UNIVERSITY of WASHINGTON



# INFO BRIEF

# Washington's 911 Good Samaritan Drug Overdose Law: Initial Evaluation Results

# November 2011

Washington State passed the "911 Good Samaritan overdose law" in 2010 to address drug overdoses (RCW 69.50.315). The law provides immunity from prosecution for drug possession charges to overdose victims and bystanders who seek aid in an overdose event. In addition, legal provisions were made to encourage the use of an opiate-antidote by overdose witnesses; evaluation of this component of the law will be addressed in the future. This summary presents initial findings regarding the legal intent and implementation of the law to date, based on a study funded by the Robert Wood Johnson Foundation Public Health Law Research Program. Additional results from this study are expected in 2012.

#### **SUMMARY OF INITIAL FINDINGS**

Passage of the "911 Good Samaritan Overdose Law" took five years, keys to passage included:

- Framing the law as a public health issue, not primarily as a legal issue.
- The emergence of prescription medicines (e.g. opiate pain medicines) as the drugs involved in a
  majority of drug overdoses. This increased the perceived public health risks of overdose and
  broadened the populations, demographically and geographically, that could be helped by legislative action.
- Keeping the scope of immunity narrow, just drug possession, was the only way to get support of law enforcement, prosecutors, and some legislators.

First responders' and opiate users' experience with overdose included

- Opiate overdoses are common---42% of opiate users and 62% of Seattle police reported being present at the scene of a serious opiate overdose in the prior year. (Almost all opiate users surveyed at syringe exchange used heroin.)
- Most paramedics had been at an overdose in the prior year and approximately 45 serious opiate overdose victims (heroin or pharmaceutical) are transported by Seattle medics each month.
- Police were at the scene of most overdoses for which 911 was called according to drug users and paramedics.
- Arrests of overdose victims and bystanders were very rare according to drug users, paramedics, and police.

# Impacts of Good Samaritan Law on planned behaviors

- 88% of opiate users indicated that now that they were aware of the law they would be more likely to call 911 during future overdoses.
- 62% of police surveyed said the law would not change their behavior during a future overdose because they would not have made an arrest for possession anyway, 20% were unsure what they would do, and 14% said they would be less likely to make such an arrest.

#### Information dissemination

- Funding for implementation of the law was not included in the legislation and no state agency was assigned responsibility for implementing the law.
- Information dissemination has involved the limited distribution of written educational materials.
- The website <a href="http://stopoverdose.org">http://stopoverdose.org</a> appears to be a frequently accessed source of information.

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#### **BACKGROUND**

Drug induced deaths in the U.S. totaled 37,485 in 2009, surpassing motor vehicle fatalities according to the <u>CDC</u>. Washington State's rate of drug induced deaths surpasses the national average and the state legislature's intent in passing the Good Samaritan law was to "save lives by increasing timely medical attention to drug overdose victims through the establishment of limited immunity from prosecution for people who seek medical assistance in a drug overdose situation."

A public health law research framework is guiding evaluation of the law's impact and the mediators by which the law may impact public health. The stated goal of the Public Health Law Research Program is to build the evidence base for laws that improve public health by funding research, improving research methods, and making evidence more accessible to policy-makers, the media, and the public.

# **EVALUATION METHODS**

Legal intent analyses included a review of written and video records of legislative procedures. Interviews with key stakeholders including legislators and advocacy groups were conducted. Implementation analyses included: interviews with stakeholders to determine how the law was implemented and the real world impact on their area of work; document review to determine how and to what extent information about the law was disseminated; and anonymous surveys with Seattle police officers and paramedics. These research procedures were conducted in 2011 and were formally reviewed by the University of Washington Human Subjects Division and were determined to be exempt. Public Health-Seattle & King County conducted the 2011 Public Health-Seattle & King County Syringe Exchange Survey, an anonymous survey of syringe exchange clients and collaborated with this research team in the wording of some questions; data included here are for the 355 opiate users of which 96% reported recent use of heroin.

# STUDY FINDINGS

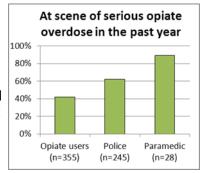
The law had been considered by the Washington state legislature for five years before it passed in 2010. Law enforcement and prosecutors' associations were initially opposed to the law, thinking it was unnecessary because police rarely arrest people for drug possession during overdoses and because of a general aversion to granting immunity. However, as they heard from their constituents, such as campus police supportive of alcohol Good Samaritan laws, and learned about the dramatic increase in the use and abuse of pharmaceuticals by people across the age spectrum and across the state, they became supportive of the law. Legislators and organizational stakeholders agreed that framing the law as a public health issue, not as a legal issue, was also key to its passage.

Challenges for implementation include the lack of any funding in the legislation and not designating any state agency to implement the law. In order to educate the public a <u>press conference</u> was held when the law took effect and radio public service announcements were recorded that included messages from the state's Attorney General, the medical director of the Washington Poison Center, and the parent of a teenager who died of an opiate overdose. Included in the PSA's were references to the educational website <a href="http://stopoverdose.org">http://stopoverdose.org</a>, which explains the law. Subsequently, most of the implementation has focused on publicizing the website, distributing informational wallet cards at needle exchanges and other venues, and putting up posters about the law at drug treatment programs. Links to the website have also been included on other websites and on educational materials such as those distributed with <u>opiate prescriptions</u>. Ongoing media reports of drug overdoses occasionally make reference to the website.

