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No. 9/RN/Ref./2013

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Spurious Drugs

Spurious Drugs

Introduction

A drug shall be deemed to be spurious if it is manufactured under a name which belongs to another drug, if it is an imitation of another drug or if it has been substituted wholly or partly by another drug or if it wrongly claims to be the product of another manufacturer. The term 'Spurious Drug' has been defined under Section 17-B of the Drugs and Cosmetics Act, 1940, as amended by the Drugs and Cosmetics (Amendment) Act, 1982. A stringent penalty for manufacture and sale of spurious drugs has also been prescribed under the Act. Counterfeiting of commercial products, including medicines, is a global issue and is reported in many countries. Circulation of spurious drug can lead to grave, adverse consequences on both consumers (patients) and genuine manufacturers. According to State Drug Controller, the extent of circulation of spurious drug is about 0.3 per cent. The Government is aware of the problem of movement of spurious drugs in the market and has taken serious note of it[1].

Under the provisions of Drugs and Cosmetics (Amendment) Act 2008 and Rules thereunder, it is the joint responsibility of Central and State Governments through their respective Drug Control Organizations to regulate manufacture and sale of drugs as well as to keep surveillance over possible movement of spurious drugs.

Manufacture and sale of spurious drugs is primarily a clandestine activity. To this extent, it is difficult to detect the manufacture or movement of spurious drugs. A study of samples of drugs tested all over the country during the last 10 years reveals that about 0.2 per cent to 0.4 per cent of around 40,000 samples fall within the category of spurious drugs. A statement showing the number of samples tested, number of samples declared not of standard quality, number of samples declared spurious, number of prosecutions launched, number of persons arrested and the approximate value of drugs

[1] Report on Countrywide Survey for Spurious Drugs, Central Drugs Standard Control Organisation (CDSCO), Ministry of Health and Family Welfare, 2009, p.3

seized State / UT wise during 2009-10, 2010-11, 2011-12 and from April-July, 2012 is given at Annexure.

However, keeping in view the serious implications of spurious drugs on public health as well as the loss to genuine industry, the Government has taken various measures to combat this menace[2].

Mashlekar Committee

The apprehensions about the availability of safe and genuine medicines in India, is in a way causing concern to the consumers within the country, on the other affecting the credibility of drug products from India. Hence, the Government had set up an Expert Committee under the Chairmanship of Dr. R.A. Mashelkar, the then DG (CSIR) in February, 2003 to recommend measures for strengthening the drug regulatory system in the country as well as tackling the problem of spurious drugs[3].

The Committee which submitted its report in November, 2003 had recommended several changes in the penal provisions of the Drugs & Cosmetics Act. The main recommendations of the Committee are as follows:-

i) Enhancement of penalty, for sale and manufacturing of spurious drugs that cause grievous hurt or death, from life imprisonment to death.

ii) Sale and manufacture of spurious drugs, which are not likely to cause consequences as stated in (i) above, be made cognizable and non-bailable.

iii) There should be a penalty for those who are unable to produce documents in support of their purchase.

iv) There should be a provision for compounding of minor offences so that these should be disposed of expeditiously while prosecution is able to concentrate on serious cases in the appropriate courts.

v) Authorization of the police to file prosecution.

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[2] *Ibid*
[3] *Ibid*

vi) Constitution of special courts for trial of offence under the Drugs & Cosmetics Act so that judicial proceedings can be expedited.

vii) Enhancement of prison terms and fines for different offences, including the concept of damages[4].

In the tune of recommendations given by the Mashelkar Committee a bill was passed in both the houses of Parliament and the bill had been notified as The Drugs and Cosmetics (Amendment) Act, 2008.

The Drugs and Cosmetics (Amendment) Act, 2008

The Drugs and Cosmetics Act, 1940 was amended by the Drugs & Cosmetics (Amendment) Act, 2008 to provide for more stringent penalties for manufacture and trade of spurious and adulterated drugs. Apart from other provisions, the respective Bill sought to achieve the following objectives:

(i) To enhance the period of imprisonment for a term which shall not be less than ten years but which may extend to imprisonment for life and shall also be liable to fine of ten lakh rupees or three times the value of the drugs confiscated, whichever is more;

(ii) To provide that the fine imposed on the convicted person and realised from him under the said clause shall be paid to the person who used such adulterated or spurious drugs and in case of his death, to his relative;

iii) To designate one or more Court of Session as Special Court for trial of offences related to adulterated or spurious drugs; 14 States/UTs have already set up these special Courts

iv) To make offences relating to adulterated or spurious drugs as cognizable and non-bailable in certain cases;

v) To confer upon the police officers not below the rank of sub-inspector of police and other officers of the Central Government or State Government authorised by it to institute the prosecution under the aforesaid Act;

vi) To provide compounding of certain offences not being an offence punishable with imprisonment only or with imprisonment and also with fine, etc[5].

