dr. Paine referred to the J.M. McGree et al. (2012) publication, stating that according to that publication there was no relationship between sex, age, breed, and the resulting pharmacokinetics in respect of variability in the Acepromazine pharmacokinetics. Dr. Cronau conceded that it had been a mistake by him to refer to the J.M. McGree et al. (2012) publication in this context.

- 9.5 Dr. Cronau and Dr. Paine agreed that HEPS was not a pharmacologically active component, and that the pharmacological effect of a Prohibited Substance, or its metabolite, such as in the case at hand was irrelevant according to FEI Rules. The experts however disagreed regarding the question whether the pharmacokinetics of a metabolite could be used to determine the time of administration of a drug, and whether the concentration of the metabolite would allow conclusions regarding the concentration of the parent drug at the time of sampling. Dr. Paine and Dr. Cronau further agreed that no Acepromazine had been detected as defined under the regulations for a positive finding in the blood of the Horse. Dr. Paine however maintained – as already outlined in his second expert report and based on information provided by HFL - that there had been evidence to suggest that there had been some Acepromazine in the blood, however not to the levels required under the regulations for a positive finding. Dr. Paine explained in this respect that following Acepromazine administration the level of Acepromazine detectable in the Horse was decreasing over time, and that on the other hand the level of the HEPS metabolite was increasing over time to a certain peak, and only decreased subsequently. That therefore it had been possible for HFL to confirm the HEPS, but that only traces of Acepromazine had been detected but had not been confirmed. Dr. Cronau took the position in this context that in light of the sensitivity of modern test methods, the “minimum permissive level” would be lower than what would represent a pharmacologically effective level of a medication. In response Dr. Paine pointed out that this would depend on the analytical chemistry. Specifically that depending on the molecule of a drug and the mass spectrometer used, some chemicals in drug medication were more sensitive than others, and that therefore some compounds could be detected well below the pharmacological threshold.
- 9.6 Upon request by the Tribunal, and in light of the fact that in the past Dr. Cronau had made experience as a team veterinarian, Dr. Cronau explained that a veterinarian had to be very careful when calculating detection and withdrawal times, and that personally he always doubled the detection time when calculating the withdrawal time, in order to be on the safe side with regards to a horse testing positive. Further, that there was no doubt that in the case at hand an authorization via a Veterinary Form had been necessary and that this authorization could have also been requested retroactively for emergency situations, such as might have been the case in the case at hand. Finally, that Lithuania had only been a FEI member since 1992, and that there were only a few people involved in Equestrian sport. That furthermore the development of the sport in Lithuania and in similar countries did not have the same standards as in Central European countries, which had to be taken into consideration.
- 9.7 During the Final Hearing, Dr. Laizans confirmed that he was a licensed FEI Treating Veterinarian, and veterinarian for the PR and the Horse. Further that he travelled to the PR’s stable in Lithuania around twice a month. That in Lithuania, there was maybe one veterinarian specialized

on horses, but none with the same experience as him. Moreover that in Lithuania, and other Eastern European countries, riders had to learn about the EADCMRs from their veterinarians, as the respective National Federations did not provide any education to them. Finally, that only a small number of FEI events took place in Latvia and Lithuania. Dr. Laizans further confirmed that the PR had called him on Monday 20 January 2014, and that he had advised him to orally administer 2 spoons – which he had calculated being a mild dose for the Horse – of Vetranquil®-Granulat to the Horse. That he had not informed the PR that the withdrawal time could be something around 10 days, and that he had thought that the Acepromazine would have left the Horse's system after three days, i.e. at the time when it competed again. Further, that he had been aware that the administration had taken place during an event, and that he was familiar with the VRs. That however he did not remember whether or not he had informed the PR that he needed an authorization to administer the Acepromazine. That he had made an entry of the Acepromazine administration in his papers at home; that generally, in cases where he only advised the PR on treatments, and the PR then undertook the administration himself, he would only note those treatments in his book at home, and not in the book at the stable, since he was not physically there. Finally, that it was the PR's responsibility to keep the Medication Logbook of his horses up to date.

