18.00 hrs.

PAPERS LAID ON THE TABLE

Notifications under Central Excise Rules 1944 and Customs Act, 1962.

THE DEPUTY MINISTER IN THE MINISTRY OF FINANCE (SHRI JANARDHANA POOJARY): I beg to lay on the Table:

(1) A copy each of Notification Nos. 135/82-Central Excises to 151/82-Central Excises (Hindi and English Versions) published in Gazette of India dated the 22nd April, 1982 together with an explanatory memorandum regarding Central Excise Duty changes and exemptions announced by the Finance Minister in Lok Sabha on the 22nd April, 1982 while moving the Finance Bill, 1982 for consideration, issued under the Central Excise Rules, 1944.

(2) A copy each of Notification Nos. 123/82-Customs and 124/82-Customs (Hindi and English versions) published in Gazette of India, dated the 22nd April, 1982 together with an explanatory memorandum regarding reduction in the auxiliary duty of customs on viscose filament yarn below 600 deniers from 10 per cent to 5 per cent of the value, under section 159 of the Customs Act, 1962.

[*Placed in Library.* See No. LT-4007/82].

SHRI ERA ANBARASU (Chengalpattu): Since the previous Resolution has been adjourned for further discussion on the next Private Members day. . .

THE MINISTER OF STATE IN THE MINISTRY OF HOME AFFAIRS AND DEPARTMENT OF PARLIAMENTARY AFFAIRS (SHRI P. VENKATASUBBAIAH): Your Resolution is there. Please sit down.

SHRI ERA ANBARASU: Since the hon. Minister has given me an assurance, I sit down.

MR. DEPUTY-SPEAKER: Everything will be done according to the rules. You need not worry.

SHRI ERA ANBARASU: I may be permitted to move the Resolution so that it can be taken up next time.

MR. DEPUTY-SPEAKER: Your Resolution or anything can be taken care of according to the rules.

18.03 hrs.

HALF-AN-HOUR DISCUSSION

Harmful Drugs

MR. DEPUTY-SPEAKER: Now we take up half-an-hour discussion on Harmful Drugs.

SHRI HARINATHA MISRA (Darbhanga): Initiating the discussion I would like to refer to an extract of the Indian Journal of Medical Sciences published in August, 1981, pages 187-188. The extract reads as follows:

> "15 Drug Groups identified for Ban-A sub-committee of the Drugs Consultative Committee has singled out 15 drug categories of fixed dose combinations that should be 'weeded out immediately" as they are harmful to human beings besides having no therapeutic rationale. Another seven categories have been identified for removal over a "specified time."

On the basis of this part of a comprehensive report mainly, my question was based. Replying to the question, the hon. Minister stated that the sub-committee's recommendations were considered by the parent body and their final recommendations were submitted to Government on the 17th November, 1981. But these recommendations in turn were referred

to the Drugs Technical advisory board which body sat over the whole thing for months together and submitted its final report and recommendations on the Ist of March, 1982. I would like you to note that a period of seven months elapsed between the submission of the report by the sub-committee of the Drugs Consultative Committee and consideration on that report by the Drugs technical advisory board. In my humble opinion, it appears that this one factor, if indicative of anything, is the non-serious attitude of the governmental machinery, in dealing with a matter, which is of vital importance for the health of this nation.

I know that we are at the fag end of the day. Therefore, I would try to be as brief as possible. I would not like to quote the reply of the hon. Minister. But my impression has been that he was replying more like a lawyer, with all the legal acumen which he undoubtedly has, than as a straightforward Health Minister, looking after and caring for the health of the nation.

I would like him, even at this late hour, to tell this House, and through this august body the entire nation, what conerete steps have been taken for banning the use, in any shaps or form, of the 15-drug categories which had been recommended by a Sub-Committee of the Drugs Control Consultative Committee more than 7-8 months ago. Again, what concrete steps have been taken for the gradual elimination of 7 other Categories?

In the second supplementary—as we all know, two supplementaries are allowed—I had asked:

> "Whether it is a fact that a few months ago the WHO identified 18 harmful drugs, which though banned in advanced countries, were being dumped on the third world countries, and 12 of them were being freely used in India—In view of this grave situation, will the hon. Minister be pleased to state what steps he has taken to stop the banned drugs still in existence in our country lock, stock and barrel?"

The remarks which I made earlier with regard to the reply to my first supplementary question are applicable more in this case. For the sake of brevity, I am not quoting his reply. But, subsequently, when a spate of supplementary questions were asked on the floor of the House, the Minister had to admit:

> "Out of 18 drugs reported by the WHO as having been withdrawn by certain countries, we have also taken action to withdraw 7 of these drugs from the Indian market; 6 other drugs have not been approved for manufacture in the country while, in respect of the balance 5 drugs, we have taken a conscious decision with regard to the 5 drugs."

And again, in reply to another Supplementary Question, he had stated:

> "Let the hon. Members understand that certain drugs have side-effects...So, the caution is in regard the side-effects of the use of these drugs."

Now, Sir, a number of pertinent issues arise. With regard to 6 drugs you say that they are not approved for manufacture in this country. What does it exactly mean? You don't approve of their manufacture. But are they in use still? They can be imported from outside and may be used throughout the country. What does it mean when you say, "We have taken a conscious decision with regard to 5

[Shri Harinatha Misra]

drugs"? We know the word 'conscious', but what is this 'conscious decision'? I for one am unable to understand the import or the implication of this 'conscious decision'.

