Drug usage is an everyday occurrence in livestock units, especially on dairies. Although we stress prevention, management, and other nonmedical intervention to farm problems or diseases, therapeutic drug use is needed. Before I get to the actual practice tip portion of my presentation, I feel I must first step on a few toes.

Some of my colleagues feel the necessity to let clients dictate drug need and use. They hand out prescriptions like lollipops to a child—a sweet, temporary pacifier. Some aren't involved in the medical portion of the herd. If you're only sleeving cows or handling a herd's nutrition, you do not have a valid VCPR for the farm's other areas. Therefore you're not in a legal position to sell that client prescription drugs or give prescriptions for their purchase. Your act promotes an uncontrolled drug use by lay persons and makes it difficult for me and others who follow the laws. You've all heard the comments: "Well, ole doc so and so does it, why won't you?"

The livestock industries have promoted quality assurance, decreased injection site blemishes, and reduction in residues. With the emergence of the antibiotic resistance issue, we as a profession need to be more in control of drug usage on the farm. We have the expertise to know drug dosages, interactions, and withdrawal times. If you're a part of this problem—STOP. Work with your clients and let them know the importance of minimal but proper drug usage. Become part of the solution—not part of the problem.

Now that I've preached, we'll pass the collection plates—and I'm not even a southern Baptist!

When we go on the farm for a visit, our minds should be "on drugs" or how they are stored and labeled, and how they can be properly used.

As I work, I'm always talking to the producer on how things are going on his farm. We talk about problems and what we can do to investigate their cause and intervention. Many of the problems I find are preventable through management changes. There also may need to be drug use to treat the affected animals before these changes can take effect. Records are so important to reviewing the farm's drug usage; I wish I could say most of my farms have good records, but I can't. I tell them it's the perfect opportunity to chew me out if the therapies I've recommended aren't working. But, if the records aren't there I can't fully evaluate their use. Two simple records that we use are individual cow sheets or daily treatment records. Both can be used in reviewing recent problems and drug usage. Both sheets have information on the cow's ID, her temperature, findings by body system, a diagnosis or problem list, and treatments. I use these with a treatment protocol manual. Treatment regimes have been made for the major problems we see on the farm. It lists the drugs to use, the dosage, frequency, route of administration, and withdrawal times. I spend more and more of my time training farm personnel on performing physical exams, evaluating what they find, and proper drug administration. All they have to do is match their findings with the treatments prescribed. This method allows the producer or someone on the farm to promptly treat the animals, but I'm in control of what they are giving. I keep these treatment protocols in a word processing program so they can be edited and the regimes changed as I see changes in response to treatment on farm. These regimes can also be coded and used in the farm's computer program. I recently worked with Dr. Allyn McClure on a farm he visits in my area. This way the cows being treated are entered in the farm's computer after the daily treatments are made and a treatment sheet for the next day can be produced.

Another routine practice I have is to check drug storage and labeling while on farm. It only takes a few minutes, but it could save the producer from a 7-point deduction on his farm inspection. It is not usual to find prescription drugs mislabeled or not labeled at all when they are supplied from a distributor. The pharmacy laws of Georgia required the dispenser to apply the label, and within the state, prescription drugs can only be dispensed by the prescribing veterinarian or a licensed pharmacist. Drugs that enter from out of state must be shipped by an independent carrier (like UPS) and the label applied at the shipping point. If I find improperly labeled drugs, I'll box them up and carry them to the farm office. The owner or I will call the distributor and
tell them of the error so the product can be picked up and properly labeled drugs shipped.

I try to have the producer or one of the medical staff with me when I check how the drugs are stored. We have designated "Lactating" and "Non-Lactating" areas, most of which are labeled. I routinely carry some of the labels with me to replace old or missing labels. On my smaller dairies, the refrigerator is the most common area I find a storage violation. On the larger farms, it will be in the treatment area. Vials are constantly being used and replaced, and someone in a hurry often replaces medication in the wrong area.

Whenever possible, I meet with my local inspector. He knows I care about my clients and how drugs are used and stored. Having a good relationship with these people can help a client if he's had problems in the past. I've recently worked with the Dairy Division of the Georgia Dept. of Agriculture in a program to cross train some of their inspectors to work dairies. I collected empty boxes and vials from the farms I visit and labeled the bottom as for drug classification, labeling needed, and storage area. This was a small gesture to let the people in Atlanta know that the veterinarian is a key person on the farm. If they know it, maybe they'll pass the word on to a producer who needs help, and we can have more input on these farms.

That's it—"On drugs from South Georgia".