

AN UPDATE

Database on the Incidents of Counterfeit Medicines in the WHO-SEA Region

For the period January- December, 2008

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An Update
DATABASE ON THE INCIDENTS OF COUNTERFEIT MEDICINES IN THE
WHO-SEA REGION

Background

One of the SEARPharm Forum's objectives is to encourage and support a dialogue and collaboration among national and regional pharmaceutical associations in the South-East Asia Region of WHO by supporting WHO - policies and goals and combating the production and distribution of counterfeit medicine and sale of medicine by people who are not qualified.

The print and electronic media has been widely reporting the problem. The open source media reports continue to provide coverage on the various permutations that encompass the act of pharmaceutical counterfeiting and substandard drugs like identical copies, look-alikes, rejected and relabeled.

- **Identical copies:** These are made with the same ingredients, formulation and packaging as the originals. As high priced prescription medications, they are irresistible to counterfeiters.
- **Look-alike:** the packaging and appearance are high quality, but there may be little or no active ingredient. Some look-alikes may even contain harmful substances such as chalk, boric acid, glass or fungus etc.
- **Rejects and relabeled:** Drugs that have been rejected by the manufacturer for quality reasons are illegally obtained by counterfeiters or authentic drugs that have expired are relabeled with the longer shelf-life and sold.

However, the shortcoming of the open source media reporting is that the same data at times get published by different agencies compound the information and show the problem in a much larger magnitude.

Nevertheless, in the absence of any authentic data, we depend upon news items being published in credible leading newspapers and journals. The SEARPharm Forum has attempted to generate data through its Member Associations but the response is generally weak. These reports mainly deal with situation in India, Indonesia, Thailand, Sri Lanka and Bangladesh .

The Secretariat has been regularly updating such data since 2001. It is now submitting the updates on the incidents of counterfeit medicines for the year 2008. This list does not reference every media report on counterfeiting nor does it contain confidential information.

Prafull D. Sheth
Abhinav Garg
SEARPharm Forum Secretariat

January 15, 2009
New Delhi

DATABASE ON THE INCIDENTS OF COUNTERFEIT MEDICINES IN THE
WHO-SEA REGION FOR THE YEAR 2008

INDIA

➤ Common Code to Detect Low Quality Drugs

January 2008 issue

The Indian Pharmacist

NEW DELHI: In a bid to prevent sale of counterfeit drugs from chemist outlets, the All India Organization of Chemists and Druggists (AIOCD) has prepared a uniform code to detect low-quality medicines. The code, used for therapeutic medicine, will help verify the content of a medicine and also help take action against the manufacturer. "The coding will have some important piece of information such as the batch number, expiry date, drug ingredient, and the manufacturer's details. Scanning of the code will help trace drugs that do not satisfy the criteria, which then will be sent for further testing," said AIOCD general secretary J.S. Shinde. The norms will be implemented across the country covering 5.5 lakh drug outlets.

The association is in talks with several manufacturers to implement the code across the country to help overcome the menace of counterfeit drugs. Besides putting risk on patient safety, such drugs also damage the brand image. Drug companies are also concerned due to the fact that many such products come from illegal operations that do not follow any standards and may contain ingredients that could be hazardous.

➤ Man Sentenced to 15 Years in Jail for Selling Fake Drugs

January 14, 2008

First Published: 11:32 IST (14/1/2008)

Last Updated: 11:34 IST (14/1/2008)

Press Trust of India

Hindustan Times (<http://www.hindustantimes.com/StoryPage/StoryPage.aspx?id=e6be5aac-f3cd-4f66-8634-80aad5891fec>)

THANE: A special court in Thane, Maharashtra has sentenced a man to 15 years in jail for manufacturing and selling spurious drugs. Special Judge W.K. Sangle also imposed a fine of Rs 5,30,000 on Siddhu alias Siddharth Janme Jay, who was convicted under the Maharashtra Control of Organized Crime Act (MCOCA), Indian Penal Code and Drugs and Cosmetics Act. The judgment was delivered over the weekend.

Jay, a resident of Ulhasnagar here, was found guilty of manufacturing spurious medicines and selling them under the brand names of several well-

known pharma companies. He was also arrested previously along with accessories used for making spurious drugs at Kalwa in mid-2004.

➤ **CGHS Drugs Being Sold in Open Market in UP**

February 2008 issue

The Indian Pharmacist

GHAZIABAD: The Ghaziabad police have arrested a person allegedly involved in selling CGHS drugs in the open market. A part of the CGHS stock has been finding its way to chemists in the entire Loni area of Ghaziabad region for at least a year now. Apart from the CGHS supplies, almost every chemist in Loni is reportedly also selling spurious medicines. A Ghaziabad police officer who was part of a team that raided a Loni chemist's shop on 18th January night, said, "What this means is that there is a large, parallel drug supply to numerous wholesalers and retailers in this town, right on the Delhi border. The situation is so bad that if a policeman is injured or unwell, local doctors secretly warn them not to buy drugs from Loni."

