(viii) EARLY COMPLETION OF BAVANTHADI IRRIGATION AND OTHER PROJECTS

श्री केशवराव पारधी (भंडारा) : उपाध्यक्ष महोदय, बावनथडी नदी पर सीतेकसा गांव के पास महाराष्ट्र और मध्य प्रदेश शासन की संयुक्त सिंचाई परियोजना का कार्य कई वर्षों से यानी फारेस्ट अमेंडमेंट बिल पास होने से पहले चालू था ऐसी ही महाराष्ट्र में कई सिंचाई योजनायें हैं जिनके कार्य चालू थे लेकिन इन उत्पादक योजनाओं के काम भी फारेस्ट की कटाई के लिये मंजूरी वास्ते बन्द पड़े हैं। जब कि आदरणीया प्रधान मंत्री ने भी 20 सूत्री कार्यक्रम के अन्तर्गत सिंचाई जैसे उत्पादक योजना के बाबत जल्द पूरा करने पर जोर दिया है ।

बावनथडी सिंचाई योजना जहां हो रही है उस भाग में वर्षा ठीक से न होने की वजह से हर वर्ष सूखे की परिस्थिति रहती है और किसान भारी परेशानी में रहते हैं। इस वर्ष भी भंडारा जिले में पूरी तरह सूखा है । उसी तरह योजना की लागत भी देरी की वजह से बढ़ती जाती है ।

इस वास्ते सरकार से मेरा निवेदन है कि डी-फारेस्टेशन वास्ते उन सिंचाई योजनाओं को मुक्त किया जावे जो कि फारेस्ट बिल पास होने के पहले से चालू थीं जिससे बावनथडी सिंचाई योजना जैसी योजनायें जल्दी से पूरी हो कर किसानों को फायदा मिले और देश का उत्पादन बढ़ाने में मदद मिले ।

(ix) SHIFTING OF DIVISIONAL OFFICES OF GEOLOGICAL SURVEY OF INDIA FROM CALCUTTA.

SHRI SOMNATH CHATTERJEE (Jadavpur): Mr. Deputy-Speaker, Sir, it is a matter of grave concern that efforts are being made by the Government of India to reduce the importance of the headquarters of the Geological Survey of India which is situated at Calcutta, by shifting various units and offices of the Geological Survey of India from Calcutta.

In the recent past, the Field Technique Research Institutte of Geological Survey of India was shifted from Calcutta to Bangalore, in spite of the protests made by the Chief Minister of West Bengal. The Regional Office of its Training Institute, which was also situated in Calcutta, was subsequently shifted to Hyderabad with effect from April 1, 1982. Now a proposal has been mooted to shift the Coal Division of GSI on the plea of alleged decentralisation as also the offshore Mineral Exploration and Marine Geology Division of GSI from Calcutta. Both the Divisions have been functioning efficiently from the headquarters at Calcutta and its present setup has been found to be more suitable for coal investigation and offshore mineral exploration respectively. The former Chief Geologist and the Director of Drilling of Central Mines Planning and Design Institute as also the Deputy Director General, Coal Division of GSI have objected to the proposed decentralisation and have stated that the same would very adversely affect the work of the Organisation and the Coal Industry in general.

It will be equally detrimental to the Oceanographic Research and Offshore Mineral Exploration if the Regional Office of the Shore Mineral Exploration and Marine Geology Division is shifted from its location at Calcutta.

In view of the above, when both the Coal Division and Offshore Mineral Exploration and Marine Geology Division have assumed great importance, the calculated efforts to shift these Divisions from Calcutta are alarming and the Government should give up the proposal.

14.55 hrs.

DRUGS AND COSMETICS (AMENDMENT) BILL

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND): Mr. Deputy-Speaker,

[Shri B. Shankaranand]

Sir, the Drugs and Cosmetics Act, 1940 regulates the import, manufacture, distribution and sale of drugs and cosmetics in the country. This Act has been amended five times since its enactment—the last being in the year 1972 when the Act was extended to the State of Jammu & Kashmir. Serious concern has been expressed by the Hon. Members both in this House and the Rajya Sabha on the problem of adulteration of drugs and production of imitation/fake/spurious/sub-standard drugs. As Hon. Members are aware, the Hathi Committee, which had gone into all aspects of the Drug Industry, had also made certain recommendations about the need to further amend the Drugs and Cosmetics Act with a view to ensuring more effective enforcement of the same. Our own experience has also revealed that certain inherent deficiencies and lacunae of the aforesaid Act need to be removed by introducing suitable amendments to the Act, particularly in regard to the provision of more stringent penalties for anti-social elements who indulge in the manufacture and sale of spurious drugs. The present Drugs and Cosmetics (Amendment) Bill for consideration before the House has been prepared on the basis of all these considerations.

I would now like to deal with some of the salient features of the Drugs and Cosmetics (Amendment) Bill, 1982.

(a) The definition of the term "drug" is being amended so as to enable the control to be exercised over the components of drugs including empty gilatin capsules. At present, devices such as transfusion sets, ortho-implants etc. do not come within the purview of the definition of the term 'drug'. This definition is now being amplified to cover all such 'devices' also.

(b) Although the term 'spurious drugs' is being commonly used, this term does not figure in the present Drugs and Cosmetics Act. To remove any ambiguity about the same, a new definition of the term 'spurious drugs' is being introduced in the Bill and consequentially amendments are being made to the existing terms defining 'misbranded' and 'adulterated' drugs.

