

# Minors and Drug Use: The Intersection of Criminal and Public Health Law

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# Roadmap

- Adolescents and Drug Use by the Numbers
- Drug Education and Treatment
  - Expired Narcan and the Law
- Harm Reduction Immunity Laws



# Minors, Drug Use, and the Public Health Legal Landscape

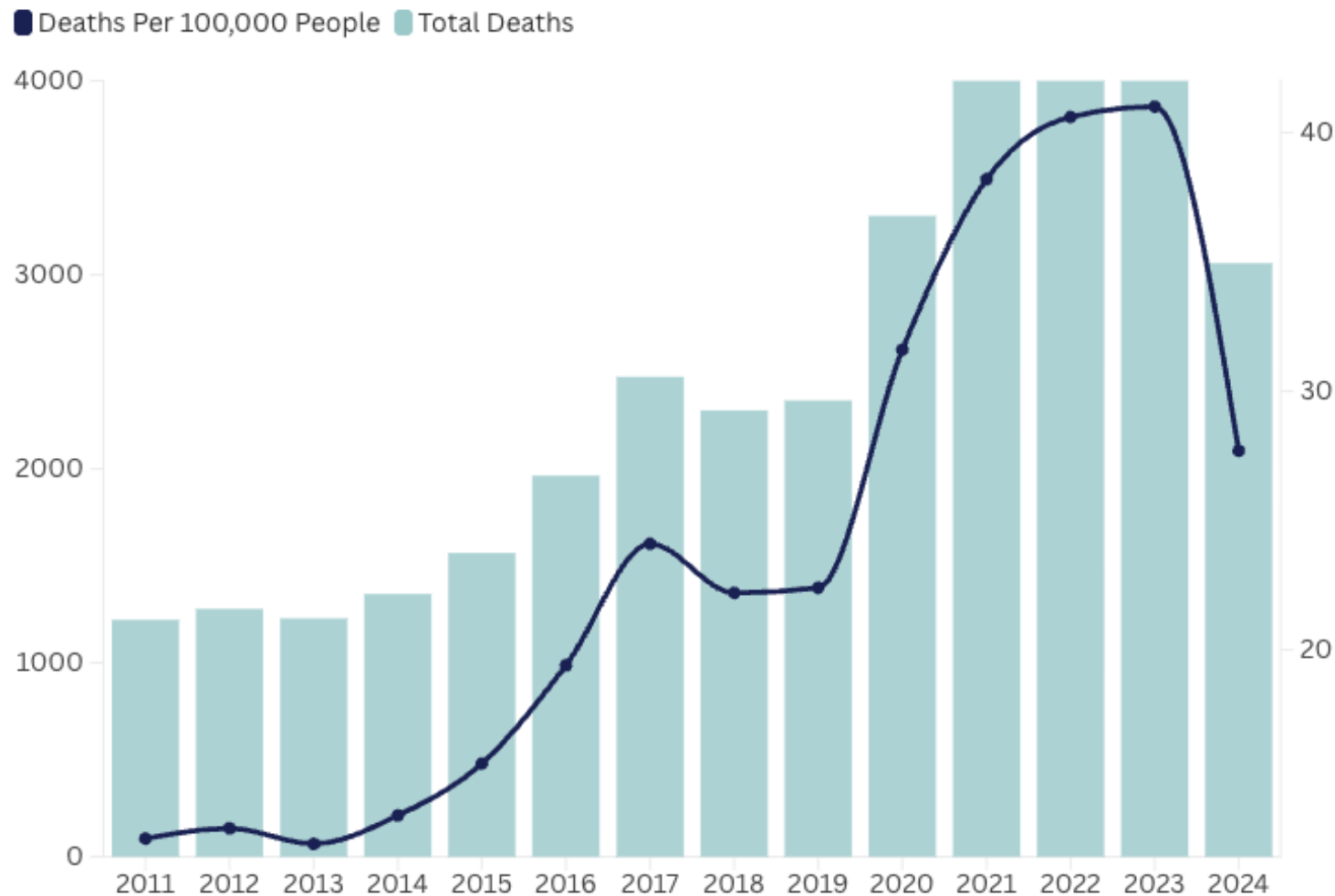
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# Introduction to the Data

- Terms with different meanings:
  - Drug/substance use
  - Opioid use
  - Opioid overdose
  - Opioid overdose death/fatality
- General trends
  - For all age groups, COVID marked an increase in opioid overdose deaths
  - Younger generations are using drugs less and less these days
    - Adolescent overdose deaths decreased from 2022 to 2023
    - But, number of adolescent overdose deaths is still 2x greater than before COVID