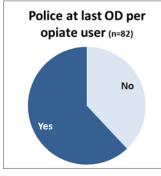
From June 2010 through October 2011 the website has had 3,273 visits from 2,601 unique visitors. The most common traffic source to the website during the year after the law took effect was an internet user directly typing in the website address (37% of visitors), followed by Google searches (16%). From June 2011 onward Google searches have been the most common source (42%) followed by direct entry of the website address (20%). This change may reflect a waning of educational outreach efforts that include reference to the website address. It may also be a reflection of increasing interest in Good Samaritan laws nationally as indicated by a shift from the majority (67%) of website traffic coming from Washington State in the initial year of the law compared to a minority (44%) of web traffic coming from within the

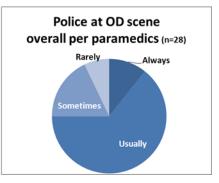
state more recently.

A survey conducted at syringe exchanges found that 42% of opiate users (n=355) had witnessed an opiate overdose in the prior year and 911 was called in 50% of those incidents. Police responded along with medics 62% of the time, but only 1 person was reported to have been arrested at the scene of an overdose. Just one-third of opiate users had heard of the Good Samaritan law. According to the survey, 88 percent indicated that now that they were aware of the law they would be more likely to call 911 during future overdoses.

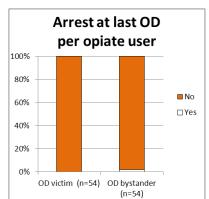


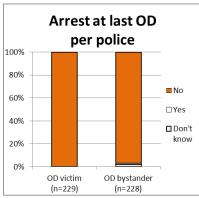
The majority of police (62%) say they have been at an overdose scene in the past year, yet few had heard of the law (16%) or could correctly identify who the law protects (7%) according to surveys conducted by the research team. Subsequent to learning about the law, 62% of police surveyed said the law would not change their behavior during future overdoses because they would not have made an arrest for possession anyway, 20% were unsure what they would do, and 14% said they would be less likely to make such an arrest.

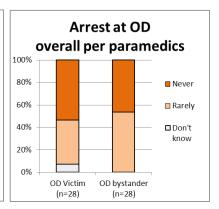




Paramedics were surveyed to help triangulate and verify the experiences reported by opiate users and police, to date approximately half of Seattle paramedics have been surveyed. Paramedics (n=28) reported that police are usually at the scene of overdoses, but that arrests of overdose victims or bystanders rarely occur. These findings parallel data from opiate users and police. Paramedics transport approximately 45 serious opiate overdoses each month in Seattle according to initial findings from 2011 incident reports being abstracted in preparation for outcome analyses.







#### **LIMITATIONS**

Initial results are limited to cross-sectional, descriptive analyses from a single city. Drug use and overdoses are notoriously difficult to measure and therefore evaluating the impact of a law on drug overdoses and related behaviors is subject to many measurement limitations. To help address these limitations, data from multiple perspectives have been collected. This form of triangulation can help improve the validity of findings. Findings are limited to the Seattle area and the implementation and potential impacts of such laws may vary substantial depending upon the legal and public health environments in other locales.

#### CONCLUSION

Dealing with the consequences of overdoses is a frequent part of the work and lives of police, paramedics and opiate users according to initial study results. The 911 Good Samaritan overdose law essentially makes the existing law on the streets formally the law on the books. Although arrests during overdose situations are very rare, drug users expressed fear of arrest as a reason they do not call 911 during overdoses. However, drug users now overwhelmingly state that the Good Samaritan law makes them more likely to call 911 in the future.

Despite lingering concerns about possible negative consequences of the new law, such as prosecutions being impeded, no evidence of negative consequences has been found to date. The research team continues to actively study the impacts of the law on arrests, calls to 911 during overdoses, the severity of overdoses, and ultimately the number of non-fatal and fatal overdoses. Additional research is needed to look at the impact of the law on other controlled substances (illegal and prescription drugs) as well as other areas of Washington State.

Given the substantial impact of drug overdoses in both human and economic terms, and the lack of apparent negative consequences of Good Samaritan overdose laws, other states should consider this legislative approach as an integral part of their plan to improve public health.

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For additional information Caleb J. Banta-Green <a href="mailto:calebbg@uw.edu">calebbg@uw.edu</a> 206-685-3919 | <a href="mailto:http://adai.uw.edu">http://adai.uw.edu</a>

#### Websites referenced in this document

2011 Public Health-Seattle & King County Syringe Exchange Survey <a href="http://adai.uw.edu/pubs/infobriefs/2011NXsurvey.pdf">http://adai.uw.edu/pubs/infobriefs/2011NXsurvey.pdf</a>

Prescription opiate patient education flier

http://here.doh.wa.gov/materials/safe-use-of-prescription-pain-medication

Public Health-Seattle & King County

http://www.kingcounty.gov/healthservices/health/communicable/hiv/HarmReduction.aspx

Press conference announcing Good Samaritan overdose law http://tinyurl.com/wa-good-sam

WA State Law addressing drug overdoses <a href="http://apps.leg.wa.gov/RCW/default.aspx?cite=69.50.315">http://apps.leg.wa.gov/RCW/default.aspx?cite=69.50.315</a>

RWJ Public Health Law Research Program http://www.publichealthlawresearch.org

CDC 2009 Mortality Report <a href="http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59">http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59</a> 04.pdf

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