Date of Hearing: April 2, 2024
Counsel: Andrew Ironside

ASSEMBLY COMMITTEE ON PUBLIC SAFETY
Kevin McCarty, Chair

AB 3029 (Bains) – As Introduced February 16, 2024

REVISED

As Proposed to be Amended in Committee

SUMMARY: Makes xylazine, also known as "tranq," a Schedule III drug under California's Uniform Controlled Substances Act (UCSA), contingent on the federal government adding xylazine to Schedule III of the federal Controlled Substances Act. Specifically, **this bill**:

1) Requires a coroner or medical examiner to conduct a toxicology analysis or drug screening if needed to determine or confirm the cause and manner of death, as specified.

2) Requires a coroner or medical examiner, when suspecting a death is due to a drug overdose, to conduct a toxicology analysis or drug screening to test for presence fentanyl or an analog of fentanyl, ketamine, gamma hydroxybutyric acid, xylazine, or other emergency adulterants as determined by the State Department of Public Health (DPH).

3) Makes xylazine a Schedule III controlled substance under the USCA, contingent on the federal government adding xylazine to Schedule III of the federal Controlled Substances Act.

4) Provides that xylazine is not treated as a Schedule III controlled substance in the following circumstances:

   a) Dispensing or prescribing for, or administration to, a nonhuman species of a drug containing xylazine that has been approved, as specified;

   b) Dispensing or prescribing for, or administration to, a nonhuman species, as specified;

   c) The manufacturing, distribution, or use of xylazine as an active pharmaceutical ingredient for manufacturing an animal drug, as specified;

   d) The manufacturing, distribution or use of a xylazine bulk chemical for pharmaceutical compounding by licensed pharmacists, as specified, or by veterinarians in the event that xylazine as an active pharmaceutical ingredient manufactured as specified become unavailable; or,

   e) Any other use approved or permissible under the Federal Food, Drug, and Cosmetic Act.

EXISTING LAW:

1) Lists controlled substances in five "schedules" - intended to list drugs in decreasing order of harm and increasing medical utility or safety - and provides penalties for possession of and commerce in controlled substances. Schedule I includes the most serious and heavily controlled substances, with Schedule V being the least serious and most lightly controlled substances. (Health & Saf. Code, §§ 11054-11058.)

2) Makes possession of a non-narcotic Schedule III controlled substance a misdemeanor subject to imprisonment in county jail for up to one year. (Health & Saf., § 11377, subd. (a).)

3) Makes possession of a non-narcotic Schedule III controlled substance a felony subject to 16 months, 2 years, or 3 years in county jail where the person has one or more prior convictions for an offense classified as a violent felony or one that requires registration as a sex offender. (Health & Saf., § 11377, subd. (a).)

4) Makes possession for sale of a non-narcotic Schedule III substance a felony subject to imprisonment in county jail for 16 months, 2 years or 3 years. (Health & Saf., § 11378.)

5) Makes trafficking of a non-narcotic Schedule III substance a felony subject to imprisonment in county jail for 2, 3, or 4 years. (Health & Saf., § 11379.)

6) Makes manufacturing, producing, or preparing a non-narcotic Schedule III controlled substance either directly or indirectly by chemical extraction or independently by means of chemical synthesis a felony punishable by imprisonment in county jail for 3, 5, or 7 years and a fine of up to $50,000. (Health & Saf., § 11379.6, subd. (a).)

7) Makes offering to manufacturing, producing, or preparing a non-narcotic Schedule III controlled substance either directly or indirectly by chemical extraction or independently by means of chemical synthesis a felony punishable by imprisonment in county jail for 3, 4, or 5 years. (Health & Saf., § 11379.6, subd. (e).)

