



DRUG OVERDOSE PREVENTION  
**FACT SHEET**

## South Carolina Overdose Prevention Legislation

### Background

Drug overdose is a nationwide epidemic that claims the lives of over 43,000 Americans every year.<sup>1</sup> The problem is particularly severe in South Carolina. Between July 1, 2013 and June 30, 2014, 354 people died in the state due to prescription drug overdose, and an additional 31 people died of heroin overdoses.<sup>2</sup> The state has also seen a significant increase in the number of people seeking treatment for opioid abuse or dependence.<sup>3</sup>

Opioid overdose is typically reversible through the timely administration of naloxone, a medication that blocks the effects of opioids in the brain, and the provision of other emergency care as necessary.<sup>4</sup> However, some current laws limit access to naloxone by making it difficult for those likely to be in a position to aid an overdose victim to access the medication. Existing law can also discourage those witnessing an overdose from calling for help.<sup>5</sup> Additionally, many of the first responders dispatched to assist overdose victims do not carry naloxone and are not trained in its use. As one step toward reducing the unprecedented increase in preventable overdose deaths in the United States, the majority of states have amended their laws to increase access to this life-saving medication.<sup>6</sup>

South Carolina has taken initial steps to change law to increase access to emergency care for opioid overdoses. With the signing of the South Carolina Overdose Prevention Act on June 3, 2014, the state made it more likely that naloxone<sup>7</sup> will be available when and where it is needed.<sup>8</sup> Unlike most states, South Carolina has not passed a law encouraging overdose witnesses to summon emergency responders. This fact sheet explains the provisions of the Overdose Prevention Act.

### Increased Access to Naloxone

The Overdose Prevention Act increases access to naloxone in several ways. First, it authorizes medical professionals who are authorized to prescribe medications and who are acting in good faith and exercising reasonable care to prescribe naloxone to a patient or caregiver.<sup>9</sup> The law requires that the prescriber provide the patient or caregiver with information that addresses a) opioid overdose prevention and recognition; b) naloxone dosage and administration; c) the importance of calling 911; and d) care for the overdose victim after administration of naloxone. The prescriber must document in the medical record that this information has been provided. The caregiver is expressly authorized to administer naloxone to a person the caregiver believes is experiencing an opioid overdose, as long as he or she has received the required training.

The law also permits prescribers acting in good faith and exercising reasonable care to issue standing orders to first responders that permit those responders to possess naloxone and to administer it where the first responder believes in good faith that the recipient is experiencing an opioid overdose.<sup>10</sup> The law also clarifies that a pharmacist acting in good faith and exercising reasonable care may dispense naloxone pursuant to any prescription order permitted by law,



including one issued to a caregiver. Unlike many similar laws passed in other states, the Act does not permit prescribers to issue standing orders for naloxone to be dispensed to laypeople.

Both the prescriber who issues a prescription authorized by the law and a pharmacist who dispenses naloxone pursuant to such a prescription are provided with immunity from civil and criminal liability as well as professional discipline for the prescribing or dispensing. A caregiver who administers naloxone as permitted by the law is also provided with immunity from civil and criminal liability. First responders who administer naloxone as permitted by the law to a person believed to be an experiencing an opioid overdose are provided with immunity from civil, criminal, and disciplinary action.

## Conclusion

With the passage of the Overdose Prevention Act, South Carolina joins the majority of states that have taken legislative action to increase access to emergency medical care for drug overdose.<sup>11</sup> While it is too early to tell whether this law will reduce overdose deaths, initial data from other states are encouraging. A recent evaluation of a naloxone distribution program in Massachusetts, which trained over 2,900 potential overdose bystanders, reported that opioid overdose death rates were significantly reduced in communities in which the program was implemented compared to those in which it was not.<sup>12</sup>

However, the state has not yet joined the 32 states that have modified criminal law to provide limited immunity for people who call 911 in the event of an overdose. Initial evidence from Washington State, which passed such an overdose medical amnesty law in 2010, is positive, with 88 percent of people who use drugs surveyed indicating that they would be more likely to summon emergency personnel during an overdose as a result of the legal change.<sup>13</sup>

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## References

<sup>1</sup> Chen LH, Hedegaard H, Warner M. *QuickStats: Rates of deaths from drug poisoning and drug poisoning involving opioid analgesics—United States, 1999–2013*. 64 MORBIDITY AND MORTALITY WEEKLY REPORT 32 (2015), available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6401a10.htm>.

