

# Bringing the Parable of the Good Samaritan to Life

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Improving Drug Policy in North Carolina



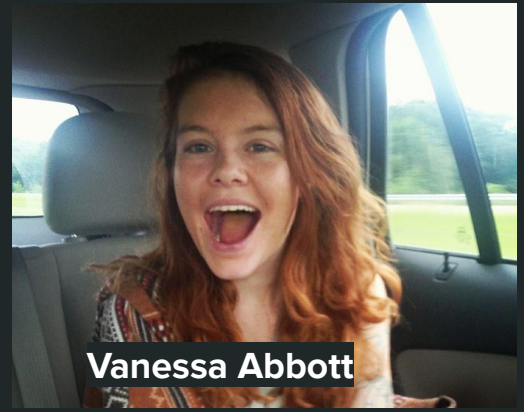
**Anica Cruz**



**Hillary Stoddard**



**Will Kavanaugh**

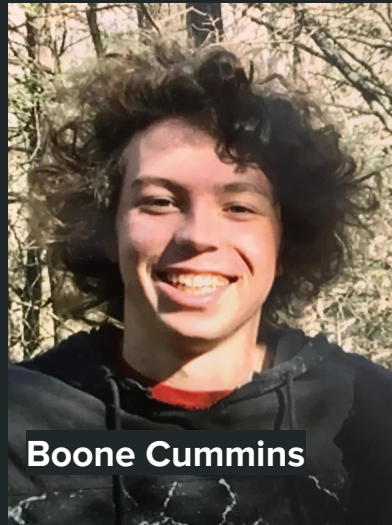


**Vanessa Abbott**

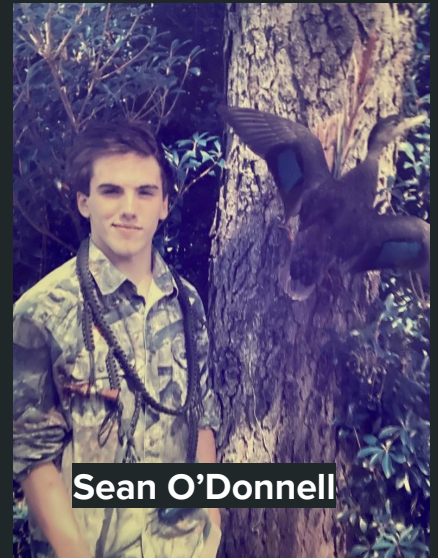


**Mark Kinzly**

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# 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

### 355 Suspected Overdose Deaths\*, 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.

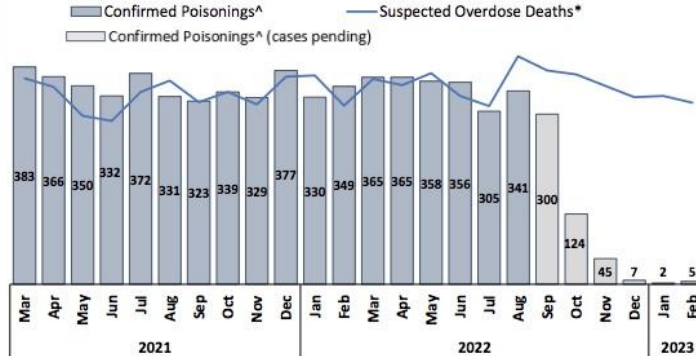
#### Suspected Overdose Deaths\*: 2018-2023



Percent change: Year-to-date (YTD) suspected overdose deaths compared to YTD total of previous year; Data are provisional and subject to change.

#### Last 24 Months of Confirmed^ & Suspected Overdose Deaths\*

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



^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 [ocme.data.request@dhhs.nc.gov](mailto:ocme.data.request@dhhs.nc.gov).

