

Controlling price and traders' holdings के बारे में कहा है, तो इसके बारे में मैंने शुरू में ही जवाब दे दिया है। उन्होंने यह भी कहा कि अगले साल मल्टी नेशनल कंपनियां, माल dump करके यहां के किसानों को लूटने का प्रयास करेंगी, मैं आपको विश्वास दिलाता हूं कि यह स्थिति हम आने नहीं देंगे। हम मार्केट में MSP के नीचे कीमत को नहीं जाने देंगे। MPS के लेवल पर मार्केट में जितना माल आएगा, जितना गेहूं आएगा, उसे 100 परसेंट खरीदने कर इंतजाम हम करेंगे। और किसी के द्वारा किसान को लूटने की परिस्थिति हो, ऐसी नौबत नहीं आने देंगे। मैं इतना ही कहना चाहता हूं।...(व्यवधान)...

श्री शरद अनंतराव जोशी : क्या आप व्हाइट पेपर के बारे में कुछ बताएंगे, क्योंकि आत्महत्या के जो आँकड़े हैं...(व्यवधान)...

श्री शरद पवार : सारे फिगर्स आपके पास देने के बाद व्हाइट पेपर से और क्या निकलना है।

MR. DEPUTY CHAIRMAN: Now, short duration discussion on import of wheat and agrarian distress is over.

MESSAGE FROM LOK SABHA

The Taxation Laws (Amendment) Bill, 2006

SECRETARY-GENERAL: Sir, I have to report to the House the following message received from Lok Sabha, signed by the Secretary-General of Lok Sabha:

"In accordance with the provisions of rule 96 of the Rules and Procedure and Conduct of Business in Lok Sabha, I am directed to enclose the Taxation Laws (Amendment) Bill, 2006, as passed by Lok Sabha at its sitting held on 17th May, 2006.

The Speaker has certified that this Bill is a Money Bill within the meaning of article 110 of the Constitution of India."

Sir, I lay a copy of the Bill on the Table.

HALF-AN-HOUR DISCUSSION

Points arising out of answer given in Rajya Sabha on 17th February, 2006, to Starred Question No:3 Regarding 'Ban on Globally Discarded Drugs'

SHRI SANTOSH BAGRODIA (Rajasthan): Mr. Deputy Chairman, Sir, I rise to raise this half-an-hour discussion on the subject of ban on globally discarded drugs.

MR. DEPUTY CHAIRMAN: Special Mentions will be taken up after this discussion.

SHRI SANTOSH BAGRODIA: This is a very serious matter to discuss about drugs which are being banned globally and not being banned here. But, before that, I would like to also mention about the kind of drugs which are required, which should not be banned and the supply of these drugs should be readily available. Our hon. Minister is a doctor himself, though he has left practice long time back. The doctor's profession, I think, is the most noble profession in the world. They have a kind feeling for the patients. They appreciate the pain of patients, but, unfortunately, our Administration including probably our Minister once he has become Minister, does not feel that pain. Why I say this, Sir, is because anywhere in the world, especially in the developed world, the theory is that if the patient, I mean, as you know, nobody can help; one can go unwell and one can have serious ailments like cancer and which is very painful. About 30-35 years ago, I know the cancer patients; I have heard their cries half a kilometre away. It was so painful. We did not have all kinds of medicines which could be given to them to relieve their pain. Today, these medicines are available, but they are not being given to the patients like Morphine-based medicines. They are hardly available. They have to be made freely available. 'Freely' does not mean without prescription. We can follow any rules which are being followed by any developed country. You can put any kind of restrictions, but every pharmacist should be allowed to sell these kinds of drugs which are required for the pain relief and this is possible. The Government, in many of my discussions, have mentioned that it can be misused. That is not the problem of the patient. Patient needs it. You should reply to that because you cannot handle it administratively and some people will misuse the drugs. You say that you cannot supply drugs more freely. It is not in the fairness of things. I will request the hon. Minister, to look into it very seriously and he being a very considerate Minister, I am sure nobody may have seriously pointed out this subject so far, but please take it up so that these medicines are available more freely.

Now coming to question no. 3 which was raised on 17th February, 2006 ...

MR. DEPUTY CHAIRMAN: So far, whatever you have discussed, is it not related to the question?

SHRI SANTOSH BAGRODIA: No, it was not. I fully agree. I made it related but it was not directly related. It was about the pain of the patient, and I am sure you will allow me. Sir, the hon. Minister on that day mentioned that about 76 categories of drug formulations have been prohibited in our country. The hon. Minister also informed the House that under the Chairmanship of DG, Health Services, a committee has been constituted which also include some MPs to look into problems of alleged internationally banned drugs being sold in the country and to suggest solutions. Unfortunately, the hon. Minister also informed the House on that day that the Committee observed that certain drugs, withdrawn from certain countries, continued to be marketed in many other countries including India.

