Canadian HIV/AIDS Legal Network | Réseau juridique canadien VIH/sida

The Good Samaritan Drug Overdose Act:

THE GOOD, THE BAD, AND THE INEFFECTIVE

PRELIMINARY RESEARCH FINDINGS

“When you call 911 and they say, ‘Fire, police or ambulance?’ When you say ambulance, why do the police need to be involved? There’s no reason. The police do not need to be there whatsoever. There’s no reason for people to even have to worry. When you’re there to save someone’s life because of an overdose, you shouldn’t even have to be considering, ‘Oh, no, is my safety at risk?’ The only thought should be on the person overdosing. The only thought and the only reaction.” (OTTAWA FG2)

AUTHORS

Janet Butler-McPhee and Sandra Ka Hon Chu (Canadian HIV/AIDS Legal Network), Emily van der Meulen (Ryerson University)

ACKNOWLEDGEMENTS

While financially supported by The Law Foundation of Ontario, the authors named are solely responsible for all content. The research team would like to thank the people and organizations that assisted with recruitment, hosted focus groups and/or surveys, and otherwise supported the study process: The AIDS Network (Hamilton), Regional HIV/AIDS Connection (London), Somerset West Community Health Centre (Ottawa), DUAL (Ottawa), Réseau ACCESS Network (Sudbury), Sex Workers Advisory Network of Sudbury (SWANS), and Regent Park Community Health Centre (Toronto). We also thank Olivia Boonstra, Ann De Shalit, Terry Gould, Megan Long, Sade Makinde, Emma Riach, Doriana Schiavi, and Noah Sparrow for their invaluable assistance, including research assistance.

Graphic Design: Mixtape Branding/Ryan White, R.G.D.
Translation: Jean Dussault

The Law Foundation of Ontario
Advancing access to justice

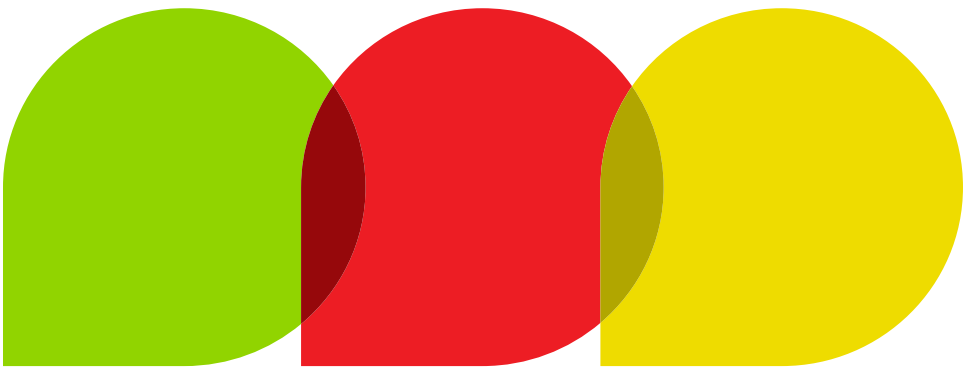
A Public Health Crisis Like None Other

In Canada, people who use drugs are dying in record numbers. Between January 2016 and September 2019, more than 14,700 people died of apparent opioid overdoses in this country.[1] In Ontario alone, more than 1450 people died from opioid-related causes in 2018.[2] The overwhelming majority of these overdoses and deaths involve fentanyl or its analogues, a potent drug that is now present in many street drugs. Never before have we experienced an overdose crisis of this magnitude, which is only exacerbated by the criminalization of personal drug possession.

We have seen the realization of some important public policy changes related to the opioid overdose crisis, such as the nation-wide scaling up of harm reduction services including supervised consumption and overdose prevention sites (now branded as "Consumption and Treatment Services" in the Province of Ontario). With the compounding urgency of the COVID-19 pandemic, calls for a "safe supply" of criminalized drugs are now being heard in some jurisdictions and arguments for drug decriminalization are gaining more mainstream traction. But many, and particularly people who use drugs and frontline workers who bear immediate witness to the opioid overdose crisis, would argue that changes have not come quickly enough to stem the tide of needless deaths.