Lastly, the Minister had admitted at long last that certain drugs are in use which have side effects. What are these "side effects" or "straight effects"? Instead of giving with "side effects" or "straight effects", why not ban the use of the drugs altogether, which have been banned by the countries which are manufacturing these drugs? Why not deal with this matter in a straightforward manner instead of circuitous way? With all my respect for the hon. Minister I would like to submit that whatever reply he has given here becomes the nation's property. And this sort of reply, full of ambiguity, full of equivocation, leads to all sorts of confusion among different factions of our people. But certainly, this nation deserves better treatment at the hands of the Health Ministry.

Sir, in conclusion—because at the very outset I promised that I would be very brief—I would like to quote only a couple of sentences from the address by our beloved Prime Minister to the 34th World Health Assembly, at Geneva, on the 6th May 1981. In her address inter-alia she stated:

> "Medicines which may be of the utmost value to poorer countries can be bought by us only at exorbitant prices, since we are unable to have adequate independent bases of research and production. This apart..."—I would like this portion to be noted particularly—
>
> "This apart, sometimes dangerous new drugs are tried out on populations of weaker countries although their use is prohibited within the countries of manufacture."

Our beloved Prime Minister had been addressing from the world forum. May I know from the hon. Minister the names and description of each one of these drugs which although banned within the countries of manufacture are freely dumped on poor countries like India and are being used here. What action, if any, has been taken against the use of each one of these drugs?

With these words, I conclude my observations.

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND): The hon. Member, Shri Harinatha Misra, in his vehement argument while commenting on my reply on the question of drugs previously, said that the Minister is like a lawyer than the Health Minister taking care of the health of the nation. Of course, it touches the personal remarks, I need not comment. I do not think I can reply him—as the House is interested in knowing my reaction, I can only say that I appreciate his views. He is concerned with the drugs rather than my performance in the House; neither I am interested in saying that while he put forth his case he did not put forth his case like a lawyer nor like a Health Minister.

In his long speech he made only two points:

What action has the Health Ministry taken on the recommendation of the Sub Committee? Why was there a delay Perhaps, had he known the facts, he would not have—as I know the hon. Member Shri Harinatha Misra—even made such a comment. The ignorance has caused him to do this. (Interruptions).

The Sub Committee Report was received on 2nd September, 1981. The meeting of the Drugs Consultative Committee was held on 19th October, 1981. From 2nd September, to 19th October—can anybody say that there was a delay?

Then from 19th October, the Report was submitted to the Ministry on 17th November—hardly within a month. From 17th Nov. Reference received from the Health Ministry to refer the Report to the Drug Technical Advisory Board. It was done on 28th November, 1981. 17th November to 28th November comes to ten or eleven days.

The meeting of the Technical Drug Advisory Board was on 31st December, 1981. Shri Misra may kindly know that necessary time was given for meeting and that is how this meeting took place within a month. After this meeting of the Advisory Board held on 31st December, 1981, the last date for receipt of the comments from those people like industrialists, medical experts and the other people who are interested in these things, was given as 28th February, 1982. The Board had to process the comments of various persons received and then go into the various combinations. The last work they did during this period was this and the Ministry received the recommendations of the Technical Advisory Board on the 1st March, 1982.

He said there was a delay of 7 months. Had he known these facts, perhaps he woud have appreciated that there is no delay at any level. Then, he wanted to know what action we have taken. Instead of wasting the time of the House, I can at the outset say that we have accepted the recommendations of the Committee and with the result 18-fixed dose combinations will be weeded out. We have taken a decision to weed them out. (*Interruptions*) This would mean withdrawal of 350 unnecessary formulations from the market. The Drug Controller has already written to all the drug authorities in the States about this decision and a letter has gone to these people on 22nd of April, 1982.

SHRI HARINATHA MISRA: That is to say, yesterday

SHRI B. SHANKARANAND: Don't you appreciate that?

SHRI HARINATHA MISRA: Not at all.

SHRI B. SHANKARANAND: I take pity.

SHRI HARINATHA MISHRA: That is my lot and your wisdom.

SHRI B. SHANKARANAND: Half-knowledge is always dangerous. Sir, I am provoked to say something. Still, I do not go into the matter of personal interests of any person because a man may be quite wise enough or great enough. But I know only a great saying which is full of wisdom. Of course, without attributing any motive or meaning any disrespect of Mr. Misra, I want to quote:

"A great man never says he is great;
A small man never says he is small."

MR. DEPUTY SPEAKER: That is the weakness of both the men.

SHRI B. SHANKARANAND: The second issue raised during the discussion was about the banning of the 18 drugs, of which 5 drugs still continue to be marketed in this country. The hon. Member wanted to know the names of the countries in which it has been banned to be manufactured. I can say only this. He wanted to know about the other 6 drugs.

[Shri B. Shankaranand]

Perhaps, he said that they were only banned to be manufactured. I can also say that they are not only banned to be manufactured but they are banned for import market and manufacture. He need not have that doubt.