I would like to know from the hon. Minister that beyond observing, did the committee actually approve the sale of such drugs? Which were the stakeholders with whom the committee consulted? Did the committee have access to the Adverse Drug Reaction data in respect of these drugs?

Similarly, Sir, I would like to know from the hon. Minister as to what is the composition of Drug Technical Advisory Board (DTAB). What is the format of its interaction with the stakeholders on the issue of banned drugs, how are the stakeholders selected, how are the experts selected?

I would also like to know what is the network of the National Pharmacovigilance Programme. What is the spread of the 30 medical colleges that have been selected as the centres to carry Pharmacovigilance? Has any field assessment of these drugs been done under this programme? If yes, what was the spread and sample size of such study? If no field assessment of these drugs was done, how could the committee headed by DG, Health Services give its report?

Sir, I would also like to know from the hon. Minister whether a protocol for Pharmacovigilance has been developed to collect Adverse Drug Reaction data. Is such data on the said drugs available? I would like the Minister to share the information with the House.

Further, Sir, the hon. Minister informed on that day that he would consult experts on the issue of Nimesulide. Has the Minister consulted the experts? What is the outcome of such interaction? Sir, what would be the impact of withdrawing such drugs on our objective to provide affordable health care? Are other alternative drugs available? Will their withdrawal result in monopoly of certain drugs that can even distort the market?

7.00 P.M.

Sir, it has been noticed in normal business. The coffee growers will have a study done that tea is bad, publish it in big books. Scientists make studies that drinking tea is bad and all this is done because it suits the coffee growers. Similarly, the tea growers will have a study done that coffee is bad. So, Sir, a number of times, rivalries do take place, and, Sir, these kinds of studies are made, unfortunately, in connivance with the scientists, and, I should say, noted scientists; their names are used and this is being done freely all over the world including our own country. So, what precautions and steps the Government can take so that these things do not happen.

Sir, another thing is that as I do not want that the country should become the dumping ground of banned drugs, I would also not like that the citizens are deprived of affordable health cover due to business rivalries of Pharma multinationals who may bring newer medicine in *be* market at a high premium. What is the comment of the Minister on the ; subject?

Sir, has any research initiative been taken to minimize the adverse impact of these drugs? Despite an elaborate regulatory network, despite the Pharmaco-Vigilance network in place, media has reported the case of indiscriminate and indiscreet use of Oxytocin hormone in cattle at the National Dairy Research Institute, Karnal. The Prevention of Cruelty Against Animals Act, 1960 bans indiscriminate use of this hormone in animals. The indiscriminate use, sometimes twice a day, of this is extremely painful for the animals -- we are also concerned for the animals, Sir -- and has hazardous results for humans too who consume this milk. That is why it is connected with this subject.

MR. DEPUTY CHAIRMAN: It is a well-researched question.

SHRI SANTOSH BAGRODIA: Yet, the NDRI, which is Central Government facility has been using this hormone with impunity. Similar cases of use of Oxytocin were reported from other dairies in the country too. What steps has the Government taken in this respect? Sir, there are many more questions which can be raised. But, I would not like to raise because after discussing other subjects for four and a half hours, I know I should stick to half-an-Hour discussion only. And, he is getting very upset about it. And, I don't want to have animosity with my friend, hon. Minister. He has told me to finish it today. So, let's finish it. Thank you very much.

MR. DEPUTY CHAIRMAN: There are no more supplementary questions. You have exhausted.

SHRI SANTOSH BAGRODIA: All right, let him reply.

श्री उपसभापति : आपने नोटिस नहीं दिया है। Normally, in a half an hour Discussion, they have to give a notice earlier, अगर एक हर सवाल है, तो पूछिए।

