Knowledge of the Good Samaritan Drug Overdose Act Among Police Officers in BC

FINDINGS FROM A STUDY LED BY THE BC CENTRE FOR DISEASE CONTROL

March 2021

Jessica Xavier, Alissa Greer, Alexis Crabtree, Sarah Ferencz, and Jane Buxton

BC Centre for Disease Control
Provincial Health Services Authority

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Knowledge of the Good Samaritan Drug Overdose Act Among Police Officers in BC: Findings From a Study Led by the BC Centre for Disease Control

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TRUE OR FALSE?

Answers on page 20

T F The Good Samaritan Drug Overdose Act (GSDOA) can **protect people at the scene of an overdose from being arrested** for simple possession of illicit substances

T F The GSDOA protects some people at the scene of an overdose from liability **if they attempt to help the person** overdosing and cause harm or do something wrong

The GSDOA can protect **the following people** from being arrested for simple possession of illicit substances at the scene of an overdose:

T F **The person who calls 9-1-1**

T F **The person who overdoses**

T F **Anyone at the scene of an overdose**

When there is an overdose in a public place, 9-1-1 is called and the police come to the scene — **the police can legally arrest a person if they**:

T F Have a larger quantity of drugs on them or there is **evidence that they are involved in drug dealing**

T F Are in a red/no-go zone they received in relation to **a previous charge that was not simple drug possession** (e.g., theft)

T F Are in a red/no-go zone they received in relation to **a previous charge that was simple drug possession**

T F Have an **outstanding warrant concerning an offence other than simple drug possession** (e.g., theft)

T F Are in violation of a **probation order concerning simple drug possession**

What is the Good Samaritan Drug Overdose Act?

The Good Samaritan Drug Overdose Act (GSDOA) was enacted in May 2017. It amended the Controlled Drugs and Substances Act to protect persons seeking emergency medical or law enforcement assistance at an overdose for themselves or for others. The GSDOA exempts persons from being charged for simple possession or for offences concerning a violation of pre-trial release, probation order, conditional sentence, or parole related to simple possession, if the evidence in support of that offence was obtained or discovered as a result of seeking assistance or remaining at the scene. This protection applies to any person at the scene upon the arrival of assistance, including the person who overdosed.

For more information, please visit: canada.ca/en/health-canada/services/substanceuse/problematic-prescription-drug-use/opioids/about-good-samaritandrug-overdose-act.html

Why was the Good Samaritan Drug Overdose Act needed?

Increasing drug overdoses resulted in BC declaring the overdose crisis as a public health emergency in April 2016 (BC Ministry of Health, 2016). Between 2016 and 2020 overdose rates remained high with 16,364 opioid overdoses recorded across Canada (Government of Canada, 2020). COVID-19 was declared a public health emergency in BC March 2020, so we are currently dealing with dual public health emergencies. In 2020 BC reported the highest number of illicit drug toxicity deaths ever recorded (BC Coroners Service, 2021).

Studies have found that people at an overdose event often hesitate to or avoid calling emergency medical services (9-1-1) due to concerns of police presence (Wagner et al., 2019; Collins et al., 2019; Latimore et al., 2017; Koester et al., 2017). Between 52% and 75% of those witnessing an overdose indicated that fear of legal prosecution caused delays or not calling emergency medical services (CCENDU, 2017).

Even when naloxone is available and administered by a bystander, medical care should be sought as naloxone may not always reverse an overdose. Overdose can recur after 30-90 minutes when the effects of the naloxone wears off (Nguyen et al., 2012), and there is a risk of delayed health complications (CCENDU, 2016). In addition, naloxone only reverses opioid overdoses and other drugs may be involved.

Studies have found that people at an overdose event often hesitate to or avoid calling emergency medical services (9-1-1) due to concerns of police presence.

Project overview

The diagram below provides an overview of all the GSDOA evaluation project components. However, this report will focus on the findings from key informant interviews with police officers.

SUMMARY OF PROJECT COMPONENTS

Unlocking the Gates Program survey

- The Unlocking the Gates Peer Health Mentoring Program aims to support people in the first 3 days after release from prison. As part of this program, a survey is administered before release.
- Questions were added to assess knowledge of the GSDOA and access to naloxone.