- 9.8 During the Final Hearing, the PR further explained that he owned fifteen horses, and that some more horses were stabled in his stable in Lithuania. That he was mainly training and competing with horses, but also selling those horses which did not fit him. Furthermore, that he had brought eight horses to the Event. With regards to the incident at the Event, the PR explained that due to the winds, the fire in the neighbourhood and the noises resulting from it the Horse had been in panic, i.e. sweating, kicking, and going around in the box. That the Horse had been the first in line in the tent, and that its panic had spilled over to the other horses. That he had therefore aimed at calming the Horse down. That after observing the Horse for about twenty minutes he had called Dr. Laizans, at around 4 to 5 pm. That thereafter – as instructed by Dr. Laizans - he had administered 2 measure spoons (the spoon came with the medication) of the Vetranquil®-Granulat orally to the Horse. That this had been the first time he had used this medication, and that he had received it from Dr. Laizans for emergency situations, such as the one at the Event. That the Vetranquil®-Granulat had been stored in the lockable medicine box, for which only he had a key, and which he would take with him when travelling to Events. Moreover that he had been aware that the medication contained a Controlled Medication Substance, as Dr. Laizans had informed him that the substance would be eliminated from the Horse's system within 3 days after administration. That Dr. Laizans had however not informed him that he required an authorization for the administration. The PR further explained that the Vetranquil®-Granulat had calmed the Horse down, and that maybe the Horse had been a little tired for one week. That he



had had no expectations with regards to performance of the Horse at the Event, as the Horse had competed for the first time again after July 2013. That now – following the case at hand – he was more familiar with the ECM Rules, including knowledge as to when a Veterinary Form was needed, and also regarding the definition of “in competition”. Finally, that at the time of the Event he had not been familiar with the requirement of a Medication Logbook either, even though he had listed all medications he had administered to his horses. That there had been a misunderstanding between himself and Dr. Laizans since he had thought Dr. Laizans would make a note of this treatment, as he had previously consulted him, and since that was what he usually did. That normally he did not administer any substances to his horses during events, and that the case at hand had been exceptional, due to the circumstances. That he knew which medicines were included in the medication box, since from time to time he had to administer medicines to his horses, i.e. if a horse suffered from a colic or similar, and since Dr. Laizans was based in Latvia, i.e. far away from his stable. With regards to the 2012 positive finding, the PR explained that at the time, the horse in question had been on a ferry, and very nervous because of the ferry and the rough sea, and therefore he had injected some Acepromazine to the horse. That at the time he had not called his veterinarian for advice prior to administering the Acepromazine, and that he had not used the same product since.

- 9.9 The PR further stated that he did not deny that a finding for a metabolite of a Prohibited Substance, such as HEPS, constituted an ECM Rule violation. That however in the case at hand, the absence of any therapeutic effect had to be taken into consideration when exercising discretion in determining the sanction. Finally, that even the FEI recommended that a withdrawal time was higher than the detection time outlined on its List of Detection Times, in order “to allow for individual differences between the horses”. That therefore, since it was not possible to define how long a horse would test positive for a Prohibited Substance, it would not be possible either to establish from the amounts of the Prohibited Substance detected, the time when administration had taken place.
- 9.10 Regarding the degree of his Fault/Negligence for the rule violation, the PR argued that the degree of Negligence had to be defined on a case-by-case basis, and not based on an ideal role model of a rider from a Central European country. That in the case at hand, he had always been consulting with his veterinarian prior to administering any medicines. Moreover, that he had also established a system for noting the medications administered for each horse, including the Horse, even though he did not have a Medication Logbook as such. Further, that he had not received any education from the LTH-NF with regards to FEI Rules and Regulations, and that those Rules and Regulations had not been made available in his native language, which would have allowed him to better understand the technical terms. That he only spoke a little German and Russian. In addition, that he had received “wrong information” from his veterinarian, i.e. the veterinarian had only

informed him of the respective detection time and not of the withdrawal time; that it was not easy to change his veterinarian due to the lack of experienced professionals available in his country.