8) Requires coroners to determine the manner, circumstances, and cause of death in the following circumstances:

   a) Violent, sudden, or unusual deaths;

   b) Unattended deaths;

   c) Known or suspected homicide, suicide, or accidental poisoning;

   d) Drowning, fire, hanging, gunshot, stabbing, cutting, exposure, starvation, acute alcoholism, drug addiction, strangulation, aspiration, or sudden infant death syndrome;

   e) Deaths in whole or in part occasioned by criminal means;

   f) Deaths known or suspected as due to contagious disease and constituting a public hazard;

   g) Deaths from occupational diseases or occupational hazards;

h) Deaths where a reasonable ground exists to suspect the death was caused by the criminal act of another; and,

i) Deaths reported for inquiry by physicians and other persons having knowledge of the death. (Gov. Code, § 27491.)

9) Requires the coroner to sign the certificate of death if they perform a mandatory inquiry. (Gov. Code, § 27491, subd. (a).)

10) Gives the coroner discretion when determining the extent of the inquiry required to determine the manner, circumstances and cause of death. (Gov. Code, § 27491, subd. (b).)

11) States that the content of a death certificate must include, among other things, personal data of the decedent, date of death, place of death, disease or conditions leading directly to death and antecedent causes, accident and injury information, and information regarding pregnancy. (Health & Saf. Code, § 102875.)

12) Requires a physician and surgeon, physician assistant, funeral director, or other person to notify the coroner when they have knowledge that a death occurred, or if they have charge of a body in which death occurred under any of the following, among others:

a) Without medical attendance;

b) During continued absence of attending physician and surgeon;

c) Where attending physician and surgeon, or physician assistant is unable to state cause of death; and,

d) Reasonable suspicion to suspect death was caused by criminal act. (Health & Saf. Code, § 102850.)

13) Requires the California Department of Public Health (DPH) to establish an Internet-based electronic death registration system for the creation, storage, and transfer of death registration information. (Health & Saf. Code, § 102778.)

14) Requires DPH to track data on pregnancy-related deaths and publish such data at least once every three years, as specified. (Health & Saf. Code, § 123630.4.)

FISCAL EFFECT: Unknown

COMMENTS:

1) **Author's Statement**: According to the author, "Xylazine is being mixed with other drugs sold on the streets, most notably fentanyl, under the street name 'tranq'. Since xylazine is not an opioid, the standard overdose treatments like naloxone or Narcan can be less effective or even fail. California lacks policy to fully track xylazine's growing role in our opioid crisis, much less mitigate its dangers. AB 3029 will reclassify xylazine as a Schedule III controlled substance while protecting its legitimate uses in veterinary medicine, and require coroners and medical examiners to test for xylazine, fentanyl and other drugs in suspected overdose

deaths. This bill is an important step toward containing a rising threat before it becomes a bigger problem."

2) **Xylazine:** According to CDPH, xylazine (also known as "tranq") is a non-opioid animal tranquilizer that has been connected to an increasing number of overdose deaths nationwide. Some people who use drugs intentionally take fentanyl or other drug mixed with xylazine; in other circumstances, drug sellers cut fentanyl or heroin with xylazine to extend product's effect without disclosing the adulterant. (https://www.cdph.ca.gov/Programs/CCDPHP/sapb/Pages/Xylazine.aspx)

   The extent to which xylazine has proliferated in California drug markets is unclear. In 2022, the Drug Enforcement Administration (DEA) reported that its identification of xylazine-positive overdose deaths in the western United States increased by 750% in recent years, from four such deaths in 2020 to 34 in 2021. (https://www.dea.gov/sites/default/files/2022-12/The Growing Threat of Xylazine and its Mixture with Illicit Drugs.pdf) However, the DEA also noted comprehensive data on xylazine-related deaths is not available because xylazine is not routinely included in postmortem testing or data reporting in all jurisdictions. (*Ibid.*) In April 2023, based in part on the DEA's report, the White House Office of National Drug Control Policy designated fentanyl mixed with xylazine as an emerging threat, recognizing its "growing role in overdose deaths in every region in the United States." (https://www.whitehouse.gov/ondcp/briefing-room/2023/04/12/biden-harris-administration-designates-fentanyl-combined-with-xylazine-as-an-emerging-threat-to-the-united-states/ -:~:text=Xylazine%20is%20a%20non%2Dopioid,region%20of%20the%20United%20States.) On the other hand, in November 2023 in a letter to California health care facilities, CDPH described xylazine as "present" in California, but noted that the drug had not penetrated the state's drug supply as extensively as it has in other regions. (https://www.cdph.ca.gov/Programs/CCDPHP/sapb/Pages/Xylazine.aspx)