Interviews with youth

- Youth between the ages of 16-24 years old will also be invited to participate in a more in-depth one-on-one interview over the phone

Online survey with youth

- To determine whether there are differences in youths' knowledge, and attitudes around the GSDOA, youth between the ages of 16-24 will be invited to complete a survey online.
- Foundry is a network of health & social service centres for young people. and will be supporting province-wide recruitment

Interviews with people who are at-risk of experiencing or witnessing an overdose

- People with living/lived experience of overdose and/or witnessing overdoses will be invited to participate in a one-on-one interview over the phone to share their experiences of overdose and calling 9-1-1 as well as their knowledge, understanding and attitudes around the GSODA.

Take home naloxone (THN) administration form

- THN program provides overdose response training and kits containing naloxone. Administration forms are submitted after naloxone has been used. Data is entered and analysed to explore if 9-1-1 was called and, if not, why.
- Changes in trends before & after GSDOA implementation were examined.

Harm reduction client survey (HRCS)

- The HRCS is an annual survey assessing substance use trends, and the use of harm reduction supplies among clients accessing harm reduction supply distribution sites in B.C. Questions were added to assess clients' knowledge of the GSDOA

Key informant interviews with police officers

- 22 interviews have been conducted with municipal police officers in: West Vancouver, Vancouver, Victoria, Abbotsford and RCMP officers in: Prince George, Kelowna, Vernon, Campbell River
- Preliminary findings will be shared soon.
- Based on findings, educational materials will be developed and piloted with participating police departments

Surveys with people who are at-risk of experiencing or witnessing an overdose

- People picking up a Take Home Naloxone kit at THN sites were identified as being at risk of experiencing or witnessing an overdose.
- Clients will be invited to complete a survey about their experiences of overdose and calling 9-1-1 as well as their knowledge and attitudes towards the GSDOA. The survey will also be available online.

For more information, please visit: towardtheheart.com/research-projects

Who did we hear from?

This report has been reviewed and input was provided by enforcement colleagues who are members of the research team and by people with lived and living experience (i.e., Peer-2-Peer and PEEP — Professional for Ethical Engagement of Peers).

What is our study about?

It is unclear if the GSDOA has been fully implemented by police officers and whether it has changed the attitudes and behaviors of bystanders and the police. This report describes the perspectives of police officers which is one component of a larger study.

Our question was: *What are police officer's knowledge, attitudes and experiences of the GSDOA and responding to 9-1-1 calls?*

Police officer participants

We spoke with 22 police officers across BC, from the Royal Canadian Mounted Police (RCMP) forces as well as municipal police departments who worked in the following jurisdictions:

- Metropolitan Centre (n=6) = Vancouver (municipal police), West Vancouver (municipal police);
- Large Urban Centre (n=9) = Abbotsford (municipal police), Victoria (municipal police), Kelowna (RCMP);
- Medium Urban Centre (n=7) = Campbell River (RCMP), Prince George (RCMP), Vernon (RCMP);
- 19 of participants identified as male, 3 as female;
- Age of participants ranged from 30 to 51 years old; and
- Experience level of police officers ranged from 1.5 years to 28 years in policing.

Findings presented in this report do not represent the knowledge, views and attitudes of all police officers in BC. This report summarizes police officers' knowledge, views and experiences that we heard from the sample of officers interviewed.

What did we hear about?

Police officers' knowledge of and attitudes towards the GSDOA

Overall, police officers were supportive of the GSDOA. As one police officer said:

> *"I would not want my son or daughter not to call police or 911 if a friend of theirs or someone they knew was overdosing in fear that they're going to get in trouble. It's kind of a no-brainer to me. So of course I support this, for sure. I think most people would."* (Medium Urban, Participant 05)

The extent of police officers' knowledge of the GSDOA varied. When asked to define the GSDOA, many police officers broadly defined it as encouraging a medical rather than law-enforcement approach to overdose and shared that they perceived saving lives as the priority. Some admitted they knew little about the GSDOA, and some mistakenly provided the definition for the Good Samaritan Act (which is not drug-related but applies to liability stemming from injury or death when a person tries to help someone).