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[4] *Ibid,* p. 4
[5] Drugs and Cosmetics (Amendment) Act, 2008

Guidelines for taking action on samples of drugs declared spurious or not of standard quality in the light of enhanced penalties under the Drugs and Cosmetics (Amendment) Act, 2008

The Drugs and Cosmetics (Amendment) Act, 2008 provides deterrent penalties for offences relating to manufacture of spurious or adulterated drugs which have serious implications on public health. It will help regulatory authorities to handle anti social elements involved in the manufacture of such drugs and playing with human safety. The major categorization of not of standard quality of Drugs is given below:

Category A (Spurious and Adulterated Drugs)

Spurious or imitation drug products are drug formulations manufactured concealing the true identity of the product and made to resemble another drug, especially some popular brand, to deceive the buyer and cash on the popularity of original product. The product may or may not contain the active ingredients. Spurious drugs are usually manufactured by unlicensed anti-social elements but sometimes licensed manufacturers may also be involved. The adulterated drugs are those drugs which are found to contain an adulterant/substituted product or contaminated with filth rendering it injurious to health[6].

Category B (Grossly sub-standard drugs)

Drugs manufactured by licensed manufacturers and reported to have defects of serious nature to affect the quality of the drug. These defects may broadly be like Tablets/Capsules failing in disintegration test wherever prescribed; liquid preparations showing presence of fungus; and vaccines failing in potency, etc.

Category C (Minor defects)

Drugs manufactured by the licensed manufacturers found not of standard quality because of defects arising out of minor variations in quality. Such defects may arise because of inadequate pre-formulation development studies, lack of in process controls

[6] Guidelines under New Penal Provision, Central Drugs Standard Control Organisation, p.1

exercised by the manufacturer or unsuitable conditions under which drugs are stored or transported. For examples broken or chipped tablets; presence of spot/discolouration/ uneven coating; and change in colour of the formulation, etc[7].

Guidelines

The following guidelines should be adopted as model guidelines by the State Drug Control Organizations for uniform implementation of the provision of the Drugs and Cosmetics Act and rules made thereunder. While implementing the new provisions, the State Regulatory Authorities should ensure that the law is implemented in a comprehensive way.

1. In the case of detection of manufacture and/or sale etc. of spurious or imitation drug products by the unlicensed manufacturers or sellers, the case shall be investigated on top priority and provisions of section 36 AC of the Act invoked under which these offences are considered cognizable and non-bailable. Necessary help from the enforcement agencies like police etc. should also be obtained, wherever required, so that the rackets are busted and culprits booked in time for taking legal action.

2. In the case of detection of a case of manufacture and/or sale etc. of spurious drugs by a licensed manufacturer i.e. use of licensed premises for manufacture of spurious drugs and the criminal intent is apparent, the case is required to be pursued with equal vigour as in the case of unlicensed manufacturer.

3. In the case of drugs manufactured by a licensed manufacturer under a valid manufacturing licence has been found grossly sub-standard, the matter may be investigated at the manufacturer's end, and where criminal intent or gross negligence has been established and if the merits of the case so demand, and where it is felt that administrative measures would not be sufficient to meet the ends of justice, the re-course to prosecution should be resorted to.

4. In the case of drugs manufactured by a licensed manufacturer under a valid manufacturing licence and found grossly sub-standard and where criminal intent or gross negligence is not established, weapon of prosecution should be used judiciously, where it is felt that administrative measures like suspension or cancellation of licenses or compounding of offences would not meet the ends of justice.

5. In the case of not of standard quality reports because of minor defects arising out of variations from the prescribed standards or contraventions of other provisions of

[7] *Ibid*, pp. 2-3

chapter IV of the Act, administrative measures including suspension/cancellation or compounding of offences may be resorted to. Prosecution may only be launched where it is justifiably felt that above measures would not meet the ends of justice.

