

Students

<http://chronicle.com/weekly/v54/i17/17a00101.htm>

From the issue dated December 21, 2007

More Colleges Offer 'Amnesty' for Drinking Violations

By ERIC HOOVER

Under-age drinkers will do almost anything to stay out of trouble. Sometimes they won't even call 911 in an emergency, says Meghan Hanrahan, a junior at Ohio University. That's why she believes administrators should waive judicial punishments when intoxicated students seek medical help for themselves or their friends.

Ms. Hanrahan, a student at the university's main campus, in Athens, and a member of Ohio's Student Senate, helped establish a committee to study the feasibility of "medical amnesty." "Punishments put fear into students," she says. "But if you're sick or in trouble, safety should be the No. 1 priority."

In recent years, dozens of colleges have adopted medical-amnesty exemptions, also known as Good Samaritan policies. The provisions derive from state laws that shield people from liability claims when they help an injured stranger.

Proponents say removing the threat of punishment for alcohol violations raises the chance that a student will call an ambulance or resident assistant if, for instance, a roommate passes out after one too many beers. In turn, the policies may help campus health counselors find students who need continuing treatment.

So far, however, there is scant research on whether the strategy works. Some student-health professionals even worry that the policies condone under-age drinking and hinder campus efforts to curb alcohol abuse.

The issue reveals the inherent tension between upholding the law and ensuring students' well-being. How can colleges strike a balance in their alcohol policies?

In a 2005 paper, Robert J. Chapman, clinical assistant professor of behavioral-health counseling at Drexel University, likened the question to the rescue of people who had ignored evacuation orders before a hurricane. "Should an intoxicated student who requests help because of drinking be able to expect the same assistance," he wrote, "and if so, with no consequences?"

'An Educational Moment'

Medical amnesty is no get-out-of-jail-free card. Most programs excuse students from punishment only after they meet with a dean or attend a follow-up counseling session.

At Emory University, Carolyn Livingston, special assistant to the senior vice president for campus life, ultimately decides if students should receive "educational sanctions" instead of judicial punishments.

After reading incident reports, Ms. Livingston contacts students who qualify for medical amnesty. Each must meet her within five days of seeking treatment for intoxication. She asks them a slew of questions. What happened that night? Was the incident part of a pattern?

After that, they must meet at least twice with a substance-abuse counselor and attend two four-hour risk-reduction classes. Ms. Livingston often assigns them community service, too. Fulfilling those requirements will ensure that no alcohol violation — typically, for under-age drinking — appears on a student's conduct record.

Since the program started, in the 2005-6 academic year, Emory has granted medical amnesty in 100 cases.

"We've long felt there were plenty of students out there drinking, but we couldn't identify them," Ms. Livingston says. "Now we can get them the help they need."

On many campuses, the policies cover students who seek medical attention as well as those who get help for a friend. Some programs permit administrators to grant amnesty to student organizations, like fraternities, whose members may fear sweeping penalties when college officials learn of alcohol violations at their houses.

Not surprisingly, some administrators have asked whether such loopholes are too wide. At the University of Texas at Austin, proponents of a medical-amnesty proposal had to explain how such an exemption would square with the university's zero-tolerance stand on alcohol.

"We wanted to use this policy as an educational moment," says Charles N. Roper, coordinator of alcohol and drug education at Texas. "But we didn't want to look like we were promoting drinking or just giving up."

The compromise: This semester the university's dean-of-students office and the health-services division agreed to start a medical-amnesty program that requires follow-up sessions with licensed counselors. Texas, however, did not adopt it as an official policy, which would have required the approval of trustees. So far, no students have used the option, which campus health officials plan to promote in the spring.

Generally, colleges limit the number of times a student can use the exemption, at least without facing more-severe consequences. Texas officials did not include such a provision.

"Someone who reoffends," Mr. Roper says, "may be the most important person we're going to work with."

Inconclusive Evidence

Measuring the impact of any alcohol-prevention policy is difficult. In a recent article in the *International Journal of Drug Policy*, two researchers at Cornell University examined the effects of the campus's medical-amnesty program, which began in 2002.

In the program's second year, they found, 52 percent of students involved in an alcohol emergency had

received follow-up treatment, compared with only 22 percent the year before the university created the policy. The change showed that medical amnesty had helped drive more students to treatment. Yet the researchers found only a slight increase in the number of students who reported calling for help.

Furthermore, before the program began, only 3.8 percent of students cited fear of getting a friend in trouble as a reason for not seeking help. A far-more-common reason: Not knowing whether an inebriated friend was sick enough to go to the hospital.

Recently officials at Arizona State University decided that medical amnesty was unnecessary after surveying 7,500 undergraduate and graduate students. Nearly half said not knowing whom to call was the main reason they would not seek help for an intoxicated friend. So the university now does more to educate new students about alcohol poisoning and how to help someone who's intoxicated.

"We want to do things that are evidence-based," says Karen Moses, Arizona State's director of wellness and health promotion, "not shots in the dark."

Numbers alone may not provide the sole measure of a medical-amnesty policy's value, though. Robert Maust, chairman of the standing committee on substance abuse at the University of Colorado at Boulder, says the creation of its program, in 2005, showed students that the university wanted to help them — not just enforce the rules.

The message resonated with those who were wary of just-say-no mantras, Mr. Maust believes. "To say we've told them not to drink and that's the end of it may be good Old Testament," he says. "But it's bad policy."

MEDICAL AMNESTY: PRO AND CON

Colleges should weigh many questions when considering medical-amnesty policies, say campus-health experts. In a recent paper, Robert J. Chapman, clinical assistant professor of behavioral-health counseling at Drexel University, summarized several possible arguments for and against such programs.

Pro

- 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 being consistent with a school's stated mission as an institution of higher education concerned about the well-being of its students.
- 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.
- 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 as similar students are handled currently.

Con

- Such policies will be in conflict with existing policies regarding zero tolerance. Such policies should not be a "get-out-of-jail-free card."

- The extension of medical amnesty to students engaged in high-risk behavior off-campus will be construed as the institution's bias in favor of student needs over the concerns of the community.
- Such a policy will hinder Safety & Security's options regarding how to address individual situations.

SOURCE: "Medical Amnesty: Professional Enabling or Indicated Prevention?"

<http://chronicle.com>

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Volume 54, Issue 17, Page A1

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