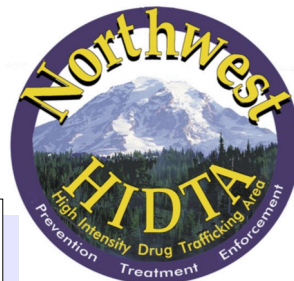


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# NW HIDTA Intelligence Bulletin



***Drug Overdoses in Washington:  
Police Officers' experiences and the 2010 Good Samaritan Overdose Law  
By Dr. Caleb Banta-Green***

Approximately two people a day die from a drug overdose in Washington State. Law enforcement routinely encounters drug overdose situations. For instance in 2011, 64% of Seattle Police Department patrol officers reported being at the scene of an opioid overdose in the past year (either heroin or prescription pain relievers). Opioid overdose (heroin or prescription-type e.g. OxyContin or Vicodin) is well suited to intervention because death typically does not occur immediately and can take hours, allowing time for resuscitation. Many episodes are witnessed by others, making timely lifesaving possible.

In too many cases, however, help comes too late. Sometimes response may be delayed because witnesses do not recognize opioid overdose symptoms as life-threatening or fear legal consequences of calling 9-1-1. Rural users may be isolated from effective emergency response, as may those in tribal areas and impoverished urban neighborhoods.

In June 2010 Washington State became the second state to implement a 911 Good Samaritan drug overdose law (RCW 69.50.315). The law provides limited immunity, drug possession charges only, to a person who had a drug overdose or who seeks medical aid during an overdose. Immunity does not extend to outstanding warrants, probation or parole violations, drug manufacture or delivery, controlled substances homicide, or crimes other than drug possession. The law had no funding for implementation, so to help kick it off, spread awareness and get media attention a press conference was held. Attorney General Rob McKenna was a featured speaker at the press conference and also spoke in support of the law in a series of radio public service announcements.

In order to determine how the law was passed and whether and how it was implemented we conducted an evaluation of the law focused on the Seattle and heroin users. (The law applies to all controlled substances and applies statewide, but with the limited grant dollars we needed to focus on a smaller research questions.) The Robert Wood Foundation's Public Health Law Research program supported the evaluation.

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## *Police Officers' experiences and the 2010 Good Samaritan Overdose Law*

Initial results of the evaluation are available at [www.stopoverdose.org](http://www.stopoverdose.org). As part of the evaluation we surveyed half of Seattle patrol officers with a 97% participation rate. Major findings include the high prevalence of police being called to the scene of overdoses (64% in the past year). Another important finding was the agreement between sources, police, paramedics and heroin users, that police were usually at the scene of overdoses yet rarely arrested people for possession.

Officers were asked how important they felt it was for them to be at the scene of an overdose to protect medical personnel, and 77% felt this was important. Conversely just 34% felt it was important to be at the scene to enforce laws. Officers were also asked if they knew about the Good Samaritan law and just 16% (37 of 251 surveyed) indicated they had heard of the law and only half of that group correctly answering that the law applied to both overdose victims and witnesses. We shared these data with command and training staff at the department. They decided to produce a roll call training video and have subsequently shared it with all patrol officers. The video is available at: <http://www.stopoverdose.org/narcan.htm>.

As a long time collaborator with law enforcement I have been happy to work with officers to understand their perspectives on the issue of drug overdose and the Good Samaritan law. I encourage you to talk with other in your community- law enforcement, courts, public health, schools and service providers to ensure they know about the Good Samaritan law and help spread the word. Public health and public safety can work together to decrease fatal drug overdoses in our communities across Washington State.

*Caleb Banta-Green is a research scientist at the Alcohol and Drug Abuse Institute at the University of Washington; the Seattle Representative to the National Institute on Drug Abuse's Community Epidemiology Workgroup since 2001; and in 2012 was the Senior Science Advisor to the Director of the Office of National Drug Control Policy working on issues related to overdose prevention. He can be contacted at [calebbg@uw.edu](mailto:calebbg@uw.edu), 206-685-3919. See also [adai.uw.edu](http://adai.uw.edu)*