(c) At present the Central Government has no power to prohibit import and/or manufacture of any drug and cosmetics which are toxic or may cause harm to the body. In the proposed Bill, the Central Government are assuming powers to prohibit import and/or manufacture of drugs which are toxic, ineffective or irrational and cosmetics which are harmful.

(d) The Drug Inspectors at present do not have powers to stop and search any person or any vehicle or vessel which may contain drug or cosmetics in respect of which offence has been committed. This power is now being provided to the Drug Inspectors in the Bill.

(e) The penalties provided in the Act are being rationalised so as to provide more stringent penalties for manufacture and sale of spurious drugs—particularly drugs which are likely to cause body harm or injury. The punishment for offences relating to manufacture and sale of spurious drugs is being amended by laying down a minimum of 3 years and a maximum of 5 years imprisonment. In respect of offences where a spurious drug causes death or body injury, a penalty up to life imprisonment is being laid down for all offences under the provisions of Drugs and Cosmetics Act.

(f) The definition of the term 'patent or proprietary medicine' for Ayurvedic, Unani Medicines is being introduced.

(g) A new provision is being made to provide for summary trial in case of offences where the penalty is not more than three years imprisonment.

As Hon. Members are aware, the provisions of Drugs and Cosmetics Act also extend to drugs belonging to the Indigenous Systems of Medicine and an opportunity is being taken to streamline some of the provisions relating to the manufacture and sale of all drugs belonging to the Indigenous Systems of Medicine by suitable amendments as follows:

(i) The Siddha system of medicine is being given an independent status under the Act.

15.00 hrs.

(ii) The constitution of the Ayurveda, Siddha and Drugs Technical Advisory Board is being amended, to give a wider representation to experts in different systems of medicine.

(iii) Definitions for the terms 'spurious drugs' and 'adulterated drugs' relating to indegenous systems of medicine are being incorporated, and

(iv) The penalities provided for the offences relating to the manufacture and sale of drugs of indigenous systems of medicine in contravention of the provisions of the Act, are also being revised, so as to make them more stringent.

So far as cosmetics are concerned, the definition of the term 'cosmetics' is being amended, to bring within its purview 'toilet soaps'. This provision is being made to enable the Government to take action against manufacturers of 'toilet soaps' which may contain harmful ingredients. Like drugs, a new definition of the term 'spurious cosmetics' is also being inserted, and stringent penalties for manufacture and sale of spurious cosmetics are being provided.

It has been felt that one of the reasons for inadequate enforcement of Drugs and Cosmetics Act in the States, has been the fact that in many States, the drug control administration is not headed by properly qualified persons. While the Act at present provides for laying down the qualifications of Drug Insectors and Government Analysts, there is no provision for laying down the qualifications of licensing and controlling authorities. In the amending Bill before the House, a provision is now being made for laying down the qualifications of licensing and controlling authorities by the State Governments/Central Government. The Bill contains certain other minor and consequential amendments.

As is known to the hon. Members, it is the State Governments who are ultimately responsible for exercising control over the manufacture and sale of drugs in their respective States, but under the Act, the Central Government are responsible for coordinating the activities of the State Governments in the implementation of this Act, and advising them on matters relating to uniform administration of the Act in the country by laying down regulatory measures and standards of drugs. The Drugs and Cosmetics (Amendment) Bill which is now before the House would help Government in discharging this responsibility more efficiency and effectively. I, therefore, solicit full cooperation and support of the hon. Members in passing this Bill.

*

I, therefore, beg to move:

"That the Bill further to amend the Drugs and Cosmetics Act, 1940, be taken into consideration."

MR. DEPUTY SPEAKER: Motion moved:

"That the Bill further to amend the Drugs and Cosmetics Act, 1940, be taken into consideration."

15.03 hrs.

[DR. RAJENDRA KUMARI BAJPAI *in the Chair*]

SHRIMATI GEETA MUKHERJEE (Panskura): Madam, it is my pleasure

*Moved with the recommendation of the President.

[Shrimati Geeta Mukherjee]

to be the first speaker to be called by you. The hon. Minister has now placed the Drugs and Cosmetics (Amendment) Bill, 1982 before the House. And hearing his introduction, one thinks that the absence of these provisions was the main reason for non-controlling of adulteration etc. of the drugs. The effect of this Bill will be that to the 405 pages in which we now find the Drugs and Cosmetics Act and rules, some 21 more pages will be added. But whether this new addition will bring in any more effectiveness than these 405 pages, I have great doubts.

The Minister himself says that the problem of adulteration of drugs and also production of spurious and substandard drugs are posing serious threats to the health of the community. Everybody would agree that this is the situation. We have to meet this serious threat. But is it not a fact that the Central Government or, for that matter also the State Governments had not the dearth of powers? Some amendments may be necessary, but surely that is not the main reason for this main threat. Really speaking, it is the non-implementation of the law and the rules which are already there, is the main reason for this sorry state of affairs. I shall be glad if this new Bill, after being passed into an Act, does not become only "cosmetics Act" for the Minister leave aside the drug part of it, but it really help in solving this problem. Unless the entire administration is fully overhauled, this problem cannot be solved. Drug adulteration and the serious consequences are following because the Centre is not really in a position to do the administration effectively, because half of the administration has collapsed due to its ineffeciency and other half due to corruption. Really no serious measure is being taken to improve it. I would not say that there are not officers or employees who are honest; but I am sorry to say that this the Drug Control administration is giving a very bad account of itself. In order to substantiate my contention, I will give a few examples. In the year 1974, BJ Pharma of Kanpur supplied transfusion bottles to Lala Lajpat Rai Hospital, Kanpur. After the use of that transfusion, 20 children died within 48 hours. Government launched a prosecution which is now pending for 8 years. All that is being done is that the case is being shunted between the High Court and the Lower Court. At this rate, even passing this 21-page Amendment Act, I am sure, will not help unless the ways are changed. It will take at least 10 years for the judicial disposal of the case. What has the Central Drugs Control Administration done? The Drugs Controller of India has not visited Kanpur even once during this period, so far as my information goes. I will be glad if you correct me.

