9. Fixed dose combinations of phenacetin.

10. Fixed dose combinations of Antihistaminics with Anti-diarrhoeals.

11. Fixed dose combinations of penicillin with Sulphonamides.

12. Fixed dose combinations of Vitamins with Analgesics.

13. Fixed dose combinations of Tetracycline with Vitamin C.

14. Fixed dose combinations of Hydroxyquinoline group of drugs except preparations which are used for the treatment of diarrhoea and dysentry.

15. Fixed dose combinations of Steroids for internal use except combination of steroids with other drugs for the treatment of Asthma.

16. Fixed dose combinations of Chloramphenicol except preparation of Chloramphenicol and Streptomycin.

17. Fixed dose combinations of Ergot except combination of its alkaloid ergotamine with Caffeine.

18. Fixed dose combinations of Prophylactic Vitamins with anti-T.B. drugs except combination of I.N.H. with Vitamin B6.

Benefits of Health Services to the poor

528. SHRIMATI USHA MALHOTRA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that recently the Prime Minister has suggested certain ways and means ensuring that the benefits of the health services reach the poor for whom they are primarily intended; and

(b) if so, what action has been taken by Government in regard to this suggestion?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND): (a) and (b) Observing that health care facilities in the rural areas are inadequate the Prime Minister has desired that efforts should be made to ensure that the benefits of the health services reach the poor people for whom they are primarily intended. Necessary action on the directions of the Prime Minister is being taken.

Sub-standard and spurious drugs

529. SHRI SURESH KALMADI:
SHRI RAMCHANDRA BAHRADWAJ:
SHRI DINESH GOSWAMI:
SHRI N. P. CHENGALRAYA NAIDU:
SHRI INDRADEEP SINHA:

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

(a) whether it is a fact that the recent study report of the Drug Controller of India has revealed that an average of 15-20 per cent of the drugs manufactured and sold in the country during the last three years have been found to be sub-standard;

(b) if so, what are the details thereof;

(c) what are the names of the manufacturers of these sub-standard drugs; and

(d) what steps have been taken against the manufacturers and sellers of sub-standard drugs and what steps have been taken to educate the people against these sub-standard medicines?

THE DEPUTY MINISTER IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (MISS KUMUDBEN M. JOSHI): (a) and (b) The average of drug samples tested by the Central Drug Laboratory, Calcutta and Central Indian Pharmacopoeia Laboratory, Ghaziabad during the period 1978—81 which were found to be substandard, works out to about 17.5 per cent.

(c) The required information is being collected and will be laid on the Table of the House.

(d) A statement on the steps taken to check the manufacture and sale of spurious and sub-standard drugs is enclosed.

Due publicity has been given by some States and also voluntary organisations for educating the public against the sub-standard medicines. A note indicating the manner in which public can co-operate with the Government in this regard is also attached herewith.

Statement

Steps taken by the Government to check the manufacture and sale of sub-standard/spurious drugs.

1. The Drugs and Cosmetics Act was amended in the year 1964 to—

(a) increase the penalty for manufacture and sale of certain categories of misbranded drugs (spurious drugs) from three years to ten years and with fine. The courts were required to record in writing special reasons if they wished to impose a sentence of imprisonment of less than one year.

(b) add a new section 18-A requiring every dealer or an agent of a manufacturer to disclose to the Drugs Inspector, the name, address and other particulars of the person from whom he acquired drugs or cosmetics.

(c) make provision whereby the implements of machinery used in manufacture, sale or distribution of spurious drugs and any receptacles, packages or covers in which such spurious drugs were contained and the animals, vehicles, vessels used in carrying such drugs became liable to confiscation.

2. To eliminate unlicensed manufacturers of drugs, who usually indulge in manufacture and sale of spurious drugs, an All India List of Licensed drug manufacturer has been compiled and is being brought up to date from time to time. This list is circulated to all the States Drug Controllers and leading Associations of the Drugs Manufacturers and Dealers.

3. The States have been advised to maintain liaison with the Police authorities for the campaign against spurious drugs to be carried out intensively.

4. Whenever reports of spurious drugs are received by the Central Drugs Standard Control Organisation and wherever a racket is supposed to be of inter-State character, the States concerned are immediately alerted and advised to take necessary action with the assistance of the State Police.

5. A constant liaison with the State Drugs Control Organisation is maintained by the Central Drugs Standard Control Organisation by holding meeting of the Drugs Consultative Committee, meeting of the Zonal State Drugs Controllers, and through discussion the Zonal Officers have with the State Drugs Control Officials and by correspondence. This constant exchange of information helps coordination and intensification of quality control measures.

6. The States have been requested to constitute State Drug Advisory Boards on which representatives of the manufacturers, dealers, medical profession and consumers are associated to advise the State Governments on the measures to be taken for effective enforcement of the Drugs and Cosmetics Act.

7. The testing facilities available with the Central Government at the Central Drugs Laboratory, Calcutta, the Central Indian Pharmacopoeia Laboratory, Ghaziabad and the Central Research Institute, Kasauli have been placed at the disposal of the States. Many States and Union Territories are availing of these testing facilities.

8. Regular training programmes for drug inspectors and drug analysts held under the auspices of the Central Drug Standard Control Organisation.

