

When we examine and treat an animal, specific instructions for that animal and the drugs involved are put in the notebook. To comply with the present PMO, these instructions must also be accompanied by labels on the bottles for prescription and extra-label drugs.

Our goals are to provide producers with economic and efficacious methods of treatment, while preventing abuses that would jeopardize their milk market. In the case of extra-label drugs, meeting these goals can be difficult.

I believe that if credible oversight can be maintained, we can achieve this balance. Our clinic continues to provide some farms with small supplies of extra-label drugs to use at their discretion, but only if the following criteria are met.

- 1) The need for the drug in question is approved by one of our veterinarians.
- 2) There is a prescription for this drug in our office and on the farm.
- 3) The farmer maintains a chronological list of every animal treated for any reason, and what she is treated with.
- 4) This list is kept in the notebook we provide, and is made available to us for monthly review.
- 5) Frequency of drug use will fall within established guidelines. Any client found to be abusing this privilege will no longer be allowed to purchase such drugs from our clinic.

These rules apply not only to extra-label drugs, but to all drugs that are sold through veterinarians only. When a client enters our clinic and asks for oxytocin, the recep-

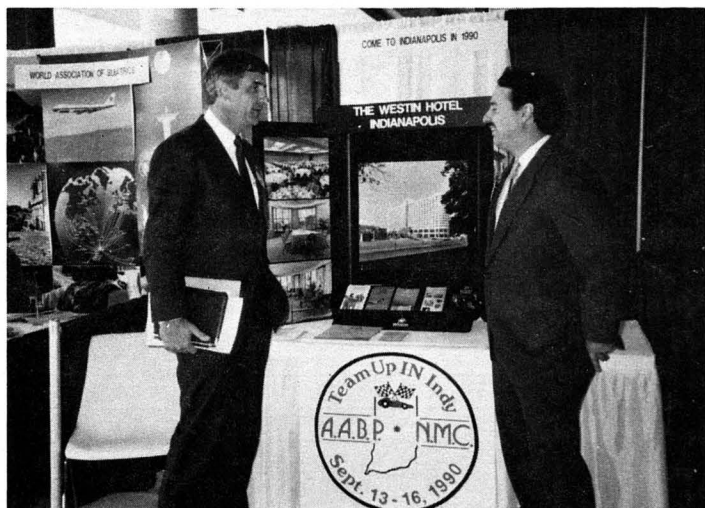
tionist checks the client's file to see if he has been approved for this drug. If there is approval and a prescription on file, she then checks a chart that shows if the client has had his cow treatment records reviewed this month. After finding verification of review, the client is asked to sign a short form stating that he understands proper use and safety of this drug.

I believe that this system provides us with a viable method to allow deserving producers necessary products at reasonable costs. The only way this system can be considered to have any merit is if it is enforced. If such a system is used as a smokescreen to continue imprudent drug use, there will be further incentive for the F.D.A. to more strictly enforce the law.

As well as being prepared to enforce our policy, and refuse drug sales to some clients, we must also be prepared to assist those that aren't meeting our criteria, but would like to. If a manager tells us his drug use is excessive because his disease incidence is excessive, we must have a plan formulated for bringing the health problems under control. This brings us back to production medicine. You can't tell a farmer he is treating too much mastitis if the only assistance you provide for mastitis is treatment. When a client's drug use doesn't meet our guidelines, he is not simply refused service. He is offered management assistance aimed at reducing the need for drug treatments.

Many practitioners have asked how they should handle good clients that demand extra-label drug dispensing. My answer is, "learn to JUST SAY NO!"

On to Indianapolis



Dr. David McClary, left, President-Elect invites a colleague to attend the 23rd AABP Annual Convention which will be held in Indianapolis, Indiana on September 13-16, 1990 in conjunction with an international mastitis meeting sponsored by the National Mastitis Council.

XVI World Buiatrics Congress August 13-17, 1990 Salvador - Bahia - Brazil, S. America



Dr. Rene' Dubois, President WAB Congress, center, discussing the Congress with AABP representatives in Kansas City. Further information from Dr. Harold Amstutz P.O. Box 2319 W. Lafayette, IN 47906 FAX: 317 494-9353