> *"Well, I know actually very little about this Good Samaritan thing."* (Large Urban, Participant 04)

A large proportion of police officers provided limited or incorrect details about when the GSDOA applies and for whom it applies to. Some police officers incorrectly stated that the GSDOA only protects the person overdosing and not the person who called emergency medical services or bystanders at the event. While most agreed with not arresting for simple possession at an overdose event, when it came to warrants or more serious offences there were mixed views. Some police officers reported not acting on warrants or offences they considered less serious (e.g., theft), despite the GSDOA not providing legal protection in these cases. Other police officers prioritize a medical response and pursue arrests once the overdose is dealt with (i.e., the person is conscious or the person is released from medical care).

> *"I've heard of it and I knew that it would protect the user. I didn't know about, like, callers and things like that as well."* (Metropolitan, Participant 02)

> *"It might be a little bit different if I showed up and the person that was not overdosing had a warrant, then I might be compelled to do something. But for the person that is experiencing the overdose, we've got lots of discretion."* (Large Urban, Participant 02)

Police officers agreed that not arresting for simple possession at an overdose was an important strategy to encourage people to call emergency medical services. However, many police officers reported taking the following actions at an overdose: running individual names and checking IDs, seizing all drugs at the event and searching people for weapons. Some police officers acknowledged these activities could dissuade people from calling emergency medical services. This finding speaks to the possible limitations of the GSDOA and the complexities involved in balancing low-barrier access to emergency medical services and existing law-enforcement protocols.

> *"I'm going to seize those drugs because they're still illegal to have, but it's a very clear decision for me to seize those and forego any charges."* (Medium Urban, Participant 06)

> *"Certainly identification of the person that has overdosed is something we do. In our role we generally I.D. everybody that we speak with."* (Medium Urban, Participant 06)

> *"It's a bit of a catch 22, because we don't want people to be afraid to call us and have people dying in alleys because they're afraid of us. But again, they don't have to identify themselves and we'll tell them that. We're looking for your name, but you don't have to tell us if you don't want to."* (Large Urban, Participant 05)

Discretion emerged as a central topic. Many police officers mentioned that the principles of the GSDOA were being operationalized in everyday practice before it was made law and that the GSDOA formalized this discretionary approach. While some police officers spoke to the importance of leaving room for police discretion, others shared concerns around the 'grey areas' of the legislation and the ways these allow police officers to respond to overdoses based on their judgement. As one police officer said:

> *"I guess the point is the same people that would have arrested the person before 2017 will find reasons to arrest the person after 2017. […] so you look at what a serious offense is, you know, possession for the purpose of trafficking. Okay, well, how much drugs do you need to support that charge. Maybe they've got a warrant that isn't enforceable but they try to extend it. You know, there's lots of ways to work with that definition if you're the kind of cop that wants to do that."* (Metropolitan, Participant 04)

Discretion also came up in the context of the Crown prosecutors and the process of arrests in BC, in which the Crown ultimately determines whether to approve charges. As one police officer explained, even before implementation of the GSDOA, the Crown would rarely approve charges for simple possession at an overdose event as this was not a charge deemed worth pursuing.

Police officers provided examples of scenarios in which they would pursue an arrest at an overdose event despite the existence of the GSDOA. One police officer reflected on how the 'scene of an overdose' is defined according to the GSDOA legislature, stating that if the person overdosing becomes conscious and aggressive or violent, the context would no longer be considered 'the scene of an overdose' but rather a new, unrelated context. Other police officers spoke to the ambiguity of what is considered sufficient evidence for a drug trafficking arrest and, to what extent someone is considered a bystander and thus

"It might be a little bit different if I showed up and the person that was not overdosing had a warrant, then I might be compelled to do something. But for the person that is experiencing the overdose, we've got lots of discretion."

protected under the GSDOA. Finally, some police officers who were familiar with individuals who use drugs in the community described having the ability to locate and arrest a person they encountered at an overdose at a later time.

> *"Yeah, I have a lot of discretion. And I know them all and I'm not concerned about finding them again. And frankly, if it takes me two weeks to get a guy on a shoplifting warrant when he just O.D.'ed, who cares. The courts don't care."* (Large Urban, Participant 08)

TAKEAWAYS

1. There were mixed opinions about the GSDOA and whether it has changed polices officers' response to overdoses.
2. A number of police officers could not clearly define the GSDOA or for whom and when it applies.
3. There was greater awareness of legal protection the GSDOA affords the person who has overdosed compared to bystanders, and for simple possession versus violating a pre-trial release, probation order, conditional sentence or parole related to simple possession.
4. Police officers shared that they had discretion and therefore there were differences in how the GSDOA was applied.

