

SRI. VENKATAKRISHNAN S.S

THE MAN WHO PROVED

AGE is just a number!



Sri. Venkatakrishnan S.S is a great inspiration to the young generation who are looking positively towards the pharmacy field. His career as of now was challenging enough to prove, age is not a ban to dream and achieve heights. He started his career by joining in the in-service as Drugs Inspector, Palakkad in 1969 and held additional charge of the newly formed Malappuram District in 1970. His career journey was an absolute success as a drug inspector at Palakkad, Malappuram and Thrissur, Drugs Inspector at Special Intelligence Branch Thiruvananthapuram, Chief Inspector of Drugs Intelligence Squad Thiruvananthapuram, Assistant Drugs Controller and finally as a Drugs Controller. But it was a never-ending journey. After retiring as from service as Drugs Controller in 2002 he had been nominated as a member to the Drugs Consultative Committee, New Delhi, Drugs Technical Advisory Board, New Delhi and to the Pharmacy Council of India. Again he was appointed as WHO Consultant to the DCGI during 2003 to 2004 and later as a consultant to the CIPL and later the IPC. He has been serving as a consultant of KMSCL from 2011 to 2012.

Pharmafirst team interacted with him on behalf of all Pharma family.

Q-1. Sir, you are now in the Golden Jubilee year as Registered Pharmacist in the Profession. We would like to know the circumstances lead to choose Pharmacy as the career. Also we will be so happy if you can share the inspiring memories of Professional College days?

Well, to be very honest, Pharmacy was not my first choice for Professional services. But certainly, medicine and subjects related to medicine were my fields of choice and it ended up into the field of Pharmacy. I did my B Pharm in Madurai Medical College under the Madras University in 1968. Post-graduation in those days was a real challenge as one had to go to BHU or Pilani or Waltair. I wished to be a scientist in Pharmacy field but that did not happen.

Q-2. Can you compare the status of the Pharmacy profession at the time of joining as Drugs Inspector with present stage? What difference in quality you can see in the Healthcare system in India and in Kerala?

Pharmacy as a profession was practiced by numerous persons who had not undergone

Pharmacy education. Persons known as compounders by virtue of their practice had turned into Pharmacists but by and large, were devoted to the profession observing the good level of ethics. The regulatory field was simple in the sixties. Kerala has remained as a consumer state with few manufacturing units. The industry was small but was blessed with the presence of Dr.S.B.Rao and his group of companies. The trade comprised of a few wholesalers and retail pharmacies located near major hospitals.

The trade was mostly controlled by MNCs. Compounding and dispensing of mixtures and ointments could be seen in many pharmacies. This activity has ceased to exist now. The field is now flooded with the products of many small, medium and large industries and is highly commercialized now. There are no Pharmacies in the real sense now. We have only sale outlets for medicines. Though, the so-called compounders did not hold any pharmacy qualification, they were mostly committed to the profession.

There was a transition stage in the early seventies. The system of certifying experienced persons as "Qualified Persons" under the Drugs and Cosmetics Rules ceased on 31.12.1969 and

many resorted to secure the so-called QP certificate and the sanctity of Pharmacy profession became a question mark. However, as regular Diploma and Degree holders in Pharmacy took over the field, the QP system came to an end.

Q-3. Please give an outline of the Drugs Control Department in Kerala in the beginning of your career - regarding the enforcement, infrastructure, social status of the Officers, Government support and the position of the Department in the Health Services etc.

Kerala was one of the three States—Maharashtra and Karnataka being the others—to establish a separate Drugs Control Department as early as 1961 and to appoint only Pharmacy graduates as Drugs Inspectors. Thanks to late N.Chandrasekharan Nair and Prof.Ramabhadran. A full-fledged Drugs Testing laboratory was also set up availing expert consultation and a new building was constructed in the year 1970 to accommodate the DTL. A part of the building was used to accommodate the office of the DC also. There was one DI for each district and two ADCs at the HQ.

