

**SCHEDULE 3 CONTROLLED
SUBSTANCE: KETAMINE**

House Bill 4019

Sponsor: Rep. Sue Rocca

Committee: Health Policy

Complete to 2-5-99

A SUMMARY OF HOUSE BILL 4019 AS INTRODUCED 1-26-99

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

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. Ketamine is called "dissociative" in action, which means that it feels as if 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). 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.

[Following federal law, the Public Health Code classifies controlled substances under one of four "schedules." Scheduled drugs must have the potential for abuse 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). Schedules 2, 3 and 4 are dependent upon the drugs' potential for abuse and the likelihood and level of dependence caused by abuse. Schedule 3 prescription drugs must have a lesser potential for abuse than those drugs listed in schedules 1 and 2 and a higher potential for abuse than schedule 4 drugs. They also must have a currently accepted medical use in treatment in the United States, and their abuse must have the potential to lead to only moderate or low physical dependence or high psychological dependence. Generally, schedule 3 includes any substance with any quantity of a derivative of barbituric acid and drugs containing limited quantities of codeine, opium, or morphine.]

MCL 333.7216

Analyst: W. Flory

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