# Overdose deaths in North Carolina, 2011-24



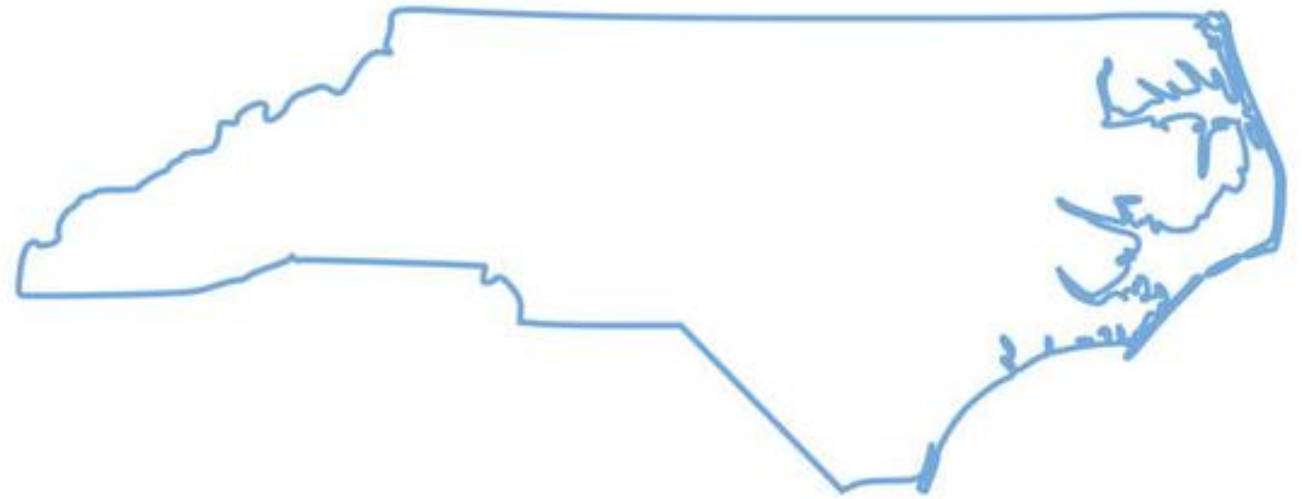
Source: [N.C. Department of Health and Human Services](#) • Chart by Rachel Crumpler/NC Health News

\*2024 data reflects projected numbers

# More North Carolina Numbers

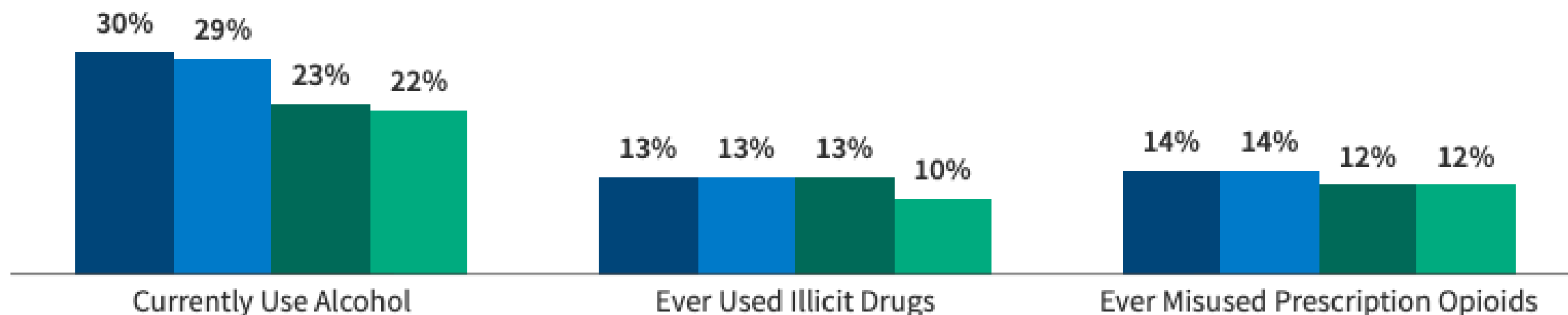
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- According to NCDHHS:
  - Between 2000-2023, **41,500+** people in NC died from a drug overdose
  - On average, **12 drug overdose deaths per day** in NC in 2023
  - Recent death data is not yet final, but an estimated 3,025 North Carolinians (**8 per day**) are suspected to have died from an overdose in 2024



