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KETAMINE AS A CONTROLLED SUBSTANCE

House Bill 4019 as introduced First Analysis (3-18-99)

Sponsor: Rep. Sue Rocca
Committee: Health Policy

THE APPARENT PROBLEM:

Ketamine [2-(2-Chlorophenyl)-2-(methyl amino)-cyclohexanone] is an anesthetic. It was first developed by the University of Michigan in 1965. It is primarily used for veterinary purposes, although it does have some human medical applications. In recent years, there has been evidence of its increasing popularity as a "recreational drug", especially at clubs and teen "rave" parties. Law enforcement agencies are encountering ketamine abuse when stopping drivers for what appears to be driving while intoxicated and veterinary clinics have been burglarized for ketamine. Currently, ketamine is not classified as a scheduled drug under federal or state laws. As an unscheduled drug, it is illegal to sell or market it, but possession of ketamine is not illegal. Reportedly, this has clouded attempts by law enforcement agencies to penalize users for unauthorized use.

In its pharmaceutical form ketamine usually comes as a liquid, although it is also found as a white powder or pill. It can be either snorted or swallowed as a powder and either swallowed or injected as a liquid. Reportedly, it is most often snorted or smoked and often is used in conjunction with other drugs such as marijuana. Ketamine is called "dissociative" in action, which means that a person under its influence may feel that the mind is "separated" from the body. Use of the drug can also cause hallucinations (producing effects similar to those produced by picnycyclidine [PCP], and the visual effects of LSD), though the "high" usually lasts only an hour or two. Since it is an anesthetic, ketamine also prevents the user from feeling pain, and can result in a user's unwitting injury to him- or herself. Ketamine affects a person's heart rate and respiration; large doses can induce vomiting and convulsions and may also decrease oxygen to the brain. Just a one-gram dose can result in death.

On a national level, the Drug Enforcement Agency (DEA) has been collecting data on ketamine since 1993 and, according to information supplied on the agency's website, is reevaluating the control status of the drug. The American Veterinary Medical Association adopted

a resolution in 1997 to actively support legislative efforts to have ketamine named as a Schedule 3 drug by the DEA. Several bills were introduced in Congress in the last session that would have designated ketamine as a Schedule 3 drug under the Controlled Substances Act, but none were enacted. In its "Director's Report to the National Advisory Council on Drug Abuse" released in September of 1998 (which reported on patterns and trends of drug abuse), the National Institute on Drug Abuse reported that ketamine had been involved in overdose cases in New Orleans, and listed Detroit as one of many major metropolitan areas that were reporting ketamine availability. In addition, more than seven states have recently adopted state laws to regulate ketamine as a Schedule 3 drug.

In Michigan, the use of "designer" drugs, including ketamine, is increasing. Unlike some designer drugs, ketamine is very complicated to manufacture and so diversion of legitimate supplies of the drug is the only known source of getting the drug to the streets. Law enforcement agencies have reported a rash of burglaries targeting veterinary clinics in recent years. For example, in one 8-month period, ketamine was stolen 14 times from clinics in Oakland County and eight times in Rochester Hills. Recently, the legislature addressed the use of certain "date-rape drugs" by classifying gamma-hydroxy butyrate (GHB) as a Schedule 1 controlled substance (Senate Bill 726, which became Public Act 248 of 1998) and Rohypnol as a Schedule 4 controlled substance (House Bill 4065, which became Public Act 319 of 1998). (See *BACKGROUND INFORMATION* for more information on the four categories of controlled substances.) Classification as a controlled substance sets up tighter reporting requirements for those licensed to sell or dispense a controlled substance and establishes legal penalties for unauthorized use, possession, or delivery of classified drugs. Since unauthorized use of ketamine is on the rise, and since use of the drug poses health and safety concerns, it has been proposed to add

ketamine to the list of controlled substances regulated under the Public Health Code.

THE CONTENT OF THE BILL:

House Bill 4019 would amend the Public Health Code to list ketamine as a schedule 3 controlled substance.