6. Section 36 AC which makes certain offences under the Act cognizable and non-bailable has been inserted to facilitate the arrest of anti-social elements involved in the manufacture of spurious or adulterated drugs.

7. The State Drug Control Departments shall constitute screening committees comprising of at least three senior officers not below the level of Assistant Drugs Controllers or equivalent to examine the investigation reports of the cases where prosecutions are proposed to be launched.

8. Prosecutions by the Inspectors shall be launched on the basis of written permissions of the controlling authority and this authority in turn shall consider the recommendations of the screening committee while taking final decision in the matter.

9. The Patent and Proprietary formulations should be tested by the Government analysts as provided under Rule 46 of the Drugs and Cosmetics Rules.

10. The Drugs Consultative Committee had earlier in 1993 approved detailed guidelines for taking action in specific cases on reports of not of standard quality drugs.

11. Co-ordination between regulatory authorities is key to success in taking timely action in cases of violation of the provisions of the Drugs and Cosmetics Rules.

12. The State Drug Control Organizations shall create a rapid alert system so that any vital information in the cases of spurious/adulterated drugs is passed on to the appropriate authorities quickly for taking further action in the matter.

13. For combating the menace of spurious/adulterated drugs a robust infrastructure is essential to implement the provisions of the Drugs and Cosmetics Act[8].

Whistleblower Scheme

Since spurious or fake drugs is a sensitive issue affecting the health of the citizens as well as the prestige of the country's pharmaceutical trade interests, there is a sense of urgency in taking on the menace on priority basis. In eradicating the menace a scheme has been devised by the Central Government for giving monetary rewards to the whistleblowers who can take risk of providing the information about the perpetrators

[8] *Ibid*, pp. 4-6

of such crime. The Reward Scheme provides for giving handsome rewards to the informers who provide specific information to the designated authorities leading to the seizures of spurious, adulterated, misbranded and not of standard quality drugs, cosmetics and medical devices. This Reward Scheme will be applicable to both the informers as well as the officers of the Central Drugs Standard Control Organisation (CDSCO). In the fight against the menace of spurious or fake drugs, cost of such social participation will be minimal given the proportion of damage inflicted by the perpetrators of the crime on the health of the society and the economic progress of the country.

The salient features of the aforesaid Reward Scheme[9] are as follows:-

(i) The reward scheme shall be applicable for whistleblowers in the area of drugs, cosmetics and medical devices.

(ii) Reward is to be given to the whistleblowers i.e. the informers / officials only when there is a confirmation of the seizure of spurious, adulterated and misbranded drugs, cosmetics and medical devices by the designated officers of the CDSCO.

(iii) The reward of maximum of upto 20 per cent of the total cost of consignments seized will be payable to the informer / officials which should not in any case exceed Rs 25 Lakh in each case.

(iv) In respect of an officer of the Government / CDSCO, the reward should not in any case exceed Rs 5 Lakh for one case and a maximum of Rs 30 Lakh in his / her entire service.

(v) With a view to ensure that the informers are not made to wait till the final disposal of the matter, 25 per cent of the amount will be given at the time of filing of the charge sheet in the court of Law.

(vi) Further, with a view to ensure that the informers do not turn hostile during the trial of the case and continue to assist the court in deciding the matter in favour of the Government, 25 per cent of the amount will be given to them at the time of disposal of the case in favour of the Government in the first court of law.

(vii) The remaining 50 per cent amount will be paid only when the case has been finally disposed of in favour of the Government and no appeal with respect to the matter is pending in any other Court of Law in the country.

(viii) The eligibility of the informer and the quantum of cash rewards would be decided by a Committee, which will consist of officials from different departments / offices.

[9] Reward Scheme for Whistleblowers, CDSCO

(ix) The eligibility of Government servants for the rewards shall be decided by the Committee depending upon the final outcome of the case only.

(x) The Government will engage senior advocates who have sufficient experience of the cases relating to Drugs as its counsel in the cases.

(xi) To ensure speedy trials of the cases, these cases will be filed before the Designated/Special Courts set up for the purposes of drugs related issues as per the provisions of the Drugs and Cosmetics (Amendment) Act, 2008.

(xii) Special instructions are to be given to the Drug testing laboratories to send their reports at the earliest, within the minimum time possible, so that the matter is disposed of expeditiously.

