

PATIENTS VIEW ON AVAILABILITY & PRICES OF MEDICINES IN NCR(FARIDABAD) INDIA

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ABSTRACT

Drug manufacturer are making drugs, doctors prescribing and chemists selling but what is the role of the end user: the patient in this whole episode. Most of time doctors and chemist push for most expensive drugs even though cheap substitutes are available. In this patient is helpless, they are at the mercy of Chemists and doctors for buying cheap medicine. Even though Government has established various institutions for keeping an eye on prices of drugs but still patients are forced to waste money on expensive substitutes of medicine. More than 99% Patients have never heard about National Pharmaceutical Pricing Authority (NPPA), the chief body, responsible for keeping watch on drug prices. Patient are still searching for alternative medicine systems because of very high prices of Allopathic medicines. In this small Empirical study, the researcher tried to find out the patients view and expectations related to drug prices.

Keywords: DPCO, NPPA, Drug prices, Availability of drugs, Affordability of medicines, Spurious drugs.

1. INDIAN DRUG POLICIES: AN INTRODUCTION

Under the Drug (Prices Control) Order, 1995, the Government of India established the NPPA to control, revise and fix the prices of various bulk drugs and formulations. Apart from this organisation is also assigned with the task of reclaiming from manufactures the overcharged amounts for selling the controlled drugs at overprice, so that end user retail price for these drugs will remain in certain permissible range.² But the effectiveness of NPPA and claims by it for the attainment of its assigned goals are far from the truth.³ The objective of this study is to find out the patient's viewpoint regarding the availability, affordability and prices of essential medicines so that suitable actions by authorities can be ensured.

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² <http://www.nppaindia.nic.in/> (Last visited Oct 4, 2014)

³ R.Subbu, *Pricing row hits pharma industry*, The Hindu (Sep 28, 2014), <http://www.thehindu.com/business/Industry/pricing-row-hits-pharma-industry/article6453089.ece> (Last visited on Oct 4, 2014)

1.1 INDIAN PHARMACEUTICAL SECTOR

Indian Pharmaceutical sector is a big player among other developing nations. Complex Before 1970, Indian patent laws were based on British era rules, which resulted in very high prices of drugs. Recommendations of Hathi Committee (1975) stressed on self-sufficiency in manufacturing and low pricing to patients. After enacting its own Patent Act, Process Patenting was accepted manufacturing process and export of generic drugs to poor and developed nations are its hallmarks.⁴ This wise and calculated deed of nation resulted in tremendous growth of Indian pharma sector. Today, this industry is making all dosages variations such as tablets, orals, liquids, capsules and injectables. Various Policy inputs are directed towards the growth, export and expansion of Pharmaceutical sector. But directions towards the affordability, pricing and availability is still a questionable issue to a large percentage of citizens of our Nation. As to tackle the difficulty faced by poor Indian patients who are out of reach from accessing essential medicines at affordable prices, it is expected that the study conducted will be helpful in creating awareness among the patients and the government agencies to solve the problems of poor patients.

1.2 DPCO

Indian government, Under Section 3 of the Essential Commodities Act 1955, issued that the drug prices in India are controlled by using what is called the Drugs Prices Control Order (DPCO).⁵ It was passed in 1970 and then successively revised to till 2013. Comparative analysis of all DPCOs reveals that various drugs had been controlled and decontrolled over the time period.⁶

1.3 NATIONAL PHARMACEUTICAL PRICING AUTHORITY (NPPA)

On 29th August 1997, National Pharmaceutical Pricing Authority (NPPA) was established. It is an independent body of experts, entrusted with the various complex and overlapping task of price fixation, revision of bulk drugs and formulations, implementation of DPCO orders including the recovery of overcharged amounts by the manufacturers for the controlled drugs⁷. The other functions includes the Collect/maintain data on production, exports and imports, market share of individual companies, profitability of companies etc., for bulk drugs and formulations , sponsor relevant studies in respect of pricing of drugs, appoint the officers