- 9.11 By reference to a Court of Arbitration for Sport ("CAS") decision (CAS 2012/A/2807 Al Eid v. FEI; 2012/A/2808 Sharbatly v. FEI) the PR argued that the key consideration in exercising the discretion for the determination of the sanction provided under Article 10 of the ECM Rules, i.e. some period between 6 months to 3 years for a second rule violation, had to be the legal principle of proportionality, meaning that the sanction had to be commensurate with the seriousness of the offence, taking into account the underlying objectives of the ECM Rules and the mischief they aimed at preventing. Further, that – as the Panel in the CAS cases had found – the objectives being pursued had to be sufficiently important to justify depriving an offender of his or her right to pursue his or her profession, and the sanction imposed had to be rationally connected to the pursuit of those objectives, and had to go no further than necessary to meet those objectives. Furthermore, that the scope of the ECM Rules had to be considered, and that the ECM Rules foresaw a different sanctioning system than the EAD Rules. That in the case at hand there had been no performance enhancement, and that therefore the level playing field had not been harmed. That further there had been no harmful impact on the Horse, and no welfare concerns. Finally, that his income was depending on his involvement in the sport, i.e. training and competing, and that he requested the Tribunal to take into account that the average salary in Lithuania amounted to around 25,000 Euros.
- 9.12 During the Final Hearing the FEI stated that Article 2 of the ECM Rules clearly required riders to know what constituted a rule violation, and that different standards, i.e. with respect to education and information by Lithuanian riders could not be taken into account. Further, and in light of the fact that the PR was a professional rider, it was even more important that he informed himself of the rules and regulations applicable to his profession, and was further obliged to acquire the appropriate translation thereof, if necessary, for his understanding. Further, that it had also to be taken into consideration that he had competed as high as World Cup level, that he owned fifteen horses and was also riding other horses.
- 9.13 The FEI further argued that as a pre-requisite to any reduction or elimination of the otherwise applicable sanction, the rider had to first establish how the Prohibited Substance had entered the Horse's system, which – in the opinion of the FEI – he had not succeeded. Further that irrespective of whether he had established the source of the Prohibited Substance, the PR had been highly negligent in conducting his duties as a rider, as firstly he had not been aware, to the extent necessary, of the VRs, specifically as he did not know that he needed an authorization for the administration of Acepromazine, and that he only followed the advice of his veterinarian in this respect. That further the PR had not complied with his duty to enter the administration of the Controlled Medication Substance in the FEI Medication Logbook, as foreseen under the VRs.

Moreover, that apparently he had learned little from his previous case in 2012, as he appeared to not have informed himself and ensured that he would not be confronted again with a similar rule violation. Finally the FEI argued that riders were responsible for how their staff, including their veterinarians, treated their horses.

- 9.14 Regarding the CAS decision referred to by the PR, the FEI argued that the decision in question resulted from 2012 cases, and that the sanctions applicable at the time had been from zero up to two years period of Ineligibility. That also in the CAS cases the PRs had been second offenders, but that their previous rule violations had mounted back 6 to 7 years, whereas in the case at hand the two rule violations had been committed within a two-year time frame. That for these reasons the case at hand was not comparable with the CAS cases.
- 9.15 The FEI further explained that in case the Tribunal would not accept to disqualify all other results obtained by the PR with the Horse during the Event in accordance with Articles 9 and 10.1.2 of the ECM Rules, alternatively at least the results of the competitions that had taken place on 24, 25 and on 26 January 2014, i.e. in those competitions where the PR had competed with the Horse, had to be disqualified.

## **10. Jurisdiction**

- 10.1 The Tribunal has jurisdiction over this matter pursuant to the Statutes, GRs and ECM Rules.

## **11. The Person Responsible**

- 11.1 The PR is the Person Responsible for the Horse, in accordance with Article 118.3 of the GRs, as he had competed with the Horse at the Event.