(xiii) Drug Controller General (India) along with other officials will be the nodal authority who will *inter alia* oversee the functioning of the Reward Scheme as proposed herein above.

(xiv) The zonal and sub-zonal officers of the CDSCO will act as the nodal officer to whom the whistle blower / informer can provide the information about the manufacture / movement of spurious / adulterated drugs.

(xv) The identity of the whistle blower / informer will be kept secret and will be known only to the concerned zonal and sub-zonal officers of the CDSCO, the DCG(I) and the Director General Health Services. It will be the responsibility of the concerned officials to keep the details of the whistle blower / informer secret.

(xvi) The identity of the whistle blower / informer will not be disclosed to the committee.

(xvii) On receipt of the information from the whistle blower / informer, the concerned officers will organize immediate and systematic investigation in co-ordination with the State Drugs Control Administration to unearth the spurious drugs racket.

(xviii) As the Licenses are granted by the State Drugs Control Authorities, they will take suitable action like prosecution etc depending upon the evidences available in the case.

(xix) The details of the investigations will then be forwarded by the concerned zonal / sub-zonal officer to the DCG(I) for the consideration of the committee to decide about the merit of the case for reward and the quantum of reward to be given to the whistle blower / informer.

(xx) The details of the nodal authority and the zonal / sub-zonal officers of the CDSCO for the purposes of this reward scheme, to whom the concerned information may be given by the whistle blower / informer, are as follows:

Central Drugs Standard Control Organisation

The Central Drugs Standard Control Organization (CDSCO) is the Central Drug Authority for discharging functions assigned to the Central Government under the Drugs and Cosmetics Act.

Major functions of CDSCO[10]:

1. Regulatory control over the import of drugs, approval of new drugs and clinical trials, meetings of Drugs Consultative Committee (DCC) and Drugs Technical Advisory Board (DTAB), approval of certain licences as Central Licence Approving Authority is exercised by the CDSCO hqrs.

2. Zonal offices carry out joint inspections and coordinate with the State Drugs Controllers under their jurisdiction.

3. Quality control of drugs imported is exercised by the port offices.

4. Drugs testing laboratories test drug samples forwarded to them for test.

A survey to assess the extent of spurious drugs in the country was conducted in the year 2009 by the Ministry of Health, through Central Drugs Standard Control Organisation (CDSCO) on the basis of statistical principles provided by Indian Statistical Institute (ISI), Hyderabad. The survey has revealed that the extent of drugs found spurious was only 0.046 per cent.

A system of registration of import of cosmetics has been introduced under the Gazette notification GSR 426(E) dated 19.05.2010. The registration of cosmetics will become mandatory from 1.04.2012.

The following initiatives have been undertaken in the enforcement of the Drugs and Cosmetics Rules:

[10] CDSCO, Ministry of Health and Family Welfare

Initiatives in Enforcement of the Drugs and Cosmetics Rules:

a.	More than 100 import licenses of drugs were cancelled in 2009 following cancellation of registration certificates due to submission of non authentic GMP certificates.
b.	Surveillance by the CDSCO officers at the ports in 2008 resulted in detection of certain cases of import of drugs from unregistered sources of doubtful quality. The cases were handed over to the CBI for investigation and taking further action.
c.	Implementation of "whistle blower scheme" to motivate the public and provide information to the regulators on movement of spurious drugs.
d.	The surprise investigation/Inspection of Whole Sale/Retail/Hospital premises for the availability of prohibited drugs (Gatifloxacin, Tegaserod and Rosiglitazone) was carried out on dated 15th June 2011 at National Capital Region New Delhi and Bhiwadi (Rajasthan).

National Pharmacovigilance Programme

A Pharmacovigilance Programme of India (PVPI) was launched on 14 July 2010 to capture Adverse Drug Reactions data in Indian populations in a systematic way in CDSCO. The programme is now coordinated by the Indian Pharmacopeia Commission, Ghaziabad. Currently, 60 medical colleges are functioning as Adverse Drug Reaction monitoring centres.

Overseas Inspections

The office of CDSCO has started inspection of Pharmaceutical firms for import registration of drugs. In May 2011, six bulk drugs manufacturing in China were inspected out of which registration certificate and import license of one unit was cancelled. Further, in February 2012, 4 drug manufacturing in China were inspected as per the provisions.