<sup>2</sup> Governor's Prescription Drug Abuse Prevention Council. *State Plan to Prevent and Treat Prescription Drug Abuse* (2014), available at <http://www.governor.sc.gov/ExecutiveOffice/Documents/Prescription%20Drug%20Abuse%20Prevention%20Council%20State%20Plan%20December%202014.pdf>.

<sup>3</sup> *Id.*

<sup>4</sup> See C. Baca, et al., *Take-home Naloxone to Reduce Heroin Death*, 100 ADDICTION 1823 (2005); Centers for Disease Control and Prevention, *Community-Based Opioid Overdose Prevention Programs Providing Naloxone – United States*, 2010, 61 MORBIDITY AND MORTALITY WEEKLY REPORT 101 (2012).

<sup>5</sup> See Davis CS, Webb D, Burris S. *Changing Law from Barrier to Facilitator of Opioid Overdose Prevention*, 41 JOURNAL OF LAW, MEDICINE AND ETHICS 33 (2013).

<sup>6</sup> For a comprehensive list of other state efforts, see NETWORK FOR PUBLIC HEALTH LAW, LEGAL INTERVENTIONS TO REDUCE OVERDOSE MORTALITY: NALOXONE ACCESS AND GOOD SAMARITAN LAWS (2015), available at [http://www.networkforphl.org/\\_asset/qz5pvn/network-naloxone-10-4.pdf](http://www.networkforphl.org/_asset/qz5pvn/network-naloxone-10-4.pdf).



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<sup>7</sup> While the law refers to “opioid antidote,” since the law defines that term to mean naloxone and any other similarly acting drug approved for the treatment of opioid overdose and there are no other such medications, we will use the term “naloxone” throughout this fact sheet.

<sup>8</sup> The law will be codified at S.C. Code Ann. 44-130-10 *et seq.*

<sup>9</sup> Prescribers are, of course, already permitted to prescribe naloxone to their own patients. “Caregiver” is defined as “a person who is not at risk of an opioid overdose but who, in the judgment of a physician, may be in a position to assist another individual during an overdose and who has received patient overdose information as required by Section 44-130-30 on the indications for and administration of an opioid antidote.” S.C. Code Ann. § 44-130-20(1).

<sup>10</sup> First responder” is defined as “an emergency medical services provider, a law enforcement officer, or a fire department worker directly engaged in examining, treating, or directing persons during an emergency.” S.C. Code Ann. 44-130-20(4).

The law requires that the first responder “comply with all applicable requirements for possession, administration, and disposal of the opioid antidote and administration device” and permits the department of health to promulgate regulations to implement the law.

<sup>11</sup> For a comprehensive list of other state efforts, see NETWORK FOR PUBLIC HEALTH LAW, LEGAL INTERVENTIONS TO REDUCE OVERDOSE MORTALITY: NALOXONE ACCESS AND GOOD SAMARITAN LAWS (2015), available at [http://www.networkforphl.org/\\_asset/qz5pvn/network-naloxone-10-4.pdf](http://www.networkforphl.org/_asset/qz5pvn/network-naloxone-10-4.pdf).

<sup>12</sup> Alex Walley, et al., *Opioid overdose rates and implementation of overdose education and nasal naloxone distribution in Massachusetts: interrupted time series analysis*, 346 *BMJ* f174 (2013).

<sup>13</sup> Banta-Green, C. Washington’s 911 Good Samaritan Overdose Law: Initial Evaluation Results (Nov. 2011), available at <http://adai.uw.edu/pubs/infobriefs/ADAI-IB-2011-05.pdf>