“Improving the State of Pharmacies in Delhi”

Collective inputs from over 26,000 Delhi/NCR Citizens in “Citizen Oriented Healthcare in Delhi”

(Current state, Issues, Root Causes and Proposed Solutions)

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Improving the State of Pharmacies in Delhi

Executive Summary

Many pharmacies in Delhi recently drew sharp criticism from the citizens for not stocking generic medicines and selling other medicines at MRP. Several other complaints about the working of the pharmacies and availability of medicines at these pharmacies have also surfaced time and again.

The 26,000 strong “Citizen Oriented Healthcare In Delhi” online community has come together to collectively identify the key issues, root causes and solutions for Improving the State of Pharmacies in Delhi and the community expects that the Delhi Government will work towards implementing the identified solutions.

Issues Identified:

1. In Delhi it is easy to get any kind of medicines without prescriptions
2. Even schedule H drugs are available without a prescription
3. Spurious pain killers are given without prescriptions
4. Generic medicines are not easily available; instead costly alternatives are given
5. Pharmacies stock medicines which provide big commissions
6. All private pharmacies sell medicines at MRP
7. At times the expiry date is not clearly visible due to scratches
8. Expired medicines are sold at pharmacies
9. Many cases of fake medicines being sold have been reported
10. Most pharmacies do not provide a bill / cash Memo
11. Medicines are not transported & stored as per the guidelines of the manufacturer
12. Drug inspectors are known for taking bribes from pharmacies
13. Some pharmacies also pay commissions to Doctors to refer patients to them

Root Causes Identified:

1. Pharmacies are completely profit oriented and selling more is the key objective
2. Some pharmacies don’t care about the health of the people and therefore indulge in selling fake medicines to rake in more money
3. Generic medicines are cheap hand have lower margins. Hence the pharmacies don’t prefer selling them
4. Pharmacies will not give a discount until a customer asks strongly
5. A large quantity is stacked up against each other in a small shop and storage of medicines is poorly done. This leads to the prints fading off and expiry dates becoming hard to see
6. Many Pharmacies don’t give a bill to save on taxes
7. System and Accountability checks for Drug inspectors are ineffective and non-existent.
8. It is also possible that the bribery chain goes from the drug inspector all the way to the top
9. Some pharmacies obtain licence for trade in medicine by either FAKE certificates or they give commission to those who lend their documents. Then they recover their investment by selling whatever possible.

Solutions Identified:

1. Commissions/margins on medicines should be reduced so that medical stores are not able to pass on commissions to doctor
2. Doctors’ accepting money/gifts from pharmacies and pharma companies must be made illegal
3. It should be mandated for the pharmacies to stock generic medicines
4. Organizations like DMA should be encouraged to learn the generic prescriptions
5. Government should set up pharmacies which sell generic medicines only
6. There should be proper identification of generic medicines as well as control on their MRPs
7. Like in western countries, pharmacies should not sell medicines until the patient has a prescription
8. Basic minimum criteria for effectively storing, selling drugs and compliances to shelf life should be defined and enforced by Health Department for new pharmacy license or renewing one
9. Pharmacies must have procurement records/bills for all medicines procured to ensure they are coming from valid or approved drug manufacturers
10. Any purchase of stolen medicines or from unauthorized sources should be made illegal
11. Surprise checks should be made at the pharmacies by drug inspectors
12. In case fake drugs are found, the pharmacy license should be immediately cancelled
13. Inspectors caught taking bribes from pharmacies should be suspended immediately
14. A bill should mandatorily be provided for medicine purchases
15. A licensed pharmacist should always be available at a pharmacy
16. Websites/mobile apps/community local circles should be developed which could tell the generic alternative to a costly medicine.
State of Pharmacies in Delhi – a few citizens posts and comments:

1. Commissions/margins on medicines should be reduced so that medical stores are not able to pass on heavy commissions to doctors and companies too are not able to oblige the doctors by high incentives and gifts – Umesh Kumar

2. Commission to doctors, main distributors and pharmacies work out to over 60% of the selling price. If any ceiling is fixed, underhand dealings will take place. It will give rise to black money! – Girdhari Luthria

3. The only alternative to buy medicines at cheap rates is generic version of medicines and / or locally manufactured medicines having same salt analysis – Ram Niwas Goel

4. Some chemist, who are on the panel of companies/ semi Govt. organizations/ Autonomous bodies, exchange medicines prescribed by the doctor with non-medical items. They sell medicines without bill, without Expiry Date, on MRP. Spontaneous checking of their records must be conducted. Selling of non-medical items by the chemist must be banned. Defaulters must be punished suitably with suspension of concerned drug inspector – Bimal Kumar Saxena

5. I have used the word "shopkeepers" as they obtain licence for trade in medicine by either FAKE certificates or they give commission to those who lend their doctors to them for obtaining license. Even few chemists trade in foreign exchange trading as well particularly for patients visiting India for treatment in various hospitals in Delhi/other towns in India. Further, besides selling fake medicines/Expiry Date medicines they also indulge in selling "Drugs". Doctors get hefty cut not only from Drug manufacturer but also from local chemists around their "Shops" termed as "Clinic". Generic Medicines are not prescribed by Doctors yet these are cost-effective and equally effective too. Big Racket is there – Satish Arora

6. Doctors should be encouraged to learn the generic prescriptions - dedicate first few months or a year to educate them. This initiative has to be taken by the Industry and the Health Department for the education. Chemists have to be encouraged to issue bills/invoices. This has to be enforced by Department of Trade and Taxes and the Drug control Authority. Helpline to report violations has to be available easily and action has to be prompt. The problem of charging MRP will be curtailed when GST comes in provided the GST is charged at a specific percentage of the MRP from the manufacturer. This shall ensure that arbitrarily high MRP is not put on the product. The pilferage of Tax will also be checked to an extent in case of non-issuance of bill – Arvind Singh

7. Government needs to setup pharmacy to sell generics. People can’t afford prescriptions, prescriptions should not be enforced, it’s not practical – Ankur Gupta
8. Very high percentage of chemists in the city are not pharmacists they bribe concerned officials to run business or they are doing business on any other pharmacists certificate rules are there to display the photo of the certified pharmacist at the counter but officials ignore that after receiving there part of booty

– Devinder Tandon

9. Only pharmacy is not responsible for all this issues all pharma company are also responsible for the same. Just to do the targets they are pushing the items on low price to wholesale and on retail outlet but the benefit does not reaches to common man they sale the medicine on higher price only. Even you can purchase samples of medicine from store on lower price. What the regulatory is doing? – Jhumpa Goswami