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Owen was awarded the Diploma in Cattle Health and Production in 2013 and is an RCVS Recognised Specialist in Cattle Health and Production, and a CowSignals master trainer. He has particular professional interests in bovine lameness, youngstock management, building design, rumen health (nutrition), herd fertility, transition cow management and responsible use of veterinary medicines. He can be contacted at [owen@dairyveterinaryconsultancy.co.uk](mailto:owen@dairyveterinaryconsultancy.co.uk)



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# Medicine stewardship on dairy farms

Medicine stewardship is a buzz phrase presently. There are many changes afoot on dairy farms to ensure medicines are stored, used and recorded more appropriately. This article takes a look at how medicine use has changed, where the current problems lie, and what can be done to improve things.

## The past

Many things have changed in the way medicines are used on dairy farms. Even 25 years ago, when I first qualified, things were very different. Farmers used to order small quantities of medicines, and seemed to keep fewer stocks on farm. In my first practice, we frequently used to dispense a course of mastitis tubes for single cases of mastitis, or single syringes of antibiotic to treat one calf with pneumonia. I even remember visiting farms to treat simple cases of mastitis myself. My goodness, those were the days!

Later, in another practice, one of my bosses chastised me for dispensing flunixin for a dairy farmer to administer. “If we let ‘em have the best drugs in our boot, what the hell are we supposed to use when we turn up to treat a sick cow?” he said. All the ‘best’ drugs were kept back for vet-only administration so we could maintain our mystique and magic.

Now, it isn’t unusual for dairy farmers to have more than 30 different prescription medicines on farm. Farmers often place drug orders with their vets worth hundreds of pounds at a time – sometimes bulk-buying for convenience or to attract a better discount. There aren’t many medicines that are now kept back for ‘best’ by veterinary professionals (Figure 1).

## The present

So, things are a little different now. There is a scenario with which I am familiar and that



**Figure 1.** A medicine cupboard on a medium-sized dairy farm. There is frequently a wide range of prescription veterinary medicines stored on farms.

I believe is all too common. It goes like this. A milker, perhaps a young lad barely out of school, or an overseas worker with a poor grasp of English, is faced with an obviously sick cow during milking. The cow is depressed, perhaps a little droopy-eared or sunken-eyed, and breathing fast (she is possibly pyrexia).

The choices faced by the lone worker are to call his boss (but it is his afternoon off/ weekend away and maybe he’ll get into trouble); to risk calling the vet (expensive and maybe he’ll get into trouble, again); to do nothing (the cow might die and he would definitely get into trouble); or to have a go at treating her (well, at least he can say that he tried!).

He will go to the medicine cupboard ... or shelf, or table, or box, or windowsill. Some drugs will look familiar because he has seen other people on the farm use them.

Some, he may remember the vet giving to other sick cows. Others will simply be pure gobbledegook.

The cow is breathing fast, a little bit like the calves that were treated for pneumonia recently, so the worker reaches for a big syringe of the familiar pneumonia drug. And then perhaps a few mastitis tubes in each quarter, “just in case”. And a big syringe of the white stuff, because that’s harmless enough and he sees his boss give that regularly as a cheap “catch-all”.

I have described this scenario as involving a young or inexperienced worker. In actual fact, it could be any farmer, any day of the week on almost any farm. It is shocking, and it is wrong.

## The problems

I am not necessarily entirely critical of the changes to medicine availability, but