Conclusion

Any effective action against this activity would require continuous surveillance by the regulators and active co-operation from the Law and Order Enforcement machinery in the States. The state drugs controllers have been regularly requested to keep vigil

and draw samples of drugs for test and analysis to monitor the quality of drugs moving in the country. The manpower and other infrastructure of the Drugs Control Departments, both at the Centre and in the States / UTs are continuously being strengthened. The Central Drugs Authority needs to be set up which would review the issuance of licenses for manufacture and sale of drugs. Strengthening of existing and creation of new drug testing laboratories is essential to ensure the quality of drugs being produced in India, whether used for domestic distribution or for export to other countries[11].

[11] Twelfth Five Year Plan, Vol. III, p. 22

Annexure

Number of samples tested and enforcement actions taken by State Drugs Controller during 2009-10

S. No.	States	No. of Drugs Samples tested	No. of samples declared not of standard quality	No. of drugs samples declare spurious / adulterated	No. of prosecution launched	No. of person arrested	Approximate value of drugs seized (In Lakhs.)
1	Andhra Pradesh	4647	97	1	1	Nil	573.47
2	Arunachal Pradesh	Nil (report on 32 samples awaited)	Nil	Nil	Nil	Nil	Nil
3	Assam	549	22	Nil	Nil	Nil	Nil
4	Bihar	2955	48	27	41	26	
5	Goa	656	19	Nil	Nil	Nil	Nil
6	Gujarat	373	56	2	Nil	Nil	Nil
7	Haryana	1517	36	8	10	1	0.30
8	Himachal Pradesh	953	16	Nil	Nil	Nil	Nil
9	Jammu & Kashmir	1245	36	1	5	Nil	Nil
10	Karnataka	3100	156	Nil	Nil	Nil	Nil
11	Kerala	4506	169	Nil	27(3 spurious, 24 NSQ)	Nil	1.98
12	Madhya Pradesh	477	22	Nil	Nil	Nil	Nil
13	Maharashtra	5877	378	9	9	9	132.60
14	Manipur	Nil	Nil	Nil	Nil	Nil	Nil
15	Meghalaya	1	1	Nil	Prosecution initiated	Nil	Nil
16	Mizoram	75	2	Nil	Nil	Nil	Nil
17	Nagaland	4	Nil	Nil	Nil	Nil	Nil
18	Orissa	1657	25	1	Nil	Nil	Nil
19	Punjab	1968	112	1	Nil	Nil	Nil
20	Rajasthan	1194	87	17	Nil	7	2.57
21	Sikkim	4	Nil	Nil	Nil	Nil	Nil
22	Tamil Nadu	3770	419	3	2	8	1.50
23	Tripura	352	20	Nil	Nil	Nil	Nil
24	Uttar Pradesh	1403	88	27	57	109	162.46
25	West Bengal*	1040	61	11	9	8	75.00
26	Pondicherry	Nil	Nil	Nil	Nil	Nil	Nil
27	Andaman & Nicobar Island	Nil	Nil	Nil	Nil	Nil	Nil
28	Chandigarh	113	3	Nil	Nil	Nil	Nil
29	Delhi	539	22	6	2	5	2.45
30	Dadra & Nagar Haveli	10	Nil	1	1		55.00
31	Daman & Diu	51	Nil	Nil	Nil	Nil	Nil
32	Lakshadweep	Nil	Nil	Nil	Nil	Nil	Nil
33	Chhattisgarh	26	11	Nil	Nil	Nil	Nil
34	Jharkhand	186	36	2	1	Nil	0.19
35	Uttaranchal	…	Nil	Nil	Nil	Nil	Nil
	Total	**39248**	**1942**	**117**	**138**	**173**	**1007.53**

*West Bengal has reported 35 cases of Spurious/Misbranded/Adultrated ISM (Indian Systems of Medicine) drugs, in addition to the above cases.