A Possible (Partial) Fix: *The Good Samaritan Drug Overdose Act*

In May 2017, the *Good Samaritan Drug Overdose Act* ("the Good Samaritan law") was passed as a partial response to this ongoing crisis. The law amended the *Controlled Drugs and Substances Act* to give immunity from prosecution for the offence of simple possession of a controlled substance to anyone who calls 911 to report an overdose as well as to anyone who is on the scene when emergency services arrive. While a witness is present at most overdose emergencies, one Ontario study found that a call was made to emergency services in only 46% of such cases; the primary barrier to calling cited was fear of police presence and the potential for criminal charges.[3] A survey done in the context of developing the Toronto Overdose Action Plan showed that 92% of survey respondents identified the then-pending Good Samaritan law as having a potentially large or very large benefit in the response to the overdose crisis; the resulting Action Plan recommends developing and implementing clear communications to raise awareness of this protection from prosecution.[4] By removing this one specific barrier — namely the reluctance of those present at an overdose to call for assistance from first responders — the Good Samaritan law was meant to alleviate fear and, ultimately, to save lives.[5]



Research Study Partners:

Hamilton:	The AIDS Network
London:	Regional HIV/AIDS Connection
Ottawa:	Somerset West Community Health Centre and Drug Users Advocacy League (DUAL)
Sudbury:	Réseau ACCESS Network
Toronto:	Regent Park Community Health Centre

Numbers at a Glance

5 CITIES: HAMILTON, LONDON, OTTAWA, SUDBURY, TORONTO

6 FOCUS GROUPS (2 EACH IN OTTAWA, SUDBURY, TORONTO)

40 FOCUS GROUP PARTICIPANTS

69 SURVEY RESPONDENTS

GENDER: 67 MALE, 39 FEMALE, 2 TWO-SPIRIT, 1 TRANS

ETHNICITY: 64 WHITE, 37 INDIGENOUS, 3 BLACK, 5 OTHER

The Research Study: Measuring Real-World Impact

In 2019, with the support of a research grant from the Law Foundation of Ontario, the Canadian HIV/AIDS Legal Network (HIV Legal Network) embarked upon a research study in Ontario to evaluate familiarity with the Good Samaritan law, and what people who have experience with drug use believe to be true about this law. In the midst of the ongoing overdose crisis in Ontario and across Canada, it is critical to understand people's awareness of this law, how (or whether) they interact with it, and how they experience its real-world impacts. Essentially, we wanted to know whether the Good Samaritan law was functioning as intended, making it more likely for people who witness an overdose to call 911 and request emergency medical assistance.

Additionally, we wanted to know more about how people learned about the Good Samaritan law, and get their opinions on the public legal education materials/communications products that they had encountered about the law. (One such tool of particular interest was a bilingual, laminated wallet-sized card produced by the HIV Legal Network in 2017[6] that contained basic information on the Good Samaritan law as requested by people who use drugs. In total, some 50,000 wallet cards were physically distributed in 2018, and many more downloaded from the HIV Legal Network website.)

Our research protocol for this study included both two-hour focus groups (with adjacent demographic information from focus group participants) and five- to ten-minute confidential surveys. To conduct this research, we partnered with frontline organizations in five cities across Ontario: Hamilton, London, Ottawa, Sudbury, and Toronto. Each of these frontline organizations provides on-site access to harm reduction services (including needle and syringe distribution and supervised consumption services, among others).

In September 2019, upon receiving Research Ethics Board approval from Ryerson University, our institutional partner in this study, the HIV Legal Network began recruiting participants via flyers and posters sent to community contacts. Telephone screening then occurred to determine eligibility for participation in the qualitative focus groups. The group sessions were held between October and December 2019, and survey data collection was completed in January 2020.

Collaborative coding and analysis began in February 2020.

