FAQ: AB 2145, THE OVERDOSE TREATMENT ACT OF 2010

Why do we need this law?
Overdose deaths are a preventable tragedy. Over 3,000 Californians die every year from accidental drug overdose. AB 2145, authored by Assemblymember Tom Ammiano (D-San Francisco) would expand access to life-saving overdose prevention education and naloxone prescriptions to at-risk Californians. Although naloxone is a very safe drug and recent studies have proven that lay people, with appropriate training, can safely and properly administer it, some clinicians are concerned about prescribing take-home naloxone for use by lay people.

Legislation to remove potential liability will encourage the diffusion of overdose prevention and response programs that include naloxone distribution. In recent years, New York, New Mexico, Illinois and Connecticut have enacted similar legislation protecting licensed health care professionals and third parties from civil and criminal liability when prescribing and administering opioid antagonists as part of their concrete support for overdose prevention programming.

How do we know this is safe & effective?
Overdose Prevention and Education programs that dispense naloxone have been operating legally in California for 10 years, with different levels of support from city and county public health departments and community-based organizations. There are 18 naloxone prescription programs (NPPs) operating currently in 12 counties in CA. There is over 7 years of practice and evaluation from California’s longest-running naloxone prescription program in San Francisco, that in collaboration with the San Francisco Department of Public Health, has provided over 2,000 take-home naloxone prescriptions since 2003, and to date, has saved 455, with no reported adverse effects. During the program time period, San Francisco experienced a decline in heroin-related overdose deaths from over 120 per year in 2000 to under 60 per year in 2005 (Hart 2006).

Why is it important to protect the person using naloxone (3rd party liability)?
Opioid overdose is characterized by unconsciousness caused by failure of the respiratory system. Therefore, if the person prescribed naloxone is the one who is at-risk, they will not be able to use it on him/herself when actually needed. A companion trained in Naloxone administration must be present to administer the life-saving drug. Friends, family members, workers in homeless shelters, residential hotels, and drug treatment programs are often first responders in an overdose crisis, but may be fearful to carry a naloxone prescription because of the lack of 3rd party protection. A trained, informed Good Samaritan deserves to keep naloxone in the first aid kit or medicine cabinet without needless concern.

Won’t this reduce consumers’ recourse against health care providers?
This legislation would provide specific immunities to health care providers who are involved in the prescription and distribution of Naloxone only when they are acting with reasonable care and in good faith. This legislation would only provide civil and criminal liability protection in regards to opioid antagonists and no other type of drug. Furthermore, this legislation would not prohibit a health care provider from being sued for severe negligence.

FAQ: AB 2460, THE 911 AMNESTY ACT OF 2010

Why do we need this law?
One of the biggest barriers to effective response to overdose, resulting in needless fatalities, is the reluctance of bystanders to call 911 for fear of arrest. Assembly Bill 2460 authored by Assemblymember Tom Ammiano (D-San Francisco) would encourage bystanders to call 911 when witnessing an overdose event by offering limited protection from arrest for simple possession or paraphernalia charges for people who are present when 911 responders arrive.