## Substance Use Among High School Students Has Decreased Over Time

■ 2017 ■ 2019 ■ 2021 ■ 2023



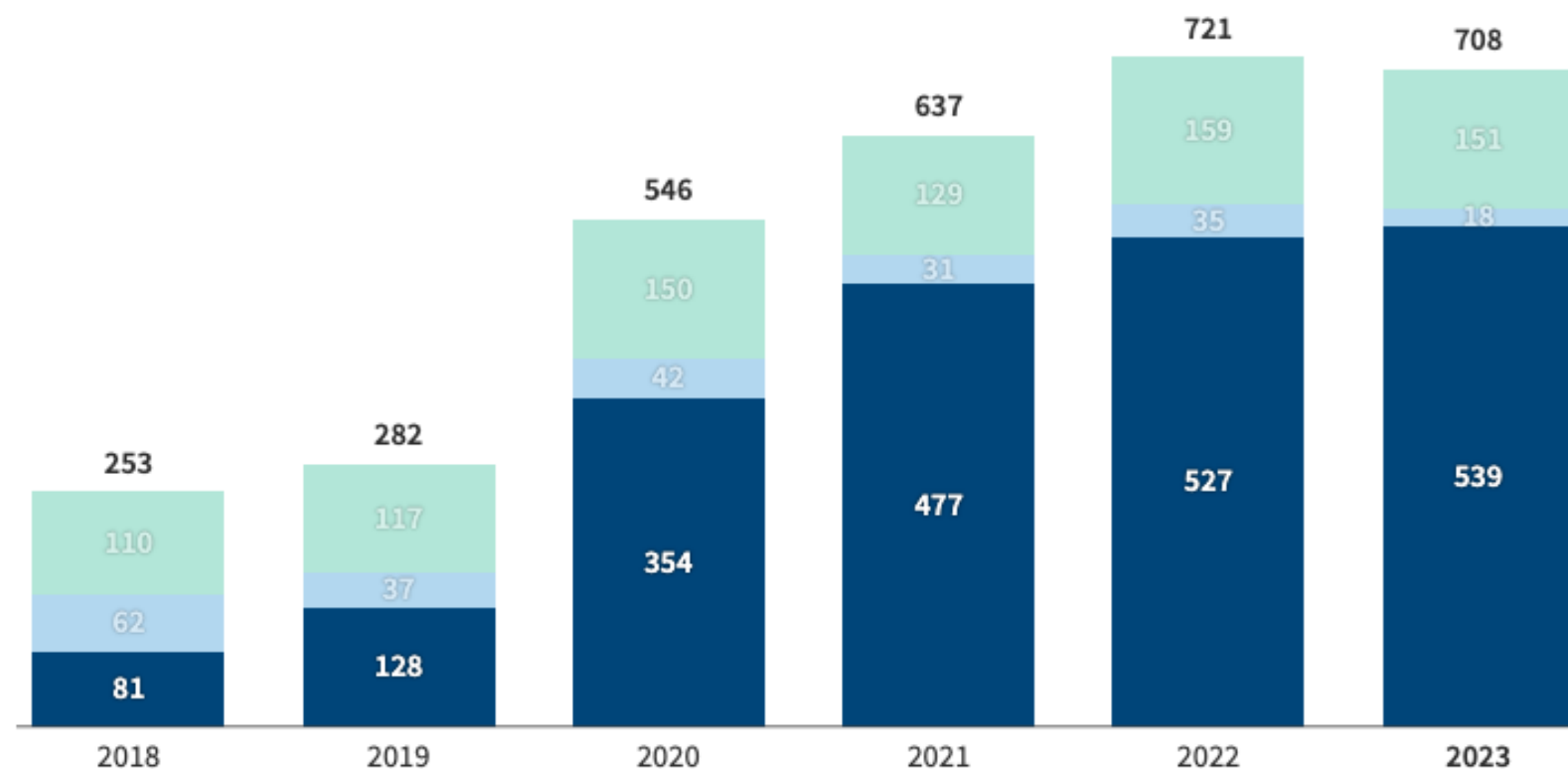
Note: Teens were classified as Currently Using Alcohol if they had consumed alcohol in the last 30 days. Illicit drugs include cocaine, heroin, inhalants, methamphetamines, ecstasy, or hallucinogens. Misuse of prescription opioids was defined as taking prescription pain medicine, such as codeine, Vicodin, OxyContin, Hydrocodone, or Percocet, without a doctor's prescription or differently than how a doctor told them to use it.