A very innocuous answer was given to a question. A question was put in this House on the 29th July, 1982 about some vacancies in the Central Drug Organisation. The answer to one of the questions which dealt with how many vacancies are there of the Deputy Drugs Controller and the Assistant Drugs Controller was that 1 post is vacant of the Assistant Drug Controller since 25-8-1979 on account of "unauthorised absence of its incumbent." What is meant by unauthorised absence of its incumbent? What is the story behind it? Why is it lying vacant since 1979? Why is its incumbent yet absent? This gentleman is absconding probably in America. This Assistant Drugs Controller between 1972-75 made 51 insurance policies in the name of his wife amounting to nearly Rs. 20 lakhs because irregular imports were regularised, spurious drugs were regularised; and each client gave one policy. So, it is not difficult to have 52 policies. So now after that he was caught. After being caught, he bolted in the name of having treatment outside and he is still absconding. See how sweetly it is answered, that "the post is lying vacant because of unauthorised absence of the incumbent"! Madam you can imagine the story behind this. This is about the post of Assistant Drug Controller which is a high post. This is

not the only case. I know of another gentleman. I cannot name him, for obvious reasons. He is posted in Calcutta. A big memorandum running into eight pages, containing so many allegations against him was given to the Prime Minister. Now, I put a question about this memorandum, which contained very serious allegations. The answer to it was that simple, that 'this was investigated into and found false.' Investigated into by whom? Found false? How? How are the charges rebutted? To this day I am to know. And in so far as my knowledge goes many of the charges made here are really serious charges which any government had it wanted to make its own machinery effective would have gone into more seriously than giving me a one-line anwer that they have been found false.

Now I will mention another case. This is from Lucknow, from a newspaper report. If I am wrong the Minister will correct me. This is a news item. The headline is, "Drug Controller sacked". It is from Lucknow. It is given out by Pioneer News Service in 1981. I quote—

> "The State Government has terminated the services of the State Drug Controller Dr. S. C. Srivastava with immediate effect.
>
> It is learnt that the termination order was issued yesterday following an inquiry into some corruption charges against him. The orders also provided for the payment of salary to Dr. Srivastava for the notice period.
>
> The termination order, however, could not be served on Dr. Srivastava yesterday since he was not traceable. His wife reportedly refused to receive the orders today.
>
> According to informed sources, top pressure is being exerted to annul, the termination orders."

I would like to know from the hon. Minister whether Dr. S. C. Srivastava is in any responsible position till now in the Ministry. Madam, with all this what I want to say is these are not individual instances. There are such instances galore and really nothing is being seriously done to root out corruption or even to take them seriously.

No doubt, there are enough rules. According to rules 66 and 85 there can be cancellation or suspending of licences. Let the Minister tell me how many licences have been cancelled and how many have been suspended.

Since my time is limited, I would like to point out that this is only with respect to the higher echelons. I have information and actual experience in States where inspectors are there. Some of the States have Drug Controllers, but some of them are non-existent. And you will see many of the Inspectors have a chain of chemists' shops opened and they are earning Rs. 30,000 to Rs. 40,000 on the average from these shops. Whether anybody goes to inspect and see what kind of drugs are being sold, or whether spurious or misbranded or adulterated drugs are being sold is not known. Who will tell us how many convictions have been secured or proceedings have been launched? Let the Minister say. I would like the Minister to report to Parliament the performance of the Central Drug Control Administration in this regard. If this is not paid attention to seriously, nothing will come out of it.

Coming to the Bill itself, I will just point out one or two things. As our hon. Minister has pointed out, what is being done is to impose more stringent penalties. Earlier the minimum sentence was for one year and maximum was for ten years depending upon the nature of the offence. Now, the Bill says two things. One is that if solely on account of administration of such drug one dies, then the punishment to the guilty will be extended upto life imprisonment. Let me read out the relevant clause:

> "....Solely on account of such drug being adulterated or spurious or not of standard quality, as the case may be, shall be punishable with imprisonment for a term which

[Shrimati Geeta Mukherjee]

shall not be less than five years but which may extend to a term of life and with fine ..."

But who will prove that it is "solely" due to the administration of this drug that the man died? So, what is the particular good that will accure by this sentence of upward revision?

There are lesser punishments for other offences. If I die because of the administration of a particular drug, then the person will be given life imprisonment. But if I die due to the denial of a particular medicine because the powder that should have been there in the capsule was not there and instead some useless powder was there and thereby in the absence of this original powder I die a slow death, then the punishment will be less. What is the logic? With these words, I would say that though the object of this Bill is laudable, the division of 'stringent measures' etc. is arbitrary. The real thing is, total overhauling of the Drug Control Administration. Without doing that, nothing will come out of it. That is why, I reluctantly support the Bill.

