

cation as part of the Education Policy I would like to know from the hon. Minister as to what is the role of physical education in the proposed new Education Policy. Also I would like to know from the hon. Minister whether she will consider the suggestion that physical education should be considered as an integral part of education in the Final Education Policy.

SHRIMATI SUSHILA ROHATGI:

No final policy as such has emerged. I would like to inform hon. Members. The other day we presented a "Presentation", but I would like to say that even in the "Presentation" reference has been made to the importance given to physical education. I would like to allay if he has any fears in that regard.

श्री सत्य प्रकाश मालवीय : मान्यवर, मंत्री जी के उत्तर के भाग 'ग' में मेरा प्रश्न सम्बन्धित है। उन्होंने कहा है कि एग्जिक्यूटिव, मॉडिकल, वॉटरनरी और इंजीनियरिंग कालेजों में नया बेलनमान देने की जिम्मेदारी राज्य सरकार की है। मैं जानना चाहता हूँ कि जो केन्द्रीय विश्वविद्यालय हैं उनसे सम्बन्ध इस प्रकार के कालेजों में नया बेलनमान देने की जिम्मेदारी केन्द्रीय सरकार की है या राज्य सरकार की ?

श्रीमती सुशीला रोहतगी : जो केन्द्रीय यूनिवर्सिटी से सम्बन्ध है उनमें यूनीफार्म पे-स्केल चल रही है। बाकी जो एग्जिक्यूटिव कालेजेंज वर्ग हैं उनसे दूसरी मिनिस्ट्री सम्बन्ध है या राज्यों से सम्बन्धित है।

श्री सत्य प्रकाश मालवीय : मेरा प्रश्न यह है कि केन्द्रीय विश्वविद्यालयों में सम्बन्धित कालेज कहाँ-कहाँ हैं और उनको नया बेलनमान देने की जिम्मेदारी केन्द्र सरकार की है अथवा नहीं।

MR. CHAIRMAN: The Minister has already stated that so far as Central Universities are concerned, uniform pay scales prevail. Therefore, Prof. Lakshmananna.

PROF. C. LAKSHMANNA: Mr. Chairman, Sir, the Minister has stated

that in the Central Universities, there is uniformity of pay scales. Consequent upon the uniformity of pay scales are the Physical Education teachers, Directors, etc. enjoying the same status as their equivalents in other Departments? If so, do they form part of the academic bodies like Boards of Studies, Faculties, Academic Council etc.?

MR. CHAIRMAN: Prof. Lakshmananna, the question relates to pay scales. Next question No. 22.

PROF. C. LAKSHMANNA: Sir, the pay scales are always included.

Safety Committee to review toxic effect of drugs

22. DR. JOSEPH LEON D'SOUZA:†

SHRIMATI MAIMOONA SULTAN:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Government have received memorandum from the consumer associations demanding the setting up of a safety committee to review periodically the toxic and harmful effects of drugs;

(b) whether it is also a fact that it has been demanded that not only strict quality control may be maintained but also only those drug manufacturing companies who possess testing laboratories may be allowed to function;

(c) whether it is a fact that some organisations have also demanded for a time bound programme for banning harmful drugs and irrational combinations and set up of testing laboratories by September, 1986 failing which protest meeting and dharmas throughout the country will be organised; and

†The question was actually asked on the floor of the House by Dr. Joseph Leon D'Souza.

(d) if so, what action Government have taken thereon?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI MOHSINA KIDWAI): (a) to (c) Yes, Sir.

(d) (i) Under the aegis of the Drugs Consultative Committee, a Committee has been constituted, to review toxic and harmful effects of drugs.

(ii) The Drugs and Cosmetics Rules have been amended, insisting upon each manufacturer to have his own testing facilities.

(iii) Government has amended the Drugs and Cosmetics Act empowering it to prohibit the import, manufacture and sale of irrational and harmful drugs.