Source: [Centers for Disease Control and Prevention. Youth Risk Behavior Survey Data Summary & Trends Report: 2013–2023.](#) • [Get the data](#) • [Download PNG](#)



## Adolescent Overdose Deaths Have Increased Since Before the Pandemic, Primarily Driven by Opioids

■ Fentanyl ■ Opioid (Excluding Fentanyl) ■ Non-Opioid



Note: 2023 CDC WONDER data are provisional. Opioid overdose deaths were identified using the International Classification of Disease, Tenth Revision (ICD-10), based on the ICD-10 underlying cause-of-death codes X40-44, X60-64, X85, Y10-14, T40.0-40.4, T40.6. Multiple types of drugs may be involved in an overdose death, so sub-categories may not be mutually exclusive. Fentanyl is a synthetic opioid classified as T40.4.

Source: KFF analysis of CDC Wonder Data, 2018-2023 • [Get the data](#) • [Download PNG](#)

# The Share of Drug Fatalities Involving Fentanyl Increased Faster Among Adolescents Than Adults in Recent Years

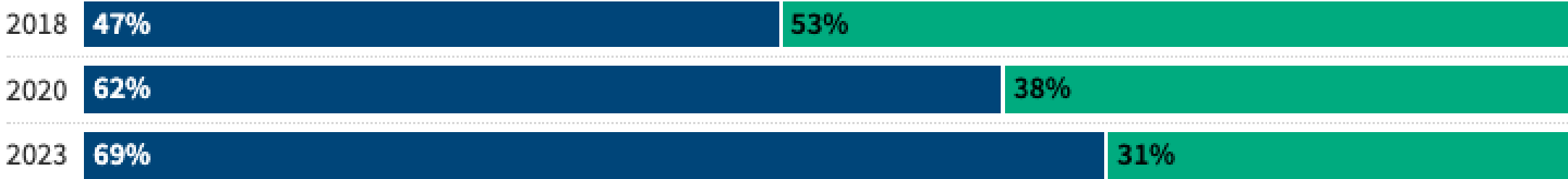
Percentages reflect the share of drug fatalities that involve fentanyl and do not involve fentanyl, by year and age category

■ Fentanyl Overdose ■ Other Drug Overdose

## ADOLESCENTS

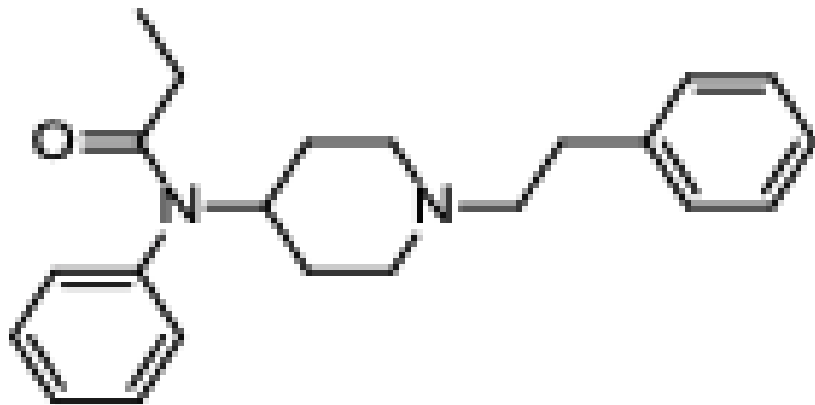


## ADULTS



Note: In 2023, 708 adolescents died due to a drug overdose, 539 of which involved fentanyl. In the same year, 103,991 adults died due to a drug overdose, including 72,000 which involved fentanyl.

Source: KFF Analysis of CDC WONDER, 2018-2023 • [Get the data](#) • [Download PNG](#)



# What is fentanyl?

- Synthetic opioid developed in 1959
- FDA approved for use as an intravenous anesthetic in the 1960s
  - Drug trade name was “Sublimaze”

# FDA Approved Uses Today

- Still approved and manufactured for use as an anesthetic/analgesic
- Trade names: Actiq®, Fentora™, Abstral®, Subsys™, Lazanda®, Duragesic®
- Available as “lollipops,” lozenges, tablets, oral/nasal sprays, transdermal patches, injection
- 1.9 million fentanyl Rx's in 2023



*An Actiq fentanyl “lollipop”*

# Illicit Manufacture and Use of Fentanyl

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- FDA-approved versions of fentanyl are sometimes diverted and misused
  - Ex: misuse of fentanyl patches by ingesting/injecting the patch's gel
- But majority of illicit fentanyl is produced outside the U.S. and then trafficked by U.S. citizens
  - Often sold/used in pill and powder form



# Why is Fentanyl on the Rise?

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- Increasingly common because it is:
  - Highly potent (100x more potent than morphine, 50x more than heroin)
  - Cheap to make
- Frequently mixed with other drugs (e.g., heroin); also pressed into pills to look like real, Rx opioids
  - Ex: fake Xanax, Oxycodone, Adderall
  - Easy for someone to not know that what they're taking contains fentanyl