The Participants and the Questions

Our research aim was to learn from people who have experience with drug use in order to measure the effectiveness of the Good Samaritan law in Ontario. The participants in both the focus group and confidential survey research components were screened for eligibility based on the following key characteristics:

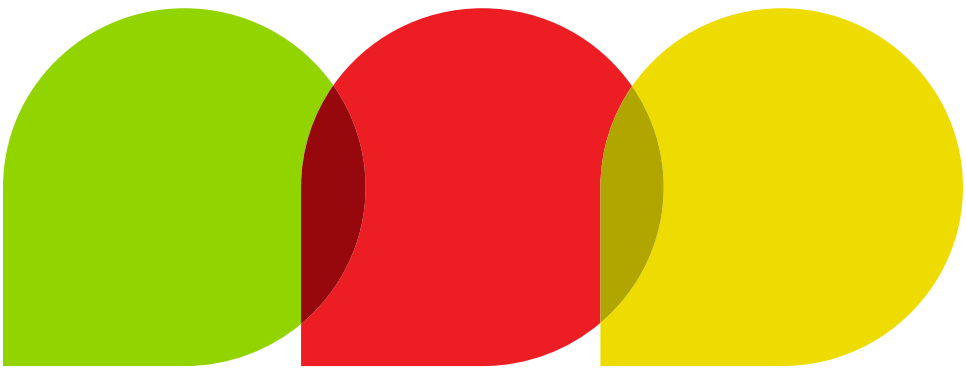
- their age (must be 18 years or older);
- their identity as someone who either uses drugs (other than alcohol and cannabis) or as someone who has witnessed another person using these drugs (and thus could conceivably be/have been present at an overdose scene);
- their (basic) familiarity with the *Good Samaritan Drug Overdose Act;*
- their use of harm reduction services (e.g. needle and syringe distribution programs, supervised consumption sites, opioid agonist therapy, etc.); and
- their physical location in one of the five research cities.

All participants were compensated for their time: $30 cash honorarium and transit subsidy for the focus group participants and $5 cash honorarium for those filling out a survey. In total, we had 40 focus group attendees (Ottawa, Sudbury, and Toronto) and 69 survey respondents (those cities plus Hamilton and London).

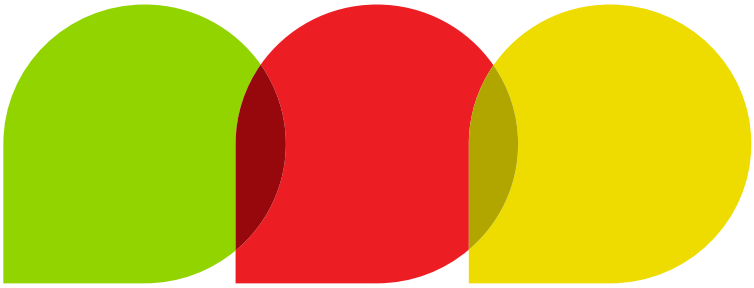
Of the 109 participants, 67 identified as male, 39 as female, two as Two-Spirit, and one as trans. In terms of age range, 37 were between 35 and 44, with the next biggest cohort (24) aged 55-64, followed by 19 aged 45-54, 18 aged 25-35, eight aged 18-24, and the remaining three were 65+. The majority (64) identified as white, followed by 37 Indigenous, three Black, and five who identified as "other." The overwhelming majority indicated that they identified as a person who uses drugs.

Beyond demographics, the research questions can be broadly categorized as follows:

1. **Knowledge of the Good Samaritan law.** We wanted to understand what people knew and how they came to know it. We also specifically asked what was/was not clear about the law itself.
2. **Real-world experience of the Good Samaritan law.** We wanted to understand how people experience the law in practice, and whether it has actually (in their minds) affected their own and other people's willingness to call 911 in the case of an overdose. We also specifically asked about the law in relation to emergency responders, including 911 dispatchers, EMTs/paramedics, firefighters, and/or police who may attend a scene. Finally, we wanted to identify remaining barriers to calling 911 in the event of an overdose.
3. **Evaluation of existing public legal education materials/ communications products.** We wanted to understand how effective and useful these materials were in communicating the protections and/or limitations of the law, as it currently exists. We also wanted to see if there were additional ideas about future public legal education materials that could be important for people likely to be present at an overdose scene.
4. **Overall evaluation of the Good Samaritan law.** We wanted to understand how important the Good Samaritan law is in reducing fatal overdoses, and why. We also asked about what, if anything, should change about the law itself, and/or its application by first responders.



Good Sam: Key Emerging Themes



Once the final survey was administered in January 2020 and all six focus group audio recordings were transcribed verbatim, a team of HIV Legal Network and Ryerson University researchers began the collaborative analysis process. This comprised a line-by-line reading of the transcripts to create a listing of thematic topics and detailed codebook. From that examination, a number of key themes were identified, including the following.