Police officers' experiences responding to overdoses

Police officers talked about the benefits and roles of police attending overdoses as well as the risks and concerns. They also described their experiences with naloxone.

The perceived benefits and role of police attending an overdose:

1. Providing safety for ambulance and fire services as well as the public;
2. Acting as first responders when paramedics were delayed;
3. An opportunity to investigate the toxic drug supply and drug dealing; and
4. Investigating potential "foul play" (i.e., if someone was poisoned or harmed by someone else).

It was common for police officers to refer to police presence at an overdose as necessary to ensure paramedics and the public are safe. Police officers explained that ambulance requested their attendance for safety. Police officers also spoke about the safety of the public/surrounding community (e.g., removing used equipment, ensuring no one is in harms way). Some police officers referred to exerting physical force (e.g., constraining, confronting violence). As some police officers described, they expected to be met with violence, especially by the person gaining consciousness after an overdose.

> *"Usually they're [ambulance] going to sketchy places, you know, alleys and things like that. They don't have either the training or the equipment to necessarily protect themselves and sometimes when people are unconscious and then get naloxone they become violent when they come to. So we want to be there to make sure, again, everybody's safe. But also for investigative purposes if there's, you know, a spike in overdoses over a weekend or something, then we want to try to identify where the product is coming from."* (Large Urban, Participant 05)

> *"Well, they're ordered to stay back and, of course, a lot of times there's a friend there or something and they're trying to get in there and console them or something. And we're-- a few times we've had to, you know, either arrest people or forcibly remove people so that the ambulance can get in there…"* (Medium Urban, Participant 04)

While many police officers did not believe it was necessary for police to attend all overdoses, some thought it was important for them to be dispatched and carry out the role of a first responder in case paramedics were delayed. However, some police officers reported rarely administering naloxone or providing medical assistance. Whether their role was to identify/locate overdoses depended on the role/region of the police officer (e.g., police walking the beat often see themselves as important identifiers of overdoses as they were in areas with a high frequency of public overdoses). Some police officers spoke about paramedics rarely being first on scene given the geographic distances they had to travel or the limited number of paramedics in the community, therefore requiring police and/or fire services to act as first responders.

"It's a drug overdose. It's a medical issue only, and let the hospitals deal with it. There's no crime here. Police are not needed. Why do I need their I.D. so much?" (Metropolitan, Participant 03)

Some police officers brought up investigating the source of potentially toxic drugs that contributed to the overdose. While others stated that an investigation into the drug source at the scene of an overdose was rare or did not happen. Overall, police officers agreed that pursuing arrests for drug trafficking was one of the top priorities in terms of law enforcement approaches to substance use. However, there was less consensus around which contexts were appropriate to investigate drug trafficking.

The perceived risks and concerns of responding to overdose were:

1. The perceived threat of violence from the person being revived and from bystanders;
2. Fentanyl poisoning when handling drugs at the scene of an overdose; and
3. Liability for police responding to overdose resulting in an investigation into police's actions.

Many police officers reported the need for police to attend overdoses as they perceived it likely that a person would become violent after the overdose was reversed and that environments in which overdoses commonly occurred were unsafe. Some police officers believed attendance could be determined on a case-by-case basis as events unfolded. One police officer reported that violence could escalate quickly and that police should be dispatched as a cautionary measure.

Police officers explained that ambulance requested their attendance for safety.

Police officers' concerns about fentanyl poisoning was sometimes due to an incorrect understanding of the mechanisms and overestimate of the risk of fentanyl exposure (e.g., fentanyl poisoning occurring through skin contact with or inhalation of trace amounts).

"It's [naloxone] more so-- when it was given to us it's more so for us when handling drugs. I think it's happened a couple of times where an officer's been handling fentanyl and began to feel the effects of it. Just through absorbing, whether it's through their nose or skin or something like that." (Metropolitan, Participant 02)

Police officers expressed concerns around being liable if someone at an overdose was harmed unintentionally. Many police officers appreciated having access to nasal naloxone versus intra-muscular naloxone as the latter prompted concerns around injecting someone and potential liabilities if done incorrectly. In addition, some police officers described using restraint to avoid someone harming themselves or others (e.g., one officer shared an incident in which they restrained someone who had used drugs who was 'flailing' to prevent liabilities associated with the person being injured by traffic).

