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## SENATE COMMITTEE ON HEALTH

Senator Akilah Weber Pierson, Chair

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**BILL NO:** AB 634  
**AUTHOR:** Jeff Gonzalez  
**VERSION:** June 8, 2026  
**HEARING DATE:** June 17, 2026  
**CONSULTANT:** Reyes Diaz

**SUBJECT:** Tianeptine

**SUMMARY:** Prohibits the manufacturing, distributing, or offering for sale a product that contains tianeptine or that is marketed as containing tianeptine.

**Existing law:** Provides for the regulation of various products, such as hazardous substances, household substances, items containing lead or mercury, and cosmetics by various entities, including the California Departments of Health Care Services, Public Health (CDPH), and Toxic Substances Control. [HSC §108040-§109052]

**This bill:**

- 1) Prohibits an “entity” from manufacturing, distributing, or offering for sale in California a product that contains tianeptine or a product that is marketed as containing tianeptine. Makes every product manufactured, distributed, or offered for sale in California that contains tianeptine or that is marketed as containing tianeptine constitute a violation of this bill. Defines “entity” as a sole proprietorship, partnership, limited liability company, corporation, or other business entity.
- 2) Requires an entity, upon an action brought by the Attorney General, a city attorney, or a county counsel, that violates the prohibition in this bill to be liable for a civil penalty not to exceed \$2,500 for a first violation, and not to exceed \$5,000 for each subsequent violation.
- 3) Specifies that this bill does not impair or impede any other rights, causes of action, claims, or defenses available under any other law. Specifies that the remedies provided in this bill are cumulative with any other remedies available under any other law.
- 4) Requires a prevailing plaintiff in an action brought pursuant to this bill to be entitled to an award of reasonable attorney’s fees and costs.

**FISCAL EFFECT:** According to the Assembly Appropriations Committee, this bill results in possible cost pressures of an unknown but potentially significant amount to the courts in increased workload to adjudicate cases filed as a result of this bill. Although courts are not funded on the basis of workload, increased pressure on the Trial Court Trust Fund may create a demand for increased funding for courts from the General Fund (Trial Court Trust Fund, General Fund). The Department of Justice estimates no significant costs.

**PRIOR VOTES:**

Assembly Floor:	74 - 0
Assembly Appropriations Committee:	15 - 0
Assembly Judiciary Committee:	12 - 0
Assembly Health Committee:	15 - 0

**COMMENTS:**

- 1) *Author's statement.* According to the author, this bill aims to combat the growing threat posed by tianeptine, also known as “gas station heroin.” This legislation will restrict the commercial manufacturing, selling, and distribution of tianeptine in California, which has been increasingly misused, particularly by individuals seeking an opioid-like effect, despite its unregulated status and the severe risk it poses to the public. The opioid epidemic continues to ravage communities across the nation, and tianeptine has become a disturbing new threat in this ongoing crisis. This bill seeks to address this emerging danger and prevent further harm to vulnerable populations, especially those already at risk due to the opioid crisis.
- 2) *Tianeptine.* According to the National Institute on Drug Abuse (NIDA), tianeptine is an opioid that is not approved by the U.S. Food and Drug Administration (FDA) for any medical use. NIDA-funded research suggests that most people take tianeptine in dietary supplements marketed as cognitive enhancers or nootropics, often sold in convenience stores and online. It may be blended with or taken at the same time as other nootropics (like phenibut and racetams) and is also used with substances such as kratom, kava, and gabapentin. Like other opioids, tianeptine can cause dangerous drops in blood pressure, heart rate, or breathing rate. Research shows that other effects include problems with brain, heart, and digestive function, and that tianeptine can cause symptoms of an opioid use disorder, including tolerance—when one needs to take more of a drug for it to have the same level of effect—and withdrawal, which has been associated with pain and problems with brain, heart, and digestive function. NIDA further states early evidence suggests that tianeptine-related substance use disorder can benefit from medication-assisted treatment, such as with buprenorphine.
- 3) *FDA warning.* According to the FDA website “Tianeptine Products Linked to Serious Harm, Overdoses, Death,” last updated May 2025, people seeking to treat their ailments sometimes mistake a product as being safe because it’s easily available, whether online or even at gas stations. But availability is no indication of effectiveness or safety. This is especially true of tianeptine products, which have been associated with serious health risks and even death. Despite not being approved by the FDA for any reason, some companies are distributing and selling unlawful products containing tianeptine to consumers, including products with high doses. They are also making dangerous and unproven claims that tianeptine can improve brain function and treat anxiety, depression, pain, opioid use disorder, and other conditions. Although the FDA has warned consumers about tianeptine, vendors continue to market and sell tianeptine for medical uses. The FDA is aware that tianeptine has been sold online—in pill, liquid, and powder forms. Although other countries have approved tianeptine to treat depression and anxiety, some have restricted how tianeptine is prescribed or dispensed, or warned of possible addiction. In the U.S., reports of bad reactions and unwanted effects involving tianeptine are increasing. Annual poison control center cases involving exposure, as reported by the National Poison Data System, have increased nationwide, from four cases in 2013 to about 350 cases in 2024. The FDA has taken steps to protect people from tianeptine products, including warning consumers that tianeptine is an unsafe food additive. In addition, tianeptine is not a dietary ingredient. Further, the FDA has issued warning letters to companies distributing and selling unlawful tianeptine products as dietary supplements and unapproved drugs, and have also issued import alerts to help detain tianeptine shipments at U.S. borders.

