

# Liability Protections for the Administration of Naloxone

Provide liability protections to laypersons or nonmedical professionals (e.g., law enforcement officers) who administer naloxone. Protections can extend to criminal liability, civil liability, and professional sanctions.

A panel of experts rated how they expect this type of policy to affect four outcomes: *naloxone distribution* through pharmacies, *opioid use disorder (OUD) prevalence*, rates of *nonfatal opioid overdose*, and *opioid overdose mortality*. Another panel of experts rated the policy on four implementation criteria: *acceptability* to the public, *feasibility* of implementation, *affordability* from a societal perspective, and *equitability* in health effects.

## POLICY RECOMMENDATION ACCORDING TO EXPERT RATINGS

OPPOSE	UNCERTAIN	SUPPORT
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## SUMMARY OF EXPERT RATINGS

OUTCOMES	EFFECT RATING		
Naloxone Pharmacy Distribution	HARMFUL	LITTLE-TO-NO	BENEFICIAL
OUD Prevalence	HARMFUL	LITTLE-TO-NO	BENEFICIAL
Nonfatal Opioid Overdose	HARMFUL	LITTLE-TO-NO	BENEFICIAL
Opioid Overdose Mortality	HARMFUL	LITTLE-TO-NO	BENEFICIAL
CRITERIA	IMPLEMENTATION RATING		
Acceptability	LOW	MODERATE	HIGH
Feasibility	LOW	MODERATE	HIGH
Affordability	LOW	MODERATE	HIGH
Equitability	LOW	MODERATE	HIGH

## SUMMARY OF EXPERT COMMENTS

- Experts expect this policy to have minimal effects on naloxone distribution and other outcomes because liability concerns are not a major barrier for naloxone administration, even if liability protections may make some people more comfortable administering naloxone.
- Experts think the public generally supports efforts to protect laypersons acting in good faith to address the opioid epidemic.
- Experts view this policy as feasible and affordable primarily because there are no implementation challenges and ongoing costs once the laws are passed and because liability protection laws regarding naloxone are already well-established.
- Experts generally consider this policy equitable because it would facilitate greater access to naloxone, especially among stigmatized populations.

### THE PANELS AND RESULTS INFORMING THIS POLICY PROFILE ARE FULLY DOCUMENTED IN

Smart, Rosanna, and Sean Grant. (2021). "Effectiveness and implementability of state-level naloxone access policies: Expert consensus from an online modified-Delphi process." *International Journal of Drug Policy*, 98, 103383. As of July 31, 2023: <https://www.rand.org/t/EP68824.html>

Grant, Sean, and Rosanna Smart. (2022). "Expert views on state-level naloxone access laws: A qualitative analysis of an online modified-Delphi process." *Harm Reduction Journal*, 19(1), 64. As of July 31, 2023: <https://www.rand.org/t/EP69032.html>

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To view this Policy Profile online, visit [www.rand.org/t/RBA3054-3](http://www.rand.org/t/RBA3054-3).



# Outcomes Summaries

## NALOXONE PHARMACY DISTRIBUTION

Amount of naloxone dispensed through retail pharmacies (e.g., chain pharmacy stores, independent community pharmacies).

EFFECT RATING	SUMMARY OF EXPERT OPINION	REPRESENTATIVE QUOTATIONS
<b>BENEFICIAL</b>	Modest positive impact as some might feel more comfortable administering naloxone.	“This would help caregivers and nonmedical professionals feel more comfortable having doses available”
<b>LITTLE-TO-NO</b>	Concerns about liability are not a major barrier to naloxone pharmacy distribution.	“While this policy could cause a slight increase in distribution, it may not have a substantial impact on distribution given that those who obtain naloxone from pharmacies are likely to administer the drug regardless of liability concerns”
<b>HARMFUL</b>	N/A	N/A

## OPIOID USE DISORDER PREVALENCE

Percentage of the general population with a pattern of opioid use leading to clinically and functionally significant impairment, health problems, or failure to meet major responsibilities.

EFFECT RATING	SUMMARY OF EXPERT OPINION	REPRESENTATIVE QUOTATIONS
<b>BENEFICIAL</b>	N/A	N/A
<b>LITTLE-TO-NO</b>	No credible mechanism linking liability protections and OUD prevalence.	“Unless this policy is somehow tied to treatment, I am not seeing a direct mechanism that would link it with changes in the OUD rate”
<b>HARMFUL</b>	N/A	N/A

# Outcomes Summaries

## NONFATAL OPIOID OVERDOSE

Per capita rates of nonfatal overdose related to opioids, including opioid analgesics (e.g., oxycodone), illegal opioids (e.g., heroin), and synthetic opioids (e.g., fentanyl).

