

Date of Hearing: July 16, 2025

**ASSEMBLY COMMITTEE ON APPROPRIATIONS**

Buffy Wicks, Chair

SB 6 (Ashby) – As Introduced December 2, 2024

Policy Committee: Public Safety

Vote: 9 - 0

Urgency: No

State Mandated Local Program: Yes

Reimbursable: No

**SUMMARY:**

This bill adds xylazine as a Schedule III drug under California’s Uniform Controlled Substances Act (UCSA).

**FISCAL EFFECT:**

- 1) Cost pressures (Trial Court Trust Fund, General Fund) of an unknown but potentially significant amount to the courts to adjudicate charges of xylazine-related crimes. A defendant charged with a misdemeanor or felony is entitled to a jury trial and, if the defendant is indigent, legal representation provided by the government. Actual court costs will depend on the number of violations, prosecutorial discretion, and the amount of court time needed to adjudicate each case. 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. The fiscal year 2025-26 state budget provides \$82 million ongoing General Fund to the Trial Court Trust Fund for court operations.
- 2) Costs (local funds, General Fund) to the counties and the California Department of Corrections and Rehabilitation to incarcerate people convicted of xylazine-related crimes. Actual incarceration costs will depend on the number of convictions, the length of each sentence, and whether each sentence must be served in county jail or state prison. The average annual cost to incarcerate one person in county jail is approximately \$29,000, though costs are higher in larger counties. The Legislative Analyst’s Office estimates the average annual cost to incarcerate one person in state prison is \$133,000. County incarceration costs are not subject to reimbursement by the state. However, overcrowding in county jails creates cost pressure on the General Fund because the state has historically granted new funding to counties to offset overcrowding resulting from public safety realignment.

**COMMENTS:**

- 1) **Background.** Through independent statutory schemes, the federal government and California restrict the use of certain drugs and substances. Both schemes classify a controlled substance into one of five “schedules” based on a number of factors, including the substance’s risk for abuse or dependence and whether it has currently accepted medical uses. Schedule I substances pose the greatest risk and are most highly regulated; substances in each subsequent tier pose a lesser risk in comparison. For example, in California, heroin, cocaine, and LSD are Schedule I drugs, while codeine and buprenorphine are Schedule V drugs.

California is not required to but has generally aligned its regulation of controlled substances with the federal schedules, which do not currently include xylazine. Bipartisan federal legislation was introduced in February 2025 to list the substance as a Schedule III controlled substance on the federal schedules.

This bill places xylazine on Schedule III of the UCSA. By classifying xylazine as a Schedule III substance, this bill also criminalizes a host of activities related to the substance.

Possession, possession for sale, trafficking, manufacturing, and offering to manufacture a non-narcotic Schedule III substance are all criminal offenses. Punishments for these offenses range from one to seven years in county jail, plus significant fines in some cases. In some circumstances, offenses and sentencing enhancements related to xylazine may be punishable by state prison terms.

According to the California Department of Public Health (CDPH), xylazine (also known as “tranq”) is a non-opioid animal tranquilizer that has been connected to overdose deaths nationwide. Some users intentionally take xylazine simultaneously with fentanyl or other drugs; in other circumstances, drug sellers cut fentanyl or heroin with xylazine to extend their product without disclosing the xylazine.

The extent to which xylazine is present 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 from four deaths in 2020 to 34 in 2021. 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. 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, citing its “growing role in overdose deaths in every region in the United States.” 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 had in other regions. It does not appear CDPH has publicly updated its assessment of xylazine since then.

- 2) **Prior Legislation.** AB 3029 (Bains), of the 2023-24 Legislative Session, would have added xylazine as a Schedule III controlled substance under the UCSA if xylazine was similarly classified by the federal government. AB 3029 was held on the Senate Appropriations Committee’s suspense file.

SB 1502 (Ashby), of the 2023-24 Legislative Session, was similar to SB 6 and also would have made other changes to the Health and Safety Codes regarding drug paraphernalia. SB 1502 died in the Assembly Committee on Public Safety.

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