3) **The California Uniform Controlled Substances Act**: In 1970, Congress passed the Comprehensive Drug Abuse Prevention and Control Act, which established a framework for federal regulation of controlled substances. Title II of the act is the Controlled Substances Act (CSA), which placed controlled substances in one of five "schedules."

   > The schedule on which a controlled substance is placed determines the level of restriction imposed on its production, distribution, and possession, as well as the penalties applicable to any improper handling of the substance… [W]hen DEA places substances under control by regulation, the agency assigns each controlled substance to a schedule based on its medical utility and its potential for abuse and dependence.

   (The Controlled Substances ACT (CSA): A Legal Overview for the 118th Congress, Congressional Research Service (Jan. 19, 2023) p. 2 <https://crsreports.congress.gov/product/pdf/r/r45948> [last visited Mar. 28, 2024].)

   Substances are added to or removed from schedules through agency action or by legislation. (*Id.* at p. 9.)

   State laws generally follow the federal scheduling decisions, and "they are relatively uniform across jurisdictions because almost all states have adopted a version of a model statute called the Uniform Controlled Substances Act (UCSA)." (*Id.* at 4.) California adopted the UCSA in

1972. (Stats. 1972, ch. 1407, § 3.)

Congress has not yet acted to place xylazine on a schedule under the Controlled Substances Act. There are currently two bills pending in Congress that would make xylazine a Schedule III substance. (H.R. No. 1839, 118th Cong., 1st Sess. (2023) & Sen. No. 993, 118th Cong., 1st Sess. (2023).) However, neither bill has received a vote in its respective house, and whether Congress will act to schedule xylazine remains uncertain. (Cf. Solender, *Capitol Hill stunner: 2023 led to fewest laws in decades*, Axios.com (Dec. 18, 2023) <https://www.axios.com/2023/12/19/118-congress-bills-least-unproductive-chart> [last visited Mar. 28, 2024] [only 20 bills passed both chambers of Congress and were signed into law by the President in 2023].)

California generally has aligned its Uniform Controlled Substances Act (UCSA) with the federal government's scheduling decisions. (See *People v. Ward* (2008) 167 Cal.App.4th 252, 259 ["In the California Uniform Controlled Substances Act, California adopted the five schedules of controlled substances used in federal law and in the Uniform Controlled Substances Act"]; *Williamson v. Bd. Of Medical Quality Assurance* (1990) 271 Cal.App.3d 1343, 1352, fn. 1. ["Effective January 1, 1985, Schedules I through V of the California Uniform Controlled Substances Act were revised so as to generally parallel the five schedules contained in the Federal Controlled Substances Act."].) As such, this bill would make xylazine a Schedule III drug under UCSA contingent on the federal government adding xylazine to Schedule III of the federal CSA.

4) **Reporting Drug Overdoses**: California's Overdose Prevention Initiative (OPI) collects and shares data on fatal and non-fatal drug related overdoses, overdose risk factors, prescriptions, and substance use. (<https://www.cdph.ca.gov/Programs/CCDPHP/sapb/Pages/OPI-landing.aspx> [as of February 20, 2024].) The OPI works with local and state partners to address the complex and evolving nature of the drug overdose epidemic by data collection and analysis, prevention programs, public awareness and education campaigns, and safe prescribing and treatment practices. (DPH Drug Overdose Response Partner Recommendations, <https://www.cdph.ca.gov/Programs/CCDPHP/sapb/Pages/Drug-Overdose-Response.aspx> [as of Feb. 20, 2024].) One of the five recommendations it makes to local and statewide partners is to improve rapid identification of drug overdose outbreaks by partnering with coroner and medical examiner offices, healthcare facilities, and emergency medical services to obtain overdose data to form a timely response. (*Ibid.*)

   To the extent it is not already being done, this bill would require coroners or medical examiners to conduct a toxicology analysis or drug screening if needed to determine or confirm the cause and manner of death; and, if suspecting a death to be due to drug overdose, to test for presence fentanyl or an analog of fentanyl, ketamine, gamma hydroxybutyric acid, xylazine, or other emergency adulterants as determined by DPH.