Source: Answer to Starred Question No. 201 in the Lok Sabha on 7 December 2012

Number of samples tested and enforcement actions taken by State Drugs Controller during 2010-11

S. No.	States	No. of drugs samples tested	No. of drugs samples declared not of standard quality	No. of drugs samples declared spurious/ adulterated	No. of prosecution launched	No. of persons arrested	Approximate value of drugs seized (In Lakhs.)
1	Andhra Pradesh	4052	52	1	1	Nil	0.004
2	Arunachal Pradesh	2	Nil	Nil	Nil	Nil	Nil
3	Assam	760	63	1	1	Nil	0.959
4	Bihar	2359	58	8	39	24	22.90
5	Goa	642	26	Nil	1	Nil	Nil
6	Gujarat	5037	317	6	17	Nil	Nil
7	Haryana	2348	67	1	4	Nil	Nil
8	Himachal Pradesh	1125	17	Nil	Nil	Nil	Nil
9	Jammu & Kashmir	1480	27	4	3	Nil	12.467
10	Karnataka	3740	136	5	2	4	1.072
11	Kerala	3485	128	Nil	36	Nil	Nil
12	Madhya Pradesh	1936	82	Nil	Nil	Nil	Nil
13	Maharashtra	6494	449	31	3	2	9.400
14	Manipur	Nil	Nil	Nil	Nil	Nil	Nil
15	Meghalaya	157	1	Nil	1	Nil	Nil
16	Mizoram	86	3	Nil	Nil	Nil	Nil
17	Nagaland	63	0	Nil	Nil	Nil	Nil
18	Orissa	3166	111	Nil	2	Nil	Nil
19	Punjab	2864	60	Nil	Nil	Nil	Nil
20	Rajasthan	2315	133	4	4	2	9.671
21	Sikkim	24	4	Nil	Nil	Nil	Nil
22	Tamilnadu	3632	284	3	6	38	1.350
23	Tripura	518	19	Nil	Nil	Nil	Nil
24	Uttar Pradesh	1247	179	30	38	1	Nil
25	West Bangal*	917	39	Nil	Nil	Nil	Nil
26	Pondicherry	Nil	0	Nil	Nil	Nil	Nil
27	Andaman & Nicobar	11	5	Nil	Nil	Nil	1.648
28	Chandigarh	33	3	Nil	Nil	Nil	Nil
29	Delhi	651	24	Nil	1	1	0.140
30	Dadra & Nagar Haveli	10	Nil	1	1	Nil	55.000
31	Daman & Diu	49	1	Nil	Nil	Nil	Nil
32	Lakshadweep	Nil	0	Nil	Nil	Nil	Nil
33	Chattisgarh	182	67	Nil	Nil	Nil	Nil
34	Jharkhand	195	16	Nil	7	Nil	6.608
35	Uttaranchal	102	1	Nil	Nil	Nil	Nil
	Total	**49682**	**2372**	**95**	**167**	**72**	**121.218**

*West Bengal has reported 18 cases of Spurious/Misbranded/Adultrated ISM (Indian Systems of Medicine) drugs, in addition to the above cases.

Number of samples tested and enforcement actions taken by State Drugs Controller during 2011-12

S.No.	States	No. of drugs samples tested	No. of drugs samples declared not of standard quality	No. of drugs samples declared spurious/ adulterated	No. of prosecution launched	No. of persons arrested	Approximate value of drugs seized (In Lakhs.)
1	Andhra Pradesh	4758	22	2	Nil	Nil	Nil
2	Arunachal Pradesh	95	2	Nil	Nil	Nil	Nil
3	Assam	315	25	Nil	Nil	Nil	Nil
4	Bihar	711	8	Nil	24	32	5.69
5	Goa	765	25	Nil	Nil	Nil	Nil
6	Gujarat	2874	186	64	6	Nil	137.94
7	Haryana	1669	32	12	3	2	25.00
8	Himachal Pradesh	1470	32	0	1	0	16.00
9	Jammu & Kashmir	1940	133	5	1	Nil	37.22
10	Karnataka	5268	159	2	3	Nil	13.77
11	Kerala	3904	202	Nil	Nil	Nil	Nil
12	Madhya Pradesh	2617	104	Nil	Nil	Nil	Nil
13	Maharashtra	6928	521	19	7	Nil	258.27
14	Manipur*	Nil	Nil	Nil	Nil	Nil	Nil
15	Meghalaya	68	Nil	Nil	Nil	Nil	Nil
16	Mizoram	71	Nil	Nil	Nil	Nil	Nil
17	Nagaland	12	Nil	Nil	Nil	Nil	Nil
18	Orissa	2910	54	Nil	Nil	Nil	Nil
19	Punjab	3031	41	1	2	Nil	166.37
20	Rajasthan	1605	128	Nil	13	Nil	5.74
21	Sikkim	26	1	Nil	Nil	Nil	Nil
22	Tamilnadu	4110	298	4	4	Nil	Nil
23	Tripura	185	8	Nil	Nil	Nil	Nil
24	Uttar Pradesh	1328	152	11	136	91	317.00
25	West Bengal#	687	18	3	5	5	10.00
26	Pondicherry	48	Nil	Nil	Nil	Nil	Nil
27	Andaman & Nicobar Island	Nil	Nil	Nil	Nil	Nil	Nil
28	Chandigarh	79	6	Nil	Nil	Nil	Nil
29	Delhi	283	13	9	5	11	0.39
30	Dadra & Nagar Haveli	Nil	Nil	Nil	Nil	Nil	Nil
31	Daman & Diu	89	1	Nil	Nil	Nil	Nil
32	Lakshadweep	Nil	Nil	Nil	Nil	Nil	Nil
33	Chattisgarh	36	9	Nil	Nil	Nil	3.28
34	Jharkhand	20	3	Nil	1	Nil	0.80
35	Uttaranchal	180	3	1	Nil	Nil	Nil
	Total	**48082**	**2186**	**133**	**211**	**141**	**997.47**

