

Health Select Committee

Drug Overdose (Assistance Protection) Legislation Bill

June 2026

# Excellence and equity in the provision of mental healthcare

## **ABOUT THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF PSYCHIATRISTS**

The RANZCP is the peak body representing psychiatrists in Australia and Aotearoa New Zealand. We are a binational college that trains doctors to become medical specialists in psychiatry. We support and enhance clinical practice, advocate for people affected by mental illness and addiction, and advise governments on matters related to mental health and addiction care.

We represent over 9000 members, including more than 6,500 qualified psychiatrists and 2,500 trainees. Our training, policy, and advocacy work is led by expert committees of psychiatrists and subject-matter experts with academic, clinical, and service-delivery experience in mental health and addiction.

This submission is made jointly by the RANZCP NZ National Office (Tū Te Akaaka Roa) and the Faculty of Addiction Psychiatry – New Zealand (FADD NZ). Together, we represent psychiatrists working across Aotearoa New Zealand in addiction, general adult, child and adolescent, youth, forensic, and old age psychiatry – we are clinicians who see the harms, associated grief and hardships of whai ora and their whānau impacted by addiction, drug overdose and drug related deaths.

The Royal Australian and New Zealand College of Psychiatrists (RANZCP), through its New Zealand National Office Tū Te Akaaka Roa, offers its strong support for the Drug Overdose (Assistance Protection) Legislation Bill.

As the peak professional body for psychiatrists in Aotearoa New Zealand, RANZCP holds a long-standing commitment to evidence-based, person-centred approaches to mental health and addiction. A legislative framework that prioritises a health response over a criminal response is entirely consistent with those values — and with the clinical and lived-experience evidence on what saves lives.

Fear of criminal prosecution is a documented, preventable barrier to help-seeking at the moment of greatest risk. This Bill addresses that barrier directly. We support it without reservation and urge the Committee to recommend it proceed unamended.

### **The Problem this Bill Addresses**

Aotearoa New Zealand loses approximately three people every week to accidental drug overdose. Between 2016 and 2023, 1,179 people died. These are not abstract statistics — they are preventable deaths, and the evidence is unambiguous about a key contributing factor: hesitation to call for help.

A 2025 New Zealand Drug Foundation survey of people at risk of drug harm (n=442) found that 39.6% would be worried to call 111 if someone was experiencing an adverse reaction. Coronial findings have repeatedly confirmed this pattern. In Strongman [2024] NZCorC 204, the Coroner noted that a delay by group of friends to call emergency services likely led to the person's death. In Eble [2024] NZCorC 65, the person's fiancée considered calling an ambulance several times but ultimately did not. In Kidwell [2021] NZCorC 3, the Coroner was, in their own words, struck by the lack of action taken to assist by others present.

What stops people calling is not the actual likelihood of being charged — it is the uncertainty about whether they could be. Police discretion, however well-intentioned, does not provide the up-front guarantee that a person needs to make a split-second decision in a crisis. This Bill removes that uncertainty for a narrow, defined set of low-level offences. That is the intervention.

From a psychiatric perspective, we recognise that the fear of legal consequences operates across multiple dimensions: fear for oneself, fear of implicating others present, and — for those on bail or parole — fear of system re-engagement at exactly the moment they are at highest overdose risk. People leaving custodial settings after a period of enforced sobriety face dramatically elevated overdose vulnerability. This Bill addresses each of these dimensions.

## **Specific Provisions We Support**

### **Protection from prosecution — new section 34B, Misuse of Drugs Act 1975**

We strongly support the protection extended to all three categories of specified persons: the person experiencing the overdose or adverse reaction; those who call for emergency assistance in good faith; and bystanders who remain at the scene to offer support. Each protection is necessary, and the absence of any one of them would materially weaken the Bill's effect.

The inclusion of bystanders who remain at the scene is particularly important clinically. Leaving the scene — or dispersing when emergency services arrive — is a real and well-documented behaviour. The Bill creates a legal basis to stay, which matters profoundly for the person in crisis. Continuity of support at the scene, prior to ambulance arrival, can be lifesaving.