Regarding the five drugs which I have stated that they are allowed to be marketed in this country about which the hon. Member was very much agitated, one is concerning the hormonal pregnancy test. This is manufactured or, I would say, originated, because where the drug originates, it means that the drug is basically manufactured, it is tried clinically and used for some time—there are about 12 products in this category—in France, U.K. and Germany. They have been banned because of the toxicity. The countries in which they are banned are Australia, Sweden, USA, Finland, Singapore, Cyprus, Italy, Germany , U.K., Austria and Greece.

The second one is Nitrofuran Compounds. This is basically used for treating bacterial infection. The origin of the country is USA. This medicine is banned only in Japan. But it is marketed in USA, U.K. and almost in all other countries, not only India.

The third one is Phenoformin which is used in the treatment of diabetes. It is an anti-diabetic drug. This drug was originated in USA. It is banned in Cyprus, Norway, Australia and Ireland but it is marketed not only in India but also in U.K., France, Germany, Sweden, Australia and Canada amongst other developing countries.

The fourth one is Oxyquinolines which is manufactured in U.K. It is banned in Japan, Norway, Sweden, Denmark and Cyprus, but is marketed and used in U.K., Switzerland, Australia, Italy, Germany, France, Finland and other 78 countries, not only in India.

The fifth one is Lynestrenol which is manufactured in Holland and banned only in Australia. But along with India, it is marketed and used in U.K. and Holland, the country of manufacture.

What I want to say is that the presumption or our misunderstanding, I should say, that these five drugs which are manufactured in different countries are banned everywhere but only marketed in India is not correct. Even the presumption that only the developed countries are producing these drugs and dumping them in developing countries like India, is also not true. I have listed out in respect of these 5 drugs that they have been marketed in the developed countries also.

It depends on the health requirement of the people. This pattern, of course, differs from country to country. That drug requirement of the country is also dependent on the country's capacity to manufacture the alternatives, the substitutes and, not only the substitutes and the alternatives, but, cheap drugs. The presumption that these are very costly drugs is also not true. These we have.

The Hon. Member is very much worried and asked "what is this 'conscious decision'?" Of course, I did use the word 'conscious decision,' not with any motive behind it. I said we took this decision on the technical expert advice to market these drugs in this country. That is how I said 'a conscious decision' and no extra meaning should be attached to

this. If at all you want to know. I will tell you that in a few countries these drugs have been banned but, that does not mean that these drugs have been banned in the entire world and that only India is using these drugs or that only the developing countries are using these drugs. Not only India but some other developing countries are also using these drugs depending on the distinct pattern and requirement of the country.

MR. DEPUTY SPEAKER: No manufacturing country has banned these drugs.

SHRI B. SHANKARANAND: I told you.

MR. DEPUTY SPEAKER: No manufacturing country has banned these drugs.

SHRI B. SHANKARANAND: I gave you the details. You will come to know that even in some cases the manufacturing countries themselves are using these drugs.

A sweeping statement...

MR. DEPUTY SPEAKER: What Shri Harinatha Misra has said was that the manufacturing countries themselves have banned it but India had accepted.

SHRI B. SHANKARANAND: The question is whether the country manufactures or bans on its own.

The question is whether India is manufacturing or any other developing country like India is also manufacturing. That is the question.

MR. DEPUTY SPEAKER: That is right. Now I accept.

SHRI B. SHANKARANAND: I made it very clear that it is not only India but also some other developing countries which are using these drugs.

It is not that the developed countries are dumping these drugs at a very high cost. It is not that.

I am sure that this clarification of mine will satisfy the Hon. Member.

SHRI HARINATHA MISRA: The most important and pertinent issue was the Prime Minister's observation.

SHRI B. SHANKARANAND: The Prime Minister's statement is definitely not only a guideline but it is a policy statement for this country and for the Ministry of Health and Family Welfare.

We have taken adequate precautions to see that we go by the directions given by the Prime Minister from time to time.

The Prime Minister's address contained a caution to the world and to the developed countries on this aspect that in the larger context of health they should not exploit the developing countries.

श्री सत्य नारायण जटिया (उज्जैन) : उपाध्यक्ष महोदय, एक बहुत महत्वपूर्ण बहस इस प्रश्न से उत्पन्न हुई है। जैसा कि अभी मंत्री जी ने कहा है, वह जो सारी रिपोर्ट वगैरह आई हैं, यह 1 मार्च 1982 को आई थी और उस वक्त 4 मार्च था तब मंत्री जी ने कहा था कि बहुत कम समय यह है, इस समय में सरकार से यह उम्मीद नहीं की जा सकती कि ये सारी बातें पूरी की जा सकें। उनका यह कथन काफी सही है।

हमारे देश में दवाइयों के अभाव में एक तरफ लोग मर रहे हैं, उनको लाइफ सेविंग ड्रग्स नहीं मिल रही हैं, दूसरी ओर प्रश्न यह उठता है कि हानिकारक ड्रग्स यहां ला कर बेची जा रही है। यह

[श्री सत्य नारायण जटिया]