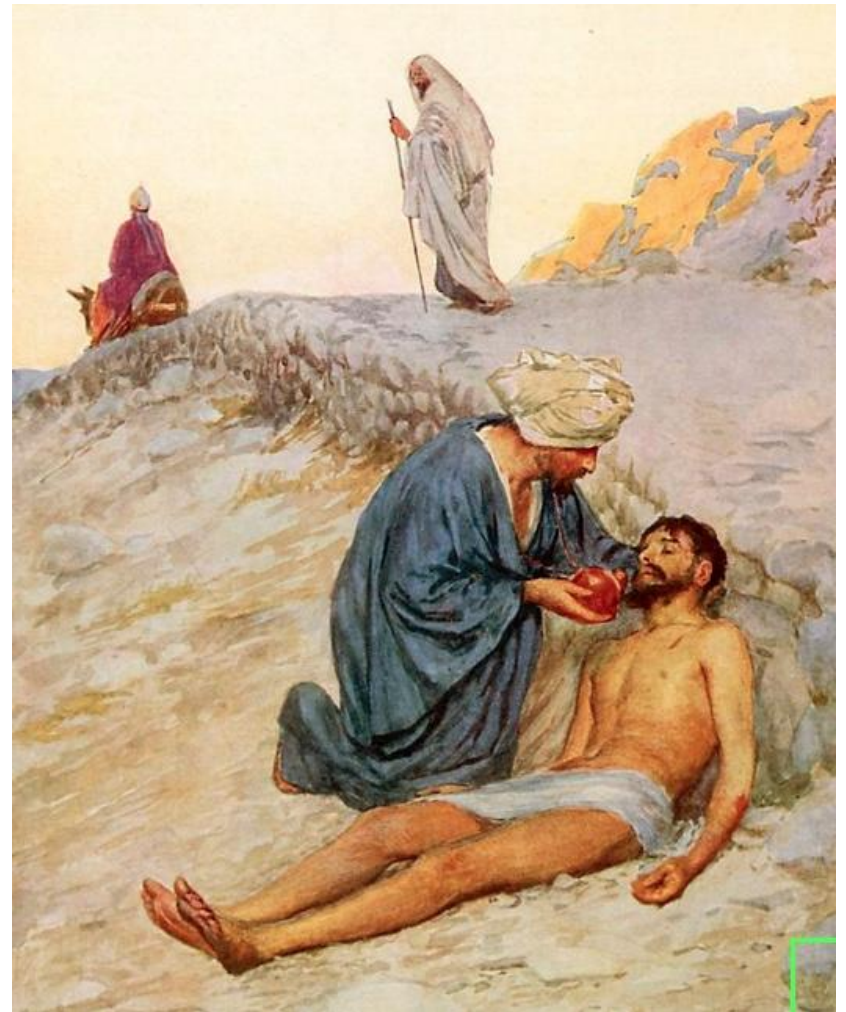




# Good Samaritan Law

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

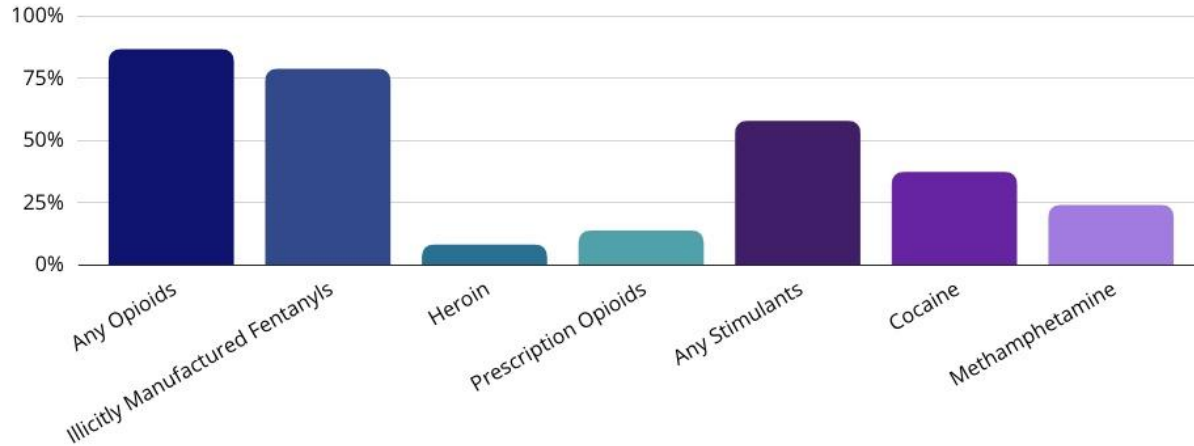
Our current law protects just the caller and the overdose victim against prosecution for possession of a limited list of drugs, including heroin and cocaine up to 1 gram.