5) **Argument in Support**: According to the *California Veterinary Medical Association*, "AB 3029 makes aggressive moves to protect the public from xylazine diversion and abuse while balancing the need for veterinarians to maintain access to this important drug for use primarily in livestock, equine, and wildlife species.

   "Xylazine is commonly used in veterinary medicine to provide sedation and pain control to livestock and horses. Its use and availability are of paramount importance to animal safety,

human safety (such as veterinarians who have to perform procedures on animals that outweigh us by 10-fold), and public safety for animal control officers who use it to subdue wild and loose animals under the direction of a veterinarian. It is also used in zoological medicine to help care for exotic species. It easily ranks among one of the top 10 most important medications in livestock, equine and wildlife veterinary medicine.

"While AB 3029 will add xylazine to California's list of controlled substances as a schedule III drug, it does so by also incorporating language to help ensure that veterinarians will be able to maintain vital access to xylazine for use in legitimate veterinary practices and procedures that benefit our animal patients."

6) **Related Legislation**:

a) AB 1859 (Alanis), would require coroners to report to the State Department of Public Health (DPH) and to the Overdose Detection Mapping Application Program (ODMAP) whether an autopsy revealed the presence of xylazine at the time of a person's death. AB 1859 is currently pending in the Assembly Appropriations Committee.

b) AB 2018 (Rodriguez), would remove fenfluramine as a controlled substance under the UCSA. AB 2018 is pending a vote by the Assembly.

c) AB 2871 (Maienschein), would authorize a county to establish an interagency overdose fatality review team to assist local agencies in identifying and reviewing overdose fatalities. AB 2871 is pending hearing in the Assembly Health Committee.

d) AB 3073 (Haney), would, among other things, require the State Department of Public Health to develop protocols for implementing wastewater surveillance for high-risk substances, including xylazine. AB 3073 is pending hearing in the Assembly Committee on Environmental Safety and Toxic Materials.

e) SB 1502 (Ashby) would make xylazine or any substance containing xylazine a Schedule III controlled substance under the UCSA. SB 1502 is pending referral in the Senate Rules Committee.

7) **Prior Legislation**:

a) AB 1399 (Friedman), Chapter 475, Statutes of 2023, prohibited, among other things, a veterinarian from ordering, prescribing, or making available xylazine unless the veterinarian has performed an in-person physical examination of the animal patient or make medically appropriate and timely visits to the premises where the animal patient is kept.

b) SB 67 (Seyarto), Chapter 859, Statutes of 2023, requires a coroner or medical examiner to report deaths that are a result of a drug overdose to the Overdose Detection Mapping Application Program managed by the Washington/Baltimore High Intensity Drug Trafficking Area program.

c) AB 1351 (Haney), of the 2023-2024 Legislative Session, would have required all coroners or medical examiners to submit quarterly reports to the DPH on deaths caused

by, or involving, overdoses of any drugs. AB 1351 was held by the Assembly Appropriations Committee.

d) SB 1695 (Escutia), Chapter 678, Statutes of 2002, among other things, requires DPH to create a webpage on drug overdose trends in California, including death rates, in order to ascertain changes in the cause or rate of fatal and nonfatal drug overdoses.