The Good Samaritan law has helped to humanize those who are directly affected by the opioid overdose crisis, who are often "othered" by society.

Given the reach of the opioid overdose crisis, many participants noted that the Good Samaritan law was helpful beyond simply removing a key barrier to calling 911 in the event of an overdose. Importantly, participants felt that this law was putting a human face on this public health crisis and causing more people — not just people who use drugs — to recognize the scope of the crisis. Participants in Sudbury articulated this well:

> "I think in a lot of cases now, especially people coming from that community, people that maybe don't use drugs but have family members [who do]. They have become more aware and [are] more sensitive and more caring on it. It's touch-and-go right now. I feel like half of society gives a shit and half of society don't, whether you use drugs or not. So now they're speaking up." (SUDBURY FG2)

> "We're somebody's child. Somebody's brother, somebody's sister." (SUDBURY FG2)

> "People are realizing that addicts are not just people on the street. You know, people that have jobs and stuff like that, too." (SUDBURY FG2)

It is important to note that some focus group participants were also the same harm reduction advocates who pushed for the passage of the Good Samaritan law in the first place: "It's not their law. It's our law." (Ottawa FG2) The importance of their role cannot be overstated.

Participants relayed an important theory that the "humanizing" of people who use drugs has happened because people outside the immediate community (who may not themselves identify as a person who uses drugs) became willing to take action, driven by the personal impact of the overdose crisis on them or on the communities with which they identify:

> "Right, the politicians, when their children are dying of drug overdoses. So they really stand up and take notice." (OTTAWA FG1)

> "Maybe this law was also made because this crisis has gone to the suburbs now? […] They still don't give a shit about us — but once it starts hitting the middle class, and everything else, to get little Billy out of trouble. He now has a loophole to jump out of it." (OTTAWA FG1)

> "It's not just the people that use drugs, not just the community of people that use drugs. It's the community of people who don't, but have endured it through family or friends, and are sharing their experiences and then fighting for people." (SUDBURY FG2)

Simultaneously, participants noted that the humanization of the overdose crisis and the importance of the law itself are not universally recognized: "Honour the Good Samaritan and treat people with dignity and fairly with a lot of respect, it wouldn't be so much of a problem. But that's not what really happens. Not my experience." (OTTAWA FG1)

Knowledge and interpretation of the Good Samaritan law vary greatly.

While all participants were required to have some awareness of the Good Samaritan law to be eligible to partake in the research study, the level of awareness varied greatly in terms of the depth and breadth of their knowledge. Many participants felt confident they had a strong grasp of the law itself but only some could point to both the protections offered by and the limitations of the law. This also varied widely from city to city, even within the study boundaries of Ontario. In many cases, though, participants expressed the view that the Good Samaritan law proffered a type of "blanket" protection against prosecution: "They can't touch you if you're at an overdose. They can't charge you." (Toronto FG1)

This understanding of the law's protection is an incorrect overstatement, and was particularly obvious within the Sudbury cohort. For example, participants indicated their belief that law enforcement had no power at the scene of an overdose because of the Good Samaritan law; they were surprised to learn that the law itself does not grant full amnesty.

Many more participants had important and oftentimes unanswered questions about the law and took the opportunity to voice those questions:

> That's another thing, when you OD and you don't die, does the person who called 911 not get in trouble? What happens if you call 911 and the person dies anyways? Would you get in trouble if they die, or if they live... I don't know if that makes a difference on calling 911? (OTTAWA FG1)

> I know that for anything on you, they can't arrest you for — drugs or whatever. But what about a warrant? That was something that's kind of discussed and I'm unsure about, if they can still arrest you if they've got a warrant. (OTTAWA FG2)

> One more question: Let's say [the police] do not abide by the Good Samaritan law. Are the judges held to a mandate where they cannot prosecute you on that law? Or is that up to judges' discretion? (SUDBURY FG1)

Despite their initial confidence in their own understanding of the Good Samaritan law, study participants also expressed concern that their peers either don't know about the law or that these same peers may have an incorrect understanding of it:

