Good Samaritan Laws and Illicit Drug Crime

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According to the Centers for Disease Control and Prevention, overall opioid fatalities from 2023 to 2024 decreased nearly 24 percent. This is the first time opioid fatalities have decreased since 1999, when the agency began keeping records, and when many consider the beginning of the opioid crisis. While this reversal provides some grounds for optimism, overall opioid deaths are still considerably higher than pre-pandemic levels. Sadly, the United States' opioid misuse problem is far from over.

While the opioid crisis is a national concern, most efforts to address it occur at the state-level. Some of the most common policies to reduce opioid misuse include Prescription Drug Monitoring Programs (PDMPs) and Naloxone Access Laws (NALs). PDMPs hope to limit access to these potentially addictive medications by carefully monitoring and limiting doctors' prescribing practices. NALs grant more liberal access to the powerful overdose-reversal medication Naloxone. Both policies are well-intentioned, though evidence on their effectiveness is mixed (Doleac & Mukherjee, 2022; Gupta et al., 2022; Rees et al., 2019; Dave et al., 2021).

The most recent, and now arguably most common, state-level policy used to limit opioid overdoses is called Good Samaritan Laws (GSLs). GSLs provide certain legal immunity to individuals or groups- often called the Samaritans- for calling 911 to report an opioid overdose. Since 2007, 48 states and Washington, D.C., have implemented some form of GSL. The legal immunities provided under GSLs vary by state. However, some of the most common legal immunities include heroin possession, violation of parole or restraining orders, and possession of drug paraphernalia.

GSLs: Goals, Incentives, and Motivation

Clinically, GSLs are well-suited to save lives. Most overdoses occur in group settings, which means witnesses are typically present to call 911 (Banta-Green et al., 2014). Opioid overdoses often develop slowly—frequently at least an hour after use—providing ample time for medical intervention (Richardson et al., 2023).

Despite these considerations, GSLs' impact on opioid overdose deaths remains unclear (Maclean et al., 2022; Nguyen & Parker, 2018; Townsend et al., 2022). Like similarly intended PDMPs and NALs, evidence on GSLs' effectiveness is mixed (Rees et al., 2019; Doleac & Mukherjee, 2022). We know even less about possible secondary consequences of GSLs, although similarly intended policies have shown secondary effects on drug markets and crime (Miron et al., 2019; Alpert et al., 2018; Dave et al., 2021).

Because most opioid overdoses occur from black market exchanges and reported drug overdoses require police attention, GSLs hope to motivate those involved in illicit drug-related dealings to seek medical help in exchange for not being penalized for engaging in specific criminal activities. Decreasing legal consequences clearly changes incentives. How it changes incentives is deceptively complicated.

Reducing the legal risk of calling 911 lowers the expected costs of criminal activity for those already engaged in illicit drug sales. Consequently, we might expect passing GSLs to prompt additional drug-related black-market exchanges. The 2020 case of Rhode Island v. Daniel DiSalvo (2020) provides an example. In this landmark case, the defendant was charged with possession of illegal narcotics with the intent to sell. However, the court dropped all charges because the defendant called 911 after fearing they were overdosing, which was covered under the state's GSL.

Conversely, more 911 calls also bring police to overdose scenes more frequently. Because most GSL immunities are designed to protect drug users rather than sellers, the increased law enforcement presence may deter illicit drug sales activity. Research during the early adoption period of GSLs further indicates that law enforcement, drug sellers, and bystanders, were often unaware of the specific legal protections GSLs provided (Latimore & Bergstein, 2017; Watson et al., 2018). Thus, a GSL might fail to be applied or to be applied consistently to drug sellers.

Data and Empirical Findings

Whether GSLs motivate illicit drug sales is ultimately an empirical question. To address it, we collect state-level arrest data from the FBI's Uniform Crime Reporting Program. Specifically, we examine arrests per 100,000 individuals for illegal sales of synthetic narcotics, opium and cocaine derivatives, marijuana, dangerous non-narcotics, and unspecified drugs. The data spans from 2000-2019.

I use the difference-in-differences estimator developed by Callaway and Sant'Anna (2021), specifically designed for staggered policy adoption across states. This approach avoids the well-documented biases of standard two-way fixed effects models when treatments are implemented at different points in time. Our primary findings on how adopting GSLs impacts arrests for selling six categories of illegal drugs are provided below.

Table 1. GSL Effects on Arrests for Illicit Drug Sales

Drug Sale Category	Effect of GSL on Arrests
Synthetic Narcotics	−0.492***
Opium and Cocaine Derivatives	−0.414*
Marijuana	−0.859**
Unspecified Drug Sales	-1.893***
Dangerous Non-Narcotics	-0.113

*p<0.10, **p<0.05, ***p<0.01.

