

Dear Members of the Board of Trustees,

The Associated Students of Northern Michigan University would like to formally recommend that you support the adoption of a Medical Amnesty Policy here at Northern Michigan University. To briefly summarize, Medical Amnesty Policies remove disciplinary barriers such as probation during times of medical emergencies caused by drug and alcohol abuse. Drug and alcohol related emergencies can be confusing to young students, and can cause hesitation to alert proper authorities due to fear of punitive consequences. Any hesitation to call for medical help for a student experiencing acute alcohol intoxication could lead to serious physical injury or death.

Medical Amnesty Policies are being adapted and practiced at Universities and Colleges all over the United States, including our peer Universities i.e. Michigan Tech, Michigan State, Lake Superior State. They have also been effective in their goal of encouraging students to call for medical assistance in the case of a drug or alcohol related emergency. ASNMU encourages all NMU students to abide by University policies and partake in responsible behavior, however, NMU is no stranger to alcohol and drug abuses on campus and ASNMU strongly feels that the safety and well-being of the students far exceeds zero-tolerance policy. ASNMU has also been gathering student feedback regarding Medical Amnesty Policies, and our representatives have been consulting various resources so that the Medical Amnesty Policy most reflective of that research is adopted.

In summation, in order to create a safe environment where students in crisis can actively pursue medical assistance for drug and alcohol related emergencies, a Medical Amnesty Policy must be adopted. ASNMU has assembled a packet of information and is available to answer any and all concerns. Included in the packet is example Medical Amnesty Policies from other Universities, the proposed Medical Amnesty Policy and language for Northern Michigan University, and an ASNMU Resolution in support of that policy.

Best,

---

Katerina Klawes  
ASNMU President

---

Mitchell Sevigny  
ASNMU Director of External Affairs



# GOOD SAMARITIAN/ MEDICAL AMNESTY POLICY

Northern Michigan University

## Abstract

Student concerns about punitive judicial consequences should never stand in the way of calling for help in an alcohol or drug related emergency. A Medical Amnesty Policy at Northern Michigan University will help protect students who are at medical risk and those who choose to do the right thing by getting timely help.

ASNMU Director of External Affairs

Mitchell Sevigny

[msevigny@nmu.edu](mailto:msevigny@nmu.edu)

## SUMMARY

### An Introduction to Medical Amnesty Policies

On May 8, 2012 the Michigan State Legislature passed H.R. 4393, or the Michigan Medical Amnesty Law. This bill was passed with the intention to better ensure that minors at medical risk as a result of alcohol intoxication will receive prompt and appropriate medical attention and to remove perceived barriers to calling for or seeking help. Medical Amnesty Policies are also practiced in colleges and universities across the United States as a way to encourage students to call for medical assistance in the event of an alcohol or drug emergency. For many young people who are new to these situations, these types of emergencies can be extremely confusing which may result in hesitation to call for medical help and could lead to serious physical injury or death. A Medical Amnesty Policy helps to decrease that hesitation by removing punitive judicial penalties for the individual receiving the medical attention and also for an individual that must make the emergency call for another student.

### Mission

Student fear of discipline or university action should not stand in the way of receiving medical attention during an alcohol or drug-related emergency. A Medical Amnesty Policy at Northern Michigan University would be an effective way to protect students from drug and alcohol related emergencies and ensure they receive the medical attention they need.

## Frequently Asked Questions about Medical Amnesty Policies

### 1) What is the purpose of a Medical Amnesty Policy?

- a. A Medical Amnesty Policy seeks to decrease the likelihood that a student will hesitate to seek help in an alcohol- or drug-related emergency by granting amnesty from punitive judicial policies to those involved in seeking help.
- b. A Medical Amnesty Policy promotes safety and responsibility throughout the university community. The policy also promotes education/treatment for individuals who receive emergency medical attention to reduce the likelihood of future occurrences.

### 2) How does a Medical Amnesty Policy work?

- a. Typically, Medical Amnesty Policies only apply to the person in need of medical assistance and to those who assist in the seeking of medical assistance.
- b. Individuals seeking medical treatment in an alcohol- or drug-related medical emergency would be granted amnesty from punitive university sanctions. Other non-punitive consequences, such as education or treatment, may be applied.
- c. Medical Amnesty only applies to violations of University Code of Conduct. It does not grant amnesty for criminal, civil, or legal consequences for violations of federal, state or local law.
- d. Students would not be granted amnesty from punitive sanctions resulting from other policies that they violate while under the influence of drugs or alcohol i.e. vandalism, assault, distribution of illegal substances, etc.
- e. Follow-up evaluations and counseling are fundamental components of any Medical Amnesty Policy. Amnesty is only applied when students complete appropriate counseling and treatment (if recommended).