# Need to protect from a wider range of drug crimes

## Percentages<sup>f</sup> 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 fentanyls were the most commonly involved opioids. The most common stimulant involved in overdose deaths was cocaine.



# Need to protect everyone at the scene



## 911 Good Samaritan Laws

The term “911 Good Samaritan Law” refers to local or state legislation that may provide overdose victims and/or overdose bystanders with limited immunity from drug-related criminal charges and other criminal or judicial consequences that may otherwise result from calling first responders to the scene. The scope of 911 Good Samaritan Laws varies across U.S. states, but each is written with the goal of reducing barriers to calling 911 in the event of an overdose.

### Why this strategy works

Frequently, individuals who witness an overdose have been using opioids themselves. Calling 911 for an overdose victim is an inherently risky thing for such bystanders to do. Emergency medical services are often accompanied by the police, and police have the discretion to execute warrants, search the premises, and arrest bystanders for drug-related charges that are coincidental to the overdose emergency at hand. When facing the risk of arrest, detention, prosecution, and potentially prison time, bystanders are forced to weigh their own wellbeing against the wellbeing of the person who is in crisis in front of them.

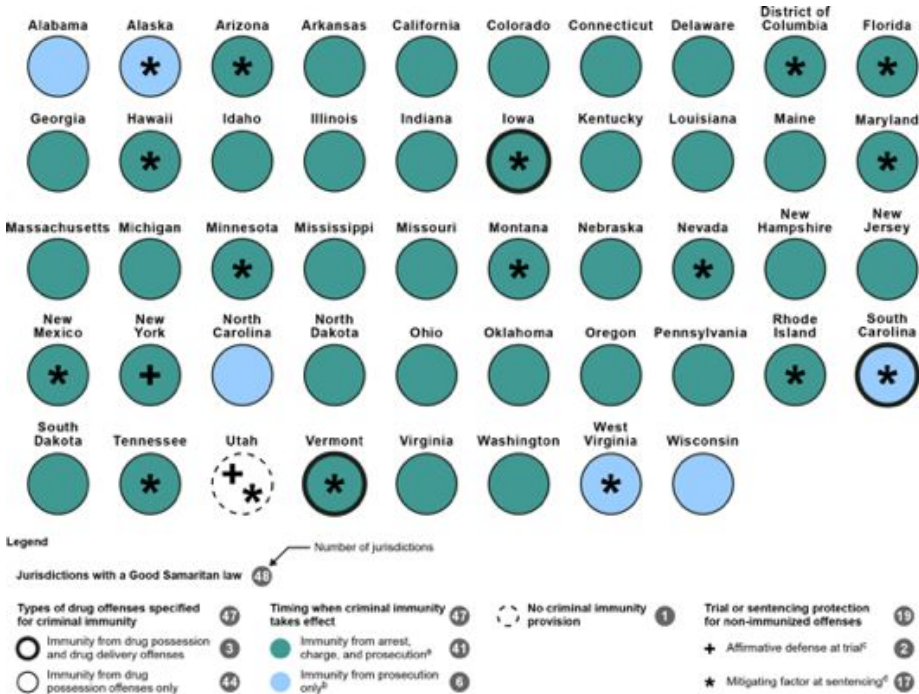
By providing limited immunity from drug charges arising from evidence found at the scene of an overdose, 911 Good Samaritan Laws defuse this conflict, allowing a bystander to seek emergency care for an overdose victim without putting themselves at risk of arrest.

### Good Samaritan Laws are most effective when:

- Immunity is extended to all bystanders on the scene, not only to the individual in crisis and the individual who called 911.<sup>16</sup>
- Bystanders are protected from parole violations and warrant searches in addition to receiving immunity from criminal charges. Any perceived risk to the freedom or safety of the bystander reduces the probability that 911 will be called.<sup>16,20</sup>
- Police officers and other first responders are well informed as to their liabilities and responsibilities when responding to an overdose as outlined in their state’s 911 Good Samaritan Law and other state and local regulations.
- People who use drugs are well informed about the 911 Good Samaritan law and have reason to trust that those protections will be consistently afforded to them when they call 911.<sup>20</sup>
- The hospital experiences of people who use drugs are strengthened and improved. Individuals in crisis will not call for emergency care if they don’t want to be transported to the hospital due to previous maltreatment.<sup>21</sup>

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

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## **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 is 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

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