As noted above, there is a statistically significant negative relationship between GSL adoption and arrests for four of the five illicit drug sale categories. States adopting GSLs experienced approximately 0.492 fewer arrests per 100,000 individuals for selling synthetic narcotics than states without GSLs—a meaningful reduction, given a sample mean of 0.624. Effects on other drug sale categories are also consistently negative, though statistical significance varies.

Because GSLs differ by state in terms of the legal immunities they provide, I further divide GSLs into six forms of legal immunities: (1) protection against heroin possession, (2) if legal immunity extends to people beyond the bystander, (3) if the GSL includes protections against possession beyond heroin and drug paraphernalia, (4) if the bystander has other legal requirements beyond calling 911 to receive legal protection, and (5) if the GSL provides protection against civil asset forfeiture.

I chose these immunities for two reasons. First, because they are the most common across states, second, they conveniently provide indirect measures of legal protection against drug exchanges and common crimes committed when illicit sales occur. Table 2 below provides my results for arrests for synthetic narcotic sales.

Table 2. Effects of Type of GSL Legal Immunity on Synthetic Narcotic Sale Arrests

Legal Immunity Type	Effect on Synthetic Narcotic Arrests
Heroin possession	−0.350***
Immunity extended beyond the bystander	-0.371**
Drug-related activity protections	-0.320*
Specific requirements are placed on bystanders	-0.124
Supervisory condition violation	-0.294**
Civil asset forfeiture	−0.72*

*p<0.10, **p<0.05, ***p<0.01.

The composition of legal immunities matters. Immunity against heroin possession at the overdose scene generates the largest individual deterrent effect, reducing synthetic narcotic sales arrests by 0.35 per 100,000 (Table 2). Protections extended beyond the immediate 911 caller, supervisory condition violation immunity, and civil asset forfeiture protection each show significant negative effects. However, Table 2 only provides for synthetic narcotic sales arrests because results for other drug sales arrests yielded largely insignificant results.

Lastly, I examine the potential interaction effects of NALs and PDMPs on GSLs. Because GSLs are comparatively new, most states already had NALs or PDMPs in place previously. Since all ofall these state-level policies affect the illicit market for opioid misuse, they may also impact GSLs' impact on arrests for various illicit drug sales. Table 3 below provides estimates for these interaction effects across all five drug sale categories.

Table 3. Combined Effects of GSL and NAL on Arrests for Illicit Drug Sales

	Synthetic Narcotics	Opium/Coke Derivatives	Marijuana	Dangerous Non-Narcotics	Unspecified
GSL×NAL	−0.463***	−0.295***	−0.480*	−0.098	−1.298***
GSL×PDMP	−0.314**	−0.221*	−1.041**	0.077	−1.664***

*p<0.10, **p<0.05, ***p<0.01.

Results remain robust when accounting for Naloxone Access Laws (NALs) and Prescription Drug Monitoring Programs (PDMPs). The negative relationship between GSLs and synthetic narcotic sales arrests holds across both joint policy specifications. Other relationships, in terms of statistical significance and coefficient magnitude, remain largely the same as those reported in Table 1.

While illustrative, reductions in illicit drug sale arrests could be the result of GSL adoption rather than to behavioral changes among drug sellers. Statistically significant decreases in such arrests could therefore reflect broader utilization of GSL protections rather than a genuine deterrent effect on drug sales. However, Hamilton et al. (2021) find that very few illicit drug sale arrests arise from overdose incidents, limiting the practical significance of this concern. Moreover, GSL immunity provisions most commonly protect against heroin possession---arguably opioids' closest substitute---while protections covering synthetic narcotics (including opioids), cocaine, marijuana, and other controlled substances are rarely included. This further suggests that observed reductions in arrests are more likely driven by greater caution among drug sellers than by expanded legal leniency under GSLs.

Conclusion and Policy Implications

GSLs are among the most widely adopted opioid crisis response policies in the United States. However, their relatively recent adoption leaves many questions about their effectiveness and their potential secondary consequences. This analysis provides the first evidence that GSLs produce a meaningful secondary consequence: a statistically significant and growing reduction in arrests for illicit drug sales, particularly for synthetic narcotics. These deterrent effects are robust across empirical specifications, immunity types, and complementary policy controls.

For policymakers, these findings suggest that GSLs may serve a dual function—simultaneously encouraging overdose reporting and reducing illicit drug market activity. I also found that the type of immunity offered matters: protections that extend to more people, cover a broader range of drug-related activities, and include civil asset forfeiture provisions generate stronger deterrent effects. States designing or revising GSLs should consider not only the breadth of coverage but also the specific immunity categories most likely to bring law enforcement into contact with illicit drug sales activity.