EFFECT RATING	SUMMARY OF EXPERT OPINION	REPRESENTATIVE QUOTATIONS
<b>BENEFICIAL</b>	Modest positive impact as some might feel more comfortable administering naloxone.	"Would allow more people to have naloxone and feel comfortable administering"
<b>LITTLE-TO-NO</b>	No credible mechanism linking liability protections and nonfatal opioid overdoses—especially because liability protections do not impact naloxone distribution.	"I don't think naloxone access has much if any impact on the prevalence of nonfatal opioid overdose"
<b>HARMFUL</b>	Potential for revival from overdose could have a small, indirect, and mechanistic impact on nonfatal overdoses due to increased survivorship.	"If naloxone access goes up, more people will survive an [overdose]"

## OPIOID OVERDOSE MORTALITY

Per capita rates of fatal overdose related to opioids, including opioid analgesics (e.g., oxycodone), illegal opioids (e.g., heroin), and synthetic opioids (e.g., fentanyl).

EFFECT RATING	SUMMARY OF EXPERT OPINION	REPRESENTATIVE QUOTATIONS
<b>BENEFICIAL</b>	Modest positive impact as some might feel more comfortable administering naloxone.	"Could be helpful for drug users or bystanders to feel more empowered to use naloxone"
<b>LITTLE-TO-NO</b>	Liability protections do not impact naloxone distribution sufficiently to impact fatal overdoses.	"Expect mortality reductions to be small as naloxone access change is likely to be small"
<b>HARMFUL</b>	N/A	N/A

# Implementation Criteria Summaries

## ACCEPTABILITY

The extent to which the policy is acceptable to the general public in the state or community where the policy has been enacted.

IMPLEMENTATION RATING	SUMMARY OF EXPERT OPINION	REPRESENTATIVE QUOTATIONS
<b>HIGH</b>	Public supports efforts to protect laypersons acting in good faith to address the opioid epidemic.	"I think it is highly acceptable to the public that an individual not be punished for doing what they could to assist another in good faith. . . . The concept of protections for lay people to administer naloxone and call for medical assistance is pretty well accepted"
<b>MODERATE</b>	Stigma about people who use drugs persists.	"Public still hates people who use drugs. Many want to punish them, not treat them"
<b>LOW</b>	N/A	N/A

## FEASIBILITY

The extent to which it is feasible for a state or community to implement the policy as intended.

IMPLEMENTATION RATING	SUMMARY OF EXPERT OPINION	REPRESENTATIVE QUOTATIONS
<b>HIGH</b>	Good Samaritan and liability protection laws are already well-established.	"Assuming legislative support, existing legislative language from some states could be used as a model"
<b>MODERATE</b>	More complex to implement than provider protections, particularly with regard to law enforcement personnel and the expansiveness of protections to adjacent illegal activities (e.g., parole violation, possession).	"Each state would need to promote these changes at a state/municipality level. It might be difficult to get all levels of law enforcement on board"
<b>LOW</b>	N/A	N/A

## AFFORDABILITY

The extent to which the resources (costs) required to implement the policy are affordable from a societal perspective.

IMPLEMENTATION RATING	SUMMARY OF EXPERT OPINION	REPRESENTATIVE QUOTATIONS
<b>HIGH</b>	Little-to-no ongoing costs once passed. Could even be cost-saving with the reduction in costs from legal issues.	"There should be minimal cost to extending liability protections"
<b>MODERATE</b>	Depends on the costs of naloxone and educating stakeholders (e.g., law enforcement, emergency services, public).	"Depends on implementation and enforcement"
<b>LOW</b>	N/A	N/A

# Implementation Criteria Summaries

## EQUITABILITY

The extent to which the policy is equitable in its impact on health outcomes across populations of people who use opioids.

IMPLEMENTATION RATING	SUMMARY OF EXPERT OPINION	REPRESENTATIVE QUOTATIONS
<b>HIGH</b>	Facilitates greater access to naloxone, especially among stigmatized populations.	"Allowing more people (including those who may be using or in possession of illegal substances) to use naloxone in an emergency situation would hopefully reduce morbidity and mortality"
<b>MODERATE</b>	Impacts of policy may not reach most vulnerable populations experiencing inequities. Depends on implementation.	"This should not exacerbate inequities. However, I am unsure if the most vulnerable populations at risk for overdose are the same people who will interact with laypeople who carry naloxone"
<b>LOW</b>	N/A	N/A

This Policy Brief was developed by the RAND-USC Schaeffer Opioid Policy Tools and Information Center (OPTIC), a multidisciplinary research center dedicated to improving the effectiveness of opioid policies by enhancing opioid policy science. OPTIC is a collaboration between the RAND Corporation and the USC Leonard D. Schaeffer Center for Health Policy and is funded by the National Institute on Drug Abuse (P50DA046351). RAND is a research organization that develops solutions to public policy challenges to help make communities throughout the world safer and more secure, healthier and more prosperous. RAND is nonprofit, nonpartisan, and committed to the public interest. RAND's publications do not necessarily reflect the opinions of its research clients and sponsors. RAND® is a registered trademark.

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