

Medical Amnesty Policy Survey

Background

The Medical Amnesty Survey was developed and implemented in the fall of 2007 by Sarah Puckett, a 3rd year student majoring in comparative literature and psychology at the University of Virginia (U.Va.), as an independent project for the U.Va. Center for Alcohol and Substance Education (CASE). Ms. Puckett conducted an on-line search to discover which colleges and universities had implemented medical amnesty policies (sometimes known as Good Samaritan policies or Responsible Action Protocols). Ms. Puckett reviewed the campus websites for each of the identified schools to learn about specific policy implementation. After creating a matrix of common medical amnesty policy elements, Ms. Puckett developed a survey using a web-based survey platform. A description of the survey and a link to the website was sent to the BACCHUS Network and Drug Abatement Research Discussion (DRUGHIED) listservs. Ms. Puckett sent a personal invitation to the 14 schools identified through her earlier web search and also to eleven participants at a presentation on medical amnesty policies at the U.S. Department of Education's National Meeting on Alcohol and Other Drug Abuse and Violence Prevention in Higher Education.

Definition

For the purposes of this survey, a "medical amnesty policy" was defined as a policy which provides some level of immunity from campus disciplinary action in situations of a medical emergency related to alcohol use.

Survey Goals

The goals of the survey were:

- to learn about the extent of medical amnesty policies at other higher education institutions
- to learn about the range of student actions that fall under medical amnesty policies
- to learn about the range of educational requirements for individuals and groups that may fall under medical amnesty policies
- to learn about best practices from those schools that have medical amnesty policies
- to determine if a medical amnesty policy should be considered at the University of Virginia
- to make survey results available to other colleges and universities to aid in their policy making decisions

Cautions

The survey data represent only the responses of the schools that were identified by the web search, attended the conference workshop at the National Meeting or responded to a one time request on a listserv. Schools that do not have medical amnesty policies posted on websites may not be represented in the data. Other campuses may not be represented because a campus

administrator does not participate in either of the listserves used for survey distribution or the person may not have responded to the request. The survey results presented below are thus not necessarily representative of the extent of medical amnesty policies nationwide. Nonetheless, we believe the data presented below will be helpful to campuses who are considering these types of policies in an effort to reduce the barriers (real or perceived) to students in need of immediate medical attention for alcohol-related issues.

SURVEY RESULTS

A summary of all responses can be found through Survey Monkey at:

http://www.surveymonkey.com/sr.aspx?sm=4kAmxd_2f_2fe_2bHy40n0Nz_2bkOzPB2eGU799kBJK_2bXm6Vopw_3d.

Demographics

- 61 schools responded to the survey
- 17 schools (27.9%) reported having a medical amnesty policy
- Of these 17 schools,
 - 13 were private colleges/universities (76.5%)
 - 4 were public colleges/universities (23.5%)
 - 10 campuses (58.8%) have fewer than 5,000 undergraduate students
 - only 2 campuses (11.8%) had more than 12,000 undergraduates
 - 16 of these campuses answered all of the survey questions about their policies

Data comparing public to private colleges/universities

Listed below is a comparison of implementation practices at private and public campuses.

Question number:	Public	Private
2. As a condition of receiving medical amnesty, does your policy require students...	% who replied 'always' or 'usually'	
a. To take a follow-up education class?	50%	50%
b. To go through a substance abuse screening/assessment?	50%	45.5%
c. To meet with a university official?	75%	58.3%
d. Other	25%	25%
3. Does your medical amnesty policy guarantee students will not face campus judicial action for:	% who replied "yes"	
a. Underage possession/consumption for the student in need of help?	100%	83.3%
b. Disorderly conduct for the student in need of help?	25%	25%
c. Providing alcohol to a minor for the student assisting the student in distress?	100%	50%
d. Underage possession/consumption for the student assisting the student in distress?	100%	91.7%
e. Other	50%	30%