DR. JOSEPH LEON D'SOUZA: Mr. Chairman, Sir, in recent years, the incidence of fatal and toxic effects caused by drugs circulating in the market has assumed alarming proportions. Responsible forum a *sudhite* press have voiced deep concern in order to focus the attention of the Government for the urgent need to take measures to combat the situation on a war footing. In all the countries in the world, there exists a special high-power safety committee. It periodically monitors the toxic and fatal effects of harmful and irrational combination of drugs and enforces strict mandatory safety conditions for their usage to ensure maximum safety to the consumers. Unfortunately, in India we lack an adequate system of watching over this vital question. You will appreciate that this is a matter of grave public importance. Many lives have been lost. Will the hon. Minister give an assurance to seriously consider the setting up of a high-power safety committee to meet the hazards of the present situation?

MR. CHAIRMAN: Mr. Bhandare, come to the other side, please. You should not come between the Member and the Chair.

SHRI MURLIDHAR CHANDRAKANT BHANDARE: I did not realise it, Sir. I am sorry.

SHRI S. KRISHNA KUMAR: Sir, the Government is fully aware of the impor-

tance of ensuring quality control of drugs and their therapeutic efficiency in order to protect the interests of the consumers. Sir, the hon. Member is correct that several consumer groups and organisations have given representations to Government. And, Sir, we have taken whatever action is possible on these representations.

Sir, there is already a Sub-Committee, appointed from 1979 onwards of the Drug Advisory Committee constituted, under section 7 of the Drugs and Cosmetics Act, which is acting as a safety committee or an expert committee and which keeps a constant watch on harmful, spurious and other drugs. As soon as representations are received or *suo motu* this Committee conducts investigations and takes expert advice and takes action to ban or control harmful drugs. The other part of the question relates to the entire question of mentation of the drug control system in the country in which the role of the Central Government is only advisory. It is a State subject and it is the States which have the full responsibility of enforcing the drug control regulations.

MR. CHAIRMAN: Yes, put your second supplementary.

DR. JOSEPH LEON D'SOUZA: Sir, I was on the question of safety and I was not on the question of quality control. Mr. Minister, you have not answered by question on safety, but you have answered about quality control on which I would like to put a supplementary now. Your earlier answer was irrelevant.

SHRI S. KRISHNA KUMAR: Quality control includes safety also.

MR. CHAIRMAN: The Minister can answer both the questions together.

DR. JOSEPH LEON D'SOUZA: Sir, you will appreciate my point, I was very clear.

MR. CHAIRMAN: Yes, Put your question.

DR. JOSEPH LEON D'SOUZA: Sir, now I come to my supplementary. Sir, various consumer organisations have demanded the implementation of the mandatory provisions to install a quality control

laboratory attached to the drug-manufacturing units. However, this problem is solely restricted to the sphere of the small-scale sector due to the higher financial costs involved. It is, therefore, understandable that the Government is hesitant to enforce rigidly this provision in order to avoid serious repercussions. Now, Sir, my question is this: It is obligatory on the part of the Government to ensure that the drugs circulated to the public for consumption pass the quality control tests. Therefore, will the honourable Minister seriously consider the question of setting up in a phased manner, region-wise, quality control laboratories to meet the existing stipulations?

SHRI S. KRISHNA KUMAR. Sir, the question of safety of drugs is integrally connected with the entire question of quality control and this is my answer to the first question.

My answer to the second supplementary is that it is true that out of the 9,250 manufacturers of drugs in this country, 80 per cent of the drugs are manufactured by about 150 major and medium units which have adequate testing facilities. We have about 9,000 small-scale units which were given time up to the 1st January 1980 to introduce the testing facilities. But it is correct that some of these units have not started the testing facilities and are utilising other approved laboratories which was the dispensation before that cut-off date. We have been impressing upon the State Governments the need to enforce the regulations regarding the testing facilities as the State Governments are the licensing authorities. We have four major national laboratories. Out of the 31 States and Union territories in the country, only 14 States and Union territories have the appropriate and adequate testing facilities. The other States are utilising the Central Government laboratories as their analysts for testing. It is a question of financial resources. We have been asking the State

Governments to improve the infrastructure for drug control and testing.

MR. CHAIRMAN: Mr. Vijaya Mohana Reddy.

SHRI VIJAYA MOHANA REDDY: Sir, chloral hydrate is a toxic drug and is habit-forming and it is being used to adulterate toddy causing thousands of deaths in the country. The toddy contractors make millions of rupees because by adulterating toddy with chloral hydrate, they need not have to tap the toddy from the trees. Has the Government any plan to ban this dangerous habit forming toxic drug?