> The way I see it is, most people don't know about this law. If I were to walk around asking friends, most of them would think, 'Look, I don't really know.' (OTTAWA FG1)

> I know a lot of people don't know about it. The people in my circle know about it, but the people outside of that, they don't seem to know what's going on with that and they still are afraid to call the police. So they know that they have some rights, you know? (OTTAWA FG2)

> It's hard to make a contact and make sense with them. 'Look, don't worry, if something happens, you're protected with this new program, it's called the Good Samaritan program, you're okay if your friend or that person ODs, stand by, call 911.' (TORONTO FG2)

This variance might be attributed to both the confusing nature of the law itself, and also to how the law is being communicated and/or promoted within the community. (See Theme #4 below.)

Participants also revealed that they had concerns about what the police understand to be true about the Good Samaritan law. In particular, how the police interpret and act upon their knowledge was an area of anxiety for participants:

> I'm sure the cops know about it. I don't know what they know. (OTTAWA FG1)

> They could [make it] mandatory that all police are trained. Even if they're not in the criminal system, say they're in parking or whatever else. Are they being trained? What do they know about the law? (TORONTO FG1)

> But this Good Samaritan thing, I don't see, unless you really get good at educating people and the police are better trained and the Chief enforces it, like the senior staff is serious about enforcing this stuff, because right now, anything goes on the mean streets, trust me! I know, the shakedowns, the shit that goes on. (OTTAWA FG1)

The Good Samaritan law looks different on paper than it does in practice — experience with enforcement is an ongoing issue.

One of the themes that was clearly and consistently expressed was the ongoing problem that personal drug possession and use in Canada is treated as a criminal rather than medical issue. The Good Samaritan law, in the eyes of the people in our study, does nothing to alleviate this. When someone calls 911, a drug overdose — already a stressful and highly charged situation — is made known to first responders who then head to the scene. Participants stressed that police often attend an overdose, sometimes arriving before medical assistance, whether they have been requested or not:

> When you call 911 and they say, 'Fire, police or ambulance?' When you say ambulance, why do the police need to be involved? There's no reason. The police do not need to be there whatsoever. There's no reason for people to even have to worry. When you're there to save someone's life because of an overdose, you shouldn't even have to be considering, 'Oh, no, is my safety at risk?' The only thought should be on the person overdosing. The only thought and the only reaction. (OTTAWA FG2)

> Police all go off the same radio… whether it's police, EMS, or firemen, they all show up eventually, either at the hospital or on site. (TORONTO FG1)

Participants noted that police on scene are often not helpful in any medical sense because they cannot or will not reverse an overdose: "Don't forget the fact that the police never carry Narcan,[7] either. They don't want to carry the Narcan." (Ottawa FG2) So the people in our study expressed their wariness of police presence at an overdose when they were not specifically called to be there: "Well, usually people are good, they just want to save a life, you know, until the police. The police always have an ulterior motive." (Ottawa FG1)

When we spoke with participants about their experience with other actors who may arrive on the scene of an overdose, including paramedics and firefighters (and sometimes all three simultaneously), their reactions were more varied. In some jurisdictions, the experience was positive, but with obvious stigma:

> EMS never said anything to me. They were professional when they did the wrap. But on their way out, when I was standing there with a cop, they didn't look at me at all. They didn't say, 'Sorry, buddy, we know it's not your fault,' or anything. They just walked, all their heads down, all their eyes down, and all I could feel was accusation like 'You're garbage, we don't want to see you, screw you, you know, your fault.' It was just put a lot. It made me feel out of picture and guilty. They made me feel that way. (TORONTO FG1)

Most participants, however, spoke of a marked difference between police at the scene versus the role other first responders play:

> Honest to God, what happens is the ambulance people know the rights, and the cops really bend the rights. The ambulance people don't. The paramedics don't. The paramedics come in and I've seen them tell the cops, like, 'Back off' or 'You can leave now.' The cops still stay there and screw around and try and do what they're doing. The paramedics seem like they got it under control. The firetruck even came one time. They left. The cops stuck there. And the paramedics said, 'We got this.' (SUDBURY FG1)

