With drug overdoses in the United States tripling since 1990—primarily due to increasing rates of abuse and misuse of prescription opioid painkillers—states have enacted laws providing levels of immunity for persons who call 911 or seek other help for themselves or others.

Drug overdoses are a major cause of preventable death in the United States. Increasingly, this includes prescription opioids, along with illegal opiate drugs like heroin. (Opioids are synthetic substances that mimic the narcotic effect of opium, from which heroin is derived.) Between 1999 and 2010, deaths caused by prescription painkillers outpaced deaths from illicit drugs, according to the Centers for Disease Control. Deaths caused by opioids are often preventable because it can take hours for an overdose to become lethal, time during which resuscitation is possible if medical attention is sought.

Often, however, medical assistance is not sought by those in need or their companions for fear of being arrested for use, possession or other drug-related crimes. In recent years, states have enacted overdose immunity laws intended to reduce the number of overdose-related deaths by encouraging people to seek help.

So-called “Good Samaritan” laws regarding drug overdoses, fall into two primary categories. The first encourages calling 911 to seek medical assistance for yourself or someone experiencing an overdose by providing criminal immunity for both the person in need and the person who sought help. The second provides varying levels of criminal or civil immunity for those involved with the prescription, possession, or emergency administration of the opioid antidote naloxone to reverse the effects of the overdose.

The immunity provided by 911 laws is generally limited to low-level drug crimes, and does not provide protection from more serious offenses such as manufacturing, trafficking or distribution of controlled substances. The immunity provided by prescription or administration laws is generally limited to immunity from criminal offenses related to the specific substance naloxone.

Immunity Laws Related to Calling 911 or Otherwise Seeking Immediate Medical Assistance

Twenty states and the District of Columbia have enacted some form of a 911 drug immunity law. These laws generally provide immunity only from low level criminal offenses such as possession or personal use when a person who is either experiencing an opiate-related overdose or observing an overdose calls 911 for assistance or seeks medical attention for
themselves or another. A person who calls for help is generally protected only if they take
actions specified by law or if certain circumstances exist. Examples of necessary actions and
circumstances include: (1) a reasonable belief by the person calling that they or someone else is
experiencing an overdose emergency; (2) reporting the overdose emergency in good faith to
law enforcement, medical personnel, or 911 operators; (3) remaining on scene until help
arrives; (4) identifying themselves and/or the overdose victim; (5) cooperating with medical and
law enforcement personnel; and (6) the offense must arise out of the same course of events as
the emergency.

To mitigate concerns that “Good Samaritan” provisions amount to a get-out-of-jail-free card,
some states have imposed further restrictions on immunity such as looking at the defendant’s
criminal history to determine whether or not they are eligible. Connecticut and other states
limit immunity by specifying that “good faith” reporting does not include seeking help during
the course of the execution of an arrest or search warrant. Other ways states limit the scope of
immunity offered include Florida provisions that cover only possession-related offenses, and a
Delaware law that offers immunity from drug-related offenses that are not Class A, B, or C
felonies. Washington specifies that the immunity provision, which covers only possession
offenses, is not grounds for suppression of evidence in other criminal charges. Some state laws
also apply immunity to over-consumption of alcohol in addition to opiate-related overdose
situations. Oklahoma has enacted an immunity provision that applies to alcohol over-
consumption situations but not opiate-related overdoses.

Immunity Laws Related to Prescribing, Possessing and Administering Medication to Reverse an
Opiate-Related Overdose

State laws also address criminal, civil, and sometimes professional immunity from legal action
related to possession and administration of naloxone during an overdose emergency. Opiates
cause death by depressing respiration, a process which can almost instantly be reversed by the
administration of naloxone, which strips the brain’s opioid receptors and reverses respiratory
depression. Accessibility and use of naloxone is restricted, however, because it is classified by
the FDA as a prescription substance. As such, it requires a properly licensed health care
provider to first provide an individualized evaluation of the patient prior to prescription and
administration. This requirement precludes emergency medical technicians, law enforcement
officers and other first responders, drug users, or friends and family of drug users from
administering the drug. Some states have changed laws to provide immunity that expands the
specified groups of people who may possess and administer naloxone.