⁴ http://www.locostindia.com/CHAPTER_4/Drug%20Marketing.htm(Last visited Oct 4, 2014)

⁵ [http://seednet.gov.in/Material/Essential_Commodity_Act_1955\(No_10_of_1955\).pdf](http://seednet.gov.in/Material/Essential_Commodity_Act_1955(No_10_of_1955).pdf)(Last visited Oct 4, 2014)

⁶ G. Parthasarathi, Karin Nyfort-Hansen, *A Text Book of Clinical Pharmacy Practice: Essential Concepts and Skills* 76,(2004)

⁷ *Id.*

and other staff members of the Authority, Render advice to the Central Government in the drug policy, Render assistance to the Central Government in the parliamentary matters relating to the drug pricing.⁸

2. OBJECTIVES OF THE STUDY

AVAILABILITY OF MEDICINE, PRICE OF MEDICINE & QUALITY OF MEDICINE AND ALTERNATIVE MEDICINE PRACTICES

- (a) To study the Availability of medicines normally required.
- (b) To analyse Non-availability/shortage of medicines.
- (c) To study the Availability of therapeutic equivalent available in the case of shortage.
- (e) To study the Price fluctuation Frequency.
- (f) To study the Prevalence of non-allopathic systems of medicines in study .
- (g) To Determine the spurious drug episodes including the views of various doctors, medical representatives and trade.

3. RESEARCH METHODOLOGY

3.1 SAMPLE DESIGN

In order to know the problems related to all three objectives: to availability, price variation and drug quality, individual and distinct surveys were conducted:

- Study of patients visiting hospitals both in the private and public sectors.
- Study of patients buying medicines from Chemists.
- Study of patients visiting doctors both in the private and public sectors.

To minimise the arbitrariness in sample selection, the respondents were selected randomly. Area of field survey study was divided in city and village. The category-wise sample for each state is given in Table 1. Interviews were conducted with the patients, chemists, private practitioners and doctors in the nursing homes and hospitals.

⁸ <http://www.nppaindia.nic.in/> (Last visited Oct 4, 2014)

TABLE 1: DISTRIBUTION OF SAMPLE

<i>Category</i>	City	<i>Village</i>	Total
Patient	50	50	100
TOTAL	50	50	100

3.2 QUESTIONNAIRE DESIGN

The complete survey study was divided into two stages: in the first stage, all information charted out and arranged in comprehensible manner. Then in next stage questionnaires were modified as per first stage rectifications and used in personal interviews of patients visiting chemists, doctors, and hospitals. To decipher the problem related to availability, medicine quality and spectrum pricing, out of many possible only two categories of respondent were selected for study: patients visiting chemists, doctors and hospitals public and private, in City and Village. The study was carried out in NCR region of India, viz., Faridabad. In this region, the total sample size was 100.

4. PATIENTS' VIEW

4.1. PATIENTS DEMOGRAPHIC PROFILE

In all, 100 patients were surveyed out of which 50 patients were contacted in city and 50 in the village. The demographic profile of patients contacted is given in Table 3.

**TABLE 3: DEMOGRAPHIC PROFILE OF PATIENTS CONTACTED
IN NCR FARIDABAD**

		Percentage of respondents		
Characteristic of patients surveyed		City (50)	Village (50)	Total (100)
Age	18 – 25 yr.	21	9	15
	26 – 35 yr.	19	27	18
	36 – 45 yr.	25	26	25.5
	45 + yr.	35	38	36.5
Sex	Male	64	58	61
	Female	36	42	39
Occupation	Service	27	21	24

	Business	21	9	15
	Professional	34	13	23.5
	Agriculture	5	42	23.5
	Housewife	11	10	11.5
	Others	2	5	3.5
Education	Illiterate	4	20	12
	Upto 8th	19	5	12
	Upto 12th	21	49	35
	Graduate & above	56	26	41
Monthly Family Income	< Rs.6,000	26	34	30
	Rs.6,000 – 12,000	24	26	25
	Rs.12,000 – 20,000	30	22	26
	>Rs.20,000	20	18	19

*Figures in parentheses are actual number.