PROF. RUP CHAND PAL (Hooghly): The hon. Minister had referred to the Hathi Committee's recommendations and that one of the recommendations of the Committee related to the amendment to the Drugs and Cosmetics Act. But there were other 44 very important recommendations. One of them was to nationalise gradually the whole drug industry. Only a very minor part of the recommendations of the Hathi Committee has now been brought forward by the Minister himself.

What is there in the Bill that we are discussing today? In the Objects and Reasons of the Bill, it has been said:

"The problems of adulteration of drugs and also of production of spurious and sub-standard drugs are posing serious threat to the health of the community."

But if you closely scrutinise the proposed amendment, it says that the Government is determined to weed out this menace from the community. Yes, some proposal has come regarding chance in the definition of drug like misbranded drug, adulterated drug, spurious drug, etc. And in the words of the hon. Minister, most stringent punishments have been proposed. More executive control has been proposed to regularise the things. But, Madam, there was one report in the month of June on the basis of a statement made by the honourable Deputy Minister of Health, Kumari Joshi. The PTI circulated the news that an average of 17.5 per cent of the drugs manufactured and sold in the country during the last three years have been found to be sub standard accordingly to the Drug Control Department of the Union Health Ministry. That means, about Rs. 600 crores worth of medicines sold in the country during the last three years were sub-standard. At this rate, at the end of the Sixth Five Year Plan the annual turnover of sub-standard drugs would be Rs. 360 crores. Moreover, we have full record in the Drug Control Department.

This is regarding sub-standard drugs. What is the difference between sub-standard drugs and spurious drugs? It has been stated by the Hathi Committee that sub-standard medicines are prepared by licensed manufacturers, by the so-called big companies, which are importing, big multinationals who have made our country a dumping ground for all the items of the countries' origin. But, Madam, there is no specific proposal to control sub-standard drugs because there have been proposals specifically for mis-branded drugs, specifically for adulterated drugs, specifically for spurious drugs. But there is just overflowing of sub-standard drugs in the Indian market by the multinational corporations and their subsidiaries in India looting our people. There is no specification for sub-standard medicines. If the Government is really serious, my suggestion will be that there should be concrete specifications regarding the sub-standard medicines. In

the absence of any such specifications as it has been proposed in respect of mis-branded drugs, adulterated drugs and spurious drugs, the whole purpose will be defeated.

It has been said that stringent punishment would be given. What is that stringent punishment? It is stated in the Statement of Objects and Reasons as follows:

> "It is, therefore, considered necessary to amend Drugs and Cosmetics Act, so as to impose more stringent penalties on the anti-social elements indulging in the manufacture or sale of adulterated or spurious drugs or drugs not of standard quality, which are likely to cause death or grievous hurt to the user."

This is coming within the meaning of the IPC provision. But who will determine that a particular medicine is solely responsible for the death after the death of that particular person? Can it be done? It can never be done. So, some provision must be there for the specification, concrete, clear definition of sub-standard medicine and prevention of manufacture, production, sale and distribution of sub-standard drugs. For that purpose some other sections may be appropriately amended. The manufacturers may be asked to do this thing and that thing. I have got concrete suggestions regarding that.

Madam, it has been said here that we are going to control the imports. But did the Hathi Committee not report the role of the multi-national Corporations Glaxo, Pfizer and Hindustan Varner—in our country? Their history is very well known as to what they have been doing. Do you have the balance sheet of the companies? We have to see to the past things—dilution of shares, etc. What are they doing? There is a report even by the Minister himself. Shri Dalbir Singh replied to the question in the Rajya Sabha. On 18.7.1982 the Union Minister of State, Petroleum, Chemicals and Fertilizers said:

> "Pfizer was leading in this respect with as many as 31 drugs being produced without any authorization."

There is another Company—Organon. We know the story of Hindustan, Glaxo. How to control them? Still the drugs banned in the countries of origin are not only being promoted but also marketed grossly violating the Act of Drugs & Magic Remedies (Objectionable Advertisement) Act. Most of the people of our country are ginorant, illiterate and helpless people. I can give you one or two examples. Take for instance Sulphinpyrazone. I would like the Minister to specifically reply to this question. It is claimed to prevent death in the case of Myocardial Infarction. For this indication the drug is banned in U.S.A. but in India the drug is being allowed. There is a big list of such medicines which has come out and these medicines are being promoted and marketed by the multi-national Companies—Pfizer, Glaxo, Organon and others. They are marketing medicines in different ways, advertising them, promoting them. But those very medicines have been banned totally (or for certain indications) in their countries of origin. Take an instance of German Hoechst and the stories about Novalgin and Baralgon. Have we taken preventive measures? Stories have come about Mexaform also. Stories have come about Anabolic Steroids that is being marketed in the country. Totally banned items of certain indications are being marketed by the multinational corporations over which we have no control.

We are trying to control imports. But we could not control the multi-national drug companies for dearth of laws. What was lacking was the determination, the will to do that. Without effective administrative instruments guided by determination and political will such amendments would not help.

I would like to know the result of the provisions which were there. There was a seminar on Drug Industry held in November, 1981. The Seminar was regarding the implementation of the preventive provisions of the existing laws. It reported prosecution proceedings under the Drug Act from Madras as under.