	Public	Private
4. Does your policy guarantee that action will not be taken by police or law enforcement for the following violations?	% who replied "yes"	
a. Underage possession/consumption	50%	54.5%
b. Fake ID	25%	9.1%
c. Disorderly conduct	0%	9.1%
d. Providing alcohol to a minor	50%	18.2%
e. other	0%	0%
5. Does your policy provide for reduced sanctions for a student group when a group member requests amnesty for an event guest?	% who replied "yes"	
a. Providing alcohol to a minor	50%	50%
b. Other	33.3%	22%
6. Does the student who receives medical amnesty receive any of the following formal actions?	% who replied 'always' or 'usually'	
a. A warning	0%	45.5%
b. A written reprimand	0%	18.2%
7. Are there any restrictions on how often a student can receive medical amnesty?	% who replied "yes"	
	75%	41.7%
8. How effective do you think your policy is in:	% who replied 'very' or 'somewhat' effective	
a. Preventing alcohol poisoning?	33.3%	41.6%
b. Reducing the reoccurrence of alcohol emergencies?	33.3%	50%
c. Increasing identification of alcohol dependent students?	66.6%	33.4%
d. Increasing the likelihood that students who receive medical treatment will also receive follow-up education/assessment?	33.3%	66.7%
e. Increasing the likelihood that students will request outside assistance for those in alcohol emergency?	66.6%	83.3%
f. Increasing the percentage of students who can accurately identify an alcohol emergency?	66.6%	66.7%

Summary of open-ended responses:

1a. What are your plans to develop a medical amnesty policy?

Among schools that currently do not have a policy, 81.8% are interested in developing one.

2. As a condition of receiving medical amnesty, does your policy require students to meet some other requirement?

Several schools said they have other requirements including completing an online course, having a formal substance abuse assessment, participating in a one-on-one intervention or having the student make an admission of violating the code of conduct.

One school noted the problem of requiring a student to complete something in order to have amnesty:

“To ‘require’ would be seen as discipline by the students (and therefore making amnesty null), so we encourage, cajole, recommend, etc. all of the above, but if they do not comply, we do not open a judicial case against them.”

3. Does your medical amnesty policy guarantee students will not face campus judicial action for other violations?

Responses ranged from granting amnesty only for underage drinking to granting amnesty for all alcohol-related charges. Several schools stated that if a student’s behavior was serious, such as fighting or refusing to provide an ID, or if it was a repeat case, he or she may not qualify for medical amnesty for those violations. Additionally, one school stated that if the person was a “host” or provided substances to others, then that person would not qualify for amnesty. One school stated:

“Really, it's ‘yes and no’ -- for the student in need of help, s/he is admitting s/he is in violation of the Code, but the sanction is reduced -- so it is partial amnesty. For the person who calls, it is generally full amnesty.”

4. Does your policy guarantee that action will not be taken by police or law enforcement for the liquor law violations?

Of the four campuses who wrote in comments to this question, all indicated that their policy does not apply to possible police actions.

5b. How are sanctions reduced for organizations?

Campuses reported that organizations may be required to meet as a group with a counselor or attend an educational program. Sanctions may include probation (instead of suspension) and a loss of social privileges for less than a semester, but not the loss of University recognition. Some campuses only provided for reduced sanctions if the organization had not previously requested medical amnesty for a party guest.

6. Does the student who receives medical amnesty receive any other formal actions?

Several schools reported that they conduct a follow-up meeting and keep internal records of the event. One school described how medical amnesty interacts with their judicial system:

“Ours is not a true amnesty in that we have a point system (10 pts = suspension). When a friend gets help for an intoxicated student the intoxicated student gets 1 point. But if no one intervenes to get help, and the intoxicated student is found lying somewhere abandoned, he or she gets 8 points.”

7a. Please describe any conditions for receiving medical amnesty more than once.

Most campuses reported that if student requires medical attention for alcohol use after receiving medical amnesty previously, that this is itself an indication of a serious alcohol problem. Students may be required to complete additional substance abuse assessments, have a judicial case opened, or have their parents notified.

8. Indicators of policy success

Other indicators of success schools not noted in the chart above included lower BACs of students admitted to after-hours urgent care. Another campus reported a decrease in the number of transports after implementing both medical amnesty and a judicial points system.

10. What challenges did you encounter in developing or implementing your medical amnesty policy?

Most responses concerned educating students about the specifics of the policy, including making clear it is not a “get out of jail free” card, and distinguishing between local and state policies. Other responses concerned obtaining agreement on what the policy should cover (i.e., drugs other than alcohol), disputes over whether this policy would encourage underage drinking, and gaining support from public safety and judicial offices.

11. What, if anything, would you do differently in developing your medical amnesty policy?

One school said they would ensure that the specifics of the policy are made very clear to avoid having to deal with situations on a case-by-case basis. One school recommended clarification of how the amnesty policy intersects with anti-hazing policies and hazing situations involving substance abuse. Other suggestions included ensuring that a number of voices and opinions are taken into account when developing the policy and providing substance abuse education programs to both the student in distress and to the student assisting the student in distress.

The University of Virginia’s Center for Alcohol and Substance Education would like to thank Sarah Puckett for her initiative and attention to detail in implementing this important project. Thanks also to the many professionals who responded to the survey.