



November 30, 2018

Honourable Oneil Carlier
Minister of Agriculture and Forestry

229 Legislature Building
10800 – 97 Avenue
Edmonton, AB T5K 2B6

Honourable Christina Gray
Minister of Labour and Minister Responsible for
Democratic Renewal

107 Legislature Building
10800 – 97 Avenue
Edmonton, AB T5K 2B6

Dear Minister Carlier and Minister Gray,

We are now just one day away from December 1, 2018, the date on which livestock and poultry producers will require prescriptions to purchase nearly all medically important antibiotics. While Alberta Beef Producers (ABP) recognizes the importance of using these products responsibly and supports the requirement for prescriptions to promote responsible use of the products, we still have very serious concerns about the limited options that will be available to producers for purchasing these products after they have a valid prescription. We fear that many livestock and poultry producers will not have timely and affordable access to the products they need to keep their animals healthy.

Over the past year, ABP has been exploring options for enhancing the availability of prescription only antibiotics for producers, both as an individual organization representing beef producers and in collaboration with our colleagues from other livestock and poultry organizations through the Intensive Livestock Working Group (ILWG). We began our discussions of this issue with staff at Alberta Agriculture and Forestry (AF), but we have also talked with representatives of Authorized Medicine Sales Outlets (AMSOs) and the feed manufacturing industry. At your suggestion, Minister Carlier, we have participated in a number of meetings and conversations with representatives of the Alberta Veterinary Medical Association (ABVMA).

I have attached the most recent summary of our concerns regarding the accessibility of prescription only medically important antimicrobials (MIA). We have shared this document with AF and ABVMA representatives. Despite our best efforts during this year, we have not been able to gain support from AF staff or the ABVMA for any of the enhanced dispensing options that we have proposed. Although we have heard very serious concerns from producers and individual veterinarians, the representatives of AF and ABVMA have not agreed that any issues will exist with dispensing prescription only antibiotics and have assured us that producers will have timely and affordable access to these products.

We hope that these assertions are correct and we will be very willing to acknowledge them if they prove to be accurate, but we are far from confident that all producers will have the access to the prescription only MIA that they require to ensure the well-being of their animals. We are writing to you, Minister Carlier, as the minister responsible for supporting the agriculture industry in Alberta and to you, Minister Gray, as the minister responsible for the legislation and regulations governing the ABVMA. If the assurances we have



Minister Carlier and Minister Gray Letter

November 30, 2018

Page 2

received from AF and ABVMA do not prove to be accurate and if our concerns prove to be valid, we will be urging you to take action to protect the health and welfare of the livestock and poultry in Alberta and the livelihood of the producers who care for them. Please feel free to contact me or the ABP office if you have any questions or would like more information about our concerns.

Sincerely,

Charlie Christie,
Chair

Cc: Dr. Keith Lehman, Chief Provincial Veterinarian, Alberta Agriculture and Forestry
Dr. Kim Romanufa, President, Alberta Veterinary Medical Association

Summary of Livestock Industry Concerns Regarding the Accessibility of Prescription Only Medically Important Antimicrobials (MIA)

Competition in the marketplace:

- There is a real concern that restricting the distribution of prescription drugs will cause consolidation in the number of practitioners offering certain products for sale, as well as increase current price differentials for some clinics (large clinics often receive discounts for bulk purchasing). This is especially true on DIN products used for on-farm mixing, as few clinics have the infrastructure to warehouse and transport these products.

Access to Service:

- According to maps of producer premise ID and veterinary clinic locations, 95% of livestock producers are within 50 km of a veterinary practice. However, this doesn't mean the clinic hours are convenient or that a good working relationship exists with the nearest clinic.
- This is part of a larger issue facing rural communities (i.e. attracting professionals to work in rural areas) and a demographic shift towards more emphasis on work-life balance. There needs to be ways to incentivize large or mixed animal practitioners to remain in rural areas.
- We expect the new policy will increase the demand for veterinary services, and it is unclear if the current capacity, especially in some areas and species, will be able to meet the need. Poultry for example, have a very limited selection of veterinarians (or in the case of some minor use species none at all, e.g. bees). This will be challenging both for producers and veterinarians working with those species given the expanded workload and administrative burden.
- ABVMA has suggested that 90% of current prescriptions for the products that are moving to the prescription drug list are for "predictable health events" rather than an outbreak type situation. In response, there will be increased need for the development of herd health protocols with a veterinarian in order to have prescriptions on file for common herd health issues experienced throughout the year, as well as increased administrative burdens, putting more pressure on existing veterinarian infrastructure.

Dispensing & Conflict of Interest (COI):

- Producers in Alberta have the ability to present a valid prescription to any veterinarian clinic to get product dispensed, as long as the dispensing veterinarian can confirm the prescription is valid.
- However, veterinarians have the choice to refuse service, as does any professional providing services. There is a concern that producers who price shop animal health products will have

that option taken away if veterinarians they use for regular or emergency services choose to refuse services unless a producer purchases animal health products from them. This speaks to the potential for conflict of interest.

