GLOBAL POLICY ON THE USE OF ANTIBIOTICS IN AQUACULTURE

Benchmark Antibiotic Use Policy

Benchmark's mission is to be a global leader in driving sustainable solutions in the food chain and proposes a clear, principled approach to antibiotic use. This policy is to ensure that the Company remains at the leading edge of developments whilst establishing our current position on responsible medicine use to drive positive animal health and welfare, and public health outcomes. Our policy will be reviewed as the science and regulation develops.

Benchmark supports the following three goals and commitments for antibiotic stewardship in aquaculture, at individual animal, farm, supply chain, national and international level, embodied in the 3Rs framework of 'reduce, replace and refine'.

Goal I: REDUCE the annual usage of antibiotic agents in animals, per unit of animal produced (mg/PCU, or equivalent), whilst preserving animal health and welfare, and not further contributing to antibiotic resistance.

1. Benchmark supports discontinuing the routine prophylactic use of antibiotics in animals.
2. Benchmark supports prohibiting the use of antibiotics as growth promoters in animals.
3. Benchmark supports restricting the use of antibiotics classified by the World Health Organisation as 'highest priority critically important to human health' to animals with diseases that are not responsive to other treatments, and when supported by clinical examination and/or diagnostic test results.
4. Benchmark supports the monitoring of antibiotic usage in animals or groups of animals, in terms of antibiotic agents used and amounts administered. Suitable outcome measures for recording and reporting antibiotic use include, but are not limited to, mg/Population Correction Unit (PCU).
5. Benchmark supports the public reporting of data relating to the usage of antibiotics in animals at least annually, detailing the animal groups included in the report and method of sampling, by industry stakeholders.

Goal II: REPLACE the use of antibiotic agents in animals where possible, with sustainable solutions to prevent diseases such as vaccination, selective breeding for disease resistance, use of probiotics and prebiotics and improved husbandry practices, to protect animal health and welfare.

6. Benchmark supports replacing the use of antibiotics in animals where possible with evidence-based alternatives to prevent health and welfare challenges, which may include vaccination, improved husbandry and management practices, changes in genetics by selective breeding and use of probiotics and prebiotics. Systematic and widespread application of these strategies will have synergistic benefits for animal disease control.
7. Benchmark supports ensuring that all animals or groups of animals are the subject of regular health planning consultations between a veterinary surgeon and the animal keeper, at appropriate intervals for the species and production system, with a focus on preventative health management, including a review of health and welfare outcomes and medicine usage.

Goal III: REFINE the use of antibiotic agents in animals, by ensuring the responsible and informed selection and administration of products to animals that have a clinical indication for treatment.

8. Benchmark supports ensuring that all antibiotic treatments have been prescribed by a veterinary surgeon who is equipped with the relevant history, husbandry conditions and clinical details of the animal or group of animals requiring treatment. The veterinary surgeon's responsibilities include both the appropriate selection of the medicine (which may include diagnostic testing), and satisfaction with the competence of the animal keepers to administer the medicine where applicable.
9. Benchmark supports the identification and mitigation of risks of environmental contamination with antibiotics, antibiotic residues or antibiotic resistant microbes, resulting from animal production and treatment.
10. Benchmark supports the identification and mitigation of risks of direct and food-borne transmission of bacteria or antibiotic residues from animals to people, by deploying relevant and evidence-based control measures at each potential stage of transmission. This may include the provision of training to medicine users, provision of personal protective equipment, and rapid response, containment and reporting to the relevant authorities of human health incidents.

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