According to Loni police station chief, Yogesh Pathak, "A supplier in Loni had informed us of the sale of medicines purchased for CGHS, fake medicines and those past their expiry date. On the instructions of district magistrate Deepak Agarwal, we went with a local drug inspector and raided the retail shop of one Asghar, who hails from Ratol in Baghpat district." "Asghar was found selling CGHS supplies, medicines past their expiry date and also supplying spurious drugs. We then raided his godown in Gandhinagar and recovered three sacks full of such medicines," added Pathak.

➤ **A New BPO: Spurious Drugs**

Aditya Ghosh

February 13, 2008

First Published: 21:09 IST (13/2/2008)

Last Updated: 21:16 IST (13/2/2008)

Hindustan Times (<http://www.hindustantimes.com/>

[StoryPage/StoryPage.aspx?id=3ba3f0e4-3fa2-47a2-a90e-300c3496d7b3](http://www.hindustantimes.com/StoryPage/StoryPage.aspx?id=3ba3f0e4-3fa2-47a2-a90e-300c3496d7b3))

MUMBAI: Indian BPOs are controlling pharmaceutical business worth millions of dollars across the globe, challenging their counterparts in Brazil, Nigeria and other countries – typically enjoying low labour costs and operations. Now, they have even started to threaten multinational companies deftly using loopholes in the Drugs and Cosmetics Act in India to produce counterfeits of pharmaceutical products.

All components of an end product – packages, labels and the generic drug – are exported out of the country in bulk. All the elements are assembled in countries like Brazil or Nigeria from where they are exported to US markets.

➤ **India Big Exporter of Fake Drugs as Market Growing at a Healthy Rate of 20-25 Percent**

March 2008 issue

The Indian Pharmacist

MUMBAI: Multinational pharmaceutical companies such as Sanofi-Aventis are teaming with the World Customs Organization (WCO) and regulatory authorities of India and other Asian countries to weed out spurious and counterfeit drugs originating from the region. Sales of counterfeit drugs' worldwide are estimated at \$32 billion, causing \$46 billion annual loss to the global pharmaceutical industry, recent reports said, quoting the director general of the National Agency for Food and Drug Administration and Control (NAFDAC) of Nigeria.

The initiative will include special training for customs and drug regulatory officials to identify spurious drugs, their origin, distribution chain and follow-up action to raid premises and book culprits, in coordination with regulatory and police officials of various countries. The joint exercises will also involve agencies such as the International Criminal Police Organization (ICPO), popularly known as Interpol, said Richard John Peasley, Asia Pacific anti-counterfeit manager, Sanofi-Aventis. "We believe companies in India are making copies of our drugs that are substandard and are hurting sales of many of our top-selling drugs in countries abroad," said Wilfred Roge, director (corporate economic security department), Sanofi-Aventis, and a former French Customs official with expertise in global spurious drug trade, was in India recently on behalf of the company. "The products are transported to free trade zones in Dubai in the Middle East and are exported to Latin American countries like Panama. The products are then re-exported to North America and Europe through the United Kingdom and some north European countries," he said.

Currently, the mechanisms to track and seize such products are limited due to inadequate surveillance in most of the countries. Only 5 per cent of the global drug cargo movement through ports is physically verified by the Customs authorities. Lack of patent protection, non-uniform laws and less policing in many developing countries contribute to proliferation of counterfeit drugs, added Roge. A majority of the spurious drugs floating in the global markets originate from Asian countries, mainly China, India and Pakistan, said Peasley. Though exact statistics are not available, one out of ten drugs sold in the global markets are either spurious or substandard based on the World Health Organization (WHO) estimates, he said. "The statistics are insignificant since this trade kills people worldwide and it is a global social issue," he added.

Meanwhile, a recent survey by the Associated Chambers of Commerce and Industry of India (Assocham) has said that the sale of fake and spurious drugs in the National Capital Region (NCR) alone is to the extent of Rs 300 crore annually, and its sales have gone up to 20-25 per cent of the total medicines sold in the region. Nationally, the mark has already exceeded the

Rs 15,000-crore per annum. The concentration of fake drugs manufacturing facilities can be found in Bahadurgarh, Ghaziabad, Aligarh, Bhiwadi, Ballabhgarh Sonapat, Hisar and parts of Punjab close to NCR, the chamber report added.

➤ **MSF Warns Indian Government of Developed Countries' Attempt to Trap Generics under Counterfeit Drugs**

Ramesh Shanker

March 12, 2008

Pharmabiz.com

MUMBAI: The far cry against the WHO's attempt to give a new definition to counterfeit drugs is mounting day-by-day. Close on the heels of the Indian industry expressing concern over the WHO proposal, an international humanitarian medical aid organization Medecins Sans Frontieres (MSF) has urged the Indian government to keep away from the developed countries' deliberate attempt to confuse the two totally different issues of substandard drugs and counterfeit drugs which is designed to trap the legally manufactured generic drugs from developing countries under the definition of counterfeiting.

