Legislative Analysis



TIANEPTINE SODIUM: ADD AS SCHEDULE 2 DRUG

Phone: (517) 373-8080 http://www.house.mi.gov/hfa

Senate Bill 801 as passed by the Senate

Sponsor: Sen. Rick Jones

House Committee: Law and Justice

Senate Committee: Judiciary

Analysis available at http://www.legislature.mi.gov

Complete to 2-26-18

SUMMARY:

Senate Bill 801 would amend Article 7 (Controlled Substances) of the Public Health Code to designate tianeptine sodium as a Schedule 2 controlled substance. The bill would take effect 90 days after enactment.

MCL 333.7214

BACKGROUND INFORMATION:

Tianeptine sodium is a substance similar to tricyclic antidepressants and is used in the treatment of major depressive disorders. It is available for sale in the United States on the internet. As it is not currently regulated by the FDA, a prescription is not needed. There is a potential for abuse, as it can cause euphoria at high doses, and there are reports that it is harder to detect in drug tests. The substance is widely available in Europe and countries around the world, though some countries have already made it a listed substance requiring a prescription.

Section 7204 of the Public Health Code requires a substance to be scheduled similarly to how it is scheduled under federal law. However, as the Code authorizes the "administrator," defined as the Michigan Board of Pharmacy, to add, delete, or reschedule drugs and substances listed as scheduled substances, a substance may be listed, rescheduled, or deleted differently than under federal law. Designation as a Schedule 1 to 5 controlled substance is generally based on whether the substance has a currently accepted medical use in treatment in the U.S. and also on the substance's relative potential for abuse and likelihood of causing dependence. Under the Code, substances are placed on the list of Michigan controlled substances as follows:

Schedule 1

Substances in Schedule 1 have a high potential for abuse, have no accepted medical use in treatment in the U.S., <u>or</u> lack accepted safety for use in treatment under medical supervision. Heroin, LSD, marijuana, and "ecstasy" are examples of Schedule 1 drugs.

Schedule 2

Schedule 2 substances have a high potential for abuse, have currently accepted medical use in treatment in the U.S. (or accepted medical use with severe restrictions), <u>and</u> may lead to

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severe psychic or physical dependence. Examples include morphine, cocaine, fentanyl, and drugs such as OxyContin[®], Demerol[®], Adderall[®], and Ritalin[®].

Schedule 3

A substance is placed as a Schedule 3 drug if it has a potential for abuse that is less than substances listed as a Schedule 1 or 2 substance, if it has currently accepted medical use in treatment in the U.S., <u>and</u> if abuse may lead to moderate or low physical dependence or high psychological dependence. Schedule 3 substances include certain products containing hydrocodone (e.g., Vicodin[®]) or codeine (e.g., Tylenol[®] with codeine) and products used to treat opioid addictions.

Schedule 4

These substances have a low potential for abuse relative to substances in Schedule 3, they have a currently accepted medical use in treatment in the U.S., <u>and</u> their abuse may lead to limited physical dependence or psychological dependence relative to substances in Schedule 3. Darvocet[®] is a Schedule 4 controlled substance.

Schedule 5

Schedule 5 controlled substances generally have a low potential for abuse relative to the other schedules and include substances containing lower amounts of codeine and other narcotics than substances listed on other schedules or higher amounts of ephedrine than over-the-counter allergy and cold medications.

FISCAL IMPACT:

Senate Bill 801 would have an indeterminate fiscal impact on the state and on local units of government. Information is not available on the number of persons that might be convicted under provisions of the bill. New felony convictions would result in increased costs related to state prisons and state probation/parole supervision. In fiscal year 2017, the average cost of prison incarceration in a state facility was roughly \$37,000 per prisoner per year, a figure that includes various fixed administrative and operational costs. State costs for parole and felony probation supervision averaged about \$3,600 per supervised offender in the same year. New misdemeanor convictions would increase costs related to county jails and/or local misdemeanor probation supervision. The costs of local incarceration in a county jail and local misdemeanor probation supervision vary by jurisdiction. The fiscal impact on local court systems would depend on how provisions of the bill affected caseloads and related administrative costs. Any increase in penal fine revenues would increase funding for local libraries, which are the constitutionally designated recipients of those revenues.

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