- 4) *Double referral.* This bill is double referred. Should it pass out of this Committee, it will be referred to the Senate Committee on Judiciary.
- 5) *Related legislation.* AB 1088 (Bains) adds kratom products to the Sherman Food, Drug, and Cosmetic Law. Requires kratom processors to register themselves and their products annually with CDPH and requires laboratory certificates of analysis for all products. Places limits of 75mg mitragynine and 0.57mg of 7-hydroxymitragynine per package and establishes poison prevention packaging and labeling requirements. Prohibits the sale or distribution of kratom products to anyone under 21 years of age at a premise or internet website or application that permits anyone under 21 to enter and remain or complete a purchase of any product. Prohibits the sale or distribution of a kratom product that has a child-attractive flavor. Establishes a 15% retail tax on kratom products purchased for use in the state to fund the Kratom Products Public Health and Safety Fund. *AB 1088 is set for hearing on June 17, 2026, in this Committee.*
- 6) *Prior legislation.* AB 2217 (Weber of 2024) would have prohibited a person or entity from manufacturing, selling, delivering, distributing, holding, or offering for sale, in commerce a food product for human consumption that contains tianeptine. AB 2217 would have made a violation of these provisions punishable by a civil penalty not to exceed \$5,000 for a first violation and not to exceed \$10,000 for each subsequent violation, upon an action brought by the Attorney General, a city attorney, a county counsel, or a district attorney. *AB 2217 was not heard in the Assembly Health Committee.*

AB 2365 (Haney of 2024) would have enacted the Kratom Consumer Protection Program to provide a regulatory structure for kratom products that would have required manufacturers and distributors to register with CDPH, adhere to certain requirements that include having products tested, and prohibit the sale to persons under 21. *AB 2365 was held on the Senate Appropriations Committee suspense file.*

- 7) *Support.* The California Narcotic Officers' Association, as sponsor, and other supporters, largely law enforcement groups, state that tianeptine is a tricyclic antidepressant used in some Latin American, Asian, and European countries but is not FDA approved or regulated for use in the United States. Individuals with an opioid use disorder may be more likely to use tianeptine, as it is inaccurately marketed as a safer alternative to opioids and can have opioid-like effects. The FDA has warned that manufacturers of tianeptine are making inaccurate and unproven claims that use of tianeptine can improve brain function, treat anxiety, depression, pain, opioid use disorder, and other health ailments. Tianeptine inhabits a murky space in U.S. drug regulation. It is illegal to market or sell the drug, but it is also not on the list of federally controlled substances. And while it is in products sold at gas stations and other stores, it is also available to buy online. Experts warn that it is dangerous to consume any unapproved drug, particularly one that poses the risk of dependency and withdrawal, and that in the case of tianeptine, can cause respiratory depression and severe sedation. Often packaged in colorful, shot-sized bottles, these rogue tianeptine products contain the drug in varying concentrations and have also been found to include dangerous synthetic cannabinoids. Supporters also argue the lack of a federal ban on tianeptine has forced states to act on their own. In 2018, Michigan became the first state to ban sales of the drug, classifying it as a Schedule II controlled substance, the same category as drugs like cocaine and fentanyl. The FDA says at least 12 states have enacted similar bans and prohibit retailers from shipping to those states.

- 8) *Opposition.* The Drug Policy Alliance (DPA) opposes this bill because it establishes new penalties in the absence of any scientific and administrative process for evaluating any potential uses, benefits, risks, and side effects of the substance. DPA advocates for approaches to drugs that prioritize health, equity, social supports, and community wellbeing. Rather than punitive responses to drug use, the state should invest in evidence-based and health-centered interventions for people who use drugs, their families, and their communities. DPA further argues that legislation to sporadically create new punishments or place arbitrary restrictions on specific substances does not accomplish preventing harms that may result from the use of specific substances. California needs to establish a consistent regulatory approach that is centered on ensuring health and safety of consumers and communities. DPA states that we should evaluate substances of concern with a regulatory process based on studies by relevant scientific, medical, and public health experts, which take into account the potential health and harm-reduction benefits of the substance. Such regulatory processes must also ensure opportunities for meaningful public comment. DPA recommends the bill be amended to direct the California Health and Human Services Agency and/or CDPH to study the dangers and potential value of tianeptine, with input from physicians, scientists, addiction medicine experts, public health professionals, and the public. Given the many complex issues in regulating substances such as this one, it is critical that various perspectives be heard and considered through a regulatory process with a public comment period.

**SUPPORT AND OPPOSITION:**

**Support:** California Narcotic Officers' Association (sponsor)  
 Arcadia Police Officers' Association  
 Brea Police Association  
 Burbank Police Officers' Association  
 California Academy of Preventive Medicine  
 California Association of School Police Chiefs  
 California Coalition of School Safety Professionals  
 California District Attorneys Association  
 California Medical Association  
 California Pharmacists Association  
 California Reserve Peace Officers Association  
 California Society of Addiction Medicine  
 California State Sheriffs' Association  
 City of Huntington Beach  
 Claremont Police Officers Association  
 Corona Police Officers Association  
 Culver City Police Officers' Association  
 Fullerton Police Officers' Association  
 Health Officers Association of California  
 Los Angeles School Police Management Association  
 Los Angeles School Police Officers Association  
 Murrieta Police Officers' Association  
 Newport Beach Police Association  
 Palos Verdes Police Officers Association  
 Placer County Deputy Sheriffs' Association  
 Pomona Police Officers' Association  
 Riverside Police Officers Association  
 Riverside Sheriffs' Association

**Oppose:** Drug Policy Alliance

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