किसी का आशय नहीं हो सकता कि हानिकारक ड्रग्स यहां ला कर लोगों को नुकसान पहुंचाया जाय । यह प्रत्येक देश की आवश्यकता को देखते हुए उसके आधार पर इन सारी बातों का चयन किया जाता है । विश्व स्वास्थ्य संगठन ने 200 ड्रग्स प्रायरिटी के आधार पर तय किए हैं । हमारे यहां भी हाथी कमेटी की रिपोर्ट के आधार पर 116 ड्रग्स तैयार किए । इन ड्रग्स में कभी या वेसी हो सकती है। जैसे ड्रग्स की बाजार में मांग हो सकती है उस प्रकार की दवाइयां यहां उपलब्ध की जा सकती हैं । अभी जो पांच दवाओं के बारे में बताया है, जो विवादास्पद दवायें हैं, जो हमारे लिए माफिक नहीं है, इनका ध्यान टॉक्निकल रिपोर्ट के आधार पर किया गया है। उन पर लेबल लगाया गया है और चेतावनी के साथ बताया गया है कि उनके उपयोग में सावधानी बरती जाए ।

मैं आपका अधिक समय न लेकर केवल यही जानना चाहता हूं कि जो रिपोर्ट प्रेषित की गई है और 116 ड्रग्ज जो बताई हैं क्या वह मार्केट में एवेलेबल हैं ? दूर-दराज के गांवों तक तो इन ड्रग्ज का मिलना सम्भव नहीं है । हमारे देश की जो कम्पनियां हैं वह भी सल्फा ड्रग्ज बनाती हैं जिनके करीब 500 फार्मूलेशन्स हैं, एस्पिरीन 60 फर्में बनाती हैं, डाइजापाम टैब्लेट्स 75 फर्में बनाती हैं, एनल्जीन 125 फर्में बनाती हैं और पैरासिटामाल 130 फर्में बनाती हैं ताकि अधिक से अधिक लोगों को वह उपलब्ध हो सकें ।

मैं माननीय मंत्री जी से यह जानना चाहता हूं कि ऐसी दवायें जोकि इस देश के लिए माफिक नहीं हैं, उनकी जो जांच की गई है वह किस प्रकार से की गई और उसकी जो रिपोर्ट आई है जिसमें 116 ड्रग्ज बताई गई हैं, उनकी इस सिफारिश को इंप्लीमेन्ट करने के लिए आप क्या करने वाले हैं ?

श्री हरीश रावत (अलमोड़ा) : उपाध्यक्ष महोदय, माननीय मंत्री जी ने, जहां तक मूल चर्चा का सवाल था, बड़े विस्तार से बात बता दी है । मैं मंत्री महोदय से इतना जानना चाहता हूं कि पांच दवाएं मैन्यूफेक्चर करने वाली जो कन्ट्रीज थीं उनमें वह दवायें बहुत पहले बैन कर दी गई थीं लेकिन जब यह रिपोर्ट छपी कि यह दवायें हानिकारक हैं और थर्ड वर्ल्ड में इनको डम्प किया जा रहा है, उसी के आधार पर हमारे यहां जांच शुरू हुई । मैं यह जानना चाहता हूं कि जो मल्टीनेशनल्स हैं, जो इस तरह की दवायें बनाते हैं, यह दवायें जब हमारे देश में आती हैं उनकी समय समय पर हमारे देश में जांच करने की कोई प्रक्रिया नहीं है । जिससे कि यह मालूम हो सके कि वह दवाएं हमारे देश के लिए ठीक हैं या नहीं हैं ?

दूसरी बात यह है कि कुछ दवाओं के नाम पर आयुर्वेदिक सैक्टर में ऐसी बन रही है जिनमें 90 से 95 प्रतिशत तक एल्कोहलिक कन्टेन्ट्स रहते हैं, कम्पनी की ओर से जिनको सूरा का नाम दिया जाता है । हमारे यहां की बहुत सी फैक्टरीज इसको बना रही हैं और उसका लोगों के स्वास्थ्य पर बुरा असर पड़ रहा है । तो इन एल्कोहलिक कन्टेन्ट्स वाली ड्रग्स को नियन्त्रित करना बिना ड्रग्ज एंड कास्मेटिक्स एक्ट में परिवर्तन किए हुए सम्भव नहीं होगा क्योंकि आपके द्वारा कोई रोक लगाने पर कम्पनियां हाईकोर्ट में चली जाती हैं । तो सूरा जैसी दवाओं के प्रचलन को रोकने के लिए आप क्या कर रहे हैं ?

श्री नवल किशोर शर्मा : उपाध्यक्ष जी, आज यह जब चर्चा है इसका विषय काफी गम्भीर है। विदेशी मल्टी नेशनल कम्पनियां और समृद्ध मुल्क तीसरी दुनिया के मुल्कों के साथ खिलवाड़ करने में नहीं चूकते हैं और दवाई के क्षेत्र में ऐसे अनेकों उदाहरण मिलते हैं । चाहे दवाई के लिए एक्सपेरिमेन्ट करने की बात हो, चाहे दवाई को मार्केट करने की बात हो, समृद्धिशाली देश तीसरी दुनियां के देशों को अपना अखाड़ा बनाते हैं । उनके अपने यहां कानून और नियम ऐसे कठिन हैं कि जानवर पर भी एक्सपेरिमेन्ट करने की इजाजत मिलना बहुत आसान नहीं है लेकिन तीसरे मुल्क के देशों में इन्सान की जिन्दगी भी आसानी से खिलवाड़ करने को मिल जाती है ।