4.2 DOCTOR/HOSPITAL VISITING HABIT OF PATIENTS

Out of 100 patients contacted for the study, 52% of patients consult doctors in the case of illness, 26% of them go to hospitals and 22% patients go to both doctors and hospitals (see Table 4). So far as the frequency of visit to government hospital is concerned, village patients visit the government hospital more often than city patients. 48% of city patients said they visit government hospital whereas only 46% at village reported that they visit government hospital. Lack of responsiveness towards patients, non-availability of doctors and medicines, and poor empathy towards the patients in the government hospitals deter the patients from availing the existing facility.

TABLE 4: DOCTOR CONSULTATION: PROFILE OF CONSUMERS*

Questions	Percentage of respondents		
	City (50)	Village (50)	Total (100)
Who do you visit in case of illness?			
• Doctor Clinic	57	47	52
• Hospital	15	37	26
• Both	28	16	22

If visiting hospital, how often you go to govt. hospital?			
• Always	5	31	18
• Mostly	43	15	29
• Sometimes	45	39	42
• Never	7	15	11

*Figures in parentheses are actual number

4.3 AVAILABILITY OF MEDICINE

As the survey shows, there are absolutely no problems in getting the medicines prescribed by doctors. These are readily available with the chemists of that particular area. Around 96% of patients replied that medicines prescribed by the doctors are readily available as and when required (see Table 5).

TABLE 5: AVAILABILITY OF MEDICINE *

Percentage of respondents			
Question	City (50)	Village (50)	Total (100)
Are the medicines prescribed readily available?			
Yes	98	94	96
No	2	6	4

*Figures in parentheses are actual number

4.4 SUBSTITUTION OF MEDICINE

If the prescribed medicines are not available in their area, doctors do mention the name of the shop from where the patients can get it easily. Overall, only in 4% cases patients reported that they came back to the doctor when they did not get the prescribed medicine. Chemists do suggest substitution for the prescribed medicines, but the incidence of substitution is interestingly more in city than in village as seen in Table 6. 51% of the respondents in the city said that the chemists mostly suggest buying substitute medicines whereas in Village levels the incidence of such cases was only 21%. More than 17% respondents in the city said that chemists never suggest them the substitute medicines, but at the village level only 37% of the respondents reported on the substitution.

TABLE – 6: SUBSTITUTION OF MEDICINE *

Percentage of respondents

Questions	City (50)	Village (50)	Total (100)
Chemist suggests you to buy substitute medicines?			
• Always	7	13	10
• Mostly	44	6	25
• Sometimes	32	44	38
• Never	17	37	27
Does chemist give you substitute without informing you?			
• Always	0	6	3
• Mostly	4	8	6
• Sometimes	42	16	29
• Never	54	70	62

*Figures in parentheses are actual number

Although chemists suggestion for the substitute is there, but whenever they substitute the medicine they clearly inform the patients about the substitution in the city.

4.5 PRICE OF MEDICINES

In the opinion of respondents, drug manufacturers do not resort to frequent price changes (see Table 7). Almost 96% of the respondents said that manufacturers do not frequently change prices. Only 4% patients replied that they find frequent and substantial increases in medicine prices by the manufacturers.

TABLE 7: PRICE OF MEDICINE *

Percentage of respondents			
Question	City (50)	Village (50)	Total (100)
Is there a frequent price change by manufacturers?			
Yes	4	4	4
No	96	96	96

*Figures in parentheses are actual number

4.6 PROCUREMENT AND PURCHASING PATTERN OF MEDICINE

There is a wide variation among respondents regarding availability of medicine free of cost at the place of treatment (see Table 8). Whereas 16% and 72% of the patients at the city and village levels respectively reported that they get medicine free of cost. It implies that

hospitals in the cities often avoid giving medicines to the patients and leave that task to the chemists. There are only limited instances of doctors giving medicines to the patients. Furthermore, 100% patients in the city reported that in case doctors give them medicines they do charge extra. But the scene is opposite in the village where only 80% respondents said that doctors charge for the medicines.

