Accidental deaths by drug overdose have risen significantly in recent years, prompting the implementation of policies to reduce these deaths.

Good Samaritan laws have been a primary policy to address this issue.

North Carolina’s Good Samaritan law is already better than laws in many other states, however, the state can benefit from increasing awareness of its law and expanding other drug-related policies to curb the high rates of overdose deaths.

Good Samaritan Laws in NC Overdose Laws

In 2017, North Carolina saw the second highest increase in opioid overdose deaths in the country, with 2,323 deaths in one year. This 22.5% increase in deaths from 2016 followed a nearly 40% increase from 2015 to 2016, showing the severity of the opioid epidemic in NC. Also, in 2015, the economic cost of unintentional opioid overdose death in the state was estimated at over $1.5 billion.

In North Carolina, Senate Bill 20 passed in 2013, protecting a person who seeks medical assistance for themselves or someone else experiencing an overdose from criminal prosecution for minor drug charges or underage drinking. In 2015, Senate Bill 154 passed, stating that a person seeking medical assistance and the victim of the overdose cannot be considered in violation of their parole or probation. Senate Bill 154 also requires a person seeking medical assistance to provide their full name to 911 or law enforcement to receive immunity.

To address the ambiguities common in Good Samaritan laws, a bill modifying the language in North Carolina’s current law recently passed in the Senate and is awaiting vote in the House. Senate Bill 106 aims to clarify the law to make it clear that victims of overdoses can be granted immunity even if they weren’t the caller. This bill aims to encourage bystanders to seek help for overdoses without having to put their friends or loved ones at risk of legal ramifications.
Limited Immunity Policies

New York’s 2011 Good Samaritan law provides immunity from charge and prosecution for possession of up to eight ounces of controlled substance, any amount of marijuana, paraphernalia offenses, and “sharing” of drugs. It does not provide protection for individuals on parole or probation or with an open warrant. Increases in emergency department visits for heroin overdoses after the enactment of the Good Samaritan law suggest that drug users and those around them were positively impacted by the policy change.9

In 2015, Virginia passed a safe reporting law that protects a person who seeks medical attention for themselves or another person overdosing. Policymakers have argued that the law is meant to protect only the caller, not necessarily the victim, unless they are the same person. Opponents of the law argue that bystanders will fear calling for help when the victim is incapacitated to protect them from facing criminal charges. The law is aimed to reduce the number of accidental overdose deaths, however, its vague language can be a deterrent for seeking help for an overdose.10

Likewise, Alaska only provides immunity to the person who summoned help, not specifically the overdose victim. Colorado and Nebraska only grant immunity to the first person who seeks help for an overdose, meaning that other bystanders may be prosecuted if they remain on the scene. North Dakota and Ohio limit the amount of times people can be eligible for immunity under the Good Samaritan laws. In North Dakota, immunity can only be granted once; in Ohio, it can be granted up to two times.11

Other Good Samaritan Overdose Policies

Ohio’s Good Samaritan law requires overdose victims to seek a screening and receive a referral for addiction treatment within 30 days of the overdose to be eligible for immunity. Although this law seems to be a proactive step in reducing overdoses, police and prosecutors often file charges immediately, rather than giving victims the full 30 days to seek treatment before charging them.12 Ohio’s law shows a common problem with the interpretation of Good Samaritan laws and how their enforcement can vary.

North Dakota’s original Good Samaritan law required 911 callers to “cooperate with law enforcement.” This provision was removed by a bill in 2018 because bystanders who cooperated were sometimes forced to admit to larger crimes that led to prosecution, making witnesses of overdoses reluctant to call for help.13 This policy change may offer insight into removing the requirement for callers to provide their name to authorities.
Other Strategies for Reducing Overdose Deaths

Naloxone Access

In addition to Good Samaritan laws, increasing private access to naloxone has been a strong policy to reduce accidental overdose deaths. Naloxone is a drug that blocks opiate receptors in the nervous system and is used to reverse opioid overdoses. The North Carolina Harm Reduction Coalition has distributed over 60,000 naloxone kits to users, their friends, and families in the last six years and over 10,000 of the kits have been used to reverse an overdose. This access was made possible by the State Health Director passing legislation to allow naloxone to be given to people at risk of overdose by pharmacies throughout the state. This is an example of a strong policy that can be successful in reducing overdoses in addition to Good Samaritan Laws.

Awareness

One of the largest barriers to efficacy with Good Samaritan laws is a lack of awareness. In Washington state, the government created a public service announcement that directed people to a website explaining the details of the Good Samaritan Law. The state also distributed informational wallet cards at clinics and put up posters about the law at drug treatment centers. In Seattle, people who visit safe needle exchange sites are also given wallet cards describing the state’s Good Samaritan law. Representatives from the NC Harm Reduction Coalition visit methadone clinics across the state twice a year and provide patients with information and brochures about naloxone access and the state’s Good Samaritan laws. Additional measures to increase awareness of the law would make Good Samaritan laws more effective in reducing overdose deaths.

References

17. Ibid.