MCL 333.7216

BACKGROUND INFORMATION:

Public Health Code classification of drugs. Following federal law, the Public Health Code classifies controlled substances under one of four "schedules." Scheduled drugs must have the potential for abuse (where, in general, the abuse is associated with a stimulant or depressive effect on the central nervous system) and are either (a) illegal and without any medically accepted use in the United States (all schedule 1 drugs), or (b) prescription drugs with medically accepted uses in the United States that have a potential for psychological or physical dependence in addition to the potential for abuse (schedules 2, 3, and 4).

** Schedule 1 drugs -- all of which are illegal -- must have a high potential for abuse and no accepted medical use in treatment in the United States or lack accepted safety for use in treatment under medical supervision (MCL 333.7211). In addition to opiates and opium derivatives (including heroin), schedule 1 includes hallucinogenic drugs (such as LSD and mescaline) and non-therapeutic uses of marijuana.

** Schedule 2 prescription drugs must have a high potential for abuse, a currently accepted medical use in treatment in the United States (or a currently accepted medical use with severe restrictions), and their abuse must have the potential to lead to severe psychic or physical dependence (MCL 333.7213). Schedule 2 includes opium and any of its derivatives (including codeine and morphine), coca leaves and derivatives (including cocaine), other opiates (such as fentanyl, methadone, and pethidine), and substances containing any quantity of such drugs as amphetamine, methamphetamine, methaqualone, amobarbital, pentobarbital, and secobarbital.

** Schedule 3 prescription drugs must have a potential for abuse less than those listed in schedules 1 and 2, have a currently accepted medical use in treatment in the United States, and their abuse must have the potential to lead to moderate or low physical dependence or high psychological dependence (MCL 333.7216). Schedule 3 includes any substance with any quantity of a derivative of barbituric acid and drugs

containing limited quantities of codeine, opium, or morphine.

** Schedule 4 prescription drugs must have a low potential for abuse relative to those in schedule 3, have a currently accepted medical use in the United States, and their abuse must have the potential to lead only to limited physical or psychological dependence relative to schedule 3 drugs (MCL 333.7217). Schedule 4 includes such drugs as barbitol, chloral hydrate, lorazepam, meprobamate, diazepam (brand name Valium), phenobarbital, and Rohypnol.

FISCAL IMPLICATIONS:

Fiscal information is not available.

ARGUMENTS:

For:

Though ketamine has legitimate use as an anesthetic for humans and animals (reportedly, it is the anesthetic of choice for rodents used in laboratory research), it poses serious health and safety concerns if used without proper medical supervision. Since ketamine cannot be manufactured in home-based operations, the only source is by diversion of legitimate stores of the drug -- primarily, burglaries of veterinary and laboratory clinics. Law enforcement agencies already are reporting an increase in break-ins at vet clinics, and apparently, the drug is even available on the Internet.

Ketamine is gaining in popularity because it provides users with a high similar to that from PCP and LSD, but is considered more desirable because the effects only last for a couple of hours (and because it is not illegal to possess or use). Unfortunately, the drug can have serious side effects due to its effect on the heart and respiratory systems, and can result in oxygen deprivation to the brain. Overdoses can result in death. However, as an unscheduled drug, there are no penalties for unauthorized possession or use, though it is illegal to sell it without a license. By scheduling ketamine as a controlled substance, the bill would not only establish tighter recording procedures for licensed individuals in regards to buying, selling, and dispensing the drug, it would also establish penalties for those using it without proper medical supervision. Since ketamine does have an established medical use as an anesthetic in the United States, it is appropriate to place it in the Public Health Code as a Schedule 3 drug. Michigan should not wait for Congress or the DEA to act, but should follow the lead of New York, Illinois, California and other states and protect residents by regulating ketamine.

POSITIONS:

The Department of Consumer and Industry Services supports the bill. (3-11-99)

The Department of State Police supports the bill. (3-11-99)

The Michigan Veterinary Medical Association supports the bill. (3-11-99)

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■ This analysis was prepared by nonpartisan House staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.