[Prof. Rupchand]

One report says about Madras, Tamil Nadu State. During 1978-79, number of prosecutions launched was one. The result is that one is convicted to pay a fine of Rs. 1500 with a simple imprisonment till the rising of the court. This is a report of the experts. During 1979-80, the number of prosecutions launched was 4. The result is that only one was convicted with a lesser punishment—lesser than till the rising of the court. During 1980-81, the number of prosecutions launched was one. What was the result? Acquitted. So, in three years, 6 people were prosecuted and no one was severely punished. One was punished with a simple imprisonment till the rising of the court and a fine of Rs. 1500. This is the state of affairs prevailing.

Drugs are being manufactured without licences. I was referring to the Minister's statement. Banned drugs have been marketed and promoted by a big company inspite of the Drugs and Cosmetics (Prevention of Objectionable Advertisements) Act. Advertisements are being made by the big companies inspite of the preventive provisions. Drugs peddling is going on. The Government must know it. Several memoranda were submitted by doctors, by eminent people, by social workers and by the workers of the big companies themselves. I have myself raised certain questions earlier also in the House but nothing was done. So, my suggestion will be, if the Government is, if at all, serious, then certain specifications regarding substandard medicines, which are manufactured by licensed manufacturers spreading all over Indian market led by the multi-national Corporations, should be dealt with strictly and suitable amendments incorporated. For prevention of manufacturing sub-standard medicines, the manufacturers should be given a specific role advertising that these are their products, these are their distributors and these are the places where the sale should be effected. The Government should be more vigilent in this matter.

Mrs. Geeta Mukherjee the previous speaker, was referring to corruption and other things. How can you stop corruption? I can give you a list of people, great corrupt people. The sons, daughters and sons-in-law of the Secretary and others in the Health Department are being given employment in this big multi-national companies. I have myself asked this question that one former Health Secretary is engaged as one of the Managing Directors of a multi-national Corporation and is looting money. I can give a list of names —sons, sons-in-law and daughters of the bureaucrats working in the Health Ministry who have been given assignment. Naturally, inefficiency, corruption, lack of will and determination to effectively implement whatever provisions are there, will be there. Even if new provisions are made, I do not believe that it will make any difference.

But, still, while supporting the move, I would honestly request the Health Minister to come with some more important amendments with respect to Sections 9, 17, 18 and 27 of the parent Act so that more loopeholes can be plugged.

DR. A. KALANIDHI (Madras Central): Madam Chairman, on behalf of the D. M. K. Party, I rise to support the Bill to amend the Drugs and Cosmetics Act. Not only as a Member of Parliament but also as a doctor by profession and with a practice for the last 20 years, in dealing the patients, I would like to say a few words on this Act.

In regard to the widening of the definition of "cosmetics", I would request him to include "soaps" also so as to prevent contact dermatitis. There are certain soaps which contain mercury and arsenic which is dangerous to health. A very widely use soap by name Necko contains a lot of mercury and others which contain arsenic which can, not only, cause damage to the skin, but also it can be absorbed into the body and, at a later stage, it can cause damage to the kidney resulting in a renal failure and, ultimately, the death of a patient. So, I would request the hon. Minister to take care of this aspect also. While you include "soaps", the welfare of cottage industries should be protected

because in our country some soaps are prepared in the cottage industries. While enforcing this law, we should take care of the cottage industries also where the people should not be unnecessarily harassed or put into hardship thereby leading to unemployment problem.

I would also request the hon. Minister to include "kumkum" and "tilak" which are very fondly used by our ladies. There is a certain amount of arsenic used for glittering purposes. It not only causes skin reaction but it also gets absorbed in the body and causes damage to the kidney as well. So, when you include "toilet soap", you include "kumkum" and "tilak" also so that women can also be protected from the untoward effect of the use of kumkum and tilak powders.

About the provision of empowering more powers with the inspectors, I want to know whether the powers that are already given to the inspectors are not sufficient to enforce the law. Do you mean to say that the existing powers are not sufficient? I feel that the existing powers are sufficient for the inspectors but only the way in which it has been implemented is not proper. The erring inspectors should be punished and action should be taken against them. Instead of giving more powers to them, proper action should be taken against the erring inspectors.

I would also request the hon. Minister that the number of drug inspectors available in the country are not sufficient and they should be increased. The number of drug inspectors is not adequate enough to check the production of spurious drugs. The time has come when we have to increase the number of drug inspectors. Each district should have a senior drug inspector to check the adulteration and production of spurious drugs.

About the enhancement of punishment, do you think that it is because of lesser punishment that the adulteration in drugs is going on? If you feel so, what have you been doing for all these 35 years? Why have you not imposed deterrent punishment? Do you mean to say that spurious drugs are coming in to the market because you are not able to enforce the existing law properly? If you have been enforcing it properly, I would like to know from the Government as to how many drug companies have been blacklisted and how many people have been arrested for the production of spurious drugs in the country since Independence I would like to know the figures State-wise. I think, it will be only a zero.

The drug inspectors are only harassing the retailers. They are not taking any action against the manufacturers. They go to the factories, visit the factories, and some of the inspectors take whatever they like and, finally, the drug comes out in the market. Ultimately, only the public suffers. No action is taken against the manufacturers. Action should be taken not only against the retailers but also against the manufacturers and against the people who actually sell drugs which are spurious.