श्री श्रीगोपाल व्यास (छत्तीसगढ़) : इस विषय को उठाने के लिए बहुत-बहुत धन्यवाद ।

माननीय उपसभापति जी, मैं आपकी अनुमति से माननीय मंत्री जी से यह जानना चाहता हूँ कि आजकल इस देश में बहुत प्रकार की जड़ी-बूटियों से दवाएँ बन रही हैं तथा इसके साथ-ही-साथ योगा और कई प्रयोग भी हो रहे हैं। क्या ऐसी दवाएँ, जो विश्व में अन्यत्र प्रतिबन्धित हैं, उनसे बचन के लिए सरकार, इस प्रकार के जो भारत में प्रयोग हो रहे हैं, उनका भी विचार करेंगी?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): Sir, thank you, for giving me an opportunity to answer to the questions raised by the hon. Members, especially, my good friend, Mr. Santosh Bagrodia. I see his fascination and obsession for the subject of globally banned drugs. In fact, I think, this is the fourth time when I am replying to this question of globally banned drugs. Like I have already answered a number of times on this subject, the concept of globally banned drugs, in fact, is a misnomer. This concept of globally banned drugs was raised by the media. There is no such thing as globally banned drugs. Drugs could be banned in the individual country. Every individual country has the capacity to ban a drug, depending upon the quality. They have their own committees, their own experts, their own advisory boards. Like I have said earlier also, the drugs which are used in the USA, could be banned in the UK or Europe and *vice-versa*. And, this is a method prevailing globally. Each country has its own individuality. In fact, the Committee about which my good friend, Mr. Bagrodia, has been saying, was constituted in 2001-02 under DGHS, and along with the Members of Parliament, this Committee went exhaustively into the issue of globally banned drugs and other issues of adverse drug reactions. They had consulted a complete group of specialists. They went all around the country and they had given an exhaustive report about what the Government should do in the future to avoid these issues and how the Government should strengthen its mechanism and build up infrastructure to counter these issues. Some of the drugs were taken up to the Committee also and they had given their views. I can give my good friend, Mr. Bagrodia, the complete report that the Committee had given. The

Committee has also said that the Government should strengthen its vigilance committee. In fact, in 2004, with the help of the World Bank, a Pharmacovigilance Committee was formed. This was a high-level body consisting of experts and also linking throughout the country. We were planning to link up all the medical colleges in this country, but we could link only 30 of such colleges. This Committee is meeting every month. We have given them a couple of drugs of current interest. The issues of these drugs are being , raked up by the media or by hon. Members or globally there were some

issues regarding them. This Committee is monitoring the adverse drug reactions whenever they occur. We have one very competent Drug Technical Advisory Board (DTAB). When a particular drug is banned in some other countries, whether it could be permitted here or not, this is the highest body which approves or disapproves a drug. Sir, some of the drugs, like you said about " 76-77 drugs and formulations put together, are not permitted to be used in India, so-called banned in India. But some of these drugs are being used in other countries, including some developed countries in Europe. The issue of some common drugs called Analgen or Nimesulide, was raised last time very passionately by Mr. Bagrodia and my other good friend Shrimati Karat. I had taken up this issue of Nimesulide and other drugs with the authorities. In fact, a committee was formed under Dr. Gupta, the Head of Department, All-India Institute of Medical Sciences. Three of them went into the issue of Nimesulide and till today they have not found fault with it. But the study is still going on. The study has not ended here. In case of Nimesulide, we have gone through extensive deliberations right from 2000-01 when this was banned in Finland and Spain, and then it was revised. Today, about 50 countries, including a lot many countries in Europe, use Nimesulide. In India, Nimesulide drops are not permitted, but in paediatrics combination, we have a minimal dose of that.

My good friend has raised some questions about morphine combinations. I think we will try to look into this issue. As I said, the DTAB is a body which approves or disapproves some medicines, there are some medicines which could be used and there are some medicines which could be abused also. Sometimes the Home Ministry gives us some guidance like in the North-East part of the country some cases of common cough syrups abuse have come. The young kids in the North-East, in fact, injected a drug called Spasmo Proxyvon. It is not supposed to be injected. I will take up these things and put up them to my experts and we can find out about it.

About the decision of the Committee, yes, I can give the full report to the hon. Member about all the decisions of the Committee and how in future they will guide us and what should be done in future. In fact, Dr. Mashelkar, after taking sense of the Committee, has given his recommendations about the future of what could be done in the drug industry. On Dr. Mashelkar's recommendations, now we are on the verge of forming a National Drug Authority about which I have already informed this august House. It is on the lines of the FDA in America. Its building will be ready in a few months. I have moved a Cabinet note on the National Drug Authority. Once the authority comes into being, a lot more streamlining of the structure will be happening in this country on the positive ground.

Of course, about the structure of the DTAB, I will definitely inform the hon. Member, because I am not aware of it. But this is the highest body. The DTAB has the drug controllers of all the States. Such is its composition. They meet once a year or twice a year and deliberate upon the previously approved topics given by us. So, this is the highest body which has the Drug Commissioners or Drug Controllers of all the States. This is the composition. But about intricate composition, I will get back to him.