दवाइयों के मामले में भी यही हो रहा है और ऐसा अनेक दफा देखने में आता है कि ऐसी दवाएं बिक रही हैं । ऐसी सूचनाएं आती रहती हैं । असल में जर्नल अफ इन्डिया मेडिकल साइंसेज के अगस्त इसू के कारण यह पता चला कि ये दवाइयां दूसरे मुल्कों में बैंड थीं और इनके बारे में हमारे मंत्रालय को विचार करने का अवसर मिला । इसके माइने यह हुए कि हमारे पास अपना कोई स्वतन्त्र आर्गनाइजेशन नही है जो इस बात की जाच कर सके कि इस मुल्क में जो मल्टी-नेशनल कम्पनियों द्वारा दवाइयों का मार्केटिंग किया जा रहा है, उन दवाइयों की इफीसैंसी क्या है और उन का असर क्या होता है । अगर इस जर्नल में यह खबर न छपती, तो हमारा स्वास्थ्य मंत्रालय, जैसा अब तक चलता रहा है, इन दवाइयों को भी चलते रहने देता । तो मूल प्रश्न यह नहीं है कि मंत्री जी, आप ने जो एक्शन लिया, वह जल्दी ले लिया या देर से लिया । आप ने एक्शन लेने में बहुत जल्दी की । आप के मामले में इनको कोई शिकायत नहीं है पर शिकाय है तो सेट-अप से है । आप सैट-अप ठीक कीजिए, यह सारा सवाल है और हमें संदेह होता है, जनता के एक प्रतिनिधि के नाते, एक उपभोक्ता के नाते हमें संदेह है कि इन मल्टी-नेशनल कम्पनियों के बहुत लम्बे हाथ हैं और अपने इन लम्बे हाथों के जरिये ये अपनी इन दवाओं का चलन हमारे देश में जारी रखते हैं आपने जिन पांच दवाओं की बात की और कहा कि हम ने कान्सेस डिसीजन लिया है, मैं यह जानना चाहता हूं कि क्या यह सही नहीं है कि इन पांच दवाइयों की मल्टी-नेशनल कम्पीनयों द्वारा मार्केटिंग की जा रही थीं इस देश में और क्या यह सही नहीं है कि 18 दवाएं, जिन के बारे में जिक्र हुआ था, बहु-राष्ट्रीय कम्पनियों द्वारा उन की मार्केटिंग की जा रही थी । सवाल यह है कि हमारे देश में ड्रग्स के सेक्टर में बहुत बड़ी धांधली है और बहुत-राष्ट्रीय कम्पनियां राष्ट्रीय कम्पनियों को आगे बढ़ने नहीं देती और वे इस देश में दवाओं के क्षेत्र में छाई हुई हैं । हाथी कमेटी हो और कोई कमेटी वे बनाती हैं और चली जाती हैं और नतीजा वहीं का वहीं रहता है । टैक्नोलाजी के नाम पर, डेवलप्स टैक्नोलाजी के नाम पर इन्डियन सैक्टर को मारने की कोशिश होती है । हालांकि वह विषय आप का नहीं है और मैं जानता हूं कि आप यह कहेंगे ।

This is concerning the Petroleum & Chemicals Ministry. I know it.

लेकिन सवाल यह है कि अगर आपका ड्रग कन्ट्रोलर का आर्गेनाइजेशन और आपका मंत्रालय जागरूक हो कर काम करे, तो इस देश के लोगों के जीवन के साथ खिलवाड़ नहीं हो सकता ।

उपाध्यक्ष महोदय, सल्फा-ड्रग्स हों या दूसरी ड्रग्स हों, इन के अपने री-एक्शन्स होते हैं, साइड इफेक्ट्स होते हैं । आप कहते हैं कि हम वार्निंग के साथ उसके इस्तेमाल की बात करते हैं साइड इफेक्टस को बताते हुए । मंत्री जी, एक बात मत भूलिये कि इस देश का आम आदमी बे-पढ़ा-लिखा है । और दूसरे, जिन को पढ़ा-लिखा कहते हैं, वे भी बे-पढ़े लिखे की तरह व्यवहार करते हैं । वार्निंग को कोई नहीं पढ़ता इस मुल्क में और दवाइयां दी जाती हैं दबे वस के जरिये जिन्होंने एक सर्टीफिकेट ले लिया है और सर्टीफिकेट ले कर जो गांवों के अदर बैठ गये हैं और इन पेटेन्ट मेडीसन्स के नाम पर अपना धंधा कर रहे हैं । ये इस देश की मजबूरियां हैं । ऐसे हालात में मैं आप से यह पूछना चाहूंगा कि आपके पास कोई और फीड-बैक सिस्टम है और क्या आपके पास कोई ऐसी व्यवस्था है कि इन दवाइयों का जो मार्केटिंग होता है, इस कन्ट्री में, ड्रग कन्ट्रोलर द्वारा उन का चेकिंग हो और टैस्टिंग हो और अगर ऐसी व्यवस्था है, आप यह कहेंगे कि है तो फिर क्या यह कारण था कि इन 18 दवाइयों के बारे में आप के ड्रग कंट्रोलर ने कोई कार्यवाही नहीं की ? अगर वह कार्यवाही नहीं हुई तो क्या आप इस सारे मामले की जांच करेंगे क्योंकि यह गंभीर मामला है ?