"By confusing the issues of counterfeit medicines and substandard medicines, WHO and governments are attacking the wrong problem, which does nothing to improve the quality of medicines and which is a far greater public health concern. Counterfeit is a trademark and IPR issue that should not be confused with quality issues," MSF's project manager for India Leena Menghaney said.

In a letter to the Union health minister Dr Anbumani Ramadoss, the MSF urged the Indian government to project a true picture in this regard at the forthcoming international meeting called by IMPACT of the WHO on giving new definition to counterfeit drugs. India's role at these negotiations will strengthen negotiations by developing countries to prevent such trade barriers from being created.

➤ **India to Launch Counterfeit Drug Study**

May 15, 2008

kaisernetwork.org

India's drug control agency plans to launch a study to assess the size of the country's counterfeit drug market, which includes medicines to treat tuberculosis and malaria, the *Times of India* reports. The study - which will cost Rs 50 million or about \$1.2 million - is expected to take six months. Drug inspectors will analyze 31,000 drug samples. 61 drug brands have already been identified as testing targets which include medications for TB, malaria and other diseases.

A data from the Organization for Economic Cooperation and Development (OECD) shows that 75 per cent of the world's supply of counterfeit drugs

originates in India. According to India's [Ministry of Health and Family Welfare](#), 5 per cent of drugs in India are counterfeits.

"The counterfeit drug market in India, which we believe is still not that large, has the potential to become extremely threatening. We need to know its actual size in order to combat it," Naresh Dayal, the country's health secretary, said.

➤ **Spurious Saridon Tablets Seized**

July 28, 2008

The Hindu Business Line

MUMBAI: A private investigating agency has raided and seized seven lakh spurious Saridon tablets from Solan in Himachal Pradesh, Dr Swati Piramal of Piramal Healthcare, told Business Line. Popular pain relief and headache medicine, Saridon is an over Rs 20-crore over-the-counter (OTC) brand from Piramal Healthcare.

The packaging was copied and it is the same story every time, Dr Piramal explained. The seized medicines were spelt 'Siridon' and 'Seridon', and written in a manner similar to the way Saridon is printed on the original blister pack, said Mr Harinder Sikka, also from Piramal Healthcare. The company that was raided has a plant in Hyderabad in addition to Solan, he added. The company engaged Enforcement of Intellectual Property Rights (EIPR) to investigate the case.

➤ **Survey on Fake Drugs**

July 29, 2008

The Hindu Business Line (<http://www.thehindubusinessline.com/2008/07/30/stories/2008073051481000.htm>)

NEW DELHI: In a bid to counter the growing menace of fake drugs, the Drug Controller General of India (DCGI) is planning to conduct a nationwide survey covering as many as 31,000 combinations and 62 drugs. "We will conduct a national-level survey to know the extent of the problem of counterfeit drugs in the country which will begin from later part of the second half of the current year," said the DCGI, Dr Surinder Singh, in an interactive session with Brazilian business delegation organized by the Confederation of Indian Industries. The survey would be completed by the end of the year, he added.

➤ **Spurious Drug Makers to Face Life-Term Imprisonment**

August 2008 issue

The Indian Pharmacist

NEW DELHI: In a move to curb the proliferation and easy movement of spurious and adulterated drugs in the country, the Cabinet on 17th July gave

its official nod to amendments to the Drugs and Cosmetics Amendment Bill, 2005, which entails making the punishments more stringent for persons found involved in manufacture and sale of spurious drugs. The Bill, based on the recommendations of the Mashelkar Committee, proposes imprisonment for a term for not less than 10 years which may be extended to life-term and fine of not less than Rs 10 lakh or three times value of the drugs confiscated, whichever is more, for a person found guilty of manufacturing and indulging in sale of spurious drugs. The Bill sees the light of the day five years after it was introduced in Lok Sabha in December 2003 but lapsed due to the dissolution of the House. The bill was then reintroduced in the Rajya Sabha in 2005, after which the standing committee suggested certain changes.

In the event of national concern over widespread reports regarding the easy movement and harmful consequences of adulterated and spurious drugs in the country and wide ranging loss of revenue to the Centre due to the manufacture and sale of such drugs, the government constituted an expert committee under the chairmanship of RA Mashelkar, director general of CSIR in 2003.

The committee was given the mandate to undertake a comprehensive examination of drug regulatory issues, including the problem of spurious drugs, evaluate the extent of the problem of spurious or substandard drugs and recommend measures required to deal with the problem effectively. The committee then recommended an enhancement of penalties, setting up of special courts for speedy trial of spurious drugs cases, making offences relating to spurious drugs cognizable and non-bailable, authorizing the police to file prosecution for offences related to spurious drugs and compounding of offences among other steps.