### 3) Would a Medical Amnesty Policy put our school at odds with federal law?

- a. No. The Drug-Free Schools and Campuses Regulations (34 DFCSR 86), mandates that all colleges receiving federal funding enact a "...clear statement that disciplinary sanctions... will be imposed on students who violate the standards of conduct...**For the purpose of this section, a disciplinary sanction may include the completion of an appropriate rehabilitation program.**"

**4) What if a student attempts to abuse the Medical Amnesty Policy?**

- a. Standards to address habitual use are also fundamental components of a Medical Amnesty Policy. Most colleges and universities which have Medical Amnesty Policies apply a standard of two or three calls within an academic year as a definition of habitual use. If a student engages in abuse of the Medical Amnesty Policy, they are subject to the appropriate sanctions as defined in the University Code of Conduct.

**5) This is already our practice. Why should we write it into our policy?**

- a. A Medical Amnesty Policy only saves lives if students know about it. In an emergency situation, students need to make a snap decision on whether or not to call for help. It would be far easier for students to make a confident decision to call for help if they are aware that the university's policy will shield them from punitive action. They cannot be confident of this if the policy is unwritten and unpublicized.

## Colleges and Universities with a Medical Amnesty or Good Samaritan Policy as of November 2007

Beloit College	Harvard University	University of Georgia
College Misericordia	Humboldt State University	University of Massachusetts at Amherst
Dartmouth College	Lehigh University	University of Missouri-Columbia
Elmira College	Lynn University	University of Nebraska-Lincoln
Grinnell College	Missouri State University	University of Northern Iowa
Hanover College	Massachusetts Institute of Technology	University of Oregon
Hastings College	Michigan Technical University	University of Pennsylvania
Kenyon College	Minnesota State University Moorhead	University of Scranton
Keystone College	Monmouth University	University of Southern Maine
Lafayette College	New Mexico State University	University of Texas at Austin
Lake Forest College	North Carolina State University	University of Vermont
Marietta College	Northeastern University	University of Virginia
Muhlenberg College	Ohio State University	Vanderbilt University
Oberlin College	Palm Beach Atlantic University	Yale University
Olivet College	Pepperdine University	Western Michigan University
Rhodes College	Pomona College	Lake Superior State University
Rollins College	Princeton University	University of Michigan
Sarah Lawrence College	Rensselaer Polytechnic Institute	St. Cloud State University
Swarthmore College	Richard Stockton College of NJ	Purdue University
Union College	Rice University	Kalamazoo College
Vassar College	Rider University	Emerson College
Washington College	St. Bonaventure University	College of William and Mary
Wellesley College	Saint John's University	Colorado College
William and Mary College	St. Lawrence University	
Alfred University	Saint Mary's University of Minnesota	
American University	SUNY Fredonia	
Aurora University	Tri-state University	
Ball State University	Truman State University	
Baylor University	Tulane University	
Benedictine University	University of California at Irvine	
Brown University	University of Central Florida	
Binghamton University	University of Colorado at Boulder	
California Institute of Technology	University of Connecticut	
Carnegie Mellon	University of Delaware	
Colorado State University		
Cornell University		
Emory University		
Florida Institute of Technology		
Fordham University		
Franklin & Marshall College		
Franklin Pierce University		
George Washington University		
Gettysburg College		
Gonzaga University		

## Medical Amnesty: Professional Enabling or Indicated Prevention?

© 2005 Robert J. Chapman, PhD  
La Salle University

NOTE: If published as a Network position, this will carry a Network by-line

---

As institutions of higher education successfully implement strategies consistent with an environmental approach to changing the campus drinking culture (c.f., <http://www.edc.org/hec/pubs/enviro-mgmt.html>), an issue of increasing concern to many in higher education is the propensity for some students to engage in drinking to excess and becoming intoxicated "off-campus." This phenomenon is not new and the problems created by students that become intoxicated in the community exacerbate traditional town – gown tensions. But the issue of students going off-campus to drink, in larger numbers and with more frequent drinking-related consequences, would seem to be correlated with, if not the result of, consistent campus attention to employing the strategies of environmental management. Like a crackdown by police in a high crime area does not so much end the crime as move it to another location, so would it seem that consistent use of environmental management strategies have provoked a shift in where at least some students go to drink. And if they have changed the venue of their drinking as a result of effective environmental management strategies, then responding to this student migration may be a next step in addressing high-risk collegiate drinking.

Currently, when students drink to a point of intoxication, friends tend to assist them as they attempt to return to campus. The primary concern of these well-intentioned peers is to assist the inebriate, but to do so while all the time avoiding detection by the institution. In short, making sure the assisted inebriate is not written-up has primacy when students help intoxicated acquaintances get home. The inherent risk in this practice is that in attempting to avoid detection, these well intentioned friends may inadvertently "smuggle" a dangerously intoxicated peer back into a residence hall or other sanctuary to "sleep it off," never realizing that the student's blood alcohol level had yet to peak or that the drinker had consumed some other drug(s) in addition to the alcohol that may result in coma or death.