The definition of 'drug-related acute adverse reaction' rightly turns on a reasonable person's perception of risk rather than a clinical assessment. This appropriately lowers the threshold for action. Because it can be very difficult to distinguish a fatal overdose from a non-life-threatening reaction, the law must support an 'if in doubt, call' approach. The Bill does this.

### **Bail and parole protections — Parts 2 and 3**

RANZCP particularly welcomes the protections for people subject to bail or parole conditions. This is the population at greatest risk. The period immediately following release from custody is a known window of extreme vulnerability: tolerance is reduced, environments change, and access to support is inconsistent. The existing framework created a cruel dilemma — call for help and risk recall to prison, or do nothing and watch someone die.

These provisions correct that. They reflect genuine health-centred thinking about a population that psychiatrists work with directly, and whose overdose risk is not adequately addressed by criminal justice frameworks alone.

### **Limitation on police search powers — section 34B(4)**

The provision treating officers as not having reasonable grounds for search where those grounds arose solely from emergency help being sought is essential to the Bill's integrity. Without it, the prosecution protection would be undermined in practice: people could still be searched, have property seized, or experience coercive contact that deters future help-seeking — both for themselves and for others who hear about it. RANZCP supports this provision as a necessary complement to the prosecution protections.

## **International Evidence**

Good Samaritan overdose laws are not untested. The United States and Canada have operated similar frameworks for many years. Studies have shown reductions of 10–15% in opioid overdose deaths within one to two years of enactment. Applied to Aotearoa, that could represent approximately 15–23 lives saved per year.

Importantly, a New York study found that following enactment of Good Samaritan legislation, hospitalisations for heroin overdose increased — demonstrating that people who urgently required help were reaching hospital rather than dying before help arrived. There is no overseas evidence that these laws lead to increased or riskier drug use. The analogy is apt: refusing to install fire sprinklers does not reduce the risk of fire.

Where laws have had mixed results, this is partly attributed to affected communities not knowing the law exists, or lacking confidence it will be respected and enforced consistently. This is addressable through proactive implementation — including community communication, police training, and ongoing monitoring.

## **Proactive Protections of Tāngata Whenua**

RANZCP holds explicit commitments under Te Tiriti o Waitangi and to reducing inequities in mental health and addiction outcomes for Māori. We note that Māori are disproportionately represented among those criminalised under the Misuse of Drugs Act, and among those who face barriers to healthcare in contexts where police involvement is feared. The WAI 2575 Hauora inquiry established that health legislation and policy must give effect to Te Tiriti principles — and that includes legislation governing the conditions under which people do or do not seek emergency care.

We encourage the Committee to consider how implementation can actively reach Māori communities and whānau — through kaupapa Māori communication channels, through training for police and emergency services that embeds the spirit of the protections rather than just their letter, and through monitoring of outcomes disaggregated by ethnicity so that equity impact can be assessed and responded to over time.

We also note the relevance of this Bill to tāngata whai ora — people with lived experience of mental health and addiction — who are disproportionately represented in the populations most affected by overdose risk, and for whom the criminal justice system is already a significant source of barrier and harm. A health response, not a criminal response, is what this population needs and what this Bill provides.

## **Conclusion and Recommendations**

RANZCP supports the Drug Overdose (Assistance Protection) Legislation Bill. It is evidence-based, proportionate, and consistent with our obligations as a health system to prioritise life. The Bill's protections are appropriately scoped to emergency circumstances and do not affect the application of drug law in any other context.

We recommend the Committee:

- Recommend the Bill proceed without amendments that would narrow the scope of protections afforded to callers, people experiencing overdose, or bystanders
- Recommend the Government develop a proactive implementation plan — including public communication, police guidance, and equity-focused monitoring — to maximise the Bill's life-saving effect
- Consider whether complementary measures, such as a policy of police non-attendance at non-fatal overdoses (as operates in British Columbia), could further reduce hesitation and reinforce the Bill's intent

### **Ngā mihi**



A/ Prof Hiran Thabrew

Chair of Tū Te Akaaka Roa, New Zealand Office, Royal Australian and New Zealand College of Psychiatrists