REGISTERED SUPPORT / OPPOSITION:

Support

California Veterinary Medical Association
Peace Officers Research Association of California (PORAC)

Opposition

None

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Amended Mock-up for 2023-2024 AB-3029 (Bains (A))

Mock-up based on Version Number 99 - Introduced 2/16/24
Submitted by: Staff Name, Office Name

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Section 27491.27 is added to the Government Code, to read:

27491.27. (a) A coroner or medical examiner, or their appointed deputy, shall conduct a toxicology analysis or drug screening if it is required to determine or confirm the cause and manner of death pursuant to Section 27491. If the coroner or medical examiner, or their appointed deputy, suspects a death to be due to drug overdose, a toxicology analysis or drug screening shall, at a minimum, test for the presence of any drug or substance listed in subdivision (d) of Section 11014.5 of the Health and Safety Code.

(b) A toxicology analysis or drug screening conducted pursuant to this section shall be reported to the State Department of Public Health.

SEC. 2. Section 11014.5 of the Health and Safety Code is amended to read:

11014.5. (a) "Drug paraphernalia" means all equipment, products, and materials of any kind that are designed for use or marketed for use, in planting, propagating, cultivating, growing, harvesting, manufacturing, compounding, converting, producing, processing, preparing, testing, analyzing, packaging, repackaging, storing, containing, concealing, injecting, ingesting, inhaling, or otherwise introducing into the human body a controlled substance in violation of this division. It includes, but is not limited to:

(1) Kits designed for use or marketed for use in planting, propagating, cultivating, growing, or harvesting of any species of plant that is a controlled substance or from which a controlled substance can be derived.

(2) Kits designed for use or marketed for use in manufacturing, compounding, converting, producing, processing, or preparing controlled substances.

(3) Isomerization devices designed or marketed for use in increasing the potency of any species of plant that is a controlled substance.

(4) Testing equipment designed or marketed for use in identifying, or in analyzing the strength, effectiveness, or purity of, controlled substances, except as otherwise provided in subdivision (d).

(5) Scales and balances designed or marketed for use in weighing or measuring controlled substances.

(6) Containers and other objects designed or marketed for use in storing or concealing controlled substances.

(7) Hypodermic syringes, needles, and other objects designed or marketed for use in parenterally injecting controlled substances into the human body.

(8) Objects designed or marketed for use in ingesting, inhaling, or otherwise introducing cannabis, cocaine, hashish, or hashish oil into the human body, such as:

(A) Carburetion tubes and devices.

(B) Smoking and carburetion masks.

(C) Roach clips, meaning objects used to hold burning material, such as a cannabis cigarette, that has become too small or too short to be held in the hand.

(D) Miniature cocaine spoons, and cocaine vials.

(E) Chamber pipes.

(F) Carburetor pipes.

(G) Electric pipes.

(H) Air-driven pipes.

(I) Chillums.

(J) Bongs.

(K) Ice pipes or chillers.

(b) For the purposes of this section, the phrase "marketed for use" means advertising, distributing, offering for sale, displaying for sale, or selling in a manner that promotes the use of equipment, products, or materials with controlled substances.

(c) In determining whether an object is drug paraphernalia, a court or other authority may consider, in addition to all other logically relevant factors, the following:

(1) Statements by an owner or by anyone in control of the object concerning its use.

(2) Instructions, oral or written, provided with the object concerning its use for ingesting, inhaling, or otherwise introducing a controlled substance into the human body.

(3) Descriptive materials accompanying the object that explain or depict its use.

(4) National and local advertising concerning its use.

(5) The manner in which the object is displayed for sale.

(6) Whether the owner, or anyone in control of the object, is a legitimate supplier of like or related items to the community, such as a licensed distributor or dealer of tobacco products.

(7) Expert testimony concerning its use.

(d) Notwithstanding paragraph (4) of subdivision (a), "drug paraphernalia" does not include any testing equipment designed, marketed, intended to be used, or used, to test a substance for the presence of fentanyl, ketamine, gamma hydroxybutyric acid, xylazine, any analog of fentanyl, or other emerging adulterants as determined by the State Department of Public Health.