Experiences with naloxone

One police officer explained that community members are often already responding with medical intervention when police arrive.

> [Answering: Have you ever administered naloxone?] *"No, I've never had to. They've always kind of come to since I've been there, 'cause everyone has naloxone kits now. So even the-- like, the homeless downtown or the drug users downtown, they'll have a kit on them, and they would know how to administer it prior to me getting there either way."* (Medium Urban, Participant 01)

Police officers also shared their experiences with and attitudes towards naloxone. There was a high level of support for intranasal naloxone that police officers carry as all police officers perceived it as easy to use, highly effective and an important 'tool' for police officers to have. Some pointed to the benefits of police carrying naloxone, such as being able to respond to overdoses such as in jails, and not having to wait for paramedics to arrive on scene.

Interestingly, we heard many police officers refer to the naloxone they carry as "personal-use naloxone" — that is, naloxone that is carried primarily to respond to police overdosing when handling drugs on the job.

> *"I mean, when we were trained we were originally advised that it was mostly for us, you know, for, you know, our naloxone would be for us either helping a coworker or, you know, a colleague or somebody"* (Large Urban, Participant 04)

TAKEAWAYS

1. Most police officers agreed that police attendance is not necessary at all overdoses.
2. Police officers believed that their main role at an overdose was to ensure safety for paramedics, fire services and the public.
3. Police officers were concerned about violence, the risk to officers of fentanyl poisoning due contact with substances and liabilities associated with police causing unintended harm to someone at an overdose.
4. Targeting drug trafficking was seen as the priority for police officers enforcing drug laws although there were mixed opinions about whether an overdose event is an appropriate context for investigating drug trafficking.
5. Naloxone was considered an important tool for police officers, primarily to use in the event of an officer experiencing fentanyl poisoning. There appeared to be some incorrect understandings around fentanyl poisoning.

Broader context within which police are addressing substance use

Police officers' spoke to how policing and police are perceived by the community; the lack of resources available and how this impacted policing; and different policing approaches to substance use.

Police officers discussed some negative public perceptions of police and described there being a 'microscope' on police. As one police officer described:

> *"The police aren't seen as individuals, right. Like, we're-- you are "the police" and you represent the RCMP or whatever organization you work for. And it's really hard for people to get around that. Like day-to-day people will just say, oh, the last police officer was such an asshole to me. So you're an asshole too."* (Medium Urban, Participant 01)

Many police officers wanted to change this narrative, stating that their community did not see them in this light or did not fear police in the ways that the media portrayed. When police officers were asked how people at the scene of an overdose reacted to police, we heard of people running away or concealing drug use, which contradicted the narrative of people who use drugs not being fearful of police presence.

> *"When people say they're afraid to call 911 when someone's overdosing 'cause they're afraid of getting arrested, it honestly boggles me."* (Metropolitan, Participant 02)

> *"When we first turned into the lane, this is very common, there was probably about fifteen people in the lane. Within about five seconds it was down to about five people in the lane. Because the police had arrived. And then while we were dealing with the person that five turned into two. And then once we told the one person, hey, like, you're not doing CPR properly, it turned into zero. Everyone was gone."* (Metropolitan, Participant 02)

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"When we first turned into the lane, this is very common, there was probably about fifteen people in the lane. Within about five seconds it was down to about five people in the lane. Because the police had arrived. And then while we were dealing with the person that five turned into two. And then once we told the one person, hey, like, you're not doing CPR properly, it turned into zero. Everyone was gone."

In contrast, some police officers were aware that being friendly with police could have negative consequences for how people who use drugs would be perceived by their community. This dynamic is critical to consider in the context of the GSDOA and police presence at the scene of an overdose. As one police officer said:

> *"People who phone 911 are seen as rats. And I've seen people get stabbed over calling the police for things and people are really afraid to call 911 or ask for help down there."* (Metropolitan, Participant 02)

Police officers discussed limited resources for law enforcement, and some suggested that police attendance at every overdose was not needed. However, others were interested in 'tools' they could use to reduce overdoses. Police officers in less urban areas emphasized that the lack of resources limited their options for working with people who use drugs. For example, one police officer referred to using jail as a sobering facility due to the lack of facilities or programs in their community.