# Drug Effects

- Rapid onset and short duration of effects
  - Crosses blood-brain barrier quickly
  - Produces pain relief, sedation, nausea, vomiting, itching, respiratory depression
  - Appears to cause muscle rigidity more often than other opioids do
  - Minimal depressant effects on the heart
- Indicators of possible overdose
  - “Triad” of symptoms: coma, pinpoint pupils, respiratory depression
  - Reversal may be possible with naloxone



*According to the DEA, the amount of fentanyl on the tip of this pencil represents a lethal dose (2 mg)*

# Lethal Dosage

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- 2 mgs considered lethal dose
  - But depends on the person's body size, tolerance, past use, etc.
- One DEA analysis of confiscated pills found that 42% of the pills had 2+ mg of fentanyl





# How Are Young People Getting Fentanyl?

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- Increasing concern about buys over social media
  - Not much data out there, but National Crime Prevention Council *estimates* that 80% of teen and young adult fentanyl overdose deaths can be traced back to social media contact
- Young people are frequently looking for other drugs- Xanax, Percocet, Adderall, etc.- and don't realize they are buying fentanyl or fentanyl-laced

# Review: What We Know

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- Drug use among young people is going down, overall
- But opioid overdose deaths in adolescents have increased
  - Primary cause is fentanyl
  - Young people may purchase drugs over social media
  - Young people are often looking for other drugs, like Rx pills, and end up (unknowingly) with fentanyl/fentanyl-laced products



# Where Do Adolescents Get Drug Education, Treatment, and Other Help?









# Drug Education in Schools


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- State law (G.S. 115C-81.25) establishes requirements for “comprehensive health education” in schools for grades K-9<sup>th</sup>
  - Includes “drug and alcohol abuse prevention”
- *However...*
  - Delivery of this education looks different across school districts
  - Requirement to offer this type of education ends in 9<sup>th</sup> grade



# Role of School Nurses and School Resource Officers (SROs)



- In the 2023-2024 school year, there were:
    - **2,964** students reported as engaged with the school nurse re: known drug use
    - **515** incidents listed as “requiring Emergency Medical Services response or immediate care by a physician, and/or loss of 1 /2 or more days of school”
    - **4,609** individual counseling sessions related to substance use provided
    - **26** incidents of naloxone use for suspected overdose on school grounds
    - **86** school districts that reported having naloxone available via their SRO
- 

# What About Treatment?

- Increase in services that are tailored to young people
- More local health departments now offering treatment
- Efforts to increase access to naloxone for emergency treatment-e.g., vending machines in local government buildings
  - For more, see the NCDHHS Naloxone Distribution Toolkit (2024), available at [https://injuryfreenc.dph.ncdhhs.gov/DataSurveillance/Naloxone\\_Distribution\\_Toolkit.pdf](https://injuryfreenc.dph.ncdhhs.gov/DataSurveillance/Naloxone_Distribution_Toolkit.pdf)

# Expired Naloxone

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- Studies suggest that naloxone can be effective well after expiration
  - 2019 study, “Quality Assessment of Expired Naloxone Products from First-Responders' Supplies,” showed that naloxone evaluated by the researchers (and taken from EMS, police departments, etc.) that was 25+ years expired still retained most of its potency
  - Cold/heat exposure don't appear to impact potency
- Legal considerations



# Sources

- DEA, Diversion Control Division, Drug & Chemical Evaluation Section, “Fentanyl,” April 2025  
[https://www.deaiversion.usdoj.gov/drug\\_chem\\_info/fentanyl.pdf](https://www.deaiversion.usdoj.gov/drug_chem_info/fentanyl.pdf)
- NCDHHS, “North Carolina Annual School Health Services Report Brochure,” <https://www.ncdhhs.gov/2023-24-psu-0/download?attachment>
- Network for Public Health Law, “Legality of Expired Naloxone in North Carolina” 2022,  
<https://www.networkforphl.org/wp-content/uploads/2022/01/Fact-Sheet-Legality-of-Expired-Naloxone-in-North-Carolina.pdf>
- Nirmita Panchal and Sasha Zitter, KFF, “Teens, Drugs, and Overdose: Contrasting Pre-Pandemic and Current Trends,” October 2024, [https://www.deaiversion.usdoj.gov/drug\\_chem\\_info/fentanyl.pdf](https://www.deaiversion.usdoj.gov/drug_chem_info/fentanyl.pdf)
- Rachel Crumpler, NC Health News, “‘We’re gonna be there’: NC counties rethink overdose response,” October 2025, <https://www.northcarolinahealthnews.org/2025/10/23/nc-post-overdose-response-teams/>