Meanwhile, a landmark amendment being sought by the Union health ministry in the Drugs and Cosmetics Act will ensure that the fine paid by those found guilty of producing and selling spurious drugs go to the family of the person who died after consuming the drug, and not to the government. The bill also specifies the relatives who will receive the compensation - spouse of the deceased person or a minor legitimate son or unmarried legitimate daughter or a widowed mother. In case the victim is a minor, the money will go to the parent.

➤ India to Help WHO Define Counterfeit Drugs

August 12, 2008
Business Standard

NEW DELHI: A WHO committee has initiated steps to take India on board while proposing a change in the definition of counterfeiting at the next World Health Assembly (WHA). In the recently concluded inter-country consultations on combating counterfeit medicines, members of the International Medical Products Anti-Counterfeiting Taskforce (IMPACT) have

stressed the need for a consensus in finalizing the matter. The new definition says any "false representation in relation to identity, history or source" would be considered a case of counterfeiting.

The significance of the move stems from fears that the new definition could lead to India's authorized exports of genuine drugs being termed counterfeit, if, by no fault of the exporters, the medicine is smuggled into a different foreign destination. Under the new definition, if medicines originally intended for one country end up in another country where they are not registered, they would be declared counterfeit. The IMPACT proposal to enlarge the scope of "counterfeit definition" by including such "trademark violations" was not considered by the WHA during its last meeting in May due to Indian objection.

India has opposed the new definition saying it goes beyond the issue of "quality, safety and efficacy", and could be used as a tool to project India as a centre of substandard and counterfeit drug production. India also called for further discussions among the WHO member countries to harmonize the definition of "counterfeit" to avoid genuine medicines being tagged as counterfeit - a term normally associated with illegally produced or supplied medicines that may or may not conform to quality specifications. India had also stated that a generic or branded medicine not registered in a particular country, but available in that country is not counterfeit but simply an unregistered product.

The domestic drug industry had also expressed apprehensions over the WHO negotiations meant to bring non-health issues that have no direct implications on the safety of a drug within the ambit of the definition of "counterfeit medicine". The industry had also said that the IMPACT definition, if read with the EC Regulation, Article 2.1(c) of the EU, could mean a serious threat to India's exports of pharmaceutical products. The EC regulation allows seizure of "counterfeit" products even during transit.

➤ **Police Seize Fake Antibiotic Tablets worth Rs 20 Lakh**

September 2008 issue

The Indian Pharmacist

NEW DELHI: Haryana health department officials seized counterfeit quinolone antibiotic tablets worth over Rs 20 lakh in the market from Chem Pharma, a pharmaceutical company based at Gurgaon, on July 25, 2008. According to department officials, the samples of the medicine failed in the tests conducted during the first week of July 2008 and around two lakh tablets were confiscated from the company premises in Udyog Vihar-II, Gurgaon.

District drugs control officer, Rakesh Dahiya, said that though they had been picking up different drug samples from Chem Pharma, this is the first time their samples failed in the mandatory tests. "We had some preliminary

reports indicating that the manufacturer was involved in making fake drugs. Finally, when we received the confirmed report, we picked up samples of Ciprofloxacin and found that the absence of some salts from the antibiotic made it of no use to the patients. However, these medicines will have no ill effect," Dahiya added. Meanwhile, the owner of the unit is absconding and a case has been registered against the manufacturer.

➤ **Bilcare Develops Nano Fingerprint to Check Fake Drugs**

M. Somasekhar

September 18, 2008

The Business Line

(<http://www.thehindubusinessline.com/2008/09/18/stories/2008091850750300.htm>)

HYDERABAD: The counterfeit drug market in India is estimated to be around Rs 4,000 crore, according to a study done by the Confederation of Indian Industry (CII). In other words, 10-12 per cent of all drugs manufactured in the country fall into the category of counterfeit drugs. The global counterfeit drug business is worth nearly \$50 billion at the end of 2006, according to various estimates. This again translates to about 10 per cent of the global pharma market.

Giving these statistics, the CMD of the Pune-based Bilcare Ltd, Mohan Bhandari, said that the company has developed a technology, which can check the menace to an extent. Nano fingerprinting technology, which the company has launched in the country recently, will help uniquely identify quality drugs, which are available in tamper-proof packages and labels.

In simple words, when a consumer buys a drug from the pharmacy, he or she would be able to check the authenticity of the drug easily, if it has gone through the process of fingerprinting by the drug manufacturer using Bilcare anti-counterfeit technology.

➤ **Government Rejects WHO Agency's Definition of Counterfeit Drugs**

Sushmi Dey

October 17, 2008 (0108 hrs IST)

Economic Times Bureau

NEW DELHI: The health ministry has turned down the new definition of counterfeit drugs proposed by IMPACT, a WHO agency on counterfeit drugs. The government is apprehensive that the definition may be used by developed countries to hinder growth of Indian generic drug industry. It is learnt that the new definition considers apparent 'trademark violations' as 'counterfeit' cases. The government feels this may harm exports of generic medicines from India. "Calling trademark violations counterfeit may also

mean that if a drug is not registered in a country then it becomes a counterfeit, which is completely wrong. The drug may not be registered because it may not suit that country's environment. This does not make it a counterfeit," Dr Surinder Singh, DCGI said. "The proposed definition is likely to create entry barrier for legitimate non-patented or generic drugs that are similar either in look or colour," an expert said.

