



HARM REDUCTION AND OVERDOSE PREVENTION 50-State Survey

Harm Reduction Laws in the United States

Drug overdose is a continuing epidemic that claimed the lives of over 67,000 Americans in 2018. Opioids, either alone or in combination with other substances, were responsible for approximately 70% of these deaths. Many of these lost lives and other opioid-related harms are preventable through the timely administration of the opioid reversal drug naloxone and, where appropriate, other follow-up care.

Similarly, consistent access to new injection supplies is critical to prevent the transmission of HIV, viral hepatitis, and other bloodborne diseases among people who inject drugs, and to prevent subsequent infection of sexual partners, children, and others. Unfortunately, state laws and local rules can make it difficult for people who inject drugs to access these lifesaving supplies, and variations in laws among states can create confusion among both people who inject drugs and people and organizations working to ensure that they have the supplies they need to protect themselves and others. This document is designed to reduce this information gap and help individuals and organizations better understand how the legal landscape in their state may impact access to harm reduction services and supplies, including overdose Good Samaritan laws, which provide limited protection from criminal sanctions to encourage people to call for help in an overdose emergency. Specifically, it covers laws related to syringe possession and distribution, naloxone access, statewide naloxone standing orders, and overdose Good Samaritan overdose protections in all 50 states and the District of Columbia.

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For each state, each area of law is briefly explained in plain language. The relevant citation is also listed, together with a hyperlink that will take the reader to the text of the law. All information is current as of September 15, 2020.

This document was developed by the Harm Reduction Legal Project with the support of NEXT Distro, an online and mail-based harm reduction platform designed to reduce opioid overdose death, prevent injection-related disease transmission, and improve the lives of people who use drugs. For more information about the Harm Reduction Legal Project or to request information or technical assistance regarding harm reduction law or policy, please visit <https://www.networkforphl.org/resources/topics/projects/harm-reduction-legal-project/> or email harmreduction@networkforphl.org. For more information about NEXT Distro or to access harm reduction supplies, please visit <https://nextdistro.org/>. The information contained in this document is available in an easy to access format on the NEXT website at <https://nextdistro.org/policies>.



Utah

Syringe Possession & Distribution

- [Utah Code Ann. § 58-37a-5](#)
- Syringes are drug paraphernalia if used or intended for use in injecting controlled substances into the body. [Utah Code Ann. § 58-37a-3 \(11\)](#).
- Use or possession with intent to use drug paraphernalia is a class B misdemeanor. [Utah Code Ann. § 58-37a-5\(1\)\(b\)](#).
- Delivery, possession with intent to deliver, or manufacture with intent to deliver drug paraphernalia is a class A misdemeanor, with higher penalties if the recipient is a minor 3 or more years younger than the person delivering the paraphernalia.
- If syringes are in a sealed sterile package, it is not illegal to sell, give out, or possess. [Utah Code Ann. § 58-37a-5\(5\)](#).
- Syringe exchange is authorized by law. [Utah Code Ann. § 26-7-8](#).

Naloxone Access Law

- [Utah Code Ann. § 26-55-101](#) et seq.
- A prescriber may prescribe and dispense naloxone, directly or by standing order, to a person at risk of overdose or a family member, friend, or other person able to help someone experiencing an overdose, or to an overdose outreach provider.
- A prescriber must provide education on how to use naloxone.
- A pharmacist may give out naloxone under a standing order.
- An overdose outreach provider may store naloxone and give out naloxone to a family member, friend or other person in a position to help, and must provide overdose education. The overdose outreach provider may also administer naloxone to someone experiencing an overdose.
- Overdose outreach providers include law enforcement, health departments, drug and alcohol treatment providers, service providers to the homeless, an organization that provides training on naloxone, a school, or any other organization that is not an individual or a health care facility. [Utah Code Ann. § 26-55-107](#).
- Prescribers are immune from civil liability for prescribing or administering naloxone so long as they are not acting in the scope of their responsibilities or duty of care. [Utah Code Ann. § 26-55-104](#).
- Overdose outreach providers and other people are immune from civil liability for administering naloxone. Overdose outreach providers are also immune from civil liability for giving out naloxone. [Utah Code Ann. § 25-55-104\(1\)\(b\)](#); [26-55-106\(a\)\(c\)](#).

Naloxone Standing Order

- <https://dopl.utah.gov/docs/NaloxoneStandingOrder.pdf>
- The order permits pharmacists to give intranasal naloxone (either Narcan spray or generic atomizer), intramuscular naloxone with syringe, and auto-injector naloxone (like Evzio) to people who are at risk of overdose or are a friend, family member, or other person in the position to help in the case of an overdose.



Good Samaritan Law

- [Utah Code Ann. § 58-37-8\(16\)](#)
- It is an affirmative defense to an allegation of drug possession or possession of paraphernalia if:
 - The person calls for help or assists someone calling for help for themselves or another person experiencing an overdose
 - The person provides the location of the overdose and remains at the location with the person experiencing overdose until help arrives
 - The person cooperates with emergency personnel, including providing information on what substance may have caused the overdose
 - The allegation of drug possession or possession of drug paraphernalia is a result of the same events that caused the person to call for help.'
- The affirmative defense does not apply if the medical help is called for during the execution of a legal search.
- Calling for help is a mitigating factor in prosecution for other crimes. [Utah Code Ann. § 76-3-203.11.](#)
- The person who overdosed does not appear to have any affirmative defense.

This document was developed by Amy Judd Lieberman and Corey Davis at the Network for Public Health Law's Harm Reduction Legal Project (harmreduction@networkforphl.org), with the assistance of Robyn Lin at the University of California, Irvine School of Law and the support of NEXT Distro. The information provided in this document does not constitute legal advice or legal representation. You should always consult with an attorney barred in your state for specific legal advice. This document provides a snapshot of the state of the law as of September 15, 2020.



NEXT Distro
STAY ALIVE, STAY SAFE.



The Network
for Public Health Law