SHRI S. KRISHNA KUMAR: This comes under the Food Adulteration Act, and certainly any complaint can be looked into under that Act.

श्री वीरेंद्र वर्मा : श्रीमन्, मैं माननीय मंत्री जी से यह पूछना चाहता हूँ कि इस प्रश्न की गंभीरता को समझते हुए क्या वह यह बताने की कृपा करेंगे कि हाल ही में बम्बई के एक अस्पताल में ड्रग के पियूज के कारण चार बच्चे पोलियो वैक्सीन के इंजेक्शन लगने के तुरन्त बाद मर गए और तीन की हालत गंभीर है और जिस कमेट्री की उन्होंने चर्चा अपने बयान में की है, क्या इस कमेट्री ने एसे ड्रग की डॉस्टिंग पहले की थी? माननीय मंत्री जी यह भी बतायेंगे कि यूनिकोम जो गाजियाबाद की एक प्रसिद्ध फर्म है, उसके द्वारा तैयार किया गया इंजेक्शन मैनने मंत्री जी को दिया था जिसमें फारने मीटर दिखलाया था, उसके बारे में उन्होंने क्या कार्यवाही की है?

तीसरे, जो वालंटरी हेल्थ एसोसियेशन आफ इंडिया ने हाल में एक सैमिनार किया था, उसकी रिक्मंडेशंस के ऊपर सरकार ने क्या कार्यवाही की है?

SHRI S. KRISHNA KUMAR: Sir, the Government of India shares the serious concern of the hon. Member about the tragedy which happened in Bombay on Monday when in the...

SHRI VIRENDRA VERMA: What about the action taken?

SHRI S. KRISHNA KUMAR: I am coming to that. Four children lost their lives apparently as a result of the reaction of this vaccine. We have sent a high level team to Bombay. We are in touch with the State Government authorities. This vaccine is produced by the Maharashtra Government's own Haffkine Institute. We understand that the Maharashtra Government has also instituted an investigation into the matter. The particular batch has been stopped wherever it had been despatched. We are in contact with the situation and we will take whatever action is possible in this matter.

श्री वीरेन्द्र बर्मा : मान्यवर, मेरे दो और प्रश्न थे। माननीय मंत्री जी बतायेंगे कि यूनिवर्सल जो गाजियाबाद की एम्. है उसका एक इंजेक्शन मैंने मंत्री जी को दिया था, जो भी इसी प्रकार का डीजरस ड्रग था जिसमें फारन मैटर था, उसके सम्बन्ध में आपने क्या कार्यवाही की है ? दूसरे जो वालंटरी एंसेंसियेशन है... (व्यवधान) उसका अभी जो सीमनार है उसने रिकमंडेशन की थी। उनकी सिफारिशों पर कोई कार्यवाही आपने की है ?

MR. CHAIRMAN: He has survived after your injection. It shows that.. (Interruptions) You say that you gave your injection. (Interruptions)

श्रीमती मोहसिना किववाई : महोदय, मैं खुद तो टेस्ट कर नहीं सकती। उस इंजेक्शन को मैंने भेजा है और माननीय सदस्य को भी इस बारे में लिखा है। उसके मृतालिक जो मैंने लिखा है, उसकी कापी फिर भेज दूंगी। यह सबाले इससे निकलता नहीं है, नहीं तो मैं इसकी जानकारी दे देती। आपको यह जानकारी मैं, भेज दूंगी। जो मेरे कुलीग ने अभी बताया कि हम पूरी तरह से उनकी बात को इंडोर्स करते हैं। इसलिए इसको स्टेप्ड करने के लिए हम पूरी कोशिश कर रहे हैं। मैं यहां यह भी एड करना चाहती हूँ कि---

In the Seventh Five Year Plan we are proposing two more testing laboratories one in Tamil Nadu and other in Bombay. In Tamil Nadu we have our

own land. In Bombay we are in touch with the Government and I will ask the Member to help us in getting the land in Bombay, because getting land in Bombay is a very difficult task.

