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**The Royal Australasian College of  
Physicians' submission to the Health  
Committee**

**Drug Overdose (Assistance  
Protection) Legislation Bill**  
Pipiri | June 2026

## Introduction

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to submit feedback to the Health Committee on the proposed Drug Overdose (Assistance Protection) Legislation Bill.

The RACP works across more than 40 medical specialties to educate, innovate and advocate for excellence in health and medical care. Working with our members, the RACP trains the next generation of specialists, while playing a lead role in developing world best practice models of care. We also draw on the skills of our expert members to develop policies that promote a healthier society. By working together, our members advance the interest of the medical profession, our patients and the broader community.

We have consulted with our members, including our Addiction Medicine specialists. Addiction Medicine specialists comprehensively care for people with a wide range of addiction disorders, including drug and alcohol addiction and pharmaceutical dependency.

## The RACP's Position and Response to the proposed Drug Overdose (Assistance Protection) Legislation Bill

The Drug Overdose (Assistance Protection) Legislation Bill is an omnibus Bill that makes amendments to the Misuse of Drugs Act 1975, the Bail Act 2000 and the Parole Act 2002. It seeks to clarify that those who call for life-saving help when they are with someone who is experiencing a drug overdose or adverse drug reaction will be protected from being charged for low-level drug offences.

Drug use is common in Aotearoa New Zealand. According to the latest data available, almost half of the adult population (49%) had used recreational drugs at some points in their lives.<sup>1</sup> Stigma associated with drug use continues to have significant consequences, including delayed help-seeking, reduced disclosure, and inequitable access to healthcare.

Patterns of drug related harm reflect inequities in health and social outcomes across Aotearoa New Zealand. These inequities are influenced by structural and systemic factors, including access to healthcare, housing, income, and interaction with the justice system. Addressing these inequities is consistent with the Crown's obligations under Te Tiriti o Waitangi, including the promotion of equitable health outcomes and the active protection of Māori health.

Fatal overdose is a preventable cause of death, and yet on average, almost three people a week die from accidental overdose in New Zealand. Between 2016 and 2023, 1,179 people died. Coronial findings have repeatedly identified hesitation to call for help – driven by fear of getting in trouble with the law – as a contributing factor in preventable deaths. A 2025 Drug Foundation survey of people at risk of drug harm found that 39.6% would be worried to call 111 if someone was experiencing an adverse reaction.<sup>2</sup> Removing barriers to accessing emergency care is essential to improving survival outcomes.

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<sup>1</sup> Ministry of Health. 2010. Drug Use In New Zealand: Key results of the 2007/08 New Zealand Alcohol and Drug Use Survey. Wellington: Ministry of Health.

<sup>2</sup> New Zealand Drug Foundation. (2025). *Safer drug laws for Aotearoa New Zealand. Evidence to inform regulatory change*. New Zealand Drug Foundation.



experienced stigma or discrimination in healthcare in relation to their drug use. 54.0% of participants believed disclosing their substance use would make their healthcare access worse and 39.6% of participants would be worried about calling 111 in the event of an overdose.

### **Criminalisation of people who use drugs is harmful**

Current government approaches to drug use in Aotearoa New Zealand overwhelmingly focus on law enforcement to the detriment of education, prevention, evidence-based harm reduction, self-determination and treatment measures.

The criminalisation of personal drug use and possession results in health and social harms to the people who use drugs themselves, their families and the broader community.

The criminal justice approach has also resulted in many convictions for drug offences – at substantial financial and social cost. Since 1980, each year has seen more than 3,000 people receive a drug conviction; the majority of these for drug possession and use. The harms of criminalisation are disproportionately carried by Māori who make up 48% of people convicted of drug possession and 61.9% of people sentenced to prison<sup>5</sup>.

To effectively reduce harms from drug use, the government needs to prioritise addressing harmful drug use as a health issue, through effective regulation and treatment responses paired with investment in evidence-based prevention and harm reduction measures.

### **Equity, System Impacts and Te Tiriti o Waitangi**

Patterns of drug-related harm in Aotearoa New Zealand reflect broader inequities in health and social outcomes. These inequities are shaped by structural and systemic factors, including access to healthcare, housing, income stability, education, and experiences within the justice system. Over time, increases in substance use harms, fatal overdose, stigma in healthcare, and criminal justice responses highlight the need for a more coordinated, equity-focused approach.

Current legislative and policy settings, including the Misuse of Drugs Act 1975, have contributed to uneven outcomes across the population. Data indicates that both health harms and criminal justice impacts related to drug use are not distributed equally. These patterns are consistent with wider inequities seen across the health and justice systems and underscore the importance of addressing the underlying drivers of harm.

Effective responses to drug-related harm must move beyond a focus on individual behaviour to address the broader determinants of health. This includes strengthening access to healthcare and harm reduction services, improving social supports, and ensuring that responses are designed to promote engagement, trust, and early intervention.

Improving outcomes also requires recognition of the Crown's obligations under Te Tiriti o Waitangi including ensuring equitable access to health services and supporting improved health outcomes. This involves enabling culturally safe and responsive care, supporting community-led approaches,

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<sup>5</sup> Ministry of Justice. *Data tables: Drug offences. 2025*. Available from: [Data tables | New Zealand Ministry of Justice](#). Accessed 5 June 2026.

and ensuring that policy and service design reflects the needs and priorities of whānau and communities.