The infrastructure was far ahead of other States at that time. Drugs Inspectors' offices were independent and services of Clerk and Peon were available. The Inspectors were hard working. The public conveyance was the only mode of transport and travel was hard. In intelligence, the wing was also functioning with one Drugs Inspector. The Drugs Controller was the President of the State Pharmacy Council and the Technical Assistant to the DC, a Drugs Inspector, was the Registrar.

The post of Stores Officer of the DHS was filled up by deputation of a Drugs Inspector. There cannot be a comparison between the Directorate of Health Services and the Drugs Control Department. Before the department was set up, the regulatory wing was under the DHS but with the setting up of the Drugs Control Department, the situation changed.

Q-4. You are an Officer who served in many prestigious posts in WHO, IPC, KMSCL and other areas in the Pharmaceutical Field after Retirement. Which role was more challenging and why do you feel so?

I was fortunate enough to be appointed as a WHO consultant of Government of India for the execution

of two projects “Updating of the Drugs and Cosmetics Act and Rules” and “Technical Audit of Drugs Testing Laboratories Second Phase” during 2003 – 2004 after my retirement from the Drugs Control Department in 2002. I had been associated with the erstwhile CIPL and later the IPC in their activities since the year 2004 and later reduced activities due to health issues. I am only a consultant with KMSCL in its activities. Execution of the Technical Audit of laboratories was the most challenging program.

Q-5 How do you assess the career as Drugs Controller in the State in terms of Development of the Department, quality in enforcement activities and major challenges faced during the tenure and the support from the Government?

When I took over as the Drugs Controller in the year 1997, the main hurdle for development activities was the paucity of funds. The DHS, DME and Ayurveda departments had expanded and the Government had to spend a lot on the development of healthcare facilities. The field staff that was once a role model for the country and become insufficient as the trade had expanded a lot both in terms of the number of sale outlets and in terms of drugs available. It became tough for the Inspectors to cover all the units in their area regularly. So the major challenges were the improvement of infrastructure facilities and to make the available infrastructure facilities more functional. Some progress could be made in infrastructure development. The concept of decentralization of licensing works was implemented successfully. This was one measure that ensured better utilization of the available infrastructure facilities. The office of the DGP cannot function as a police station and the offices of the DHS and DME cannot function as hospitals. They are to frame policies and do administrative works. Likewise, it is incorrect for the Drugs Controller as a Licensing Authority and the office is to focus on administrative works. Decentralization enabled the achievement of this object.

With the support of the State Planning Board, the laboratory infrastructure was also improved. There was a severe financial constraint for manpower development and hence strengthening the field force could not be achieved to the desired level. The quality of the law administration in the State as far as the department was concerned gained

National recognition and I was made a member of the DTAB. In fact, this recognition later paved the way for my appointment as a WHO consultant to the Central Drugs Control Administration.

Q-6 In your opinion what are the major constraints of the Drugs Control department in imparting a quality service to the Public, considering it as a noble mission?

Kerala has the unique distinction of the State with nil or least spurious drugs cases. This is largely due to the efficiency of the department as well as great consumer awareness. The department has to play a major role in quality assurance and safety of drugs. Licensing of sale outlets should be further decentralized to District levels and the field force shall have adequate transport facilities. It may be noted that the Inspectors are to reach remote places and are to carry out search and seizures and follow up actions. Drugs Intelligence activities are to be strengthened in places like Ernakulam, where lots of commercial activities take place. The department has to play a large role in Pharma-co-vigilance activities. The routine inspections of licensed sale and supply outlets including hospitals are inadequate to ensure proper storage of drugs and extensive storage audit is to be done for which there should be a separate wing. It may be noted that the quality of a drug depends a lot upon proper storage. Proper storage during transits for supplies into the State and supplies within the State are to be checked.

There is a need for a dedicated wing to coordinate the PVPI program of the Government of India. Medical devices, as long as they are controlled by the department need better focus. Cosmetics are commodities used right from infants to elders and but is loosely controlled. There is a need for a drive against fake and substandard cosmetics. Right now there is no mechanism in place for this. Control of Homoeopathic drugs needs better focus. These are all real challenges to the Department in ensuring the quality and safety of drugs.