I had an occasion to purchase tetracycline capsules in Indore, in Madhya Pradesh. To my surprise, it was containing only chalk powder. It did not contain any tetracycline. It not only happens at Indore but in other cities also. Even in our State of Tamil Nadu, our State Health Minister's brother—I do not want to name the State Health Minister—is a dealer for one of the drug companies and it was reported that broken glass particles were found in eye-drops, and in the capsules but no action was taken. Instead of taking action, the chemist was forced to sell a particular product and capsules because he was the State Health Minister's brother. No action has been taken in this particular regard. I can prove it. It was stated in the Legislative Council of Tamil Nadu also. But no action has been taken till now.

With regard to the imprisonment of other offences that you have mentioned, I would like to know from the Hon. Minister what are the other offences. You have also mentioned about imprisonment for two or three years. You have given a multiplicity of the punishments from which they can escape as there are loopholes.

[Dr. A. Kalanidhi]

I would only request the Hon. Minister that either it should be life imprisonment or hanging for the people who give spurious drugs. This is my opinion as well as the general public opinion also that the spurious drugs manufacturers, retailers and dealers should be given life imprisonment.

In the Hathi Committee report, generic names have been mentioned and generic name drugs have been brought under that name. Cemetedine is one particular drug I want to quote for the knowledge of the Minister. Cementedine is produced in this country. Cemetedine is for peptic ulcer and for bleeding peptic ulcer. It is manufactured by a company, Walter Buscher at the rate of Rs. 2 per tablet whereas Cemetedine is also produced by a local company for 70 paise. So, while the doctor gives the presecription for Cemetedine tablets, even though he writes to the Walter Buscher, the Chemists for getting more benefit or more commission from that particular local company, only substitute the local product and give local Cemetedine for 70 paise .He gets the maximum benefit but the patient does not get any relief at all. I would request the Hon. Minister to study this matter while including certain names of drugs in the generic names. This lacuna should be studied thoroughly so that the patient should be given proper drug and that the prescription by the doctor should be honoured well and no substitute should be given on any account.

With regard to the drugs, I would like to mention about the Government Medical Store Depot. There is one such Depot existing in Tamilnadu. This is one of the very big Government Medical Depots in the country. It is more than 50 years old. It is in my Constituency where nothing is manufactured. Previously they used to supply drugs to all the city hospitals but now APC and Sulpha are only manufactured and given and the valuable equipments are lying idle and battered by weather. Valuable instruments are there. Man-power is there. Nobody uses the instruments. I would only request the Hon. Minister to make a visit to the Government Medical Depot in Madras-3 in my Constituency and makea study about that so that it can be put to good use, where good and quality drugs can be produced and where infusion sets can be manufactured so that the entire country can have the benefit of pure and unadulterated infusion sets. The drugs are manufactured from the factory and they are given to the patient through the doctor's perscription but the people who carry the news are only the representatives. They only carry the news from the manufacturers to the doctors. They inform about the various adverse reactions of the drug and about the complications. They only bring to our knowledge the latest inventions. But their job security is not there. They are not covered under any Act. For years now, the medical representative's job has become dirty. The international company or the local company all of a sudden terminates their services. They become 35 years old. They canont go anywhere to get a job. I only request the Hon. Minister that when you include all the Acts, the Drug Act, Cosmetics Act etc., see that the drug representative's job security is also considered, so that they can also work hard. They can also bring information to the notice of the Government about the manufactuers of spurious drugs. They can also work in the interests of the country.

I only once again request the Hon. Minister to see while implementing these laws that no loophole is given for any drug manufacturer, either multi-national or the local manufactures.

Not only the manufacturers, but the retailers also should be punished.

A separate Directorate should be formed in almost all the state capitals where some of the doctors also should be included in the Directorate of Drug Controller. Not only Chief Drug Controller with pharmaceutical qualifications, but doctors also should be included.

When you make an Advisory Committee, I request the Hon. Minister that some of the Members of Parliament who are

also doctors—should be included in the Committee and if you have any doubts, take the opinion from us so that, we can give our knowledge, whatever we possess and you and the country can be benefited. The poor people can be benefited. The downtrodden can be benefited. At the same time, we can save the people instead of killing them by giving them spurious drugs.

श्री रोतेलाल प्रसाद वर्मा (कोडरमा): सभापति महोदय, यह जो विधेयक प्रस्तुत किया गया है, इसका वास्तविक उद्देश्य शुद्ध और रोग निरोधक औषधियां उपलब्ध कराना है । यह बहुत आवश्यक था, क्योंकि इस समय इस तरह के निहित स्वार्थ वाले कुछ औषधि निर्माता पैदा हुये हैं जो मानव की जान का मूल्य न समझते हुये धड़ल्ले से नकली दवाओं को बनाने में संलग्न हैं । कई निर्माता पकड़े भी गये, लेकिन उनके खिलाफ कोई कारगर कार्यवाही अभी तक नहीं हो पाई । सारे देश में इस तरह के औषधि निर्माता बहुत बढ़ चुके हैं । इस लिये यह जो संशोधन किया जा रहा है यह देश काल और परिस्थिति के अनुसार बहुत ही समीचीन है । अगर संबद्ध अधिकारी ईमानदारी के साथ अपनी शक्तियों का प्रयोग करेंगे तो राष्ट्र का बहुत कल्याण होगा ।