The government is also apprehensive about certain other words being replaced in the new definition. For instance, the new definition has replaced 'medicines' by 'medicinal products'. The government has worked out a balanced definition of counterfeits and is planning to discuss it with WHO before presenting it in WHA meeting in 2009.

➤ **WHO's New Definition of Counterfeit Drugs Intended to Hurt Indian Companies: IPA**

Ramesh Shankar

November 19, 2008 (08:00 IST)

www.pharmabiz.com

MUMBAI: Indian Pharmaceutical Alliance (IPA), which represents major Indian generic drug companies, has warned the Central government that most programmes on counterfeit drugs by the international bodies like SECURE, ACTA and IMPACT have degenerated into using them as a tool to create barrier to generic medicines.

In a letter to the DCGI, the IPA said that counterfeiting medicines is a vile and serious criminal offence that needed coordinated efforts of all stakeholders at the international level to combat it. But, instead of focusing on the counterfeit medicines, most programmes of EU Council Regulation (EC) No. 1383/2003 of 22 July 2003, IMPACT by WHO, Standards Employed by Customs for Uniform Rights Enforcement (SECURE) by World Customs Organization and Anti Counterfeiting Trade Agreement (ACTA) initiated by the USTR have degenerated into using them as a tool to create barrier to generic medicines.

IPA's response comes in the wake of the Indian government reopening discussion, apparently under pressure from the WHO, with the Indian drug industry on the WHO proposal which Indian authorities had earlier turned down on the ground that the new definition will act against the interest of the Indian drug industry. Interestingly, IPA was not invited for a government-industry meeting on the issue called by the Union health ministry on November 14.

Finding fault with the WHO definition on counterfeit drugs, IPA said that the IMPACT defines a medical product as counterfeit "when there is a false representation in relation to its identity, history or source. This applies to the product, its container, packaging or other labelling information." The

problem with this definition is that it adds a new dimension to definition by inserting the word 'history' without being specific. This raises concerns of the public health activists and the generic industry that it may be interpreted in a manner that will create barrier to generics, IPA said. Counterfeiting occurs both with branded and generic products and counterfeit medicines "may include products with the correct ingredients but fake packaging, with wrong ingredients, without active ingredients or with insufficient active ingredients." The problem with this definition is that it clubs 'substandard' medicines with 'counterfeit' medicines, IPA further noted.

IPA also urged the DCGI to exclude infringement of patent rights, parallel importation of original goods from a third country where they have been sold by the appropriate right-holder and the diversion of supplies of authorized items from the scope and definition of counterfeit medicines, because since the focus of the issue is on public and personal health implications of use of counterfeit medicines, the new definition should not include these provisions.

➤ **Gang Dealing in Fake Medicines Busted in U.P.**

December 8, 2008

Last Updated: 3:03:56 PM (8/12/2008)

Indo-Asian News Service (IANS) (<http://www.indiaforums.com/news/article.asp?id=141257>)

LUCKNOW: An inter-state gang dealing in fake medicines was busted with the arrest of three people and recovery of spurious drugs worth Rs 4 million in Uttar Pradesh, the police said on Monday. "Acting on a tip off, we raided a hideout on Sunday night in Madhavnagar village in Saharanpur district and arrested the three involved in the fake drugs racket," police inspector B.R. Verma told IANS on phone. Nearly 100 cartons of fake medicines were also recovered from the site in Saharanpur, over 400 km from Lucknow, police said.

The three people arrested have already confessed that they used to manufacture and supply spurious medicines to drug dealers of Bihar, Madhya Pradesh, Uttarakhand and other neighbouring states, the police added.

➤ **868 Bottles of Fake Liv-52 Syrup Seized; Dealer Arrested**

December 22, 2008

Times of India

LUCKNOW: A complaint was lodged on Saturday by a senior officer of Himalaya Drug Company that somebody else is using the name of their firm to supply fake drugs (Liv-52 syrup) in the market. Acting on the complaint, the cops planned an operation to net the guilty and acting on a tip-off arrested one man involved in the crime here on Sunday.

The incident was reported from Alambagh police circle. The man arrested identified himself as Manoj Kumar Bhola alias Vikki of Arjun Nagar in Alambagh. Cops recovered from his house a total of 868 bottles packed inside 31 boxes. Each box contained 28 bottles of the syrup. After the boxes were recovered, they were sent for testing and it came to light that the medicines in all the recovered bottles were fakes.

According to the police, the application for the complaint was given by Sanjay Tikku who is a senior official of Himalaya Drugs. According to the cops, Vikki is not the only person involved in the crime but another man was also his accomplice who used to supply it with other fake drugs. During interrogation, Vikki accepted his crime and told that he had been in the business for the past few months. A case in the connection was lodged against his name under section 419/420/467/468/471 of Indian Penal Code, 63 Copyrights Act and section 103/104 of Trademark Act.