- From “Antimicrobial stewardship in Canadian Agriculture and veterinary medicine. How is Canada doing and what still needs to be done?” Prescott, JF et al. 2010. CVJ. 52:402-407
“Scott McEwen (University of Guelph): ‘Veterinary prescription of all antimicrobials in animals is a hallmark of prudent use but that veterinarians should not be allowed to profit from such a monopoly.’ (emphasis added)

- It is understood that as of December 1st, 2018 federal regulations will prohibit the sale of a prescription drug to any other body except a drug manufacturer, pharmacist, practitioner or wholesale druggist. That is interpreted to mean that “Authorized Medicines Sales Outlets” (AMSO) will no longer be permitted to purchase prescription products or dispense prescription only products for animal health use. This will dramatically reduce the distribution options now available to producers and impact efficiencies, access and costs.
- A 2017 analysis of over the counter antibiotic use in livestock and poultry in B.C. indicated that 95% of Over the Counter (OTC) antibiotics were administered in feed, and other methods of administration accounted for less than 1% of total usage. In addition, OTC usage was heaviest in Category III at 41%. The report also acknowledges the potential for an inadvertent increase in drugs of higher importance in human medicine by shifting to a prescription only policy.

https://www2.gov.bc.ca/assets/gov/farming-natural-resources-and-industry/agriculture-and-seafood/animal-and-crops/agricultural-licenses-and-forms/bc_otc_amu_report_2002-2016.pdf

- Data from the Western Canadian Cow Calf Surveillance Network indicated that 98% of producers used antimicrobials at least once in a calendar year (2013-14). The antimicrobials used at least once in the most herds were: oxytetracycline (84%), florfenicol (81%), sulfonamides (50%), penicillin (34%), sulfadoxine/trimethoprim (34%), tulathromycin (28%) and tilmicosin (19%). The three highlighted drug classes are currently OTC.
 - Lameness was the most common reason for reporting Antimicrobial Use (AMU) in adult cows and bulls, followed by eye infections and reproductive infections in cows, all of which reported oxytetracycline as the most commonly reported antimicrobial used for treatment.
 - For pre-weaned calves the most common AMU is for respiratory disease, navel ill and arthritis. The most common treatments for these conditions were florfenicol, oxytetracycline and sulfamethazine boluses.
 - Respiratory disease was the most common reason for AMU in weaned calves, followed by ocular disease and arthritis/lameness. For respiratory disease, the most common treatment was florfenicol, for ocular disease and arthritis, the most common treatment was oxytetracycline.
 - Oral boluses (primarily sulfamethazine) were administered to unweaned calves in 45% of herds, with 11% reporting neomycin sulfate boluses. Oxytetracycline was

- used in feed in 4% of herds, and chlortetracycline in 2% of herds for lameness and disease prevention.
 - Of note, the participants in the WCCSN were recruited by their veterinarians to participate and indicate a biased sample group. In this group that do already have regular veterinary contact, OTC antimicrobials were most commonly used for the treatment issues found on cow/calf operations.
- Four years of data from FHMS (over 2 M animals) indicates MIA in feedlot cattle via injectable antibiotics accounted for 17% of all MIA doses. In-feed antibiotics were given to 97% of cattle and accounted for 83% of MIA AMU in feedlot cattle (50% for liver abscesses, 29% for histophilosis, 5% for outbreaks of footrot, pinkeye, etc). The amount of in-feed AMU/head decreased by 14% over the four years of data examined.
 - This data demonstrates that the highest amount of number of animal used daily doses (nAUDD) in feed arises from the use of tetracyclines (oxy and chlortetracycline) for the prevention and treatment of histophilosis, liver abscesses, pinkeye and footrot; followed by macrolide use for the prevention of liver abscesses. All macrolide use in feed was OTC (1.9 M nAUDD). Chlor/oxytetracycline use for histophilosis and liver abscess prevention would be extra label, requiring a prescription (~25 M nAUDD), while use for foot rot & pinkeye prevention/treatment could be OTC (1.6 M nAUDD).
 - Injectable use at the feedlot level is primarily tetracycline (100,000-120,000+ nAUDD/100,000 hd), followed by macrolide (tilimicosin or tulathromycin) (~80,000 nAUDD/100,000 hd), both for prevention and treatment of BRD (BRD metaphylaxis accounted for 90% of all BRD associated AMU and breaks down to 59% tetracycline use and 41% macrolide use). 56.8% of overall injectable use was Category III.
 - This data is representative of one feedlot veterinary practices' protocols, and approximately 20% of feeder/fed cattle during the time frame of the study. Differences in AMU will exist in lots that utilize a different veterinary practice/protocols.
- While cow/calf AMU represents a small proportion of overall AMU by volume, OTC use comprises the vast majority of AMU in the sector, and there are significantly more cow/calf producers than feedlot operators. These products do not currently require a prescription and are currently available through AMSOs.
- In addition, there is a significant portion of feedlot AMU that is currently permitted OTC, although it is likely there is already veterinary oversight mechanisms in place on most feedlots (anecdotally via prescription even on OTC products for record keeping purposes). However, many feedlot producers will be utilizing some form of on-farm mixing, whether Micro-Beef or another system, and will not be able to access product in the same formulations from feedmills after December 1.

Recommended Reading:

An Evaluation of a Prescription Use Only Policy for Veterinary Antimicrobials. 2015, rev.2016. (Prepared for the Canadian Council of Chief Veterinary Officers, by the CCVO's Antimicrobial Use in Agriculture Committee)

https://www.cahss.ca/media/uploads/cipars/documents/18-04-17_17-13/CCVO_Report_Veterinary_Prescription_AMU_Policy-F_sXYebik.pdf

“Moving towards a prescription use only policy for Category I-III antimicrobials would require collaboration between the federal and provincial governments, veterinary regulatory bodies and agricultural industry groups to develop a service structure to insure the availability of services for all livestock producers. While farms could benefit from increased veterinary involvement, this increased oversight comes at a financial cost. Concerns have also been expressed about the potential conflict of interest of veterinarians acting as the prescribers and dispensers of antimicrobials.” (emphasis added)