आज अस्पतालों में जो रोगी जाते हैं, वे कहते हैं कि दवाई से कोई लाभ नहीं हो रहा है और जब वही रोगी प्राइवेट डाक्टर से इलाज करवाता है तो उसे लाभ होता है, क्योंकि प्राइवेट डाक्टर जानते हैं कि सही दवा कौन सी है । सरकारी अस्पतालों में सरकारी विधि के अनुसार दवाओं की आपूर्ति होती है और जो सरकारी अधिकारी होते हैं उनकी उन कम्पनियों से सांठ-गांठ रहती है और उनका परसेंटेज फिक्स होता है । इस तरह से इन नकली दवाओं की आपूर्ति होती रहती है । इससे रोगियों की सरकारी अस्पतालों के प्रति आस्था कम होती जा रही है । सरकारी अस्पतालों में इलाज नहीं होता है । इसलिये एक निश्चित मानक क्षमता तय की जानी चाहिये और उसके अनुसार अस्पतालों में दवाओं की आपूर्ति होनी चाहिये । इसमें विजिलेंस का भी सही प्रबंध करें, तभी रोगियों का सही इलाज होगा ।

सजा की जो व्यवस्था की गई है वह ठीक है । अभी जो इंस्पेक्टर होते हैं उन का सिर्फ बड़ी बड़ी फर्मों से माहवारी बन्धा रहता है और वे सर्टिफिकेट इशू करते रहते हैं कि दवा ठीक है । इसलिये उसके ऊपर भी कोई अधिकारी होना चाहिये जो सीधे कारखाने में जाकर दवा का सैंपल ले सके और प्रयोगशाला में उसकी जांच करके दवा का प्रमाणपत्र दे सके । इस प्रकार कोई व्यवस्था सरकार को करनी चाहिये । इस प्रकार की रामबाण औषधियों की आपूर्ति की अनुमति सरकारी अस्पतालों के लिये दी जानी चाहिये ।

जहां तक आजीवन कारावास की व्यवस्था की गई है, यह बहुत अच्छी बात है । लेकिन इस बात का प्रचार-प्रसार भी काफी होना चाहिये । अभी जो संशोधन होते हैं, उनका प्रचार-प्रसार नहीं होता और आम जनता को मालूम नहीं हो पाता कि नकली दवायें बन रही हैं, जो नकली दवायें बनाते हैं, उनके ऊपर यह कानून लागू होगा, यह भी जनता को पता नहीं होता । केवल निर्माता को मालूम रहता है कि इस तरह का कानून है और वह उससे बच निकलने के तरीके अपनाता रहता है । इसलिये ऐसे कानूनों का जनसाधारण में भी प्रचार हो जिससे उनको भी जानकारी हो कि गलत दवायें बनाने वाले को आजीवन कारावास होगा ।

आयुर्वेदिक, यूनानी और होम्योपैथिक दवाओं के बारे में भी सरकार को जांच पड़ताल करनी चाहिये । लेकिन इसका जिक्र इसमें नहीं है । आयुर्वेदिक, सिद्ध और तिब्बी प्रणालियों में बनी दवाओं को मोडर्नाईज किया जाय, उनकी पैकिंग आदि का सुधार हो और सरकार की ओर से उनमें अनुसंधान और विकास कार्य करने वाले विभाग होने चाहिये । क्योंकि देसी औषधियों से कम खर्च में स्थायी लाभ रोगियों को मिलता है । एलोपैथिक दवायें आप मल्टी नेशनलूप से फारेन एक्सचेंज खर्च कर के खरीदते हैं । अगर देश की चिकित्सा पद्धति में अनुसंधान करायें और वैद्य, हकीमों को सही प्रोत्साहन दिया जाय और अस्पतालों में दवाओं को आधुनिक रूप से रंग दे कर एलोपैथिक दवाओं के पेरलल उन्हें स्वरूप दें तो बहुत ज्यादा और कम खर्च पर अधिक से अधिक लोगों का इलाज किया जा सकता है । लेकिन इस तरफ हमारा ध्यान नहीं है ।

आयुर्वेदिक पद्धति बहुत प्राचीन परम्परा है और रोग को जड़ से दूर करती है । एलोपैथी में जहां तक शल्य क्रिया है वह तो काफी एडवांस्ड है और उसको सभी मानते हैं, लेकिन जहां तक औषधियों का सवाल है वह रोग को जड़ से दूर नहीं करती है । यह काम आयुर्वेदिक दवायें ही करती हैं । लेकिन हम आयुर्वेदिक चिकित्सा पद्धति को नजरअन्दाज किये हुये हैं । इस दिशा में कार्यवाही की जानी चहिये । और हर अस्पताल में आयुर्वेद की दवाओं का प्रयोग करने के लिये डाक्टरों को राय देनी चाहिये ।

टेक्नीकल एडवाइजरी बोर्ड आपने आयुर्वेद, तिब्बी और सिद्ध का एक में मिला दिया है । अगर इनको अलग अलग बनाया जाता तो हर प्रणाली का विकास और अनुसंधान करने के लिये अधिक समय मिल सकता है और सरकार को अच्छी सिफारिशें की जा सकती हैं । लेकिन एक में मिला कर जितना काम होना चाहिये अपेक्षाकृत कम होगा ।