> The cops are not there for the person on the ground. The paramedics are there for the [person on the] ground. The cops are there for the crowd. The ambulance and the firetruck are there to clear the crowd. Like he said, 'Screw the crowd, let's save the body.' (SUDBURY FG1)

> Myself, I found people and 911 to be very, very professional in their responses, actually. The police on the scene afterwards and everything, now that's a different story. But, the first responders that were taking my calls and everything like that, they're very professional. But still, I was very frightened, because I knew I was going to be treated like a criminal whenever the cops came on the scene, and that's why I chose to be anonymous. (OTTAWA FG1)

Many participants spoke about how the Good Samaritan law seemed to have little to no effect on how police behaved at the scene of an overdose, and this also varies from jurisdiction to jurisdiction:

> This whole business, you're talking about the law, you can clarify it all you want… but the police will break the law and not enforce it, especially if they think they can get away with it. (OTTAWA FG1)

> I overdosed. My ex called and requested just ambulance and the cops showed up. [The police] actually bullied their way in, and I was just coming to at this point. And they started just drilling their words, 'Where's the dope?' 'Who was it?' 'Who was it?' and they were relentless. (OTTAWA FG2)

> How Toronto handles it is not like Sudbury. Sudbury police force is like its own criminal organization. They pick and choose on if they've got beef with you. You're going to get harassed. You're not going to get proper treatment or whatever. They pick and choose. So it's not the same across the board, especially in this city. And then depending on what cop you get. If you get a new rookie and he doesn't know you, you're not going to get the same treatment from him as the cop that does know you. (SUDBURY FG2)

Finally, one important issue that participants cited was that calling 911 in the event of an overdose, and having police attend the scene, could result in future unwanted and unwarranted surveillance:

> Now if I'm with buddy, he overdoses and dies, we all gave our names here, and then we leave. They come to us the next day, two days, three days. They grab her and they say, 'What happened to [your friend]? Who's passing the drugs? Who brought the drugs?' We're all labelled now because they know they're trying to get whoever sold him the dope on a manslaughter, or whatever. I already dropped my name because I was there. They might get me the next day. I've got a bag full of dope in my pocket. They ask, 'Oh, [your friend] was there, tell us what's going on, we'll let you go. We'll give you this, we'll give you that. We're going to hang you with this dope.' So, I prefer to not give my name or nothing for that matter. (SUDBURY FG1)

The culmination of these factors, and others, has ultimately resulted in the law not making enough of a real-world difference, and not functioning as it was originally intended.

Good Sam IRL

> So, I actually got charged when I was having an overdose. As soon as I was finished overdosing, I'm in the hospital bed… I'm still in the fucking bed. The cop walks up to me and puts a cuff on me… I'm still barely coming to after Narcan. This is when I first started using, kind of thing. … I hadn't touched anything for a long time — I'm in the hospital at this point. Again, from what I was told, when you're overdosing, they can't arrest you. So I had no idea what the fuck was going on. I came to and realized the cop was following the ambulance. I'm at the [hospital] for maybe 20 minutes, half an hour. And then as soon as I started to wake up from the Narcan, it was just a cuff on the wrist. They're telling me that I had failure to comply charges, failure to appear charges. (OTTAWA FG2)

Survey Says:

What do you think should change about the Good Samaritan law or the way it is enforced?

36% THOUGHT PARAMEDICS NEEDED TO STOP CALLING POLICE DURING 911 CALLS.

30% THOUGHT MORE POLICE NEEDED TO KNOW ABOUT THE LAW.

36% THOUGHT THE LAW'S PROTECTIONS ARE TOO LIMITED AND THAT THEY COULD STILL GET ARRESTED.

27% DIDN'T KNOW.

29% RESPONDED WITH OTHER IDEAS:

More education needed. / More people should know about the law. / The law should be made clear to people. / Witnesses should always be anonymous. / We need protection and immunity. / Person calling should be able to walk away. / Police don't listen and don't care.

Public legal education materials can help, but confusion around the law itself remains.