This Bill represents a practical step toward reducing avoidable harm by removing barriers to accessing emergency care. However, legislative change alone will not be sufficient. To achieve sustained improvements, it must be complemented by investment in prevention, harm reduction, and treatment services, alongside efforts to address the broader social and structural factors that influence health outcomes.

### **Fatal accidental overdose in Aotearoa New Zealand**

According to a NZ Drug Foundation report, 1,295 people died of accidental drug overdose between 2016 and 2024 in Aotearoa New Zealand, including 148 deaths in 2024.<sup>6</sup> The number of annual fatal overdose deaths has trended upward over nearly a decade. The population rate of fatal overdose among Māori is 2.8 times higher than among non-Māori.

There is no “typical drug user” in New Zealand. Those who die each year are young and old, from every region of the country. Men die more often than women, and the highest-risk age group is 45-54.

Opioids are the substance class most involved in these cases, and mixing several depressants (such as alcohol or benzodiazepines) with opioids is a common finding in fatal cases.

Fatal accidental overdose has complex, multifactorial causes, including characteristics of the illicit drug supply, individual circumstances, and social and structural factors like housing instability and economic hardship.

Fatal accidental overdose is a preventable cause of death. In many of these cases, coroners have found that people hesitated to call for help because they were scared of getting themselves or their friends in trouble with the law.

Reducing overdose deaths requires a suite of interventions that address these factors. Introducing this Good Samaritan overdose law, alongside other harm reduction measures, offers a meaningful, evidence-informed step towards reducing overdose deaths.

### **Rationale for introducing a Good Samaritan overdose law in Aotearoa**

Good Samaritan overdose laws provide legal protections for people who seek emergency help during a drug overdose or serious acute drug harm. In most circumstances, the person experiencing an overdose would not be able to call for help themselves due to the effects of the drug and would require the assistance of witnesses to survive. Under these laws, people acting in good faith to prevent death or serious harm cannot be prosecuted for specified drug offences (typically low-level).

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<sup>6</sup> New Zealand Drug Foundation. Drug Overdoses in Aotearoa 2025. 2025. Available from: <https://www.drugfoundation.org.nz/news-and-reports/report-drug-overdoses-in-aotearoa-2025>. Accessed 5 June 2026.

Fear of criminal prosecution often stops people calling for help. Sometimes hesitation comes from a mistaken belief that the person will “come around” on their own and may be later angry with the caller for “getting them into trouble”. Because it can be difficult to tell a fatal overdose from a non-threatening reaction, the law needs to support a very low threshold for action: if in doubt, call for help. The purpose of Good Samaritan overdose laws is to remove the hesitation that costs lives.

Good Samaritan overdose laws work best when they remove doubt about prosecution and reinforce an “if in doubt, call for help” approach. Key design features include:

- Protecting all three groups: the caller, the person experiencing the overdose or acute reaction, and others at the scene.
- Defining the triggering event broadly, based on a layperson’s reasonable perception of risk, not on clinical assessment. Acute psychological distress will be covered by protections, as it can lead to serious self-harm.
- Covering a meaningful list of offences: at minimum, low-level offences (possession/use, utensils, and premises offences). Optimally, also social supply of drugs and certain non-violent offences common in at-risk communities, including breaches of drug-related parole conditions, as leaving custodial settings is a strong predictor of fatal overdose.

In a survey run by the NZ Drug Foundation last year, 39.6% of people at risk of harm said they’d be worried about calling 111 if someone was having a bad reaction to drugs. Most overdoses are witnessed by someone who knows the person. The sooner help is called, the greater the chance of survival. Even small delays can be the difference between life and death. There is also coronial evidence that hesitancy to call has contributed to preventable overdose deaths.

International evidence shows that these laws can help increase help-seeking behaviours and reduce deaths when implemented appropriately in the given environments. The United States and Canada have similar Good Samaritan overdose laws. Some studies have shown a 10-15% reduction in opioid overdose deaths within one to two years<sup>7,8</sup> In Aotearoa that could mean that 15-23 lives are saved each year. Other studies show mixed results with limited or no effects<sup>9</sup>.

## Conclusion

Reducing the harms from illicit drugs requires a multifaceted approach including, but not limited to, education, prevention early intervention, addiction treatment, and wider harm reduction interventions. This Bill is an important step intended to save lives when all other measures have failed.

The RACP thanks the Health Committee for the opportunity to provide feedback on this consultation. To discuss this submission further, please contact Tanya Allen, Senior Policy & Advocacy Officer, of the Aotearoa NZ Policy and Advocacy Team at [policy@racp.org.nz](mailto:policy@racp.org.nz).

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<sup>7</sup> McClellan, C., Lambdin, B. H., Ali, M., Mutter, R., Davis, C.S., Wheeler, E., Pemberton, M., & Kral, A.H. (2018). Opioid-overdose laws association with opioid use and overdose mortality. *Addictive Behaviors*, 86, 90-95.

<sup>8</sup> Hamilton, L, Davis, C.S., Kravitz-Wirtz, N., Ponicki, W., & Cerda, M. (2021). Good Samaritan laws and overdose mortality in the United States in the fentanyl era.

<sup>9</sup> Moallem S, Hayashi K. The effectiveness of drug-related Good Samaritan laws: A review of the literature. *International Journal of Drug Policy*. Available from: [The effectiveness of drug-related Good Samaritan laws: A review of the literature - ScienceDirect](#). Accessed on 9 June 2026.