Q-7. It is observed that there is a decline in the manufacturing of drugs in the State, amidst a sharp increase in consumption, since 2005. What are the possible reasons?

The reasons are very few but strong. The negative

mindset of the medical fraternity is one major reason. Gaining the confidence and support of the prescribers and users is a challenge.

As most of the raw materials and packing materials – for example, capsules are to come from other States and the production cost is fairly high in the State. This makes it difficult for manufacturers to compete with other states. The State needs a Pharmacy Policy and a Pharmacy Park for development of the industry. Once a firm foothold is gained, the industry can expect recognition and growth.

Q-8 The Demand for Kerala Ayurvedic drugs is increasing in other States and abroad. But the manufacturing units are shutting down every year. Can you give some valuable suggestions for revival of the traditional Ayurvedic manufacturing sector?

My views in the matter is based on personal assessments only. It is stated by the producers' organizations that the support from the Ayurveda Drugs Control department is poor. There is poor infrastructure in the department and inordinate delay they point out. Many of the manufacturers go for newer fixed-dose combinations for which the producers are to prove their rationale. While the administrative delays are said to be the reason for newer products and units coming up, the existing ones find the going tough with stiff competition and escalating costs.

Ayurveda drugs also depend a lot upon modern dosage forms and the materials required. The sector is more commercialized now and promotion is more through advertisements. It is a question of survival of the fittest in the field now. Many units started with bank loans find it impossible to break even and close down.

Q-9 There is decentralization of activities in every sector to help the common man in imparting effective service. But in the DC Department, all powers are seen Centralized. What are your suggestions for implementing Good Regulatory Practices?

As stated earlier, licensing activities are to be decentralized to the district level. In the case of manufacturing units, blood banks, the activity is to be at the regional level. The Drugs Controller's office is to function as an administrative body focusing on policy making, monitoring and auditing

of the functions of the subordinate offices. When the Drugs Controller himself is the licensing authority, there is no one to monitor or audit his activities within the system. GRP needs proper infrastructure, SOPs for all activities and documentation and auditing of the system and activities.

Q-10 Please suggest the factors favorable for Growth of Industrial Pharmacy in our State and What are the areas requiring priority for the intervention of the Government?

As stated earlier, the industry needs support from the medical fraternity. It needs support from the trade as well as the Government. The government can support the industry by using more of the local products in its health programs and the industry has to come up to the expectations of the government, trade and the consumer. When the local producers win contracts for supplies, they should be consistent and prompt. Once there is default, they suffer penalties and get eliminated soon.

Q-11. There is empowerment in the Testing of Drugs under DC department and the enforcement wing is still 17 years behind at the time of your retirement. Is it justifiable for the effective functioning of the DC Department?

The inspectorate wing has not shown any expansion for quite some time now and needs specific programs. Licensing of sale outlets should be at the district level with each district having an ADC's office. Licensing of manufacturing units and blood banks shall be at a zonal level under a DDC. The testing wing shall be made autonomous. The present trend could result in imbalance.

Q-12. As Former Office bearer of Kerala Pharmacy Graduates Association, What are your observations in the Pharmacy Profession in Kerala and the priorities you see in uplifting the Profession for benefiting the common man?

The Pharmacy Profession does not have an image now. It should make its presence and need felt. Ours is a State with high literacy and the good healthcare system. Unless the services and needs of a profession are felt, there will not be any appreciable growth of that profession. Pharmacists can make their presence and need felt. At present public

knows a Pharmacist as one who supplies Drugs from a Chemists shop and this activity can be done by a person other than Pharmacist also as claimed by other employees of chemists shop. The Pharmacist there is to make the public understand and know that the Drugs supplied will not be safe and reliable unless all activities relating to that are done by a Professional Pharmacist.

Every drug when licensed now rely upon post-marketing studies, Phase IV of the clinical trial to decide conclusively its safety. Clinical trials are not conducted in special groups namely, pediatrics, geriatric, pregnancy and lactation. Trials are not conducted in different ethnic population in the country. When placed in the market, the drugs are used in all population and there could be adverse effects and events that seldom get reported.

