

Drug Care Essential for Reputation, Future of the Livestock Industry

The meat industry has to take positive steps to restore the public's confidence that we are producing a wholesome product, not something pumped full of chemicals and residues, says a veterinary professor at Kansas State University.

One way to restore confidence, according to Dr. Dan Upson of the university's department of anatomy and physiology, College of Veterinary Medicine, is for the veterinarian to become entirely responsible for the herd health and allow the producer to purchase drugs wherever he can get good quality at a reasonable price.

Another is for all producers to abandon the destructive "treat and salvage" approach. That's the practice of shooting a sick animal full of antibiotics and sending it to slaughter. "The total industry is ill served when animals are sold full of drugs," he says.

Still another practice, used by a few producers as well as veterinarians, is the "witches' brew" mentality toward antibiotics or pharmaceuticals. That's mixing a bunch of different medicines together with the mistaken notion, that if one drug does the job, two or three kinds mixed together might work three times as well. "This promises bad results, because chemical changes may take place that create toxicity or drugs may antagonize each other," says Upson.

The veterinary faculty member was referring to the hazards of extra-label use of drugs in food producing animals, something the Bureau of Veterinary Medicine of the Food and Drug Administration came down hard against in a revised policy statement issued in mid-1983. Under the new policy, FDA did not have to find drug residues in animal tissues to prosecute or fine; it only had to provide evidence that the recommended dosage on the label was exceeded or that non-approved drugs were found on the livestock medicine shelf.

Upson says, "Despite the picture sometimes painted in the media, the track record for drug residue problems in livestock is very good, much better than in human health situations where some medical records show that an average hospitalized patient receives at least four antimicrobials per stay."

Upson admitted that early in the age of so-called wonder drugs, penicillin was over-used in milk cows and some of that got into the milk and caused allergic reactions in people drinking it.

However, he adds, "If you set that instance aside, there has never been one documented case in the medical literature in the United States that I can find where there was a human health problem traced to an animal drug residue—not one."

In order to keep out of trouble with FDA,

Upson says producers and veterinarians needed to learn two terms.

The first term is label use, which means a pharmaceutical is to be used exactly as it is written on the label, package insert or box. The label will state the species, the disease for which the medication is to be used (for example, pneumonia), the species of the animal, the acceptable dosage, how it is to be given (orally or by injection), frequency of use, duration of treatment, withdrawal information and warnings about whether it is prohibited on animals intended for food.

The second term is extra-label use. This means any use other than what's on the label. A dog or cat preparation used on cattle is extra-label. Raising the dosage is extra-label. If it is labeled to be given subcutaneously (injected under the skin) and it is injected in the muscle, it becomes an extra-label compound.

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Other important terms to know in order to stay out of trouble, according to Upson, are over-the-counter drugs and prescription drugs.

An over-the-counter drug may include penicillin or sulfonamides. Anyone may purchase an over-the-counter drug.

A prescription drug is one that must be prescribed by a veterinarian before it can be purchased. Amoxillin, ampicillin, LA 200 and some of the slow release sulfonamides and long-lasting penicillins are prescription drugs.

The confusion arises when doses are increased above label or the drug is mixed or used in other ways or on other species than listed on the label. An over-the-counter drug used extra-label is a prescription.

"Presently, under the FDA policy a veterinarian may legally write a prescription or order treatment that differs from label use or is extra label," says Upson.

Other drug concerns listed by Upson included illegal sale of livestock drugs, drug thefts, circulation of outdated or banned drugs, drug mixups through carelessness, purposely mixing drugs, over-doses and excessive uses of antimicrobial drugs which may transfer resistance to antibiotics, including relay toxicants.

Ways Upson says drug residue concerns

could be greatly reduced or producers protected would be to:

(1) Employ the Live Animal Swab Test (SWAB test) on the ranch or feedlot. It's a test for residues in blood or urine (assuring yourself a clean bill of health when cattle go to market).

(2) Save extra-label drugs only for special needs.

(3) Maintain careful records (If you have a steer that was treated and accidentally shipped to market, your records can help bail you out of trouble with the inspection service).

Upson recommends the livestock industry could be better served if veterinarians were given the entire responsibility for herd health programs, especially now as the livestock industry moves toward more intensified production.

"The veterinarian should outline all the immunization, the parasite control program, all therapeutic regimens (for footrot, respiratory problems, calf diphtheria, mastitis, scours, etc.). He doesn't necessarily have to give the medicine; he just outlines the procedures, does the consulting. That doesn't mean sending blank drug prescriptions from a veterinary office in California to some feedlot in New Mexico, Kansas or Oklahoma to be used when you feel like it, as sometimes has been done. It doesn't mean sending memos.

"It means that the veterinarian takes the responsibility to periodically examine your animals. It means the veterinarian not only works with the client and his management group; it means he works with other consultants, such as a nutritionist, in planning herd health management and in outlining treatment for your animals. It means the veterinarian should be thoroughly familiar with the animals. The veterinarian also should be totally responsible for any toxicity or violative residues, or any harm to the animals.

"The producer or client should be free to buy the drugs or vaccines or pesticides from whomever he chooses and the client should expect prompt delivery of a high quality product at an economical price. If the veterinarian isn't price competitive, get the drugs someplace else.

"The veterinarian can help you realize a profit. If he can't, then there's no need for him.

"We've got to work together to protect our image of providing a wholesome food. Approximately 10 percent of the human population is allergic to penicillin. Ninety percent get along okay. We cannot afford to allow even one person in that remaining 10 percent to get sick from a residue problem that could have been avoided by paying attention to details," says Upson. AJ