## **12. The Decision**

- 12.1 As set forth in Article 2.1.2 of the ECM Rules, sufficient proof of an ECM Rule violation is established by the presence of a Controlled Medication Substance in the Horse's A- and B-Sample. The Tribunal is satisfied that the laboratory reports relating to the A- and B-Sample reflect that the analytical tests were performed in an acceptable manner and that the findings of HFL and LCH are accurate. The Tribunal is satisfied that the test results evidence the presence of HEPS in the urine sample, taken from the Horse at the Event. The PR did not contest the accuracy of the test results or the positive finding. HEPS is a metabolite of Acepromazine - a Controlled Medication Substance under the FEI Equine Prohibited Substances List - and the presence of HEPS in a Horse's body during an Event without a valid Veterinary Form is prohibited under Article 2.1 of the ECM Rules.

- 12.2 The FEI has thus established an Adverse Analytical Finding, and has thereby sufficiently proven the objective elements of an offence in accordance with Article 3 of the ECM Rules.
- 12.3 In cases brought under the EADCMRs, a strict liability principle applies as described in Article 2.1.1 of the ECM Rules. Once an ECM Rule violation has been established by the FEI, the PR has the burden of proving that he bears "No Fault or Negligence" for the rule violation as set forth in Article 10.4.1 of the ECM Rules, or "No Significant Fault or Negligence", as set forth in Article 10.4.2 of the ECM Rules.
- 12.4 However, in order to benefit from any elimination or reduction of the applicable sanction under Article 10.4 of the ECM Rules, the PR must first establish how the Controlled Medication Substances entered the Horse's system. This element is a prerequisite to the application of Article 10.4 of the ECM Rules.
- 12.5 To start with the Tribunal takes note of the PR's explanations on how the Acepromazine had entered the Horse's system, namely by orally administering two spoons, corresponding to 80 mg Acepromazine, of the product Vetranquil®-Granulat to the Horse on 20 January 2014, i.e. six (6) days prior to sampling. The Tribunal further takes note that the two experts, Dr. Paine and Dr. Cronau, did not agree on whether the PR's explanation of the amount of the Acepromazine administered, at the alleged time of administration, could have led to the amount of HEPS detected in the urine of the Horse on the day of sampling.
- 12.6 The Tribunal however finds that it does not have to decide whether the PR has established the source of the Prohibited Substance as, in the opinion of the Tribunal, the PR has not established that he bears "No (Significant) Fault or Negligence" for the rule violation. Therefore no reduction or elimination of the otherwise applicable period of Ineligibility under Article 10.4 of the ECM Rules is warranted.
- 12.7 In accordance with Article 2.1.1 of the ECM Rules, it is the PR's personal duty to ensure that no Controlled Medication Substance is present in the Horse's body during an Event without a valid Veterinary Form. The Tribunal finds that the PR has acted highly negligently in performing his duties as competitor, for several reasons. To start with, the Tribunal acknowledges that the PR has put some measures in place following the 2012 rule violation, i.e. a lockable medicine cabinet at home, and a lockable medicine box during events. The Tribunal however finds that, – as the PR acknowledged himself – even after the previous rule violation for the same Prohibited Substance, he had not made himself familiar with FEI Rules and Regulations, in particular the EADCMRs and the VRs. Given the PR's rule violation history, and the fact that he was mainly earning his living by training and competing with horses, the Tribunal finds that it was even more than negligent by the PR to not familiarise himself with those rules. The Tribunal further finds that if the PR had been aware of FEI Rules and Regulations, he would have known that he had to request a Veterinary Form prior to using any medication at an Event, and that he had to keep a FEI Medication Logbook for the Horse. As regards the PR's claim that the

LTH-NF would not have provided any education with regards to FEI Rules and Regulations to him, and that those rules were not available in his native language, the Tribunal finds that insofar as under the EADCMRs, riders (Persons Responsible) are responsible for the presence of any Prohibited Substance in their horses systems, it is ultimately their duty to find a way to obtain the necessary information. The Tribunal further understands that on the website of the LTH-NF, there is a link to the "Clean Sport" section of the FEI website, and that this section provides information with regards to Human and Equine Anti-Doping, and that some of this information is available in various languages, including German and Russian. Further, that on the website it is stated that it is possible to contact the FEI for further clarifications. The Tribunal therefore has to dismiss this argument made by the PR.