मैं यह भी जानना चाहूंगा कि खाली इतनी बात नहीं है कि यह बहुराष्ट्रीय कम्पनियां मार्केटिंग कर रही हैं, क्या

[श्री नवल किशोर शर्मा]

यह भी सही है कि दवाइयों के इनके जो फार्मूलेशंस हैं उनके प्रपोरेशंस में भी अंतर है ? अखबारों से ऐसी शिकायतें मिलती हैं कि अपनी पेरेन्ट्स कन्ट्रीज में उनके फार्मूलेशंस, दवाइयों में प्रापरटीज दूसरी होती हैं और दूसरी कन्ट्री में दूसरी होती हैं । अगर ऐसी बात हो तो आप अपने ड्रग कंट्रोलर के कार्यालय को स्टेथन कीजिए । यह जो पुराने जमाने की स्ट्रेंथ बनी चली आ रही उस से काम नही चलेगा । आप अपनी क्लीनिकल लेबोरेटरीज को, टैस्टिंग लेबोरेटरीज को मजबूत कीजिए । मगर मुश्किल यह है कि उस तरफ ध्यान नहीं दिया जाता है । जब तक आप ड्रग कंट्रोलर के कार्यालय को स्ट्रेंगदन नहीं करते, अपनी क्लीनिकल और टैस्टिंग लेबोरेटरीज का स्ट्रेंगदन नही करते, तब तक आप इसे नहीं रोक स्कते ।

इसलिए मैं आप से पूछना चाहूंगा कि क्या आपके ड्रग कंट्रोलर के कार्यालय की स्ट्रेंथ पर्याप्त है ? क्या इस देश की दवाओं की आवश्यकता के अनुरूप मार्किटिंग के सिलसिले में आपकी लेबोरेटरीज में मशीनें क्या माडर्न हैं, क्या वे इस लायक हैं कि वे इस सब की जांच कर सकें ? मैं इन सब प्रश्नों का जबाव जानना चाहूंगा और यह भी जानना चाहूंगा कि अगर ये माडर्न नहीं हैं तो कब तक आप इस दिशा में कदम उठायेंगे ?

श्री राम विलास पासवान (हाजीपुर) : उपाध्यक्ष महोदय, हमारे देश में 12 हजार 6 सौ मीलियन रुपये की दवाओं के उत्पादन के बाद भी अशेंशल ड्रग्स की कमी रही है । अभी शर्मा जी बोल रहे थे । मैं उनसे पूरी तरह सहमत हूं कि इस देश पर, दवाओं के मामले में, मल्टी नेशनल कम्पनीज का पंजा बहुत ज्कड़ा हुआ है । उनका एक ही लक्ष्य है पैसा कमाना । उनको गरीबों और हिन्दुस्तान के लोगों के हितों की कोई परवाह नहीं है ।

मैं आपको बताना चाहता हूं कि 6 फारमूलेशंस का 93 परसेंट बहुराष्ट्रीय कम्पनियों के जिम्मे है एक परसेंट प्राईवेट और 6 परसेंट पब्लिक सेक्टर के द्वारा बनाया जाता है । 1952 से 1965 तक हमारे देश में 15 मल्टी नेशनल यूनिट्स को परमीशन दिया गया था । इनको 365 आइटम्ब बनाने का परमीशन दिया गया था । 1965-67 में उसको लिबरलाइज किया गया । अभी हाथी कमेटी के सम्बन्ध में कहा गया कि उसने अपनी रिपोर्ट में कहा है कि 176 डिफ्रेट ड्रग्स के बदले 116 ड्रग्स से काम चलाया जा सकता है । अभी इस देश में दवा बनाने के पांच हजार कारखाने हैं और 35 सौ दवाएं बनाते हैं और 15 सौ पैकिंग और अनपैकिंग का काम करते हैं ।

अभी मैं देख रहा था कि हिन्दुस्तान टाइम्स के सण्डे में निकला है--"डम्पिंग बोगस ड्रग्स" । इस में आप देखेंगे, इस में यह है कि टेरामाइसीन 54 मीट्रिक टन प्रोड्यूस किया और उनके पास लाइसेंस था सिर्फ 14 मीट्रिक टन का । इसी प्रकार सेप्ट्रान का लाइसेंस था मिलियन टेबलेट्स का और उत्पादन किया 187 मिलियन टेबलेट्स । मैं यह बता रहा हूं कि जो लाइफ सेविंग ड्रग्स हैं, उनके संबंध में क्या खिलवाड़ किया जा रहा है ।

एक तरफ जो आसान किस्म की दवाइयां हैं, उनकी भरमार है, लाइसेंस से काफी गुना अधिक बनाइ गई हैं और जो आदमी के जीवन के लिए आवश्यक हैं, उनका उत्पादन कितना कम किया गया है ।

एंटी टी. बी. ड्रग्स इंस्टाल्ड कैपेसिटी 1977-78 में 509 टन और उत्पादन हुआ 57 टन, 1978-79 में इंस्टाल्ड कैपेसिटी थी 539 टन और उत्पादन हुआ 94 टन । इसी प्रकार एंटी मलेरिया 1977 में इंस्टाल्ड कैपेसिटी 156 टन, उत्पादन हुआ 34 टन, 1978 में 176 टन इंस्टाल्ड कैपेसिटी थी और उत्पादन हुआ 45 टन । एंटी लेप्रासी के लिए 1977 में इंस्टाल्ड कैपेसिटी थी 26 टन और उत्पादन हुआ 17 टन, 1978 में कैपेसिटी 38 टन थी, उत्पादन हुआ 17 टन । एंटी डिसेंट्री के लिए 1977 में 587 टन के बजाय 157 टन उत्पादन हुआ और 1978 में 590 टन के बजाय 195 टन हुआ । एंटी फलेरिया का 1977 में 50 टन के बजाय 18 टन