It is the duty of the Pharmacist to be vigilant in the matter. The pharmacist is the link between the medical practitioner and the consumer as far as the use of the drug is concerned. Procurements from proper sources, storage under proper conditions, proper supplies and counselling, watching for misuse, abuse and improper use, adverse reactions and events etc. are all matters for Pharmacists to handle. If these things are in place, the profession will get its due place in the society.

Q-14 Sir, you have served in the Drug Regulatory service for the longest term in Kerala and had got National and International Experiences in the Pharmacy sector. What are your suggestions for the development of Pharmaceutical services in the Country, especially in Kerala?

Yes, I was fortunate to serve as a regulatory officer for over 33 years. All services relating to Pharmacy, whether trade or industry or another place should be handled by a qualified Pharmacist only. We have different levels of Pharmacists in our country. Diploma holders, B Pharm graduates, Pharm D graduates etc. The diploma has no real relevance in the present day Pharmaceutical services and should be phased out as done in other fields.

Medicine has become almost a take as you please commodity. This situation should change. Misuse and abuse of Drugs should be stopped and Pharmacists can take a lead role in the matter. Kerala has quite a good number of Professional Pharmacists and there is sufficient technical

know-how to develop any activity in the pharmaceutical sector. Somehow or other there is a general notion that Kerala is not an industry-friendly state and there is reluctance among Keralites even to invest in Kerala. When some of the northern States enjoyed benefits of duty exemption paving way for phenomenal industrial growth, Kerala, an industrially backward State did not get the benefit.

States like Uttarakhand, Himachal etc. has no skilled hands and qualified professionals witnessed big leap in the pharmaceutical sector. The State on its own can draw a policy document for the development of the field and encourage the industry. Without the right approach, there can be

no development.

Q-15 When looking back to the career, are you satisfied with the Professional service? Kindly mention the support given by your family for leading a simple life in the midst of the celebrity status.

The profession has given me an image and I can ask for nothing more. My family has stood with me in my faiths that money is not all that matters and that one can lead a satisfactory life within the legitimate income. There is a saying that there is a woman behind every successful man. If people believe that I had served the profession successfully, certainly my family's contribution is there.

STATEMENT ABOUT THE OWNERSHIP AND OTHER PARTICULARS ABOUT PHARMA FIRST MONTHLY MAGAZINE FORM IV

- | | |
|--|--|
| 1. Place of Publication | : Muvattupuzha |
| 2. Periodicity of its Publication | : Monthly |
| 3. Printer's Name | : M. R. Pradeep |
| Address | : Pharma First, 18/302,
Nellimala Road, Muvattupuzha, Ernakulam-686661 |
| 4. Whether citizen of India | : Yes |
| 5. Editor's Name | : M.R Pradeep - Editor |
| 6. Name and Address of Individual who own the Newspaper and partners or Share-holders holding more than one percent of the total capital | : M R Pradeep - Proprietor
Pulimoottil house
South Marady P O
Muvattupuzha-686673 |

I, M.R Pradeep hereby declare that the particulars given above are true to the best of my knowledge and belief

Muvattupuzha
02.05.2019

M.R Pradeep
Signature of the Publisher

**To subscribe Pharmafirst magazine
Annual Rs 350/-**

Name : PHARMAFIRST
Bank Name : Canara Bank
Branch : Muvattupuzha
A/c No : 0714201001346
IFSC : CNRB0000714

Name : PHARMAFIRST
Bank Name : AXIS
Branch : Muvattupuzha
A/c No : 919020020110452
IFSC : UTIB0002992

For Advertisements,

Contact us in
marketing@pharmafirstconsulting.com
Ph: 8289856081

For online purchase of magazine
visit www.pharmafirstonline.com

June

*The great weapon to fight against the current health problems that we are facing is the strength of the human connection. That's why awareness months, weeks, and days are so important. Here come the **important health events of June.***

05 World Environment day

04 World Blood Donor day

17 World day to combat Desertification and Drought

21 International Day of Yoga

26 International day against Drug Abuse and illicit Trafficking