(e) If any provision of this section or the application thereof to any person or circumstance is held invalid, it is the intent of the Legislature that the invalidity shall not affect other provisions or applications of the section which can be given effect without the invalid provision or application and to this end the provisions of this section are severable.

SEC. 3. Section 11056 of the Health and Safety Code is amended to read:

11056. (a) The controlled substances listed in this section are included in Schedule III.

(b) Stimulants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation that contains any quantity of the following substances having a stimulant effect on the central nervous system, including its salts, isomers (whether optical, position, or geometric), and salts of those isomers whenever the existence of those salts, isomers, and salts of isomers is possible within the specific chemical designation:

(1) Those compounds, mixtures, or preparations in dosage unit form containing any stimulant substances listed in Schedule II which compounds, mixtures, or preparations were listed on August 25, 1971, as excepted compounds under Section 1308.32 of Title 21 of the Code of Federal Regulations, and any other drug of the quantitative composition shown in that list for those drugs or that is the same except that it contains a lesser quantity of controlled substances.

(2) Benzphetamine.

(3) Chlorphentermine.

(4) Clortermine.

(5) Mazindol.

(6) Phendimetrazine.

(c) Depressants. Unless specifically excepted in Section 11059 or elsewhere, or unless listed in another schedule, any material, compound, mixture, or preparation that contains any quantity of the following substances having a depressant effect on the central nervous system:

(1) Any compound, mixture, or preparation containing any of the following:

(A) Amobarbital.

(B) Secobarbital.

(C) Pentobarbital
or any salt thereof and one or more other active medicinal ingredients that are not listed in any schedule.

(2) Any suppository dosage form containing any of the following:

(A) Amobarbital.

(B) Secobarbital.

(C) Pentobarbital
or any salt of any of these drugs and approved by the federal Food and Drug Administration for marketing only as a suppository.

(3) Any substance that contains any quantity of a derivative of barbituric acid or any salt thereof.

(4) Chlorhexadol.

(5) Lysergic acid.

(6) Lysergic acid amide.

(7) Methyprylon.

(8) Sulfondiethylmethane.

(9) Sulfonethylmethane.

(10) Sulfonmethane.

(11) Gamma hydroxybutyric acid, and its salts, isomers, and salts of isomers, contained in a drug product for which an application has been approved under Section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. Sec. 355).

(12) (A) Except under the circumstances listed in subparagraph (B), any of the following substances, including their salts, isomers, and salts of isomers whenever the existence of those salts, isomers, and salts of isomers is possible within the specific chemical designation:

(i) Xylazine.

(ii) Xylazine-M (2,6Mich dimethylaniline).

(iii) Xylazine-M (N-thiourea-2,6-dimethylaniline).

(iv) Xylazine-M (sulfone-HO-) isomer 2.

(v) Xylazine-M (HO-2,6-dimethylaniline isomer 1).

(vi) Xylazine-M (HO-2,6-dimethylaniline isomer 2).

(vii) Xylazine M (oxo-).

(viii) Xylazine-M (HO-) isomer 1.

(ix) Xylazine-M (HO-) isomer 1 glucuronide.

(x) Xylazine-M (HO-) isomer 2.

(xi) Xylazine-M (HO-) isomer 2 glucuronide.

(xii) Xylazine-M (HO-oxo-) isomer 1.

(xiii) Xylazine-M (HO-oxo-) isomer 1 glucuronide.

(xiv) Xylazine-M (HO-oxo-) isomer 2.

(xv) Xylazine-M (HO-oxo-) isomer 2 glucuronide.

(xvi) Xylazine-M (sulfone).

(xvii) Xylazine-M (sulfone-HO-) isomer 1.

(xviii) Any compound, mixture, or preparation which contains any quantity of any of the substances referred to in this subparagraph.

(B) Notwithstanding any other law, the substances listed in subparagraph (A) shall not be treated as a Schedule III substance in any of the following circumstances:

(i) Dispensing or prescribing for, or administration to, a nonhuman species of a drug containing xylazine that has been approved by the Secretary of Health and Human Services under Section 360b of Title 21 of the United States Code.