Many participants had come across public legal education materials, particularly at their local harm reduction organizations, as these providers readily display them when and if they are made available. When specifically asked about the bilingual, laminated wallet-sized cards produced by the HIV Legal Network, many participants noted that these were being distributed at local community centres (notably at the supervised consumption services), and also being distributed by service providers as part of naloxone kits. The exception to this was in Sudbury, where the cards did not seem to have widespread distribution and were not well known to participants. In general, the cards were well received, and are even being used in surprising ways: "People should carry this for your protection. Your cards should almost be a prophylactic protection. It's getting you out of charges, you shouldn't debate that." (Ottawa FG2)

Many participants also indicated that having access to actual legal contacts communicated on the wallet card would be extremely helpful: "Can I say one thing? Find out which lawyers are willing to have their names put right on the cards." (Ottawa FG1)

However, mistrust of the law itself and confusion around its protections and limitations — and how it is being enforced in real life — were found to be ongoing issues related to public legal education materials, as evident in the responses of participants:

> "I don't even think there are limits. I think it's pick-and-choose. It's discretionary! I think it's back and forth. Now that I see this [card], I actually have less confidence than I did before I came in here." (SUDBURY FG2)

> "It's still very misleading, because the cops are still showing up. It's essentially bullshit, on paper, right." (OTTAWA FG2)

Other communications products discussed with the focus group participants included the poster campaign by Health Canada urging people to call 911 in the event of an overdose. These posters had also been seen elsewhere, including in bathrooms in other establishments within communities, but received generally poor reviews in terms of effectiveness:

> "I actually seen them everywhere, but I never really knew what they were about, because I didn't really get anything out of the poster." (TORONTO FG1)

> "The poster doesn't have enough information on it." (SUDBURY FG1)

> "This doesn't help me call 911, either, because you know what? I want to know if [the police] have the right to search me. It's as simple as that." (SUDBURY FG2)

While focus group participants themselves had seen these and other products, they were less confident that their peers had been exposed to public legal education materials in general. Distribution was found to be an issue: "Maybe if there were signs posted. Like people in our community, we're more involved and we're not even sure. I'm sure there's lots of people with no idea what it is. If everyone knew that like the back of their hand, like those little cards or something, if people just had it. If people just knew." (Ottawa FG1)

Participants had additional ideas about future communications materials that might be helpful in disseminating information about the Good Samaritan law, including stickers ("Have a sticker on your door or your window that says you have been informed, and that you understand what it's all about." [Sudbury FG2]) and infomercials for people outside the immediate community who had regular access to digital channels ("Remember, Saturday mornings when they used to have those Hinterland Who's Who? Why not have informational things about it? Because how many overdoses have there been in the last five years? Everybody knows somebody. Even if you've never touched drugs in your life, you know somebody who's been touched by an overdose. Why not have the Government of Canada telling people about these laws?" [Ottawa FG2]).

Results from the survey provided additional contextual information related to dissemination of public legal education materials. When respondents were asked about how they learned about the Good Samaritan law, 62% noted that they learned about it through harm reduction workers, 58% indicated by word of mouth from other people who use drugs, and 23% via education materials produced by the government or community groups. Less popular methods included news articles, online (i.e. websites, Facebook, blog, etc.), and other unnamed methods. This important insight tells us that any communications products must be done hand in hand with harm reduction providers and within community in order to be most effective. There is a role for public legal education materials, but they must be rolled out in partnership with those on the frontline, including people with lived expertise of drug use, in order to be widely disseminated and picked up. At the HIV Legal Network, we hope to be able to incorporate some of this important feedback into future iterations of our materials, including the wallet-sized cards that have proven to be a critical resource for people who use drugs.

What Comes Next?

We conducted this research with a view to identifying any ongoing legal barriers and public legal education gaps that prevent people from calling 911 when witnessing an overdose. Based on our preliminary survey findings, 95.7% of respondents felt that the *Good Samaritan Drug Overdose Act* was either very important (81.2%) or somewhat important (14.5%) in reducing the number of fatal overdoses. This seemed to be echoed amongst our focus group participants; however, upon further examination it became clear that knowledge gaps about the Good Samaritan law were present, as noted above.

Moving forward, important considerations remain:

- **Police involvement at overdose scenes is noted as problematic and an ongoing barrier to witnesses calling 911.** The overwhelming view is that overdoses are medical emergencies, and that police presence is unwelcome and unnecessary in almost all instances. **This finding is important to communicate to police, who should refrain from attending an overdose unless the person calling 911 specifically requests their presence.**

- **The Good Samaritan law itself (which does not provide full protection to people who witness an overdose) could be amended to provide immunity for other criminal offences.** If this type of law reform were to happen, people who use drugs would face one less barrier (in the form of an ongoing threat of arrest and criminal charges) to calling 911 and communicating about the resulting law could also become much simpler.