The intent of this essay is to review the pros and cons of employing what has come to be known as a Good Samaritan Policy or what some refer to as medical amnesty. Such policies are designed to address dangerous student drinking off campus. These policies differ in their details but have a common focus in an attempt to protect the inebriate from harm by allowing students who request help—either for themselves or a peer—to do so without fear of disciplinary repercussions. But can such policies be created and implemented in such a way as to avoid the perception of enabling maladaptive student behavior or, from the perspective of members of the community surrounding the institution, favoring the rights of the student over those of residents living in the neighborhoods where students tend to party?

A person in trouble is a person in trouble, irrespective of how the trouble came to be. Just as the individual who, in a hurricane, remains in a home in spite of an evacuation order can expect to receive medical treatment without fear of arrest if injured in the storm, should an intoxicated student who requests help because of drinking be able to expect the same assistance, and if so, with no consequences? Restricted consequences? Educational consequences? Can a contemporary college or university increase the likelihood that "students in trouble" will turn to the institution for the aid and assistance that could preclude a fatal case of "alcohol poisoning?" If students eschew the institution when experiencing medical emergencies because of a fear of the disciplinary repercussions

associated with receiving such help, then assuaging that fear may be another area appropriate for consideration by the institution serious about curbing dangerous collegiate drinking.

### **Preventing High-Risk and Dangerous Student Behavior**

For more than a decade, the college health and student affairs literature has been replete with articles about high-risk and dangerous student drinking, including strategies intended to intervene with this problem. Yet during this same period there has been a shift in how prevention is viewed. This shift has been from categorizing prevention efforts as primary (prevention), secondary (intervention) or tertiary (treatment) approaches to viewing prevention as targeting universal, selective and indicated populations. In essence the shift has been from viewing prevention as primarily concerned with “what” is done to focusing on “whom” the prevention is targeting. The former consideration of prevention looked at the effort as being focused on the strategy—primary prevention was intended to keep individuals “from starting,” secondary was intended to intervene in high-risk behavior and tertiary prevention was treatment for the problem user. The current conceptualization considers a population like contemporary collegians and recognizes that in the general (universal) population there are those who do not display high-risk or problematic behavior, those who are at risk (selective) of developing a problem and those already manifesting symptoms (indicated) of a problem. These subpopulations coexist in the general population being considered by the prevention professional. Consequently contemporary prevention efforts are directed at identifying interventions appropriate for each specific target population in order to reduce the likelihood of harm, recognizing that there are numerous objectives and strategies that can be implemented concurrently. If students who go off-campus to drink are to be viewed through “lenses of prevention,” then they could be considered an indicated population.

As the role drinking plays in the social lives of students is considered, many professionals in student affairs are increasingly concerned that it is not a question of “if” one of their students will be seriously injured or die do to drinking or drugging, but “when” this will occur. This academic year (2004-2005) there have been five such student deaths in Colorado alone.

Because of the effectiveness of environmental management strategies, some students, the committed drinkers, have chosen to pursue their high-risk approach to partying in even less supervised off-campus venues. In effect, some of the high-risk drinkers have decided to shift their drinking from residences controlled by institutions of higher education to venues where they feel safer, i.e., less likely get into trouble, if only because they are less supervised.

Although there is no question as to whether institutions of higher education should provide assistance to students in crisis, doing so does present the institution with something of a dilemma: Is encouraging students in crisis off-campus to request assistance for themselves or their friends, without fear of recriminations, tantamount to condoning the student drinking that provoked the situation if not acknowledging responsibility for having created the campus climate that motivated off-campus exodus in the first place?

To address the relative merits and consequences of “Good Samaritan” policies, institutions of higher education must consider both sides of the issue. To do so will likely result in individual decisions that reflect the mission statements and administrative values of each college or university addressing this dilemma. To approach this question in an organized fashion, the “Pros” and “Cons” of such policies will be considered in turn. First the “Pros.”

### **Possible Merits of Good Samaritan Policies**

- Such policies represent a proactive response to the institution’s awareness that its efforts to change the campus drinking culture have been working. They can be argued as Good Samaritan Policy being consistent with a school’s stated mission as an institution of higher education concerned about the total well-being of its students.