# North Carolina Harm Reduction Immunities

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# #NCSYRINGEACCESS

## PARTICIPANT IDENTIFICATION CARD

CLIENT ID: \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_

**LAW ENFORCEMENT** The carrier of this card is a participant in a certified North Carolina-approved syringe access program as specified in NC G.S. 90-113.27. As such, the carrier of this card is exempt from charge and prosecution for the possession of syringes and other injection supplies, as well as exempt from charge and prosecution for any residual amounts of a controlled substance contained in the syringe or other injection supplies. Possession of syringes and other injection supplies, obtained from the NCHRC to reduce the spread of HIV and other blood borne pathogens, is authorized by the law.



To verify an individual's participation in NCHRC's syringe exchange program, please call (910) 685-5596

## NC Harm Reduction Laws

- G.S. 90-113.27
- Limited immunity for workers, volunteers, and participants in a needle exchange program (a/k/a safe syringe programs or SSPs)

# NC SSP Law:

- Any employee, volunteer, or participant in the SSP is immune from charge or prosecution for any drug paraphernalia related to injection supplies and for any residual amounts of drugs in a used needle obtained from or returned to the SSP
- Person claiming immunity must provide written documentation that injection supplies are from the SSP
- Immunity from civil liability for officers who arrest or charge a SSP participant when acting in good faith

# Purposes of SSP

- Reduce HIV, AIDS, hepatitis, and other bloodborne diseases
- Reduce needle stick injuries to officers and other first responders
- Reduce drug overdose deaths
- Encourage drug users to seek treatment





# SSP programs must:

Dispose	Dispose of used needles
Distribute	Distribute unused needles and other injection supplies
Supply	Supply educational materials on various health issues, including drug treatment
Provide	Provide access to Naloxone or referrals to programs that provide it
Maintain	Maintain security of program sites, provide plans to local LEOs, and update the plans annually

A close-up, shallow depth-of-field photograph of a silver pen writing a dark, jagged line on a light-colored document. The pen is positioned in the upper right corner, and the line it has just drawn extends diagonally across the frame. The background is blurred, showing faint grid lines and some handwritten numbers like '2,47' in the lower right.


SSPs must:

- Once established, the SSP must report to NCDHHS annually on numbers of people served, equipment distributed, naloxone distributed, and the type and number of treatment referrals



Research | [Open Access](#) | [Published: 27 September 2022](#)

## "They don't go by the law around here": law enforcement interactions after the legalization of syringe services programs in North Carolina

[Brandon Morrissey](#), [Tamera Hughes](#), [Bayla Ostrach](#), [Loftin Wilson](#), [Reid Getty](#), [Tonya L. Combs](#), [Jesse Bennett](#) & [Jennifer J. Carroll](#) 

*Harm Reduction Journal* **19**, Article number: 106 (2022) | [Cite this article](#)

**2172** Accesses | **85** Altmetric | [Metrics](#)

### Abstract

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#### Background



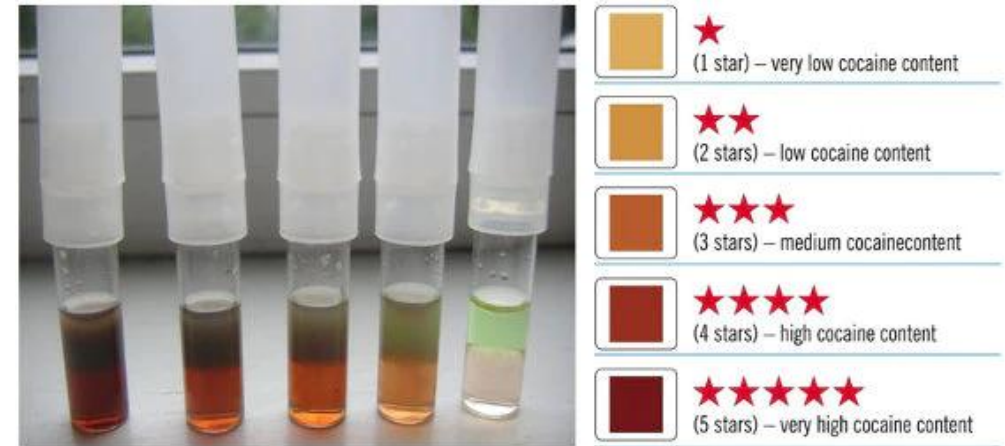
- Limited immunity for distribution or administration of Narcan under G.S. 90-12.7