उत्पादन किया और 1978 में 56 के बजाय सिर्फ 23 टन का उत्पादन किया ।

इस तरह के और भी उदाहरण हैं, मैं ज्यादा समय नहीं लेना चाहता । मेरे कहने का मतलब यह है कि मल्टीनेशनल्स कंपनियों के सामने आदमी की कोई कीमत नहीं है ।

पूरे संसार के 30 प्रतिशत कुष्ठरोगी हिन्दुस्तान में हैं । एक करोड़ से ज्यादा यहां टी बी के बीमार हैं, एक करोड़ 40 लाख लोगों को गैस्ट्रिब की बीमारी है और भी अनेक बीमारियां हैं, जहां 75 प्रतिशत लोग गरीबी की रेखा के नीचे जीवन बिता रहे हों, जिनकी परचेजिंग कैपेसिटी 18 रुपए सालाना हो, ऐसे देश में मल्टी-नेशनल्स कंपनियों द्वारा जीवनोपयोगी ड्रग्स का उत्पादन न करना, जानबूझ कर उत्पादन न करना और दूसरी दवाइयों का अधिक उत्पादन करना जो जिन पर उनके देश में बेन है, किस बात की ओर संकेत करता है ? मंत्री महोदय का जवाब आया कि जरूरी नहीं है कि एक देश में किसी दवाई पर बेन हो तो दूसरे देश में भी उस पर बेन लगाया जाए । लेकिन जहर तो अमरीका में भी जहर है और हिन्दुस्तान में भी । जहर हिन्दुस्तान में आकर अमृत नहीं हो सकता ।

मैं यह कहना चाहता हूं कि मल्टीनेशनल कंपनियों के सामने एक ही उद्देश्य है—पैसा कमाना, आदमी के जीवन का उनके लिए कोई महत्व नहीं है । इन सब बातों को देखते हुए मंत्री महोदय ने जो सन 2000 में "हैल्थ फार आल" की स्कीम तैयार की है और जिस ढंग से काम चल रहा है उसको देखते हुए मेरा कहना यह है कि उसके पहले "इल" लगा दें, अर्थात् "इल हैल्थ फार आल" । मैं चाहता हूं कि मंत्री महोदय बताएं कि क्या उन्होंने सर्वेक्षण करवाया है कि देश में कौन-कौन सी दवाएं हैं जो हैल्थ के लिए इंजूरियस हैं ? साथ ही साथ मैं यह जानना चाहता हूं कि मल्टीनेशनल कम्पनियां जो बहुत तेजी के साथ बढ़ती जा रही हैं उन पर वह कोई रोक लगाएंगे और अगर रोक नहीं लगाएंगे तो क्या उनको वह कोई गाइडलाइंज देंगे ताकि जो एसेंशियल ड्रग्स हैं, लाइफ सेविंग ड्रग्स हैं उनका उत्पादन वे अधिक करें और पैसा कमाने की मनोवृत्ति को त्यागें ?

श्री नवल किशोर शर्मा : सब सवाल हिन्दी में हुए हैं । हिन्दी में बोलें तो अच्छा होगा ।

श्री बी. शंकरानन्द : दवा तो हिन्दी में नहीं बनती है । डाक्ट्री भी हिन्दी में नहीं पढ़ाई जाती है ।

श्री नवल किशोर शर्मा : अंग्रेजी में ही दो, समझने की कोशिश करेंगे ।

SHRI B. SHANKARANAND: I am grateful to the hon. Member for having pin-pointed the health issues of this country not only to the Parliament, but, through Parliament to the country. In one way, they have been trying to make the people more health-conscious, whether in the use of drug or in maintaining the sanitary and public health conditions an hygience in their surroundings. And, to that extent, I am really grateful to the hon. Members. Because, they have made the people health-concious.

However, I have to remove certain mis-conceptions in their minds as I did earlier with regard to Shri Harinatha Misra when he said we have committed a delay; I said we have not committed delay of 7 months. There are certain procedures. One hon. Member asked about the various irrational formulations. Now, though there has not been any exact number of the total existing formulations in the country, it is somewhat roughly estimated to be over 12,000. No doubt the Hathi Committee Report has given certain limited number of

[Shri B. Shankaranand]

formulations. This was the reason why the Drug Controller appointed a sub-Committee, not now, but as early as 9th November, 1979. It is only to examine and to find out the irrational formulations which have no therapeutic value and which are otherwise harmful. And this was the reason why the Drug Controller appointed a Sub-committee. So, please do not be under the impression that the Drug Controller in this country is not at all conscious of all these things. It is not that only when something appears in the newspapers or when Mr. Paswan or some other hon. Members bring up the instances cited in the journals that the matter is taken up. It is already under examination. This sub-Committee was appointed in 1979, as I said. It is a routine function; it is the duty of the Drug Control Authority. They are conscious of the working in this regard. They see that the drugs made, produced, manufactured and imported in this country will be in the best interests of the health of the people of this country. They wanted to know whether there is a system—I think, it was Mr. Rawat who wanted to know whether there is a system to see to all these things. I should say that the Drug Control Authority (which is functioning under the Drugs and Cosmetics Act of 1940) is looking into all these various aspects. Under this Act the Government is responsible, through the Central Standard Drugs Control Association for controlling the quality of the imported drugs. No drug can be imported into this country or allowed to land on the shore of this country or marketed in this country without proper screening done by the Central Drug Control Authority. We have not allowed marketing of many imported drugs; they have been withdrawn from the market. We have allowed only 5 drugs which are necessary for the health of our people.