- Such policies enable an institution to more effectively address the issues of civility and citizenship with its students. This issue has been receiving increased attention in higher education as a factor likely associated with student behavior, both in and out of the classroom. By widely publicizing the existence of a Good Samaritan policy, students can be taught how to assume a truly supportive role as they come to the aid of their peers and significant others. In essence, instead of enabling dangerous behavior, increasing the likelihood that it will be confronted for what it is, a medical emergency, and suggest the drinking that preceded it was high-risk and dangerous.
- Such policies do not supersede existing institution policy. For example, if a student were found to be excessively intoxicated in the residence halls, that student could be handled in exactly the same way similar students are handled currently. In other words, if vomiting in a hallway and being confronted by an RA, a Good Samaritan policy would not allow a student to "ask for help" and therefore be excused from the consequences of his or her decision to drink. To the contrary, this is a student the institution would want to be confronted and involved in the disciplinary system in order to motivate an educational if not therapeutic intervention that can assist in preventing the likelihood of future high-risk drinking.
- Good Samaritan policies are designed for the student who has become concerned for the well being of another at an off-campus location. They encourage contacting the institution to seek assistance so that at-risk students can be medically evaluated and, if necessary, transported to the hospital.
- Existing policies that involve parents should a student be hospitalized would remain in effect. The difference from the current policy an institution may have regarding such hospitalization is the student taken to the hospital as the result of asking for help would not be "written-up" and referred to the campus disciplinary system as the result of the intoxication.

### **Possible Concerns Regarding "Good Samaritan" Policies**

- Such policies cover any and all incidents, regardless of how frequently a particular student may invoke it, inviting abuses of the policy.
  - Considering the purpose of such a policy becomes important in addressing this question. For example, if reducing the likelihood of drinking-related untoward incidents has primacy, then "how often" such untoward incidents are prevented become something of a moot point. If, on the other hand, institutions wish to reserve the ability to mandate excessively intoxicated students to some type of clinical intervention, a variation of such policies may be more appropriate. Either way, how the policy is marketed will be of significant importance to its use by students
- Such policies will be in conflict with existing policies regarding zero tolerance.
  - Such policies should not be a "get out of jail free card." For example, if a nursing student reported to clinical rounds under the influence or the coach of a sports team encountered a

player under the influence, that student should not be able to avoid the consequences of his or her decision by requesting assistance.

- Such policies are tantamount to condoning if not underwriting high-risk and dangerous behavior.
  - Although an understandable argument, perhaps one that should be considered in light of the reason for considering a Good Samaritan policy in the first place.
- Such policies suggest that an institution is aware that a problem exists. This awareness constitutes a duty to act.
  - This likely requires a legal interpretation of duty to act. It is likely that the intent of the policy will be construed as proactive.
- This likely requires a legal interpretation of duty to act. It is likely that the intent of the policy will be construed as proactive.
  - Involve the community in discussions on the merits and concerns of Good Samaritan policies
- Such a policy will hinder Safety & Security's options regarding how best to address individual situations.
  - This is yet another valid argument. Medical amnesty does not mean that representatives of the institution that become involved with excessively intoxicated students cannot hold students responsible for the consequences of their decisions. It means that if a student in need of assistance called Safety & Security, the troubled student would be assisted in receiving the appropriate level of medical care...without judicial repercussions.
  - If the security office encountered an excessively intoxicated student vandalizing a car or engaging in a fight, then the officer would intervene in such a way as to confront the behavior. True, this may also include transport to the hospital for medical care, but the medical treatment does not preclude the fact that the student was involved in vandalism or violence, for which judicial sanctions would appropriately follow.

## **IN SUMMARY**

- 1) Because of the effectiveness of efforts to address the high-risk use of alcohol on American college and university campuses, some student have taken their high-risk drinking off-campus. Environmental management strategies such as reducing the availability of alcohol on campus and the consistent enforcement of appropriate institutional alcohol policies have motivated some students to move off-campus in order to pursue their desire to drink.
- 2) Because of the effectiveness of efforts to address the high-risk use of alcohol on American college and university campuses, some student have taken their high-risk drinking off-campus. Environmental management strategies such as reducing the availability of alcohol on campus and the consistent enforcement of appropriate institutional alcohol policies have motivated some students to move off-campus in order to pursue their desire to drink.

- 3) Policies that provide some degree of immunity from disciplinary sanctions for those assisting an intoxicated peer as well as the intoxicant may reduce the risk of these alcohol-related untoward incidents occurring off-campus.
- 4) Such efforts to promote student health and safety should not supersede existing policy regarding student behavior on campus and be established so as to be consistent with an institution's mission.