- Narcan Nasal Spray 4mg. now FDA approved for OTC sales
- Other brands have yet to obtain OTC approval but may be obtained pursuant to standing orders



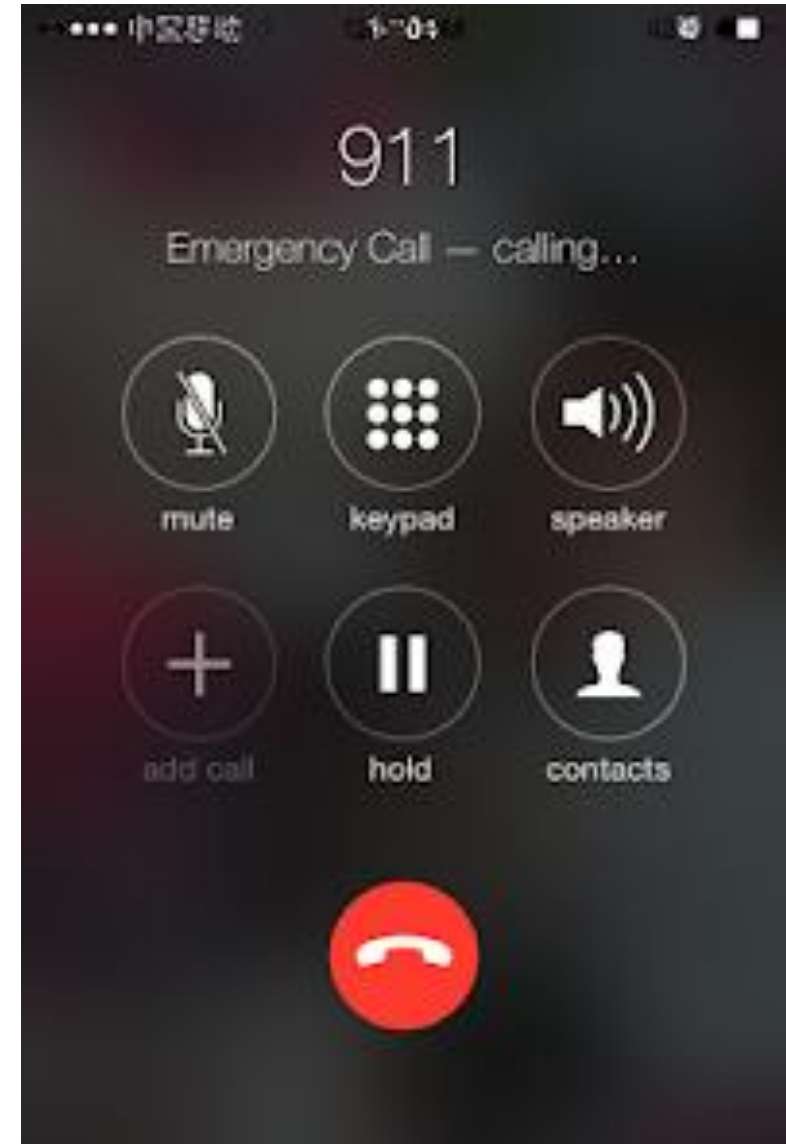
# NC Harm Reduction Laws

- G.S. 90-113.22
  - Immunity for disclosing the existence of needles or other sharps prior to search by law enforcement
  - Testing kits to determine drug identity, purity, or strength are no longer considered drug paraphernalia



# NC Harm Reduction Laws

- G.S. 90-96.2
- Immunity for overdosing person and person reporting an overdose in limited situations
- “Good Samaritan” Law





# Good Samaritan Immunity

- A person shall not be prosecuted for covered offenses if:
  - 1) The person sought medical assistance for a person experiencing a drug-related overdose
  - 2) The caller acted in good faith in seeking medical help and reasonably believed they were the first to call for help
  - 3) The person provided their own name to 911 or law enforcement
  - 4) The call is not happening during the execution of an arrest warrant, search warrant, or other lawful search
  - 5) The evidence to support a prosecution was obtained because of the person seeking medical help

# “Drug-related Overdose”

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- An acute condition, including mania, hysteria, extreme physical illness, coma, or death resulting from the consumption or use of a controlled substance, or another substance with which a controlled substance was combined, and that a layperson would reasonably believe to be a drug-overdose that requires medical assistance. G.S. 90-96.2(a)