Finally, police officers often referenced the four pillars included in Canada's Drugs and Substances Strategy with treatment and law enforcement receiving the highest level of support.

> *"I feel that the four pillar structure is like a-- it's like a stool with only three pillars. They forget a lot about enforce-- they want a lot of enforcement, but they forget that then they're going to have to give us money to do that enforcement, to keep it safe, right. So I think the healthcare has got way, way more funding and the police haven't got any, but we're still expected to do a lot more."* (Medium Urban, Participant 03)

Views were divided about whether a law-enforcement heavy approach towards drug use was appropriate, and with respect to police officers' views of harm reduction. Although not conclusive, we observed regional differences in how different pillars are applied. For example, as one officer said:

> *"I mean, I know in Vancouver they don't really charge anybody for possession even-- not in an overdose case but just in general, overall [...] Here we're different, like, I'm big on enforcement too, but I'm big on common sense. [...] Because by doing nothing-- you can see it happen on the Downtown Eastside, it's just a disaster. Embarrassing. And we don't want that happening here, right."* (Large Urban, Participant 08)

Police officers in less urban areas emphasized that the lack of resources limited their options for working with people who use drugs. For example, one police officer referred to using jail as a sobering facility due to the lack of facilities or programs in their community.

Overall, there was an emphasis on directing people into treatment. While some officers pointed to the need to increase access to treatment, others believed the issue was people's willingness to go. Some police officers suggested it was appropriate to coerce people who have overdosed into treatment or receiving medical care. However, evidence shows forced treatment can have negative effects on the autonomy of people who use drugs, their trust in systems, such as healthcare, in which many have had negative experiences, and likelihood of seeking out emergency or long term care (British Columbia Centre for Disease Control, 2021; Werb et al., 2016; Wittouck et al., 2013; WHO, 2012).

> *"It's funny 'cause you talk to these individuals that are using these drugs. And you ask them about going to detox or seeking out treatment and some of them will say, like, yes, I want to but, you know, I'm just waiting to get a bed [...] But then on the flipside you end up talking to social workers and outreach workers from the community [...] and they say, oh, yeah, there's-- like anybody on the street right now if they wanted to get treatment they could get treatment."* (Large Urban, Participant 07)

> *"Sometimes I think people should be enforced to go to rehab, that's my opinion." (Large Urban, Participant 08) another participant felt "[..] it would be beneficial to have the courts have power to say this is mandatory treatment."* (Medium Urban, Participant 07)

TAKEAWAYS

1. The implementation of the GSDOA is impacted by larger issues such as: prosecutor practices, federal drug policy outside of overdose contexts, and the availability of resources.
2. Resource limitations contribute to and constrain emergency health service responses to overdoses.
3. We heard about the strained relationship between police officers and people who use drugs and how it can impact people's reactions to police presence at an overdose.
4. Views of and support for different pillars of Canada's Drugs and Substances Strategy varies between officers; however, there appears to be more resistance to the pillar of harm reduction.
5. Some police officers expressed a desire to be able to force someone into treatment and some reported coercing people to go to the hospital after an overdose. A shared understanding is needed about accessibility to treatment for substance use and the risks associated with mandatory treatment.

Recommendations

Recommendations for frontline officers

- Where applicable, provide people at the scene of an overdose with information about their right to refuse to answer/identify themselves.
- Carry nasal naloxone.
- Inform people at the scene of an overdose about the GSDOA.
- If there is someone else (e.g., paramedic, bystander, peer) responding to the overdose, find out if they require support and how you can support them with the response (e.g., provide naloxone, assist with CPR, crowd control). See BCCDC Toward the Heart, *Compassionate Action Module*.
- If you are the first to arrive on scene, follow the steps listed at BCCDC Toward the Heart, *How to Use Naloxone* (video).