**NOTE:** Efforts to reduce the likelihood that individuals in our society will harm themselves or others are neither new nor alien. Even in situations where individuals may make a conscious decision to engage in behavior construed as high-risk, such steps can reduce the likelihood that these individuals will cause harm to themselves or problems for others. Examples include:

- i. Producing filtered and low-tar cigarettes
- ii. Fire extinguishers
- iii. Condom use in high-risk sexual behavior
- iv. Anti-lock brakes
- v. Reconfiguring high-risk or dangerous highways
- vi. No-skid treads on steps
- vii. Iodized salt
- viii. Flame retardant materials
- ix. Fluoridated water

## **REFERENCES**

<http://www.whiteplainscnr.com/article1055.html>

## Responses to Concerns in Above Article

**Such policies cover any and all incidents, regardless of how frequently a particular student may invoke it, inviting abuses of the policy.**

*Yes, however, setting a cap at between 1-3 instances of amnesty per academic year is an excellent and effective way to prevent abuse of the policy*

**Such policies will be in conflict with existing policies regarding zero tolerance.**

*A Medical Amnesty policy would not be condoning the use of illegal drugs or underage drinking. Rather, it would be seeking to ensure that should an emergency medical situation arise, students would not hesitate to call. The health and safety of students should be a top priority, superseding even the ideal of zero tolerance. It would not be a get out of jail free card, as there would still be a hearing, and, depending on what the policy stipulates, there could be educational intervention and follow-ups as well.*

**Such policies are tantamount to condoning if not underwriting high-risk and dangerous behavior.**

*The behavior that this policy addresses (drinking and illegal drug use) happens regardless of the existence of a medical amnesty policy. Such a policy would not be condoning this behavior. It would be removing some deterrents for calling for help if/when needed. Such a policy would be sending a message to students, not that it's okay to participate in these illegal activities, but that the college's top priority is the health and well-being of students.*

**Such a policy will hinder Safety & Security's options regarding how best to address individual situations.**

*Medical amnesty does not mean that representatives of the institution that become involved with excessively intoxicated students cannot hold students responsible for the consequences of their decisions. It means that if a student in need of assistance called Security, the troubled student would be assisted in receiving the appropriate level of medical care...without punitive judicial repercussions.*

*If the security office encountered an excessively intoxicated student vandalizing a car or engaging in a fight, then the officer would intervene in such a way as to confront the behavior. True, this may also include transport to the hospital for medical care, but the medical treatment does not preclude the fact that the student was involved in vandalism or violence, for which judicial sanctions would appropriately follow*

## Additional Research

- A study conducted by Gannett Health Services at Cornell University found that within two years of implementing a Medical Amnesty (MAP)/Good Samaritan Policy, “students were less likely to report fear of getting an intoxicated person in trouble as a barrier to calling for help. Furthermore, the percentage of students seen by health center staff for a brief psycho-educational intervention after an alcohol-related emergency more than doubled (from 22% to 52%) by the end of the second year.”
  - “This finding, combined with the survey data indicating a slight decrease in students’ barriers to calling for help, suggests that the increase in calls for help in an alcohol-related emergency was a function of the MAP and related educational efforts rather than changes in drinking practices.”
  - “while well-intended, policies and practices at institutions of higher education that are designed to enforce minimum legal drinking age laws and restrict other aspects of alcohol possession and consumption may have negative consequences. For example, such policies may actually deter some students from calling for emergency medical services in dangerous circumstances caused by heavy alcohol use (Colby, Raymond, & Colby, 2000). When alcohol is present, students may be reluctant to seek help in these emergencies because of potential judicial consequences for themselves, the person in need of assistance, or the hosting organization (Meilman, 1992). Often the decision whether to call for help happens late at night and becomes the responsibility of student bystanders whose judgment may be impaired because of their own alcohol consumption.”
  - “Research suggests that when individuals who are treated for alcohol-related emergencies receive, as part of their follow-up care after the emergency, a brief psycho-educational intervention examining their alcohol use, the likelihood of recurrence is reduced (Longabaugh et al., 2001). At Cornell, students are unlikely to avail themselves of such services on a voluntary basis, even when they receive written requests to do so from the director of health services. In contrast, students who are required to participate in such education as a result of judicial action do so consistently. Since September 2001, the standard requirement for students with a first-time judicial violation has been participation in the Cornell BASICS (Brief Alcohol and Screening Intervention for College Students) program. The Cornell BASICS program was modeled on research that found a two session screening and feedback process, with elements of motivational interviewing and cognitive-behavioral skills training, to be effective in reducing drinking and the

harm associated with high-risk alcohol consumption in the college environment (Baer, Kivlahan, Blume, McKnight, & Marlatt, 2001; Barnett et al., 2004; Borsari & Carey, 2000; Dimeff, Baer, Kivlahan, & Marlatt, 1999; Marlatt et al., 1998).”

- “...a random sample survey of Cornell undergraduates conducted in the spring of 2000 found that 19% of respondents reported thinking about calling for help because they were concerned about some-one who was severely intoxicated, though only 4% actually called for help. The most frequently cited reason for not calling for help was that the respondent was not sure if the person was sick enough (9.3%). The next highest reason given was because the respondent did not want to get the distressed individual in trouble (3.8%).”

