In 1927, a resolution was passed by the council of states to recommend to the Governor General in Council to urge provincial governments to take immediate steps to control indiscriminate use of drugs and to legislate for the standardization of the preparation and sale of drugs. The government of India in pursuance to the resolution appointed a committee known as the Drugs Enquiry Committee (DEC) in 1928. Government of India on 11th August 1930, appointed a committee under the chairmanship of *Late Col. R.N. Chopra*, known as Chopra Committee, to see into the problems of Pharmacy in India and recommend the measures to be taken. This committee published its report in 1931 and it was reported that there was no recognized specialized profession of Pharmacy. A set of people known as compounders were filling the gap.

Recommendations of Chopra Committee

The DEC recommended the following:

1. Central legislation to control drugs and pharmacy.
2. Setting up testing laboratories in all the states to control and ensure the quality of manufactured and imported drugs.
3. To set up Advisory Board to advise the Government in making rules.
4. Start courses for training in pharmacy and prescribing minimum qualification for pharmacist.
5. Development of pharmaceutical industry.

Just after the publication of the report *Prof. M.L. Schroff* (Prof. Mahadeva Lal Schroff) initiated pharmaceutical education at the university level in the Banaras Hindu University. In 1935, United Province Pharmaceutical Association was established which was later converted into Indian Pharmaceutical Association. The Indian Journal of Pharmacy was started by Prof. M.L. Schroff in 1939. All India Pharmaceutical Congress Association was established in 1940.

Government of India brought 'Import of Drugs Bill' which was later withdrawn. Subsequently, in 1940, Government brought 'Drugs Bill' to regulate the import, manufacture, sale and distribution of drugs in British India. This Bill was finally adopted as 'Drugs Act of 1940'. In 1941, the first Drugs Technical Advisory Board (DTAB) under this Act was constituted and Central Drugs Laboratory was established in Calcutta.

In 1945, 'Drugs Rule under the Drugs Act of 1940' was notified. Since then, the Drugs Act has been modified from time to time and at present the provisions of the Act cover cosmetics and Ayurvedic, Unani and Homeopathic medicines in some respects. The present Drugs and Cosmetics Act is an improved version of the Drug Act 1940. In 1945, the Government brought the Pharmacy Bill to standardize the Pharmacy Education in India

and in 1946, The Indian Pharmacopoeial List was published under the chairmanship of *Late Col. R.N. Chopra*. It consisted of lists of drugs in use in India at that time, which were not included in British Pharmacopoeia. In 1948, Pharmacy Act 1948 was published and a Indian Pharmacopoeial Committee was constituted under the chairmanship of late *Dr. B.N. Ghosh* in the same year.

After independence, the **Indian Pharmacopoeial Committee** was constituted in 1948 which compiled The Pharmacopoeia of India (I.P.), an official book of Government of India, in 1955. Its first edition was published in the year 1955 followed by a supplement to it in 1960. The next edition was published in 1966, which contained Western as well as traditional drugs. The supplement to 1966 edition was published in 1975. In the next edition of 1985 and its addendum in 1989 and 1991, traditional drugs were not included. The fourth edition of I.P. was published in 1996 and its addendum/supplement 2000 and 2002, the fifth edition in 2007, sixth edition of I.P. in 2010 and seventh in 2014. The seventh edition of 2014-2015 includes indigenous herbs, herbal products, veterinary vaccines, products of biotechnology, additional anti-cancer and anteroviral drugs. Standards of new drugs and drugs used under National Health Programme are added and the drugs as well as their formulations not in use now-a-days are omitted from this edition. 19 new radiopharmaceutical monographs and one general chapter are first time being included in this edition. All pharmaceutical manufacturers and persons dealing with drugs shall comply with the standards of monographs in Indian Pharmacopoeia.

In the year 1949, Pharmacy Council of India (P.C.I.) was established under Pharmacy Act. After that, in 1954, the Education Regulations came in force in some states but other states lagged behind. *Drugs and Magic Remedies (Objectionable Advertisements) Act 1954* was passed in the same year to stop misleading advertisements (e.g. Cure all pills). In 1955, *Medicinal and Toilet Preparations (Excise Duties) Act 1955* was introduced to enforce uniform duty for all states for alcohol products.

To have efficient control and vigilance, "*Prevention of Food Adulteration Act 1954*", "*Factory Act 1948*", The "*Indian Patent and Design Act 1970*", "*Medicinal and Toilet Preparations Act 1955*", "*Medical Termination of Pregnancy Act 1971*", etc. were enforced and amended from time to time.

Further, in 1985, *Narcotic and Psychotropic Substances Act* was enacted to protect society from the dangers of addictive drugs. Similarly, to control the price of drugs in India by Drugs Price Order was enforced by the Government, which changed as and when required.

Several other committees were constituted like the **Bhore Committee** under the chairmanship of *Sir Joseph Bhore* in 1948, **Bhatia Committee**

under the chairmanship of *Major General S.L. Bhatia* in 1953, **Mudaliyar Committee** under the chairmanship of *Dr. A. Lakshmanswamy Mudaliyar* in 1961 and **Hathi Committee** under the chairmanship of *Jaisukh Lal Hathi*.

The Hathi Committee took a comprehensive look into the various facets of the drug industry in India. The report covered all aspects of the import, licensing, price control, role of foreign sector, quality control, etc. It encouraged the development of indigenous industry vis-à-vis the foreign dominated multinational drug companies. The prices of large number of drugs in the interest of the consumers was also taken care of.

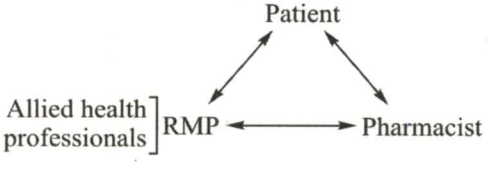
To attract foreign capital and technology, a new drug policy was announced in September 1994 in the form of "*Modifications in Drug Policy, 1986*". The globalization of economy is expected to provide greater momentum to production, improved quality, easy flow of goods and services including pharmaceutical across national frontiers.

"**Pharmacy Practice Regulations 2015**" have been released on 16th January 2015 and is expected, that, they will largely benefit the patients in coming days. The comprehensive changes in the regulations will lead to improved quality of health care and will ensure that pharmacists maintain high standards in their duty, to reduce cost of health care and to inhibit criminal abuse of medicines. As per the clauses in the regulations, a registered pharmacist will now allow review the patient record and each prescription presented for supply for the purpose of promoting therapeutic appropriateness.

Another important aspect of the "Pharmacy Practice Regulations, 2015" is that the pharmacist is authorised (as a healthcare professional) to undertake process and outcome research, health promotion and education and provide health information. It also allows the registered pharmacists to undertake the pharmacoepidemiological studies.

Evolution of pharmacist as an integral part of the healthcare system

The pharmacist now plays a major role in the healthcare system and is no longer considered as a mere compounder or a small manufacturer. He is the most important link between patient and a Registered Medical Practitioner (RMP).



QUESTIONS FOR REVISION

1. Give an account of Pharmaceutical legislation in India.
2. Write notes on:
   (a) Chopra Committee,
   (b) Development of Pharmacy as a profession.