According to the police, investigations were on with regards to the involvement of the other man.

➤ **Another Arrest in Fake Drugs Case**

December 23, 2008

Times of India

LUCKNOW: An aide of the person who was arrested on Sunday for supplying fake drugs (Liv-52 syrup) in the market in the name of Himalaya Drug Company was nabbed on Monday here. The man arrested on Monday identified himself as Akhilesh Shukla of Ramnagar under Bazaarkhala police circle. After the police raided his house, 18 bottles of spurious drugs along with 10 empty bottles, electronic packing machine, packing bolts along with a gas stove and cylinder used in the manufacturing, were recovered.

According to the police, Akhilesh has been in the business of supplying fake drugs for the past few months and had also engaged his aide Manoj Kumar Bhola alias Vikki of Arjun Nagar. Vikki was arrested on Sunday in a planned operation. The incident was reported from Alambagh police circle. A case in the connection was lodged against Akhilesh too, under section 419/420/467/468/471 of Indian Penal Code, 63 of Copyrights Act and section 103/104 of Trademark Act.

BANGLADESH

➤ Fake Medicine Factory Detected in Jhenidah, Five Arrested

May 12, 2008

The Daily Star (<http://www.thedailystar.net/story.php?nid=36101>)

JHENIDAH: Police yesterday seized spurious medicines worth around Tk 10 lakh and medicine making materials from an illegal medicine factory at Chaklapara in the town and arrested five workers of the factory. Tipped off, police raided a house at Chaklapara and recovered thousands of bottles of spurious vitamin B-complex, Baalarist, Mostakarist, Gatronal, Diroble and fake medicine making materials, Jhenidah Sadar Police Station Officer-in-Charge Sayed Iqbal Ali said.

Abul Kashem of Kanyadah village under Harinakunda upazila rented the house and set up the illegal factory, the arrestees said.

➤ Fake Cosmetics Seized in the City

May 16, 2008

The Daily Star (<http://www.thedailystar.net/story.php?nid=36837>)

An anti-adulteration drive led by magistrates and members of Rapid Action Battalion (Rab)-10 and BSTI representatives yesterday seized counterfeit cosmetics worth Tk 4.10 lakh after raiding different shops at Gauchia Market in the city. The seized cosmetics did not have any approval from Bangladesh Standard Testing Institution (BSTI).

During the drive, the magistrate also realized Tk 2.10 lakh in fines from nine shops. Later, the seized cosmetics were destroyed at Rab's Shayestha Khan Community Centre camp compound at Lalbagh, said a Rab press release.

INDONESIA

➤ 40 Percent of all Drugs in RI may be Fake

Novia D. Rulistia

July 17, 2008

Last Updated: 10:10 AM (17/7/2008)

The Jakarta Post (<http://www.thejakartapost.com/news/2008/07/17/40-all-drugs-ri-may-be-fake.html>)

JAKARTA: Think twice about where you get your medicine these days, as it is estimated some 40 percent of all drugs in Indonesia may be counterfeit. The International Pharmaceutical Manufacturer Group (IPMG) announced on Wednesday that the figure was nearly double of last year's, when counterfeits comprised 25 percent of all drugs in circulation. IPMG anti-counterfeit drugs committee head Thierry Powis said that the increase was driven by higher demand for cheaper drugs coupled with weak legal measures tackling the fakes.

Some of the country's top pharmaceutical companies have increased their selling prices by an average of 15 percent since early this year as a result of rising industrial fuel prices and raw materials.

Last year, Powis said that the country was estimated to suffer a loss of US\$500 million from the purchases of counterfeit drugs. "Counterfeit drugs not only harm consumers, but also the country and manufacturers. Comprehensive public education is needed to cut the demand chain," he said.

➤ Poisonous Cosmetics Taken Off Shelves

Astrid Wijaya

November 27, 2008

Last Updated: 7:12 AM (27/11/2008)

The Jakarta Post (<http://www.thejakartapost.com/news/2008/11/27/poisonous-cosmetics-taken-shelves.html>)

JAKARTA: It seems women could indeed be suffering from beauty, with some skin whiteners and vitamin creams found to contain the same toxic chemicals used to make paper and fabrics. The Food and Drugs Monitoring Agency (BPOM) said on Wednesday that it has banned 27 types of cosmetic products made by 18 different brands.

The products – mostly skin whiteners and vitamin creams – were banned because they were found to contain harmful chemicals, including mercury, retinoic acid and red color types K10 and K3, a BPOM official said. The ban is the result of a BPOM investigation and clinical testing that began in 2007.