Coming to the Pharmaco-Vigilance Programme, this is the World Bank aided programme to strengthen our vigilance sector because in some drugs, there have been some adverse reactions which have not been reported. So, we are trying to form a network of not only of medical colleges, but also of doctors, pharmacists, and clinicians all put together. We want essential information about any adverse reaction not only of a new drug but of existing drugs also. We need to have more information about those reactions. For that also, we are trying to have more viable pharmaco-vigilance. We are spending more money on the structure also. And, of course, the protocol for pharmaco-vigilance has definitely been developed. I will again give the complete set of functions of the Pharmaco-Vigilance Committee and the protocol to be followed to the hon. Member. Coming to the last issue about animal hormones, we will definitely look into the issue. We have been getting some queries about the issue of how these things have been misused on animals, for example, Oxytocin for excess milk production. Sir, we will definitely look into this.

Mr. Shreegopal Vyas is concerned about the Indian system of medicines and how Yoga could be used. Of course, we are trying to

propagate Yoga in a big way. We are trying to put Yoga in the curriculum of the schools because it is scientifically proven that Yoga could prevent a lot of diseases, like it could reduce hypertension. It could prolong the occurrence of heart-attack. Although it can't prevent it fully, but it will prolong it. *...(Interruptions)...* I would be very happy. In fact, in this session, I was thinking, if I could have the health check-ups for the hon. Members, where I could have Yoga classes where Members of Parliament can come there. But, I am sure that in the Monsoon Session, we would be going for, at least, one week Yoga course where, in the morning or evening, hon. Members can come at their convenience, take part and learn the art of Yoga which is very, very important. In the schools, the memory power of children has increased; their grasping power has increased and the life style. So, all these things change. So, I think, it is very important that the hon. Member brought about this.

In fact, Sir, for DTAB, I think, I would like to differ. I have got some information about it, not all the drug controllers are members; it has got specific members specified in the Act. Some of them come as special invitees to the session. When I get the composition, I will give to the hon. Member. I would like to assure the hon. Members that the Government is definitely looking at the issue very, very closely. There has been a lot of competition in the market. Companies are vying with each other; there have been occupation problems within and the professional problems within the existing companies. There is the blame-game going on. We are very closely monitoring and definitely, we won't allow anything detrimental to the Indian society to happen at all. With these words, I would once again thank the hon. Member for raising this issue.

MR. DEPUTY CHAIRMAN; Only five minutes are left.

SHRI SANTOSH BAGRODIA: Half-an-hour is not yet over, Sir. We still have half-an-hour.

MR. DEPUTY CHAIRMAN: For half-an-hour, twenty-five minutes are over.

SHRI SANTOSH BAGRODIA: Sir, I think fifteen minutes are over. You please check from the records. If it is twenty-five minutes, we still have five minutes and I will take only one minute. It is for you also well, Sir. I am talking about it because the hon. Health Minister has mentioned about the health check-ups of MPs, I just want to draw your attention on this that the scheme of the health check-up of the MPs is very poor. As a result,

the scheme is not successful. I would request him to follow the scheme of some hospitals like the Apollo Hospital etc. Look into that kind of scheme and have that kind of scheme. Otherwise, nobody goes there. I mean, the scheme is there, but if you go by the record, you will find that the scheme is not being followed. That is the only point and that will include you also.

MR. DEPUTY CHAIRMAN: Yes, everybody. I am very happy.

DR. ANBUMANI RAMADOSS: Sir, the suggestion is well taken. We will try to rectify if there are any issues. Last year, I think, a year before, we had the health check-ups for the hon. Members, where literally about 360 Members participated in one week -- not only health check-ups, but the awareness camp about Yoga, the Indian system of medicines, cancer and smoking, lot of things and the dietary exhibition. It was very, very useful. But, we could not have it last year. But this year, we are trying to plan it, and we will ask the hon. Members to keep fit, and follow all these patterns that will have a healthy lifestyle.

MR. DEPUTY CHAIRMAN: Keep fit to be present in the House.

DR. ANBUMANI RAMDOSS: Yes, Sir.

MR. DEPUTY CHAIRMAN: The Half-an-Hour discussion is over. Now, Special Mentions.

SPECIAL MENTIONS

Need for allotment of Mahan Coal Block for captive use by Karnataka Power Corporation Limited

SHRIMATI PREMA CARIAPPA (Karnataka): Sir, my home-State, Karnataka, is facing a severe power shortage which has adversely affected the industrial sector, heavy, medium and small-scale industries, households, business establishments and all walks of life, including the students and housewives. The State Government of Karnataka, through Karnataka Power Corporation Ltd., (KPCL), is trying its best to increase the generation of power in the State. KPCL is going to implement the second unit of 540 MW for Bellary Thermal Power Station and the eighth unit, of 210 MW for Raichur Thermal Power Station. For this, coal will be required in abundance. So, coal blocks are required by KPCL. This issue was taken up with the Ministry of Coal, which has indicated that coal linkage from Mahanadi Coalfields can be provided. However, this offer has two main