Recommendations for police training*

- Naloxone training:
  - Include information about fentanyl i.e., poor absorption of fentanyl through the skin, signs of fentanyl poisoning). See BCCDC Toward The Heart, *Fentanyl and First Responders*.
  - Provide information about the importance of giving breaths, the appropriate dosing of naloxone and risks of naloxone induced withdrawal. See BCCDC *Decision Support Tool: Administration of Naloxone*.
  - Consider holding mandatory education sessions (e.g., incorporate into pre-shift meeting) as well as refreshers. See BCCDC Toward the Heart, *Naloxone Training Manual*.
- GSDOA training:
  - Increase awareness of GSDOA by holding mandatory educational sessions/refreshers (e.g., incorporate into pre-shift meeting) instead of informing officers via email. See BCCDC Toward the Heart, GSDOA Informational Poster.
  - Clarify the following tenets: bystanders are also covered by the GSDOA; persons with a violation concerning a pretrial release, probation order, conditional sentence or parole related to simple possession are legally protected under the GSDOA.
  - Clearly differentiate GSDOA from Good Samaritan Act.

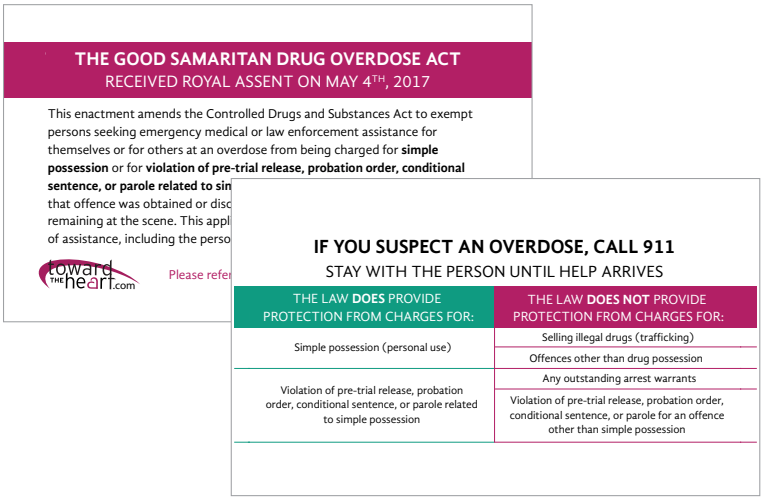
Considerations

- Have police officers understand their legal authority for investigating and/or compelling the identity of persons present at the scene of an overdose as the GSDOA, and the protections it affords, may limit their authorities (i.e., those previously provided pursuant to s. 4(1) of the CDSA).
- Consider reviewing limitations/implementation challenges associated with the GSDOA legislation and identify ways to improve the legislation with the objective of encouraging more people to call emergency medical services in the event of an overdose.

*Naloxone and GSDOA training materials used by various police departments were collected and reviewed in conjunction with police interview data to inform naloxone and GSDOA training recommendations.

Additional resources

- BCCDC Toward the Heart, *Busting Naloxone Myths*
- BC Provincial Health Officer, *Guidance statement regarding personal protective equipment for emergency medical services and health care workers dealing with overdose victims*
- BCCDC Toward the Heart, *Non-stigmatizing language resource*
- Pivot Legal Society, *GSDOA description and limitations*
- BCCDC Toward the Heart, *GSDOA poster*
- BCCDC Toward the Heart, *GSDOA wallet cards*



Toward the Heart, *GSDOA wallet cards*

Toward the Heart *GSDOA poster*

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TRUE OR FALSE?

Answers from page 4

T The Good Samaritan Drug Overdose Act (GSDOA) can **protect people at the scene of an overdose from being arrested** for simple possession of illicit substances

F The GSDOA protects some people at the scene of an overdose from liability **if they attempt to help the person** overdosing and cause harm or do something wrong[1]

The GSDOA can protect **the following people** from being arrested for simple possession of illicit substances at the scene of an overdose:

T **The person who calls 9-1-1**

T **The person who overdoses**

T **Anyone at the scene of an overdose**

When there is an overdose in a public place, 9-1-1 is called and the police come to the scene — **the police can legally arrest a person if they**:

T Have a larger quantity of drugs on them or there is **evidence that they are involved in drug dealing**

T Are in a red/no-go zone they received in relation to **a previous charge that was not simple drug possession** (e.g., theft)

F Are in a red/no-go zone they received in relation to **a previous charge that was simple drug possession**

T Have an **outstanding warrant concerning an offence other than simple drug possession** (e.g., theft)

F Are in violation of a **probation order concerning simple drug possession**

[1] While the GSDOA does not apply in this way, the BC Good Samaritan Act does.

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