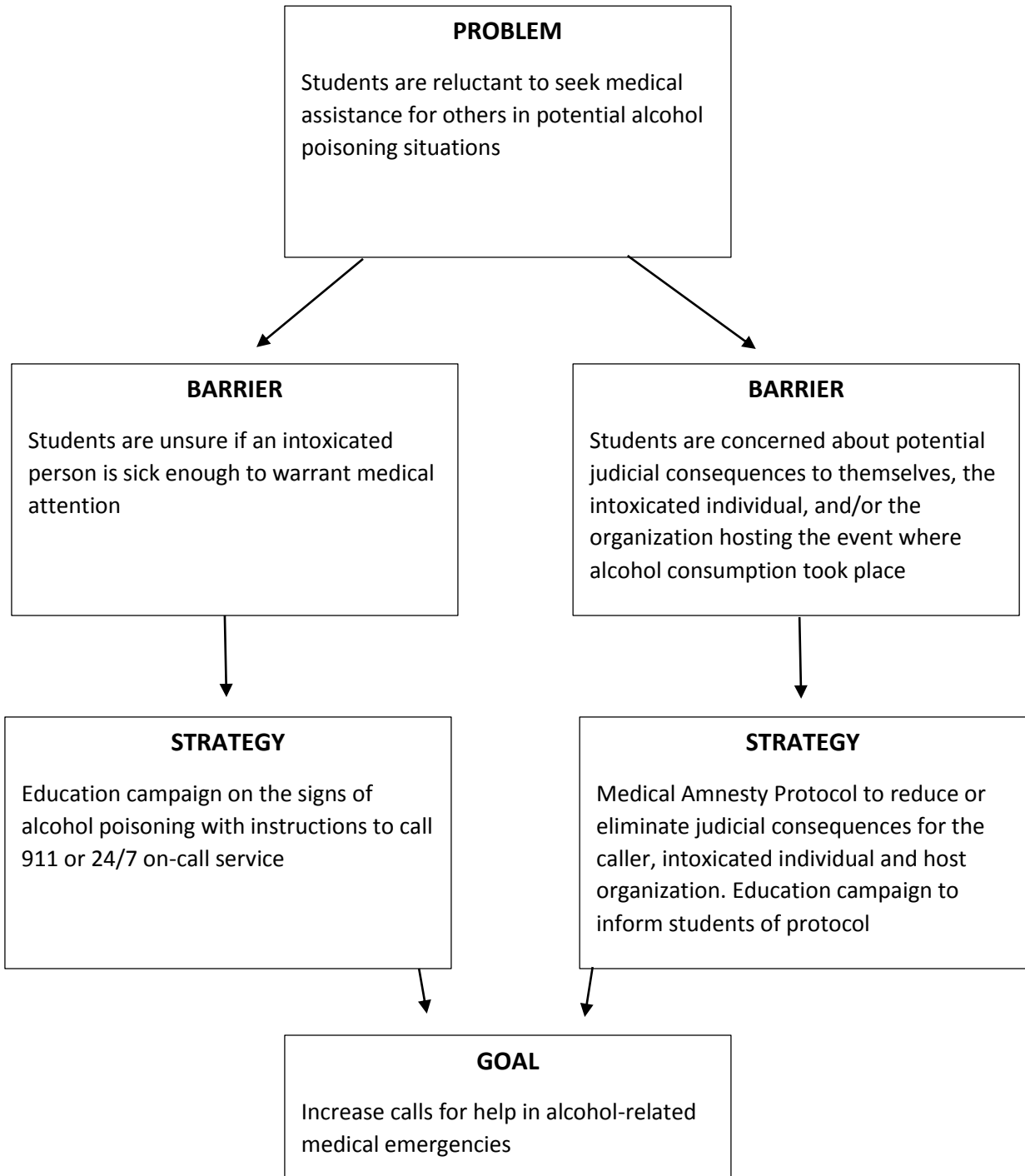


Fig.1: Logic model for increasing calls for help in alcohol-related medical emergencies. (Note that the reference to organizations is intended to be in reference to Greek organizations, and not student organizations, such as those at K).

All above data and images courtesy of: Lewis, Deborah K., and Timothy C. Marchell. "Safety First: a Medical Amnesty Approach to Alcohol Poisoning At a U.S. University." International Journal of Drug Policy 17 (2006): 329-338. 15 Nov. 2007  
<<http://www.gannett.cornell.edu/downloads/AOD/SafetyFirstPdf.pdf>>.