TABLE 8: MEDICINE PROCUREMENT BEHAVIOUR OF CONSUMERS*

Questions	Percentage of respondents		
	City (100)	Village (50)	Total (100)
Are medicines available free of cost at the hospital (government or private) where you visit for illness?			
Yes	16	72	44
No	84	28	56
Does private practicing doctor gives you medicines?			
Yes	22	38	30
No	78	62	70
If yes, is it charged or free?			
Charged	100	80	90
Free	0	20	10

4.7 AVAILABILITY OF ALTERNATIVE THERAPY

Patients do go for alternative therapy and many of them adopt more than one medication system. Out of 100 patients surveyed, almost 95% are adopting allopathic medicines, 40% adopting homeopathic medicines and 50% following Ayurvedic systems (see Table 9).

TABLE 9 : AVAILABILITY OF ALTERNATIVE MEDICINE *

Question	Percentage of respondents		
	City (50)	Village (50)	Total (100)
System of medicines prevalent in area			
• Allopathic	100	90	95
• Homeopathic	62	18	40
• Ayurvedic	48	52	50
• Unani	0	0	0
• Traditional	0	10	5

*Figures in parentheses are actual number

4.8 INCIDENCE OF SPURIOUS DRUGS

The instances of spurious and sub-standard drugs noticed by the patients are very rare (see Table 10). Around 93% patients said that they have never noticed any spurious drugs in the market.

TABLE 10: INCIDENCE OF SPURIOUS DRUGS*

Question	Percentage of respondents		
	City (50)	Village (50)	Total (100)
Any instance of spurious drugs noticed by you?			
• Many a times	0	0	0
• Sometime	2	4	6
• Rarely	2	6	4
• Never	96	90	93

4.9 KNOWLEDGE ABOUT NPPA

Around 99% patients said that they have never heard about NPPA, it clearly shows that social awareness initiatives started by NPPA had been miserably failed.

TABLE 11: KNOWLEDGE ABOUT NPPA*

Question	Percentage of respondents		
	City (50)	Village (50)	Total (100)
Do you know the NPPA?			
• Many a times	0	0	0
• Sometime	1	0	0.5
• Rarely	1	0	0.5
• Never	98	100	99

5. PATIENTS' AWARENESS, RESULT SUMMARY & CONCLUSION

All the surveyed patients said that they knew about 24-hour open chemist shops. But they rarely came to know about the government institutions related to drug pricing and regulations. So, in any case they knew that a wrong has been done with them, they don't know where to inform about it. More than 99% of the patients do not even know what NPPA is and what are its role. NPPA needs to promote social marketing and advertising to increase the awareness about its role in curbing discrepancies in drug prices and controlling supply of spurious drugs. A very interesting point, which emerged from this

study, is that around 58% patients do not demand the chemist to give the bills or cash memos. This shows that there is no interest among the patients to check whether the extra money, which is being charged from them, is in the form of tax or the chemists are over-charging them. This also shows the lack of awareness among the patients on the importance of cash memo and how it can be used to create evidence in the case of litigation or complaints concerning consumer rights. Study result depicts that more than 53% of patients refrained themselves from availing the government hospitals because of wretched conditions and non-cooperative demeanour of staff despite the cheapest service charges. 96% patients inveterate about the availability of prescription drugs and information provided by chemists. The study also affirmed the Sale of drugs without prescription as a common practice. Many patients seek their local chemist's advice rather than visiting the concerned doctor, all this is just to save the doctor's prescription fee charges, that is also resulting in illegal and unsafe medical practice by chemists. More than 97% patients were unable to identify the spurious drugs and in this consumer awareness initiatives are required. Patient also showed their desire to try alternative medicine practices such Ayurveda, Homeopathy and Unani because of very high pricing of allopathic medicines. The patients desired various changes in drug availability and pricing, according to them the government controlled price list of life-saving drugs must be displayed at chemist shops. Cheap Generic must be available with chemist because chemists were reluctant in selling these because of less profit. To people below poverty line, medicines must be given free of cost.