SHRI MURLIDHAR CHANDRAKANT BHANDARE: Now you have your own Chief Minister there.

SHRIMATI MOHSINA KIDWAI: We know the shortcomings of this quality control and the Central Government is fully conscious about it. We are trying to do our best to strengthen drug control system and to see that this facility is spread all over the country.

SHRI M. KADHARSHA: Sir, the hon. Deputy Minister is trying to take refuge under the Drugs and Cosmetics (Amendment) Act and passing the responsibility on the States. Sir, this Drugs and Cosmetics (Amendment) Act was passed in 1982. I would like to know how many prosecutions have been launched by the Government since then. Sir, the Health Minister herself has stated that no State in India has qualified Drug Controllers. There are only 5 laboratories and 350 Drug Inspectors in the country. Does the Government think that the strength is sufficient to check the manufacture of drugs? Sir, the Hathi Committee which has appointed by the Government to go into all the aspects of the drug industry, submitted its report in 1975. As in the case of other Committees' reports, this report is also gathering dust in the Government corridors. Is this also the responsibility of the State Governments? I would like to know what is the assistance given by the Centre to the States to establish laboratories and to improve the strength of the Drug Controllers and Drug Inspectors.

SHRI S. KRISHNA KUMAR: Not only from the time of the amendment of the Act in 1982 but from the very beginning, drug control has been a State subject. The responsibility of the Central Government is largely to

ensure uniformity of operations in the States and is largely advisory in nature. Sir, I have the figures of the prosecutions here. They are of three types. For offences relating to manufacture and sale, there were 13 prosecutions in 1982-83 and 6 prosecutions in 1983-84. For offences relating to manufacture and sale of misbranded drugs and adulterated drugs, there were 53 prosecutions in 1982-83 and 47 prosecutions in 1983-84. For other contraventions there were 165 prosecutions in 1982-83 and 233 prosecutions in 1983-84.

Sir, the hon. Members is correct that of the total number of 2500 or so sanctioned posts of Drug Inspectors, only 625 posts have been filled up by the States which again is a lacuna on the part of the States. As regards the Hathi Committee report, the main recommendation is that the drugs should be sold in their Generic names and not in a multiplicity of brand names. This matter is pending in the Supreme Court and is *sub judice*.

SHRI SUKOMAL SEN: Sir, I would like to know from the hon. Minister whether the Government has identified the drugs which have harmful effect and which are banned in developed countries but are in circulation in our country. If so, I would like to know the nature of those drugs. Both the Ministers have said about effective control of drugs. My hon. colleague has also said about the Hathi Committee report. It is a fact, whether the Minister agrees or not, that our market is full of spurious drugs. Few days back, I found that a patient was advised by eminent doctors to take altroxin for three months. He took the treatment. He went to the doctor again. The doctor found that altroxin was spurious and the condition of the patient had deteriorated. Sensitive drugs are being adulterated and spurious drugs are being sold in the market openly. He says that it is the fault of the State Government that

they are not appointing Drug Controllers. But the fact is ...

MR. CHAIRMAN: Question please.

SHRI SUKOMAL SEN: What is the Central Government actually doing to prevent malpractices in drugs and also to eliminate spurious drugs from the market? The Hathi Committee Report was given in 1975 and no steps have been taken about it till now.

SHRI S. KRISHNA KUMAR: As regards the first part of the question, out of the 33 drugs banned in one country or another, as intimated by WHO, 10 drugs have been banned by us since the intimation. Seventeen drugs have never been existent in the country. There was no application for these drugs. We have never introduced these drugs. As regards the other 7 drugs, we are continuing with the drugs because they are relevant to the socio-economic and disease pattern situation in the country. The names of the drugs are: Hydroxin, Phenopharmin, Analgin. Do you want the entire list?

MR. CHAIRMAN: No.

SHRI S. KRISHNA KUMAR: I would also like to clarify that it does not mean that if one country bans a drug, it is banned in all the countries. For instance, the very first drug, hydroxylene is banned in Japan, Greece, Norway, Spain, etc. but is used in 34 countries including Canada, France, Germany, Mexico and India. The third one is banned in Japan but is used in 40 countries including India.

MR CHAIRMAN: Next Question.