9. A Bill to further amend the Drugs and Cosmetics Act has been intro-

duced in the Lok Sabha on April 30, 1982 to provide *inter alia* a clear cut definition of the term "spurious drugs" prohibit import, manufacture, sale or distribution of a drug which is considered injurious to health or ineffective therapeutically by the Central Government, enhance powers of the Drug Inspectors, provide more stringent penalties for offences under this Act, etc.

10. The Government have set up a Task Force on June 21, 1982 with a view to identify and tackle the problem of manufacture, sale and distribution of mis-branded/spurious drugs in the country. This Task Force will *inter alia* examine the adequacy of drug control set up in the States and the Centre and recommend measures to strengthen it and also examine the need to augment the drug testing facilities and setting up of Intelligence Cells in the various States.

Note on the manners in which the public can co-operate and assist the Drug Control Organisation

The Drugs and Cosmetics Act which regulate the quality of drugs imported into, manufactured and sold in the country is a social legislation, its objective being to ensure that drugs are being manufactured under proper conditions and that the drug reaching the consumer is of standard quality.

The Drugs Control Organisation at the Centre and in the State are responsible for enforcing the provisions for this Act. This Law affords protection not only to consumers but also to Law-abiding manufacturers and dealers as it guards then against unfair competition by inferior or dishonestly-Labelled products. It is, therefore, in the interests of the consumer Law-abiding manufacturers and dealers to co-operate and assist the Drugs Control Organisation in the strict enforcement of this Act.

The unwary consumer is the main victim of an unscrupulous dealer dealing in spurious drugs. It is not possible for a consumer to have every drug purchased by him tested to ensure its quality. In some cases spurious drugs are made up so competently to resemble closely the genuine product that it is difficult for a layman to notice any difference between the genuine and the spurious product.

The racket of spurious drugs thrives mainly because of the greed of manufacturer and dealer. The desire to save money by purchasing drugs at a lower price without a cash memo is in many cases the root cause for the prevalence of spurious drugs.

Generally, reputed manufacturers and dealers do not engage in the manufacture and sale of spurious drugs. It is generally the small chemist working on low margin of profits which deals in sale of spurious drugs.

The question that naturally arises is how should a consumer protect himself from this menace of spurious drugs. While there can be no foolproof protection, nevertheless there are certain precautions which if taken by consumers could not only ensure their protection but also assist the Drugs Control Organisation in their investigational motivities. The Precautions are:

1. Buy drugs only from a reputed chemist preferably one known to you.

2. Insist on a cash-memo while purchasing the drug. The Drugs and Cosmetics Act requires a chemist to give a cash-memo and it is an offence for a chemist to refuse to give cash-memo.

3. Compare the price charged by the Chemist with that indicated on the label If the price charged is considerably lower than that indicated on the label then there is a possibility that the drug supplied may not be genuine.

4. Beware of any shop which sells drugs at prices considerably lower than other competitors.

5. Examine the labels of the drugs purchased and do not buy drugs, which have crossed the expiry date.

6. If the package of the medicine purchased appears different from that purchased earlier, forward the package to the nearest Drug Inspector for investigations. Similarly, if medicine purchased tastes differently then report alongwith a sample of the medicine to the nearest Drugs Inspectors.

7. Destroy all used containers of medicines particularly those where the name of the medicine or of the manufacturer is indelibly marked on the con ainers.

8. Associate the Drug Control Organisation in meeting of the Citizen Committee where quality control of drugs is being discussed.

9. Inform the State Drugs Controller of any cases of spurious drugs that have come to your notice. While furnishing the information please ascertain the facts correctly so that time of the Drugs Control Officer is not unduly wasted in fruitless investigations.

The steps set out above, if followed by consumers, would ensure not only protection but also assist the Drugs Control Organisation in investigating cases of spurious drugs.

Jobless Doctors

530. SHRI N. K. P. SALVE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that 30,000 qualified doctors in the country are still without jobs;

(b) if so what is the State/Union Territory-wise break-up of such jobless doctors; and

(c) whether any programme has been laid down for providing them with suitable jobs and to utilise their services, if so, what are the details thereof?

THE DEPUTY MINISTER IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (MISS KUMUD BEN M. JOSHI): (a) and (b) The precise number of unemployed medical graduates in the country is not available. However, the number of medical graduates on the Live Registers of Employment Exchanges in the country at the end of June, 1981 was 16,775.

(c) Public Health is on the State List and it is, therefore, basically for the State Governments to evolve suitable employment schemes for utilising the services of the available stock of doctors.

A considerable step-up in the job opportunities for medical graduates is expected in the wake of the implementation of the various Plan Schemes in the Health and Family Welfare sector, during the Sixth Five Year Plan. The nationalised banks also offer loans for enabling doctors to establish clinics/nursing homes in the rural areas.

Leprosy—A neglected subject in Medical Studies

531. SHRI R. R. MORARKA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the number of persons suffering from leprosy in our country is rising at an alarming rate and every year some 4 lakhs people get afflicted with this disease;

(b) whether it is a fact that leprosy is a neglected subject in the medical studies and that no systematic efforts are made to detect unreported cases;

(c) whether the working group of leprosy control headed by Dr. M. S. Swaminathan has recommended that special attention should be given to leprosy in the undergraduate medical curriculum; and

(d) if so, what action has been taken by Government on those recommendations?