The banned products are as follows: Doctor Kayama night cream, Doctor Kayama day cream, MRC Putri Salju cream, MRC PS Crystal cream, LOCOS anti-fleck vitamin E, BLOSSOM day cream, BLOSSOM night cream, Meei Yung, New Rody face cream, Shee Na face cream, Ibu Sari day cream, Aily Cake Eye Shadow, Baolishi Eye Shadow, Cameo Make Up Kit 3-in-1, Nuobeier Blush On, CRESSIDA eye shadow, MEIXUE YIZU eye shadow, SYUTSU eye shadow and some brand-less face creams.

SRI LANKA

➤ Fake Pharmacies Swallow Bitter Pill

Nadira Gunatilleke

July 29, 2008

Daily News: <http://www.dailynews.lk/2008/07/29/news21.asp>

200 private pharmacies selling expired and banned drugs were nabbed by the special unit of the National Drug Control Authority of Sri Lanka during a single day countrywide raid. These pharmacies have sold drugs without prescriptions and also did not have qualified and trained pharmacists, Sri Lanka's Healthcare and Nutrition Ministry sources said.

The sources said that cases were filed against 54 private pharmacies and 24 were found guilty, while other cases were pending. The Government earned Rs 1.8 million by imposing fines on these private pharmacies. The special unit will continue to raid private pharmacies to track down places selling expired drugs, banned drugs and drugs without prescriptions.

THAILAND

➤ Smugglers of Fake Medicine Target Thailand

Wassayos Ngamkham

October 13, 2008

Bangkok Post (http://www.bangkokpost.com/131008_News/13Oct2008_news05.php)

Wutipong Taora examines tiny pills packed in boxes, looking for evidence that fake drugs are being imported into the kingdom. Dubbed the "fake medicine investigator", Wutipong works for the Investigation and Suppression Bureau under the Customs Department of Thailand. Wutipong said, "There are two types of fake medicines. In the first group are drugs whose ingredients are not registered. The second comprises drugs under fake brand names. Both can harm consumers and arrive in Thailand from "every direction", through border checkpoints and airports. Some are imported for domestic consumption; while others are imported en route to third countries."

"There are some basic tricks for telling whether drugs are fake," he further pointed out. Wutipong looks for irregularities in the characteristics of pills, boxes and wrappers. Specialists can tell almost immediately whether drugs are fake, especially those that imitate commercial brands, according to Wutipong. "Letters on pills and details on the packaging are normally sharper and clearer than for genuine ones," he said.

Most fake medicines in Thailand come from China, India and Pakistan. Some medicinal drugs are sold here and some are sent to larger markets in Europe and the US. A government source said that HongKong was a large production base for fake medicines in Asia and that the major clients included the US, Europe and India.

In Thailand, fake Viagra and Cialis, which are usually prescribed for erectile dysfunction treatment, are the most popular. Fake Viagra pills are similar to the real ones with Chinese characters on the pills and their boxes, Wutipong remarked.

➤ Menace of Drugs Online

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The Nation (<http://www.nationmultimedia.com/search/read.php?newsid=30085856&keyword=Fake+drugs>)

BANGKOK: Aphrodisiacs and sex-related drugs are widely available on the Internet and are highly sought after by sex predators, a Bangkok seminar on social study was told yesterday. The drugs found most frequently on the

Internet are sex-drive boosting pills including tranquillizers or sedators, or pills that assist penis erection or prolong ejaculation. Abortion pills or women's hormones are also sought after by women and homosexual males, said Phanuphat Phumphruek, who quoted from his own doctorate thesis with Mahidol University.

The thesis said most of the drugs were fake and dangerous and used without doctor prescription. "Online buyers, whether they buy drugs from underground or legal websites, are exposed to risk of fatal drug allergy or fatal poisoning if they consume fake drugs," he added.

SOME HIGHLIGHTS FOR REST OF THE WORLD

➤ Operation Jupiter Rains on Fake Anti-Malarials

Pete Mansell

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In-Pharma Technologist

A multinational, multidisciplinary initiative involving scientists, public health workers, police and government officials could provide a cogent model for rooting out and stamping out counterfeiting of essential and lifesaving drugs. But replicating 'Operation Jupiter', which employed a battery of forensic tests ranging from mass spectrometry to palynology (pollen analysis) to track down a source of fake artesunate in southern China, would require technical capacity and resources as well as collaborative efforts that at present are solely lacking in the countries most affected by counterfeiting.

The focus of the operation co-ordinated by the WHO's Western Pacific Regional Office, the International Criminal Police Organisation (INTERPOL) and the Wellcome Trust-University of Oxford South-east Asian Tropical Medicine Research Programme, in close co-operation with the Chinese authorities, was a generic medicine for a tropical disease that threatens some 40 per cent of the world's population and still claims over a million lives a year. Originally developed in China, artesunate is a crucial component of the artemisinin combination therapy (ACT) that has raised hopes of controlling the spread of malaria in the developing world. The drug is widely used in South East (SE) Asia and, increasingly, Africa for the treatment of *Plasmodium falciparum* malaria, with millions of tablets produced each year by at least 16 manufacturers of artemisinin and its derivatives in SE and East Asia.

