Bringing the Parable of the Good Samaritan to Life

Improving Drug Policy in North Carolina
Agenda

● Overdose in North Carolina
● Expanding the Good Samaritan Law
● Punitive Policy Proposals
● Q&A and Discussion
355 Suspected Overdose Deaths*, North Carolina Office of the Chief Medical Examiner (OCME) Data: March 2023

Compared to 362 March 2022

*This category reflects an estimate of statewide medical examiner system overdose deaths. Note that some suspected overdoses may ultimately be certified as non-poisoning deaths, but the majority become confirmed as poisoning deaths.

Suspected Overdose Deaths*: 2018-2023

Last 24 Months of Confirmed* & Suspected Overdose Deaths*

Time required to investigate cases accounts for lower counts of confirmed cases in recent

- Confirmed Poisonings*
- Suspected Overdose Deaths*
- Confirmed Poisonings* (cases pending)

*This category reflects the number of deaths that have been confirmed as poisonings, regardless of intent, based on the results of a comprehensive investigation. Poisoning deaths attributed solely to carbon monoxide are excluded.

*The NC OCME began tracking suspected overdoses as the count of autopsies performed to rule out overdose by the entire medical examiner system in March 2017. In May 2020, identification of suspected overdoses also included supplemental examinations performed to rule out overdose. Beginning in July 2020, suspected overdoses were identified through the NC Rapid Overdose Death Detection (NC RODD) pilot program and exams from all eight autopsy centers across NC.

2021-2023 data are considered provisional and subject to change as cases continue to be finalized. NC OCME will update graphs on a monthly basis to reflect suspected overdose deaths and recently confirmed poisoning deaths. For additional information, please contact ocm.e.data.requests@dhhs.nc.gov.

NC Office of the Chief Medical Examiner (OCME) 4/14/2023
Good Samaritan Law

Intended to protect someone who provides assistance to someone who is ill or incapacitated.

Our current law protects just the caller and the overdose victim against prosecution for possession of a limited list of drugs, including heroin and cocaine up to 1 gram.
Need to protect from a wider range of drug crimes

Percentages\(^\text{f}\) of overdose deaths involving select drugs and drug classes in 2021, North Carolina

86.6% of deaths involved at least one opioid and 57.7% involved at least one stimulant. Illicitly manufactured fentanyl was the most commonly involved opioids. The most common stimulant involved in overdose deaths was cocaine.
Need to protect everyone at the scene

CDC says that Good Samaritan laws are most effective when “immunity is expended to all bystanders on the scene, not only the individual in crisis and the individual who called 911.”
Need to protect against arrest and charge
Other Legislation
HB250: *(Revises the current Death by Distribution law)*

- Class C felony for *delivery* of a controlled substance that is the proximate cause of death.
- Class B2 felony for *delivery* of a controlled substance, person acts with *malice*, is the proximate cause of death.
- Class B2 felony for the *sale* of a controlled substance, and is the proximate cause of death.
- Class B1 felony for the *sale* of a controlled substance, is the proximate cause of death, and the person has a *conviction of certain* CS violations within 10 years of the offense date.

**Issues:** Broadening the law to include sharing of controlled substance will decrease calls for help, and will likely increase the amount of people who use drugs being charged. The weight allowed for immunity is not sufficient as one gram is significantly less than what a daily user or someone with a tolerance is using in one day.
**SB189: (revises DBD and trafficking statutes)**

- Increases the minimums and fines imposed based on whether or not the controlled substance is an opioid and weight.
- Fines for “trafficking” an opioid starts at 500,000 (opioid) and 50,000 (all other CS), and the maximum fine is 1,000,000 (opioid) and (500,000 (all other CS).
- Creates a task force and changes how and when an autopsy can be ordered.
- Adds first degree murder, a Class A felony if certain criteria is met.
- Adds additional classification for DBD charges, including operating with “malice”, and aggravated DBD.
- Also distinguishes between “sale” and “delivery”, with harsher penalties for “unlawfully selling a controlled substance”. 
HB647: (Expedite Child Permanency)

➔ Would require that juveniles removed from their home are placed in a “safe permanent home” within one year of the initial order.
➔ Amends the “neglected juvenile” definition to include the misuse of illicit and licit controlled substances by a parent, guardian, etc.
➔ Would allow courts to issue an order for non-secure custody if the juvenile is an infant exposed to a controlled substances in utero.
➔ Reasonable efforts for reunification would not be required if the parent exposed the juvenile to chronic controlled substance use that causes impairment/addiction, including in utero.
Questions and Discussion