#*West Bengal has reported 11 cases of Spurious/Misbranded/Adultrated ISM (Indian Systems of Medicine) drugs, in addition to the above cases.

Number of samples tested and enforcement actions taken by State Drugs Controller during April 2012- July 2012

S. No.	States	No. of drugs samples tested	No. of drugs samples declared not of standard quality	No. of drugs samples declared spurious/ adulterated	No. of prosecution launched	No. of persons arrested	Approximate value of drugs seized (In Lakhs.)
1	Andhra Pradesh	2365	21	Nil	Nil	Nil	Nil
2	Arunachal Pradesh	Nil	Nil	Nil	Nil	Nil	Nil
3	Assam	94	6	Nil	Nil	Nil	Nil
4	Bihar	14	1	2	Nil	1	67.00
5	Goa	208	8	Nil	Nil	Nil	Nil
6	Gujarat	2263	133	3	Nil		Nil
7	Haryana	945	11	2	Nil	Nil	Nil
8	Himachal Pradesh	610	6	Nil	Nil	Nil	Nil
9	Jammu & Kashmir	806	41	2	Nil	Nil	8.44
10	Karnataka	1834	58	Nil	Nil	Nil	Nil
11	Kerala	1435	42	Nil	Nil	Nil	Nil
12	Madhya Pradesh	845	29	Nil	Nil	Nil	Nil
13	Maharashtra	2529	117	4	6	1	8.60
14	Manipur	Nil	Nil	Nil	Nil	Nil	Nil
15	Meghalaya	17	7	Nil	Nil	Nil	Nil
16	Mizoram	34	Nil	Nil	Nil	Nil	Nil
17	Nagaland	34	Nil	Nil	Nil	Nil	Nil
18	Orissa	1005	8	Nil	Nil	Nil	the system towards evaluation of seized drugs were not adopted earlier but it has been started
19	Punjab	992	16	2	Nil	Nil	73.64
20	Rajasthan	393	20	8	12	6	Nil
21	Sikkim	28	Nil	Nil	Nil	Nil	Nil
22	Tamil Nadu	763	74	Nil	2	Nil	Nil
23	Tripura	125	Nil	Nil	Nil	Nil	Nil
24	Uttar Pradesh	306	49	2	60	26	22.46
25	West Bengal*	314	9	Nil	Nil	5	Nil
26	Pondicherry	Nil	Nil	Nil	Nil	Nil	Nil
27	Andaman & Nicobar Island	Nil	Nil	Nil	Nil	Nil	Nil
28	Chandigarh	35	2	Nil	Nil	Nil	Nil
29	Delhi	190	7	Nil	1	Nil	Nil
30	Dadra & Nagar Haveli	Nil	Nil	Nil	Nil	Nil	Nil
31	Daman & Diu	30	Nil	Nil	Nil	Nil	Nil
32	Lakshadweep	Nil	Nil	Nil	Nil	Nil	Nil
33	Chattisgarh	6	2	Nil	2	Nil	9.00
34	Jharkhand	6	6	Nil	Nil	Nil	Nil
35	Uttaranchal	36	4	Nil	Nil	Nil	0.08
	Total	**18262**	**677**	**25**	**83**	**39**	**189.21**

*West Bengal has reported 2 cases of Misbranded ISM (Indian Systems of Medicine) drugs, in addition to the above cases.