19.00 hrs.

Many hon. Members have asked about the multinationals, manufacturing, licensing and marketing and their influence on the Indian companies. Basically, I should say as Health Minister of this country, that my basic interest is about the health of the people and the drugs which are helpful on the curative side. Even if there is an Indian company which is producing something which is harmful, I am not expected to support such a company. On this account, no distinction can be made between an Indian company or a foreign company, as far as the health of the country is concerned. If there is an essential drug, and which is essential for the people of this country, and that is available only with the multinationals, I do not think that the House will ask me not to allow, to import, that drug for the treatment of the people. The basic approach is that the drug either manufactured in India or imported should not be harmful; it should be therapeutically useful. It should be within the reach of the poormen so that they can buy and maintain their health. I have said that more than once.

Before I conclude and talk about the health aspect of the nation, I would like to inform the House about the five drugs, whether these are manufactured by multinationals only, and the House will be interested to know that. The first drug, Hormonal pregnancy testing agent is manufactured by UNICHEM, an India company; the second drug Nitrofuran is manufactured by the Public sector undertaking, Indian Drugs Pharmaceuticals Ltd., the third drug Phenformin is manufactured by Bengal Government, again a public sector company, and the fourth drug

Oxyquinoline is also manufactured in India by the East India Company. Of course, the fifth drug, Lynestenol is manufactured not by any Indian company but by a multinational company. But as I said, the concept that these are manufactured only by multinationals—that attitude is not correct.

I am not a brief-holder for any multinational company, and I am equally concerned about the undue influence of the multinationals in our country, as other hon. Members are. Let it not be taken that we are not concerned with the profit motivated foreign companies which make money at the cost of the people of the developing countries. The use of costly drugs is a technocrat system of medical treatment of the people and we are not going to encourage such a system for the treatment of the people, because we are interested in cheap drugs which are within the easy reach, and which are rational and efficacious.

Here, I would like to inform the House that the health of the people of this country should not be looked at in a traditional way, that more drugs, more doctors and more hospitals mean good health. This has been done traditionally, but now the Government emphasis is more on the side of the preventive and promotional side of health. The people of this country who are living in the rural areas need more sanitation, more safe drinking water facilities and with that half of the water-born diseases can be eliminated and you need not have so many medicines for that. The health requirements of this country are entirely different from the western countries. And please do not think that we will give more importance to the curative side, the preventive and promotional side of the health are the mainstay of the present health policy of our Government.

Various questions have been raised and Shri Paswan also mentioned something. He said they are more interested about.. Of course, they are interested about the functioning of the multi-nationals. Of course, this is not my domain. They are all monitored by the Department of Fertilisers and Chemicals and they are in the know of these things. Whether it is licensing at the Central level for any multinational or licensing at the State level for the local ones to manufacture drugs, that is all done under the Central Drug Authorities Act. But regarding the manufacture and storage and other things by the multi-nationals an other companies, I think the manufacturing is more the concern of the Ministry of Chemicals and Fertilisers. I think the Hon. Member, Shri Rawat himself has said that it is not the concern of the Health Ministry.

Sir, he said one thing: Health for all by the year 2000. I am happy he is aware of this and it is most important. Perhaps the House must appreciate that the health indicators of today are definitely giving very encouraging picture that we will be able to achieve health for all by the year 2000—a level of health which would be available to the common people at the cheapest possible way and the quality of life of the people will improve to that extent. I can only say this.

But, Sir, I will again say that we will be able to reach only through primary health centres, establishing more sub-centres and last but not least by community involvement. Unless the people take it as their own movement, unless it becomes the peo-

[Shri B. Shankaranand]

ple's movement, Government alone cannot solve the problems of health of this country.

श्री हरीश रावत : एक क्वैश्चन रह गया, ड्रग्ज और कास्मैटिक का है । कई कंपनियों ऐसी हैं जो सूरा बनाती हैं, जिसमें अल्कोहलिक कंटेंट्स 90 से 95 परसैंट तक होते हैं ।

Which is injurious to the health of the masses.

उसके अमैंडमैंट के लिये आप प्रबन्ध करें । आप कुछ न करें, लेकिन यह कहिये कि विचार करेंगे, इतना भी काफी है ।

SHRI B. SHANKARANAND: The Technical Drug Advisory Committee deals with it. I think you are talking about the formulation with the alcoholic content.

SHRI HARISH RAWAT: Yes, it is 90-95 per cent.

SHRI B. SHANKARANAND: Whatever it is. If they are irrational formulations whether with or without the alcoholic content...

SHRI HARISH RAWAT: It is in the Ayurvedic sector.

SHRI B. SHANKARANAND: Of course, here you are right, because this Technical Drug Advisory Committee has not examined the Ayurvedic drugs and this needs to be looked into.

19.08 hrs.

The Lok Sabha then adjourned till Eleven of the Clock on Monday *April* 26, 1982/*Vaisakh* 6, 1904 (*Saka*).