## **PART III. REVISE GOOD SAMARITAN IMMUNITY LAW FOR POSSESSION OF ANY CONTROLLED SUBSTANCE**

**SECTION 3.** G.S. 90-96.2(c3) reads as rewritten:

"(c3) Covered Offenses. – A person shall have limited immunity from prosecution under subsections (b) and (c) of this section for only the following offenses:

- (1) A misdemeanor violation of G.S. 90-95(a)(3).
  - (2) A felony violation of G.S. 90-95(a)(3) for possession of less than one gram of ~~cocaine~~any controlled substance.
  - ~~(3) A felony violation of G.S. 90-95(a)(3) for possession of less than one gram of heroin.~~
  - (4) A violation of G.S. 90-113.22."
-

# Good Samaritan Caselaw



Immunity must be asserted by the defendant at trial, or the issue is waived for appellate review. *St. v. Osborne*, 275 N.C. 323 (2020).



Immunity is not jurisdictional; must be raised as a defense. *Id.*



Person asserting immunity has the burden to show one of the conditions in G.S. 90-96.2(a); mere unconsciousness, alone, is not enough. *St. v. Branham*, COA 24-927, \_\_\_ N.C. App. \_\_\_ (Oct. 1, 2025).

## **PART I. INCREASE FINE IMPOSED ON PERSONS CONVICTED OF CERTAIN DRUG TRAFFICKING OFFENSES**

**SECTION 1.** G.S. 90-95(h)(4) reads as rewritten:

"(4) Any person who sells, manufactures, delivers, transports, or possesses four grams or more of opium, opiate, or opioid, or any salt, compound, derivative, or preparation of opium, opiate, or opioid (except apomorphine, nalbuphine, analoxone and naltrexone and their respective salts), including heroin, or any mixture containing such substance, shall be guilty of a felony which felony shall be known as "trafficking in opium, opiate, opioid, or heroin" and if the quantity of such controlled substance or mixture involved:

a. Is four grams or more, but less than 14 grams, such person shall be punished as a Class F felon and shall be sentenced to a minimum term of 70 months and a maximum term of 93 months in the State's prison and shall be fined ~~not less than fifty thousand dollars (\$50,000);~~as

follows:

1. A fine of five hundred thousand dollars (\$500,000) if the controlled substance is heroin, fentanyl, or carfentanil, or any salt, compound, derivative, or preparation thereof, or any mixture containing any of these substances.
2. A fine of not less than fifty thousand dollars (\$50,000) for any controlled substance described in this subdivision and not



# North Carolina Criminal

A UNC School of Government Blog

## A Refresher on North Carolina's Needle Exchange Law and Other Harm Reduction Immunities

Posted on [Jan. 23, 2023, 10:03 am](#) by [Phil Dixon](#)



In response to the opioid crisis, North Carolina passed several protections designed to alleviate some of the legal liability surrounding drug use in the interest of harm reduction and public health. One of those protections authorized needle exchange programs (alternatively known as safe syringes programs). [G.S. 90-113.27](#). A recent [study](#) examined how the needle exchange program is working in seven North Carolina counties and found that the law was not consistently applied. Brandon Morrison et al., *"They Don't Go by the Law Around Here": Law Enforcement Interactions After the Legalization of Syringe Services Programs in North Carolina*, vol. 19, Harm Reduction Journal, 106 (Sept. 27, 2022). Considering the study's findings, I thought a refresher on the immunity provisions for syringe exchanges and similar protections would be timely. Read





Home

NC Xylazine

NC Overdoses

NC Stimulants

NC Drug Market

NC Psychedelics & Other

Get Help

# UNC Street Drug Analysis Lab

We are a public service of the University of North Carolina at Chapel Hill.



Select a dashboard from the sidebar to see our latest data!

## Resources from the UNC Street Drug Analysis Lab

[Kit Info \(English\)](#) [Drug Testing Handout](#) [Drug Testing Poster](#)

Download pdf

# UNC STREET DRUG

- 1 Unfold cloth, lay out supplies.
- 2 Unpeel tape, unscrew vial.
- 3 Wear gloves to prevent contamination.



video

Powder  
(best results)

or

Baggie

or

Pill

# Opioid Data Lab



At the Opioid Data Lab we answer the most difficult questions that have the most impact. As state

Chapel Hill, the [University of Kentucky in Lexington](#) and the [University of Florida](#), we collaborate with

# Resources

- <https://www.opioiddata.org/> - Opioid Data Lab
- <https://www.streetsafe.supply/> - UNC Street Drug Analysis Lab
- <https://nccriminallaw.sog.unc.edu/> - NC Criminal Law Blog
- <https://canons.sog.unc.edu/human-services/> - NC Public Health Blog

# Questions?

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