## **Good Samaritan Policy at Franklin Pierce University**

### Person in need of medical attention:

If an individual who receives emergency medical attention related to his or her consumption of alcohol completes a required follow-up at Health Services, he or she will not be subject to judicial action should the following Code violations occur at the time of the emergency:

- underage possession of alcohol
- possession of illegal substances or paraphernalia
- disorderly conduct

The individual receiving amnesty will not be required to meet with the Judicial Administrator, will not be required to pay for the required follow-up service at Health Services, and will receive a warning rather than a written reprimand. A person in need of medical attention is eligible for medical amnesty on three (3) occasions.

### Calling on behalf of someone else:

#### *Individual*

An individual who calls for emergency assistance on behalf of a person experiencing an alcohol-related emergency will not be subject to judicial action for the following Code violations in relation to the incident:

- underage possession of alcohol
- provision of alcohol to an underage person
- possession of illegal substances or paraphernalia
- disorderly conduct

#### *Organization:*

A representative of an organization hosting an event is expected to promptly call for medical assistance in an alcohol-related emergency. This act of responsibility will lessen the judicial consequences against the organization resulting from Code violations that may have occurred at the time of the incident. Likewise, failure to call for medical assistance in an alcohol-related emergency will be considered an "aggravating circumstance" and may affect the judicial resolution against the organization if Code violations may have occurred.

### Actions Not Protected by Medical Amnesty:

Amnesty will apply to medical emergencies involving alcohol or other drugs but does not apply to other prohibited conduct such as assault, property damage or distribution of illicit substances.

### Qualifications for Medical Amnesty:

In order to qualify for medical amnesty, the student must obtain medical attention at the time of the incident and must meet with a representative from the Office of the Vice President of Student Affairs within 5 days of the incident and agree to comply with the conditions set forth by the representative. If these conditions are met, there will be no conduct case and the incident will not become part of the



student's record. If the student does not follow these stipulations, she or he does not qualify for medical amnesty and is subject to the conduct process as provided by the University's Student Code of Conduct.

#### Repeating Incidences:

Students will be eligible for amnesty three (3) times; the original incident and two repeated. Granting amnesty for repeat offenses makes it easier to monitor a student's alcohol/drug abuse habits. Clearly, by mandating meetings with health services and outreach, as well as the Harm Reduction Center, it will be easier to find out if a student has a serious problem and what the most effective ways of treatment are.

#### Policy Evaluation

The policy will be evaluated after two semesters of being enacted. The evaluation will consider:

- The number of calls made to EMS, Campus Safety, or 911 regarding acute alcohol intoxication (alcohol overdoses/poisonings) and other drugs.
- The number of emergency room visits for acute alcohol intoxication.
- Was there an increase in both calls and ER visits non-concurrent with an increase in drinking on campus?

#### Police Involvement:

This "Good Samaritan" Policy in no way prohibits the University from calling the local police department. It only has an impact on the judicial consequences dealt by the University. In most cases, a police cruiser will accompany an ambulance anyway and the student will be facing whatever legal consequences may apply to their particular situation. Illegal substances can be confiscated/handled according to the University protocol or turned over to police. With the risk of arrest already very high for students receiving medical attention for an alcohol/drug overdose, why put further punishments from the University as another barrier to seeking medical attention. Instead the University can evaluate and address the student's problem with drugs through Outreach and Counseling (also the implementation of the BASICS Program).

## **Good Samaritan Policy at Kenyon College**

In order to ensure that students receive prompt and appropriate attention for alcohol intoxication and that there are no impediments to seeking such assistance, the College hereby institutes a Good Samaritan policy. In those instances in which a student calls the Office of Campus Safety or another College office for assistance with an intoxicated or impaired student, neither the individual calling nor the student in need of assistance will be charged with violations of the College's policies on alcohol and other drugs.

In order to ensure that students receive prompt and appropriate attention for alcohol intoxication and that there are no impediments to seeking such assistance, the College hereby institutes a Good Samaritan policy. In those instances in which a student calls the Office of Campus Safety or another College office for assistance with an intoxicated or impaired student, neither the individual calling nor the student in need of assistance will be charged with violations of the College's policies on alcohol and other drugs.

This policy is designed to save lives. The spirit of the Good Samaritan is that we all have an ethical responsibility to help people in need. There is an expectation that students will take active steps to protect the safety and well-being of our community.

## Recommended Northern Michigan University Policy

The overarching priority of Northern Michigan University is to ensure the safety and well-being of our students. The University is committed to providing guidance so students can learn to develop a responsible approach to social challenges, including whether to use alcohol, how to do so in moderation, and how to comply with local, state, and federal laws governing alcohol consumption.

Northern Michigan University expects students to abide by laws and University policies regarding alcohol and drug possession and consumption. For those students who choose to consume alcohol, Northern Michigan University expects that they do responsibly and thereby minimize the incidence of alcohol poisoning and alcohol-related injuries.