Colorado is among states with a broad approach to immunity to prevent opiate overdoses. Law
there specifically provides immunity from criminal charges for both health care professionals
who prescribe, and any lay person who administers naloxone to a person whom they believe in
good faith to be suffering from an opiate-related overdose. Other Colorado law provides civil
immunity to both health care professionals and lay persons who administer naloxone in an
overdose emergency.
Other states have taken a more measured approach. In 2013, Ohio lawmakers created a one-year pilot program in Lorain County which allows qualified emergency responders who have received training to obtain, possess and administer naloxone. Under the pilot, immunity from criminal prosecution is provided to licensed health care providers who, when acting with reasonable care, prescribe, dispense, or personally furnish naloxone to a qualified emergency responder. In 2014, new legislation in Ohio expanded access to naloxone, allowing for distribution by medical professionals and administration by lay persons.

Twenty-six states and the District of Columbia have implemented a law or developed a pilot program to allow administration of medication to reverse the effects of an opiate-related overdose by professional or lay persons. States such as Ohio require those who administer naloxone to have received specific training. Other states such as Colorado encourage educational information about overdose and naloxone but do not specify training requirements.

Evaluating Impact

Evaluative information on effect of overdose immunity laws is limited, but growing. The Centers for Disease Control cites a 2010 study by the Harm Reduction Coalition, which surveyed 50 programs known to distribute naloxone in the United States. Results from the responding 48 programs showed that since 1996 those programs had distributed naloxone to 53,032 persons. Among doses of naloxone distributed, 10,171 reports of overdose reversal were received.

Washington was among the first states to pass drug overdose 911 immunity legislation, in 2008. The University of Washington Alcohol and Drug Abuse Institute published initial evaluation results in 2011. Their analysis included interviews of opiate users, police and paramedics in Seattle. The report cited no evidence of negative consequences to date. Only about one-third of opiate users surveyed were aware of the immunity provisions, but having been made aware, 88 percent said that they would be more likely to call 911 in an overdose emergency. Knowledge of the law was also sketchy among law enforcement personnel, who said arrests in overdose situations were uncommon anyway. Prosecutions, therefore, were not being impeded under the immunity law, the report said.

Information from paramedics, who were most likely to be at the scene of known overdoses, paralleled that of other groups surveyed under the University of Washington study. The Seattle Police Department has since produced a law enforcement training video that features the Department’s narcotics commander explaining the 911 immunity law, a King County prosecutor describing the legal implications of the law and the public health director for the city and county describing overdoses, how naloxone works and some of the research on the effectiveness of naloxone. A “stop overdose” website also provides the public with information on how to recognize and respond to an overdose.

A Senate Resolution in Hawaii in 2013 called on the state’s Department of Health to study “Good Samaritan” policies with regard to reducing overdose deaths in the state. In Wisconsin, a
working group of the State Council on Alcohol and other Drug Abuse completed a report in August of 2013 recommending to the Legislature adoption of both a 911 drug immunity law and policy with regard to immunity for administration of naloxone. The council also recommended that these laws have education and outreach components. Legislation reflecting the recommendations of the working group was enacted in April of 2014.

Education to prevent and treatment referrals of persons who abuse prescription or street drugs are important and primary approaches to drug addiction. Laws addressing overdose immunity are designed to provide for improved emergency intervention in certain life-threatening drug abuse situations.

**ADDITIONAL RESOURCES**

**NCSL and State Resources**


- Delaware (2014) SB 219 directed the Department of Health and Social Services to develop community-based naloxone programs after researching best practices and obtaining grant funding.

- Colorado Revised Statute § 18-1-712 (criminal immunity); Colorado Revised Statute § 13-21-108-7 (civil immunity)

- Ohio (2013) SB 57 (Session Law #29)

- Hawaii (2013) Senate Resolution 87


- Wisconsin State Counsel on Alcohol and Other Drug Abuse Report – http://scaoda.state.wi.us/docs/911GSL/GoodSamFINAL081213.pdf


Centers for Disease Control (CDC)


Harm Reduction Survey – http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6106a1.htm

Other Resources


Trust for America’s Health (TFAH) Prescription Drug Abuse, includes state-by-state information – http://healthyamericans.org/reports/drugabuse2013/

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