नकली औषधियों के बारे में मंत्री जी बतायेंगे कि जितनी नकली दवायें बनाने वाली फर्म्स पकड़ी गई हैं उनमें से कितनी को ब्लैक लिस्ट किया गया ? लेकिन हमें लगता है कि उस ओर कोई ठोस कार्यवाही कभी तक नहीं हुई है, और सरकारी अधिकारियों से सांठगांठ कर के वह फिर से अपना काम जारी रखे हुये है । ऐसे लोगों के लिये कार्यवाही की व्यवस्था है, अगर इसको सही ढंग से लागू किया जायेगा तो मुझे विश्वास है कि औषधि निर्माताओं की जान के साथ सौदागिरि करने के धंधे को समाप्त करना होगा । निर्माण और बिक्री का जहां तक प्रश्न है, हमारे देश में छोटे छोटे औषधि निर्माता वैद्य हैं, जो दवायें बनाते हैं, लेकिन अस्पतालों में उनका प्रयोग नहीं होता, इसलिये ऐसे लोगों को प्रोत्साहन देने के लिये सरकार के पास कोई बोर्ड होना चाहिये जो इन दवाओं को ले और सभी लोगों का सही इलाज हो सके ।

इन शब्दों के साथ मैं इनके बिल का समर्थन करता हूं ।

श्री राम लाल राही (मिसरिख) : महोदया, इसका समय तो 4 बजे समाप्त हो रहा है । अब एक आध मिनट ही इसमें रह गया है ।

सभापति महोदय : अभी 5 मिनट बाकी हैं ।

श्री राम लाल राही : जो बिल माननीय मंत्री जी ने पेश किया है, उसके लिये मैं उन्हें धन्यवाद देना चाहूंगा कि बहुत देर बाद कुछ समझ तो आई। हमारे देश में जो फर्जी और नकली दवाएं बनती हैं, जो जाली धंधे होते हैं दवाओं के नाम पर, उन पर नियंत्रण करने की इन्होंने कुछ बात सोची है।

15.56 hrs.

[MR. DEPUTY-SPEAKER *in the Chair*]

उपाध्यक्ष महोदय, अभी पिछले दिनों दिल्ली में नकली दवाओं का एक बहुत बड़ा कारखाना पकड़ा गया। पुलिस ने जब उसे पकड़ा तो पता चला था कि अफीम बेचता है लेकिन जब तलाशी ली गई, तो नकली दवाओं के कैपसूल मिले जो कि घर पर और कारखाने में बरामद हुये। यह कारखाना दिल्ली में एक साल से फर्जी दवायें बना रहा था, पता नहीं कितनी नकली दवायें बनाकर उसने एक साल में सप्लाई कर दी होंगी, कितने लोगों की जानें गई होंगी, कितना नुकसान हुआ होगा? मैं जानना चाहता हूं कि क्या मंत्री जी ने इस पर गंभीरता से विचार किया है? क्या उन्होंने जांच पड़ताल की है, दुकानदारों से पता लगाया है कि यह दवायें कह कहां बिकती थीं? मात्र इतना ही हुआ है मुलजिम पकड़ा गया, जेल में गया। अब सरकार का काम खत्म हो गया, पुलिस उस की इन्वेस्टीगेशन करने लगी। यह नहीं देखा गया कि फर्जी दवायें कितनी बनी हैं और कहां कहां उनकी बिक्री हुई है?

मैं तो ऐसा मानकर चलता हूं कि जालसाजी के जितने काम होते हैं, इसमें दो ही कसूरवार होते हैं। एक तो सरकार और दूसरे इन के नियंत्रण में काम करने वाली प्रशासनिक मशीनरी।

ड्रग कन्ट्रोलर की बात चल रही थी, मैं आपसे कहना चाहूंगा कि जो निचले स्तर के छोटे छोटे कर्मचारी हैं, ड्रग इन्स्पेक्टर हैं, उनसे आप पूछिये कि आज तक दवाओं की दुकानों में क्या आप छानबीन करते हैं? अगर नहीं करते हैं कि कितनी नकली दवायें आईं, कहां से आईं और कैसे आईं, कितना स्टाक है आखिर ये क्या करते हैं? मैं कहना चाहूंगा कि ड्रग कन्ट्रोलर से लेकर ड्रग इन्स्पेक्टर तक दुकानदारों से मंथली बंधा हुआ है, दुकानदारों को छूट है और जो कारखाने चल रहे हैं, उनको छूट है कि वह चाहे जैसी दवायें बनायें चाहे जैसे उन की बिक्री हो। एक ही नाम की दवा 20 कारखानों की मिलती है।

मान लीजिये, राम लाल राही ने एक दवा खा ली, और वह मर गये, तो आप किस को पकड़ेंगे?

PROF. MADHU DANDAVATE: This is out of order.

श्री राम लाल राही : आपको क्या मालूम होगा कि किस कारखाने की दवाई हमने खाई और उसे हमारा नुकसान हो गया? किस को आप पकड़ेंगे? आप नियंत्रण कीजिये कि अमुक अमुक दवायें अमुक अमुक कारखाने बनायेंगे।

बहु-राष्ट्रीय कम्पनियों की बात चलती है, बड़े जोर से चलाई जाती है, बहु राष्ट्रीय कम्पनियां जाली दवायें ले ले कर बेचती हैं।

MR. DEPUTY-SPEAKER: Mr. Rahi, in spite of your taking these drugs, you are healthy. You may continue tomorrow.

Now, Shri B. Shankaranand will make a statement about the health of the President at the Taxas Heart Institute, Houston (USA).