(ii) Dispensing or prescribing for, or administration to, a nonhuman species that is permissible under Section 360b(a)(4) of Title 21 of the United States Code.

(iii) The manufacturing, distribution, or use of xylazine as an active pharmaceutical ingredient for manufacturing an animal drug pursuant to Section 360b of Title 21 of the United States Code.

(iv) The manufacturing, distribution or use of a xylazine bulk chemical for pharmaceutical compounding by licensed pharmacists at 503b pharmacies or by veterinarians in the event that xylazine as an active pharmaceutical ingredient manufactured under Section 360b of Title 21 of the United States Code becomes unavailable.

(v) Any other use approved or permissible under the Federal Food, Drug, and Cosmetic Act.

(C) The provisions of this paragraph shall not take effect until xylazine is placed on Schedule III of the federal Controlled Substances Act.

(d) Nalorphine.

(e) Narcotic drugs. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation containing any of the following narcotic drugs, or their salts calculated as the free anhydrous base or alkaloid, in limited quantities as set forth below:

(1) Not more than 1.8 grams of codeine per 100 milliliters or not more than 90 milligrams per dosage unit, with an equal or greater quantity of an isoquinoline alkaloid of opium.

(2) Not more than 1.8 grams of codeine per 100 milliliters or not more than 90 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts.

(3) Not more than 1.8 grams of dihydrocodeine per 100 milliliters or not more than 90 milligrams per dosage unit, with one or more active nonnarcotic ingredients in recognized therapeutic amounts.

(4) Not more than 300 milligrams of ethylmorphine per 100 milliliters or not more than 15 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts.

(5) Not more than 500 milligrams of opium per 100 milliliters or per 100 grams or not more than 25 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts.

(6) Not more than 50 milligrams of morphine per 100 milliliters or per 100 grams, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts.

(f) Anabolic steroids and chorionic gonadotropin. Any material, compound, mixture, or preparation containing chorionic gonadotropin or an anabolic steroid (excluding anabolic steroid products listed in the "Table of Exempt Anabolic Steroid Products" (Section 1308.34 of Title 21 of the Code of Federal Regulations), as exempt from the federal Controlled Substances Act (Section 801 and following of Title 21 of the United States Code)), including, but not limited to, the following:

(1) Androisoxazole.

(2) Androstenediol.

(3) Bolandiol.

(4) Bolasterone.

(5) Boldenone.

(6) Chloromethandienone.

(7) Clostebol.

(8) Dihydromesterone.

(9) Ethylestrenol.

(10) Fluoxymesterone.

(11) Formyldienolone.

(12) 4-Hydroxy-19-nortestosterone.

(13) Mesterolone.

(14) Methandriol.

(15) Methandrostenolone.

(16) Methenolone.

(17) 17-Methyltestosterone.

(18) Methyltrienolone.

(19) Nandrolone.

(20) Norbolethone.

(21) Norethandrolone.

(22) Normethandrolone.

(23) Oxandrolone.

(24) Oxymesterone.

(25) Oxymetholone.

(26) Quinbolone.

(27) Stanolone.

(28) Stanozolol.

(29) Stenbolone.

(30) Testosterone.

(31) Trenbolone.

(32) Human chorionic gonadotropin (hCG), except when possessed by, sold to, purchased by, transferred to, or administered by a licensed veterinarian, or a licensed veterinarian's designated agent, exclusively for veterinary use.

(g) Ketamine. Any material, compound, mixture, or preparation containing ketamine.

(h) Hallucinogenic substances. Any of the following hallucinogenic substances: dronabinol (synthetic) in sesame oil and encapsulated in a soft gelatin capsule in a drug product approved by the federal Food and Drug Administration.

SEC. 4. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution for certain costs that may be incurred by a local agency or school district because, in that regard, this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

However, if the Commission on State Mandates determines that this act contains other costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code.