References

Banta-Green, C. J., Beletsky, L., Schoeppe, J. A., Coffin, P. O., & Kuszler, P. C. (2014). Police officers' and paramedics' experiences with overdose and their knowledge and opinions of Washington State's drug overdose–naloxone–Good Samaritan Law. Journal of Urban Health, 91(5), 1102–1110.

Becker, G. S. (1968). Crime and punishment: An economic approach. Journal of Political Economy, 76(2), 169–217.

Callaway, B., & Sant'Anna, P. H. C. (2021). Difference-in-differences with multiple time periods. Journal of Econometrics, 225(2), 200–230. https://doi.org/10.1016/j.jeconom.2020.12.001

Centers for Disease Control and Prevention. (2025). U.S. overdose deaths decrease almost 27% in 2024. https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2025/20250514.htm

Dave, D., Deza, M., & Horn, B. (2021). Prescription drug monitoring programs, opioid abuse, and crime. Southern Economic Journal, 87(3), 808–848. https://doi.org/10.1002/soej.12471

Doleac, J. L., & Mukherjee, A. (2022). The effects of naloxone access laws on opioid abuse, mortality, and crime. The Journal of Law and Economics, 65(2), 211–238. https://doi.org/10.1086/719180

Draca, M., & Machin, S. (2015). Crime and economic incentives. Annual Review of Economics, 7(1), 389–408. https://doi.org/10.1146/annurev-economics-080614-115808

References, Cont.

Gupta, S., Al Achkar, M., & Ray, B. (2022). Are prescription drug monitoring laws effective for all? Evidence from administrative data. Contemporary Economic Policy, 40(1), 28–47. https://doi.org/10.1111/coep.12507
Hamilton, L., Davis, C. S., Kravitz-Wirtz, N., Ponicki, W., & Cerdá, M. (2021). Good Samaritan laws and overdose mortality in the United States in the fentanyl era. International Journal of Drug Policy, 97, 103294.

Jakubowski, A., Kunins, H. V., Huxley-Reicher, Z., & Seiger, A. (2018). Knowledge of the 911 Good Samaritan Law and 911-calling behavior of overdose witnesses. Substance Abuse, 39(2), 233–238.

Latimore, A. D., & Bergstein, R. S. (2017). "Caught with a body" yet protected by law? Calling 911 for opioid overdose in the context of the Good Samaritan Law. International Journal of Drug Policy, 50, 82–89.

Maclean, J. C., Mallatt, J., Ruhm, C. J., & Simon, K. I. (2022). The opioid crisis, health, healthcare, and crime: A review of quasi-experimental economic studies. The ANNALS of the American Academy of Political and Social Science, 703(1), 15–49. https://doi.org/10.1177/00027162221149285

Nguyen, H., & Parker, B. R. (2018). Assessing the effectiveness of New York's 911 Good Samaritan Law—Evidence from a natural experiment. International Journal of Drug Policy, 150, 149–156.

Reader, S. W., Walton, G. H., & Linder, S. H. (2022). Review and inventory of 911 Good Samaritan law provisions in the United States. International Journal of Drug Policy, 110, 103896. https://doi.org/10.1016/j.drugpo.2022.103896

Rees, D. I., Sabia, J. J., Argys, L. M., Dave, D., & Latshaw, J. (2019). With a little help from my friends: The effects of Good Samaritan and naloxone access laws on opioid-related deaths. The Journal of Law and Economics, 62(1), 1–27.

Richardson, N. J., Ray, B., Smiley-McDonald, H. M., Davis, C. S., & Kral, A. H. (2023). National survey findings on law enforcement agency drug response practices, overdose victim outcomes, and Good Samaritan Laws. Drug and Alcohol Dependence, 248, 109916. https://doi.org/10.1016/j.drugalcdep.2023.109916

State of Rhode Island v. Daniel DiSalvo, No. W2-2018-0273A (R.I. Super. Ct. 2020). https://law.justia.com/cases/rhode-island/superior-court/2020/18-0273.html

Townsend, T. N., Hamilton, L. K., Rivera-Aguirre, A., Davis, C. S., Pamplin, J. R., Kline, D., & Cerdá, M. (2022). Use of an inverted synthetic control method to estimate effects of recent drug overdose Good Samaritan laws, overall and by Black/White race/ethnicity. American Journal of Epidemiology, 191(10), 1783–1791.

Watson, D. P., Ray, B., Robison, L., Huynh, P., Sightes, E., Walker, L. S., & Duwve, J. (2018). Lay responder naloxone access and Good Samaritan law compliance: Postcard survey results from 20 Indiana counties. Harm Reduction Journal, 15, 1–8.

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