- However, the current state of drug policy and criminalization in Canada continues to contribute to a general mistrust of the Good Samaritan law and its enforcement by police, which varies from jurisdiction to jurisdiction. **Decriminalization of simple drug possession could be more important than any specific reform of the Good Samaritan law.**

- **The Good Samaritan law must be uniformly recognized and understood by all first responders at an overdose scene.** One practical step is to make Good Samaritan law awareness training mandatory for medical emergency response team members (e.g. 911 operators, paramedics, firefighters, EMS, etc.), and for any police who may be on scene in the very limited circumstances that warrant their presence.

- Regardless, **we must continue to partner with harm reduction workers and people who use drugs as we streamline and scale up the distribution of public legal education materials.** These people and the community services they run are trusted sources of information for individuals who witness an overdose and thus need to make the life or death decision to call 911. People who use drugs themselves also hold incredible knowledge about how best to communicate the limitations and protections of the Good Samaritan law.

- Most importantly, **we need to listen to people who use drugs throughout the policy development process; they must be at the centre of policy that most directly affects them.** They know and can well articulate what is needed and why, and the voices of lived experience must be heard loud and clear.

References

1 Special Advisory Committee on the Epidemic of Opioid Overdoses, *Opioid-related Harms in Canada,* March 2020. Available at https://health-infobase.canada.ca/substance-related-harms/opioids.

2 Public Health Ontario, *Interactive Opioid Tool: Opioid-related morbidity and mortality in Ontario,* March 2020. Available at www.publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool.

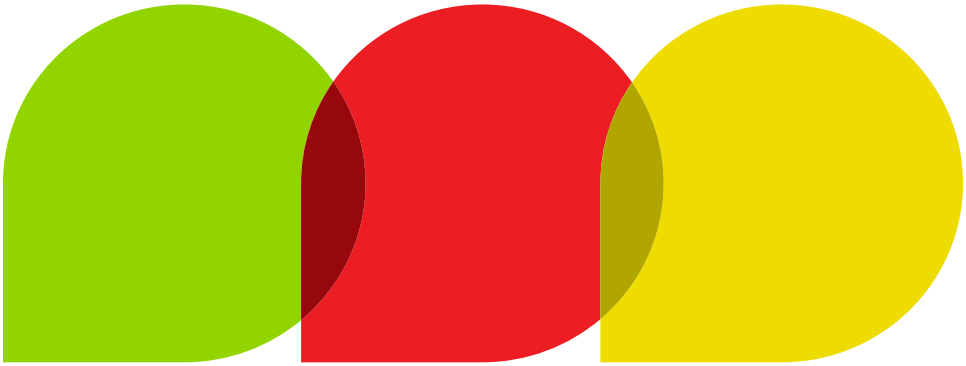
3 K. M. Follet et al, "Barriers to Calling 911 During Overdose Emergencies in a Canadian Context," *Critical Social Work* 15:1(2014).

4 Toronto Public Health, *Toronto Overdose Action Plan: Prevention and Response,* March 2017. Available at www.toronto.ca/wp-content/uploads/2017/08/968f-Toronto-Overdose-Action-Plan.pdf.

5 Canadian HIV/AIDS Legal Network, Canadian Drug Policy Coalition, et al, "ACTION = LIFE: Call for an Immediate Response to National Crisis of Opioid Overdose Deaths," August 31, 2016 Available at www.aidslaw.ca/site/action-life/?lang=en.

6 These cards were also produced using funding received from the Law Foundation of Ontario.

7 Narcan is a brand-name version of naloxone, which can be used to reverse an opioid overdose.



Canadian HIV/AIDS Legal Network | Réseau juridique canadien VIH/sida

1240 Bay Street, Suite 600, Toronto, Ontario M5R 2A7

Telephone: +1 416 595-1666 Fax: +1 416 595-0094
Email: info@aidslaw.ca

www.aidslaw.ca