Therefore, in order to promote student safety and to prevent physical and/or bodily harm in regards to appropriate attention for alcohol or any other drug intoxication, the University has instituted a Medical Amnesty policy, applicable to:

- A student requesting medical assistance for himself/herself,
- A student seeking medical assistance for another person, and
- The student for whom medical assistance was sought.

### For person(s) in need of medical attention:

If an individual receives emergency medical attention related to his or her consumption of alcohol and/or drug overdose, he or she will not be subject to judicial action should the following Code violations occur at the time of the emergency:

- underage possession/use of alcohol
- possession/use of illegal substances or paraphernalia

The individual receiving amnesty will not be subject to disciplinary review. The student will not be required to pay for the required follow-up service at Health Services and the cost of referred rehabilitation programs will be covered by the university general fund for the first medical amnesty case and is limited to internal programs. The student will also receive a warning rather than a written reprimand, however, the reporting representative will record the medical amnesty case and that a discussion took place. A person in need of medical attention is eligible for medical amnesty on two (2) occasions.

### Calling on behalf of someone else:

#### *Individual*

An individual who calls for emergency assistance on behalf of a person experiencing an alcohol or drug related emergency will not be subject to judicial action for the following Code violations in relation to the incident:

- underage possession/use of alcohol
- provision of alcohol to an underage person
- possession of illegal substances or paraphernalia

#### Qualifications for Medical Amnesty:

In order to qualify for medical amnesty, the student must obtain medical attention at the time of the incident and must meet with a representative from the Dean of Student's Office within one (1) academic week of the incident and agree to comply with the conditions set forth by the representative. These conditions may include, but are not limited to, parental notification, informal meeting with Dean of Students Office Staff, and a follow-up appointment with Health services and/or Health Promotion. If these conditions are met, there will be no conduct case and the incident will not become part of the student's record. If the student does not follow these stipulations, she or he does not qualify for medical amnesty and is subject to the conduct process as provided by the University's Student Code of Conduct.

If it is determined that the Medical Amnesty policy applies to a given situation, the concerned students will not be subject to a disciplinary fine or disciplinary action for possession or consumption of alcohol or any other drugs. Additionally, a student also has the option to decline medical amnesty after being offered it.

#### Actions Not Protected by Medical Amnesty:

Amnesty will apply to medical emergencies involving alcohol or other drugs but does not apply to other prohibited conduct such as sexual assault, physical assault and battery, property damage or distribution of illicit substances.

## Associated Students of Northern Michigan University

*A resolution to support the creation of a University Policy regarding Medical Amnesty*

Presented on \_\_\_\_\_

Adopted on \_\_\_\_\_

Sponsor: Director of External Affairs Mitchell Seigny

Co-Sponsor(s): Off-Campus Representative Lindsey Lieck

WHEREAS, Northern Michigan University currently punishes students caught with alcohol, illegal drugs, or paraphernalia on campus, even when they are found with the substances after calling for help in medical emergencies; and

WHEREAS, the current policy can discourage students from calling for help in potential drug or alcohol overdose situations because they are afraid of being punished under the college's drug policies; and

WHEREAS, 599,000 students, between the ages of 18 and 24, are unintentionally injured under the influence of alcohol every year in the United States<sup>1</sup>; and

WHEREAS, research and many anecdotal reports indicate that the implementation of a Medical Amnesty/Good Samaritan Policy is effective at getting students to call for medical assistance during an alcohol or drug related emergency, and does not significantly change alcohol or drug usage patterns; and

WHEREAS, Michigan Technological University, Lake Superior State University, Western Michigan University, University of Michigan, Michigan State University, and many others have all implemented medical amnesty policies at their respective institutions<sup>2</sup>; and

WHEREAS, Northern Michigan University should have policies that protect students' health and empower them to call for help when it is needed. Now therefore be it

RESOLVED, the Associated Students of Northern Michigan University calls upon Northern Michigan University to enact a Medical Amnesty Policy that emphasizes that Northern Michigan University's primary concern is the well-being, health, and safety of its students.

RESOLVED, a copy of this resolution will be presented to the Board of Trustees, and will be transmitted to the Dean of Students and any other appropriate administrators.

---

Katerina Klawes, President

---

Alex Hawke, Chair of Assembly

---

<sup>1</sup>National Institute on Alcohol Abuse and Alcoholism. 2013. *College Drinking Prevention*. 3 13. Accessed December 1, 2014. <http://www.collegedrinkingprevention.gov/StatsSummaries/snapshot.aspx>.

<sup>2</sup>Mitler, Dan. 2014. *Good Samaritan Policy Reference*. Students for Sensible Drug Policy. 11 18. Accessed November 18, 2014. <https://docs.google.com/spreadsheet/ccc?key=0AsJu53EHLpSdEpqQzV2Q29JMk9sVi1xQnF4aIFTeFE#gid=1>.