Antimalarials may be essential but they are also especially susceptible to counterfeiting. According to an account of the Operation Jupiter programme published in the open-access journal *PLoS Medicine*, ad hoc surveys since 2000 in Myanmar (Burma), the Thai-Myanmar border, Laos, Cambodia and Vietnam, suggest that 33 to 55 per cent of bought artesunate is counterfeit, containing either none of the claimed active ingredient or sub-therapeutic quantities of artesunate. This can have a devastating - albeit very difficult to quantify - effect on malaria morbidity and mortality. Not only does the absence of artesunate in counterfeit versions cause avoidable death, undermine confidence in the drug and drain the revenues of legitimate manufacturers, it also presents additional clinical risks through the range of potentially dangerous substitute actives found in the fake tablets - for example, chloramphenicol and metamazole, which may lead to inexplicable syndromes such as bone marrow failure. Moreover, the presence of sub-therapeutic quantities of artesunate, artemisinin and sulphonamides in counterfeit artesunate - included as a means of avoiding routine screening

tests - could greatly exacerbate the emergence and spread of drug-resistant malaria parasites.

Operation Jupiter set out to investigate where counterfeit artesunate was being manufactured and to develop an intelligence document that could be presented to affected governments. Laboratory analysis focused on 391 samples of genuine and counterfeit artesunate collected in Vietnam, Cambodia, Laos and Myanmar, as well as on the Thai/Myanmar border, between 1999 and 2006 by the Wellcome Trust-Oxford SE Asian Tropical Medicine Research Programme. Samples were subjected to high-performance liquid chromatography (HPLC), organic mass spectrometry, gas-chromatographic 'head space' analysis of the gases surrounding tablets in blister packs, palynology and detailed inspection of packaging. What these analyses highlighted in particular was the considerable diversity in counterfeit artesunate emanating from and distributed in SE Asia. For example, a total of 16 different types of fake hologram were identified on packaging, ranging from crude stickers to highly sophisticated copies. In terms of the samples' chemical composition, all of the specimens thought to be counterfeit (195 out of 391, or 49.9 per cent) on the basis of their packaging turned out to contain either no or small quantities (up to 12mg per tablet, as opposed to 50mg per genuine tablet) of artesunate. Of the 321 samples labelled as manufactured by one major and heavily targeted Asian producer, Guilin Pharmaceutical from China's Guangxi autonomous region, 195 or 61% were found to be counterfeit.

The researchers also detected a wide variety of substitute active ingredients in the counterfeit artesunate, including paracetamol, several different erythromycin antibiotics, banned compounds such as metamizole, the carcinogen safrole, and raw material for the production of methylene dioxy methamphetamine (ecstasy).

Evidence from chemical, mineralogical, biological and packaging analysis - including the use of forensic palynology to study spore and pollen contamination in the fake tablets - suggested that at least some of the counterfeits were manufactured in SE China. This was presented by INTERPOL to the Chinese Ministry of Public Security (MPS), which launched a criminal investigation resulting in the arrest of a native of Yunnan Province alleged to have bought 240,000 blister packs of counterfeit artesunate - enough to 'treat' almost a quarter of a million adults - from a native of Guangdong Province (also arrested). While the MPS was able to seize 24,000 of these packs, a total of 160,000 blister packs of fake artesunate were alleged to have been sold to a non-Chinese national on the Yunnan-Myanmar border and a further 56,000 packs at another border crossing near Ruili. During the same period, Guilin Pharmaceutical exported some 272,000 blister packs of artesunate to Myanmar and Thailand.

➤ **Interpol Seizes \$6.65M in Counterfeit HIV/AIDS, Malaria, TB Drugs in Southeast Asia**

Simeon Bennett

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BLOOMBERG.COM

PHNOM PENH: INTERPOL recently confiscated \$6.65 million worth of counterfeit HIV/AIDS, malaria and tuberculosis drugs in Southeast Asia and made 27 arrests as part of a five-month investigation involving nearly 200 raids, Aline Plancon, an officer involved in the operation, said on Monday in Phnom Penh, Cambodia, *Bloomberg* reports. During the investigation, called Operation Storm, authorities seized more than 16 million pills between April 15 and September 15 in Cambodia, China, Laos, Myanmar, Singapore, Thailand and Vietnam.

The operation was a joint effort between INTERPOL, the WHO and the WCO. It was the first time customs officials, drug regulators, health authorities and police from different countries have collaborated to prevent the distribution of counterfeit medicines, Plancon said. It followed Operation Jupiter, which led to drug seizures and arrests in China and Myanmar.

According to *Bloomberg*, health officials particularly are concerned about fake artemisinin-based combination therapies (ACT) used to treat malaria. According to a recent study, counterfeit ACTs containing insufficient amounts of artemisinin are contributing to the development of drug-resistant parasites near the border of Cambodia and Thailand. The rise in drug resistance has reduced the effectiveness of genuine ACTs, thus placing more people at risk for developing drug-resistant malaria, *Bloomberg* reports.