

Summary of NC Laws Addressing the Opioid Overdose Crisis

Good Samaritan Laws-Drug Offenses ([G.S. 90-96.2](#)) and Alcohol Offenses ([G.S. 18B-302.2](#))

G.S. 90-96.2 states that a person who witnesses an overdose and seeks help for the victim cannot be prosecuted for possession of drug paraphernalia or small amounts of drugs or be considered in violation of a condition of parole, probation, or post-release for those crimes if the evidence for those crimes was obtained because the person called for help. The caller must provide his or her name to 911 or to law enforcement to qualify for the immunity. The individual who experiences the overdose for whom help was sought is also given the same protection. The purpose of the law is to remove the fear of criminal repercussions for calling 911 to report an overdose and to instead focus efforts on getting help to the victim.

G.S. 18B-302.2 gives protection against prosecution for possession and consumption of alcohol (and associated violations of parole, probation, or pre-trial release) for persons under 21 who seek help for someone who is experiencing an alcohol-related overdose. The person calling for help must give his or her name to 911 or law enforcement. The protection also applies to the overdose victim.

Naloxone Access ([G.S. 90-12.7](#))

A standing order is a medical order that authorizes the dispensing of a medication, like naloxone or the flu vaccine, to any person who meets criteria designated by the prescriber. Under G.S. 90-12.7, a health care provider may write a standing order to allow the dispensing of naloxone to persons at risk for an overdose and to those in a position to help others at risk of an overdose (3rd-party prescribing). The statute provides criminal and civil liability protection to health care providers who prescribe naloxone and to those who administer naloxone to persons experiencing an overdose.

G.S. 90—12.7 also establishes the authority of the State Health Director to issue a statewide standing order for naloxone to allow pharmacists to dispense naloxone to persons without a separate prescription from a health care provider. [North Carolina's statewide standing order](#) has been in effect in since June 2016. Naloxone is available, without a prescription, at the majority of retail pharmacies in North Carolina. Naloxone dispensed under the statewide standing order is covered by Medicaid and by some commercial insurers.

In 2017, the legislature added a provision allowing health care providers to write standing orders to allow organizations, including local health departments, to distribute naloxone in the community. Thus, typically two different standing orders are required to allow a local health department or a community organization to distribute naloxone—one to provide for the dispensing of the naloxone to the organization itself and one to allow for the distribution of the naloxone by the organization to the community. The chart below summarizes North Carolina law controlling the dispensing and distribution of naloxone.

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	DISPENSING to INDIVIDUALS	DISPENSING to ORGANIZATIONS	DISTRIBUTION
Who can perform:	-Pharmacists -Local Health Department nurses trained to dispense -Dispensing physicians, PAs or NPs	-Pharmacists	-Any agent of the organization
Where it takes place:	-Pharmacies -Local health department clinics -Dispensing physician offices	-Pharmacies	-Anywhere
What order is needed:	-State Health Director's standing order OR -Individual prescription OR -Local standing order	-State Health Director's standing order or local dispensing standing order if organization's agents will administer OR -Local dispensing standing order if organization's agents will distribute	-Distribution standing order

Possession of Syringes/Tell Officer Law ([G.S. 90-113.22](#))

This law states that if a person alerts an officer that she or he has a syringe or other sharp object on her or his person, premises, or vehicle *prior* to a search, she or he cannot be charged with or prosecuted for possession of drug paraphernalia for that object. The purpose of this law is to protect officers from wounds from sharp objects, including objects potentially contaminated with bloodborne diseases like HIV and hepatitis C, and to encourage people to be forthcoming with officers about paraphernalia they may have in possession.

Syringe Exchange Law ([G.S. 90-113.27](#))

This statute legalized syringe exchange in North Carolina in July 2016. Syringe exchange programs collect used syringes, provide unused syringes and injection supplies, and connect participants to social and medical services, including treatment for substance use disorders and mental health conditions.

Included in the law is a provision that protects syringe exchange employees, volunteers and participants from being charged with possession of syringes or other injection supplies, including those with residual amounts of controlled substances present, if obtained from or returned to a syringe exchange. Exchange employees, volunteers, and participants must provide written verification (such as a participant card or other documentation) to be granted this limited immunity. A law enforcement officer acting on good faith who arrests or charges a person who is thereafter determined to be entitled to immunity from prosecution under this section shall not be subject to civil liability for the arrest or filing of charges.

Strengthening Opioid Misuse Prevention (STOP) Act ([H.B. 243](#))

The STOP Act was passed in June 2017 and primarily addresses prescribing and regulation of prescription opioids. It limits healthcare providers to prescribing no more than a five-day supply of opioids for a first prescription for acute pain. Doctors are able to prescribe more medication (a longer supply) if needed during follow-up. This policy is intended to reduce the likelihood that people receiving short-term pain management will develop dependency on prescription opioids. The prescribing limit does not apply to chemotherapy patients and others being treated for chronic pain.

Under the STOP Act, healthcare providers are required to use the Controlled Substances Reporting System, North Carolina's prescription drug monitoring program. The CSRS allows providers to check for other existing prescriptions a patient has received. This reduces over-prescribing of opioids and can prevent overdoses caused by harmful drug combinations. Providers are also required to submit prescriptions for opioid medications electronically. This helps prevent fraudulent prescriptions from being filled.

The STOP Act includes a number of other regulatory steps and safeguards to ensure that prescription opioids are prescribed appropriately to patients with legitimate health needs, reduce the likelihood of overdose and addiction, and improve communication between healthcare providers.