- 12.8 Finally, the Tribunal holds that – in line with its previous decisions - Persons Responsible are responsible for their Support Personnel and the medical treatment given by them to their horses. In the case at hand the Tribunal finds that – under the ECM Rules - the PR has to therefore assume responsibility for the advice of the veterinarian, in particular if the latter had only informed him of the detection time, and not of the withdrawal time for Acepromazine, as alleged by the PR.
- 12.9 Accordingly, the Tribunal finds that the PR has acted highly negligently in performing his duties as competitor and Horse owner. The Tribunal therefore comes to the conclusion that no reduction or elimination of the otherwise applicable period of Ineligibility is warranted.

### **13. Disqualification**

- 13.1 For the reasons set forth above, the FEI Tribunal is disqualifying the Horse and the PR combination from the Competition and all medals, points and prize money won must be forfeited, in accordance with Article 9 of the ECM Rules. Furthermore, and given that most likely, the Horse had carried the Prohibited Substance in its system for the entire duration of the Event, i.e. 21 to 26 January 2014, the Tribunal is further disqualifying all of the Person Responsible's individual results obtained with the Horse in the Event, with all consequences, including forfeiture of all medals, points and prizes, in accordance with Article 10.2 of the ECM Rules.

### **14. Sanctions**

- 14.1 Under the current ECM Rules, for first time offenders, the sanction for an Adverse Analytical Finding for a Controlled Medication Substance shall be commensurate with the seriousness of the offence, taking into account the underlying objectives and rationale of the ECM Rules and the FEI Medication Code, as well as the principles of fair play. The ECM Rules further stipulate that the period of Ineligibility shall be six (6) months, for first time offenders. However given the 2012 violation, the Tribunal finds that the PR is not a first time offender in the meaning of the ECM

Rules, and increased penalties for multiple violations up to three (3) years of Ineligibility – if so warranted – shall be imposed by the Tribunal, as set forth in Article 10.6.1 of the ECM Rules.

- 14.2 When deciding on the sanctions, the Tribunal is taking into account the degree of Negligence of the PR, and in this context notes amongst others the fact that the case at hand concerns the second rule violation for the same Prohibited Substance in a period of two-years.
- 14.3 The FEI Tribunal imposes the following sanctions on the PR, in accordance with Article 169 of the GRs and Article 10 of the ECM Rules:
- 1) The PR shall be suspended for a period of **ten (10) months** for the rule violation. The period of voluntary Provisional Suspension, effective from 8 December 2014, the date of the voluntary Provisional Suspension, shall be credited against the Period of Ineligibility imposed in this decision. Therefore, the PR shall be ineligible through **7 October 2015**.
  - 2) The PR is fined **one thousand five hundred** Swiss Francs (**CHF 1'500,-**).
  - 3) The PR shall contribute **two thousand** Swiss Francs (**CHF 2'000,-**) towards the legal costs of the judicial procedure, as well as the costs of the B-Sample analysis.
- 14.4 No Person Responsible who has been declared Ineligible may, during the period of Ineligibility, participate in any capacity in a Competition or activity that is authorised or organised by the FEI or any National Federation or be present at an Event (other than as a spectator) that is authorized or organized by the FEI or any National Federation, or participate in any capacity in Competitions authorized or organized by any international or national-level Event organisation (Article 10.9.1 of the ECM Rules). Under Article 10.9.2 of the ECM Rules, specific consequences are foreseen for a violation of the period of Ineligibility.
- 14.5 According to Article 168 of the GRs, the present decision is effective from the day of written notification to the persons and bodies concerned.
- 14.6 In accordance with Article 12 of the ECM Rules, the Parties may appeal against this decision by lodging an appeal with the Court of Arbitration for Sport ("CAS") within 30 days of receipt hereof.

**V. DECISION TO BE FORWARDED TO:**

- a. The person sanctioned: Yes
- b. The President of the NF of the person sanctioned: Yes
- c. The President of the Organising Committee of the Event through his NF: Yes
- d. Any other: No

**FOR THE PANEL**

A handwritten signature in black ink, appearing to read 'Erik Elstad', is centered on the page. The signature is written in a cursive style with a large initial 'E'.

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**The Chair, Mr. Erik Elstad**