

LATE TESTIMONY



The Medical Amnesty Initiative

February 12, 2014

Honorable Senator,

On behalf of The Medical Amnesty Initiative, we respectfully request your support of Senate Bill 2215, which is currently scheduled for a hearing in the Senate Public Safety Committee on February 13, 2014. This bill will save lives.

Senate Bill 2215 would, in part, grant a limited immunity to intoxicated minors when they make contact with emergency officials for individuals who need immediate medical attention. Tragically, too many young people lose their lives each year because those around them were intoxicated and afraid of the judicial consequences that may occur when 911 is called.

At such a young age, without the experience of responsible drinking, the distinction between a dangerously intoxicated friend and a person who simply drank too much and can sleep it off, becomes a blur. Research supports the fact that while the 21 year old drinking limit does not deter many young people from drinking, it does contribute to a dangerous hesitation when deciding whether or not to call 911 for someone who is in need of immediate medical assistance. In an inebriated state, young people see the minor legal infraction as the end of the world. Getting in trouble with parents, with the school, a sports team, scholarship eligibility, disclosure on grad school applications, and future employment, are all concerns that instantly flash through the minds of underage drinkers when a fun night with friends drastically changes into a life or death situation. In an inebriated state, where confusion and a false sense of safety takes control, young people convince themselves that a person who is "passed out" isn't drunk enough to die—that they will simply wake up the next morning with an awful hangover. Tragically, too many sons and daughters, brothers and sisters, and friends do not wake up. Should young people call 911 at the first sign of a medical emergency? Of course, and under any other circumstances they would. But, in this type of a situation they aren't making that call, and young people should not have to pay the price of drinking underage with their life.

Simply put, the fear of receiving an underage possession of alcohol ticket from law enforcement, who is seen as an adversary and not as an invaluable asset, costs lives. However, the passage of Senate Bill 2215 would effectively remedy these fears.

We respectfully urge your support during the upcoming committee hearing. This bill has the ability to save lives the moment it is enacted. It is our hope that with the passage of SB2215, minors in Hawaii will no longer be afraid to dial 911 for another individual who desperately needs medical attention. Thank you very much for your time.

Sincerely,

Aaron Letzeiser
Executive Director

911

make the call

The Medical Amnesty Initiative

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**Senate Bill 2215
Medical Amnesty
Policy Proposal**

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911- It's that easy to be a Good Samaritan!

WHAT IS IT?

- A medical amnesty policy would protect those who call for emergency help for a victim in need of immediate medical attention.

WHY IS IT IMPORTANT?

- Alcohol-related unintentional injuries are a leading cause of death among young people in the United States. 5,000 young people under the age of 21 die from alcohol-related unintentional injuries and 599,000 students between the ages of 18 and 24 are unintentionally injured under the influence of alcohol each year.
- Young people are reluctant to seek help in such alcohol related emergencies because of potential judicial consequences. The most common reason people cite for not calling 911 for help when they witness an emergency is fear of police involvement.
- One University study concluded that while 19% of college students said they had been in a situation where 911 should have been called for a highly intoxicated individual, only 4% actually made the call.
- The legislation does not protect people from persecution for other alcohol related offenses including driving under the influence (DUI), disorderly conduct, property damage, and assault, etc.

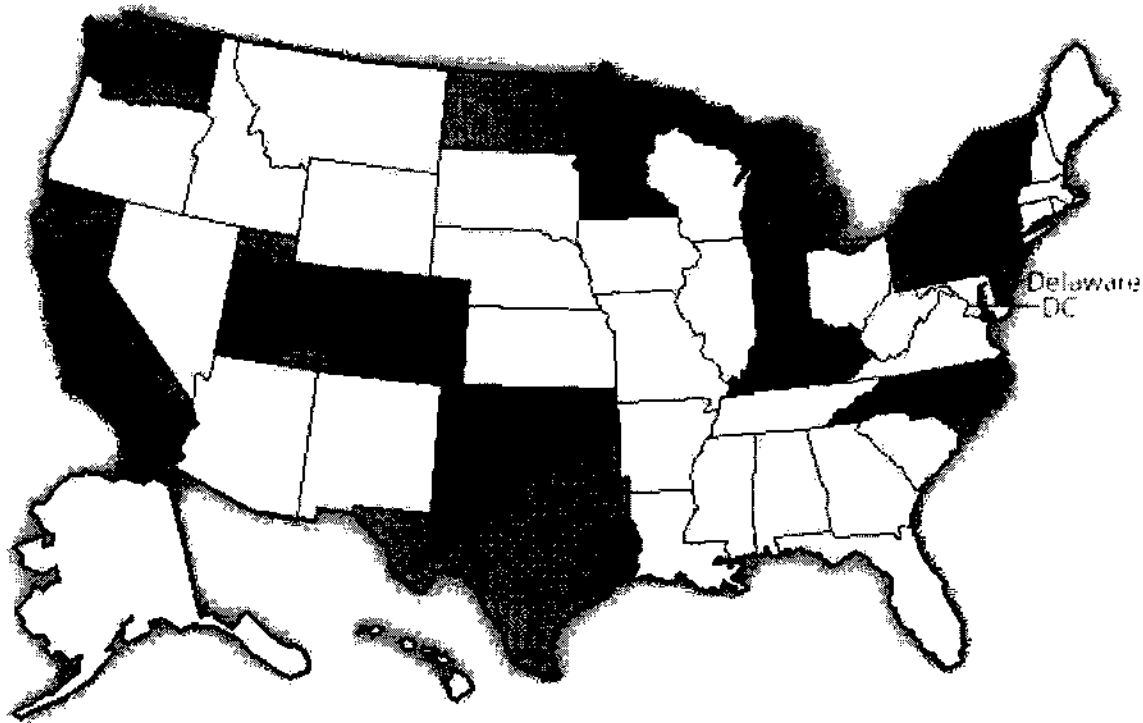
IMPACT OF SIMILAR ENACTED POLICIES

- A Cornell University study has concluded that similar policies have increased calls to Emergency Medical Services by 45%.

PURPOSE/GOALS OF THE MEDICAL AMNESTY POLICY

- To establish a state-wide medical amnesty policy that encourages students to seek medical attention in the event of an emergency, especially those involving alcohol poisoning and sexual assault.
- To increase the likelihood that students will call for help in alcohol-related emergencies and thus prevent health consequences.
- To guarantee a limited judicial immunity to young people who call 911 for help when it is needed in an effort to save lives and **promote health, safety, and responsibility on campus.**

States with a Medical Amnesty Law



Medical Amnesty is truly a bi-partisan issue!

- 17 States and Washington, D.C.
- Total Vote Count: 1,988 Yea to 122 Nay
- Unanimously Passed the House in 8 States
- Unanimously Passed the Senate in 12 States
- 11 Republican Primary Bill Sponsors
- 7 Democratic Primary Bill Sponsors

Medical Amnesty: Common Questions and Concerns Answered!

We have heard many of the same initial questions and concerns about medical amnesty legislation as we have worked on this policy throughout the country. We know the bill must be crafted in a way that it maintains the integrity of existing statute, while also creating a system that can save young lives. We are pleased to report that in many states, the Medical Amnesty bill has passed unanimously.

QUESTION: Why should the minor needing medical attention receive the legal amnesty in addition to the individual making the call?

ANSWER: The simple answer here is power of friendship. Imagine an inebriated (clouded judgment) teenager deciding whether or not their friend is “drunk enough” to need medical attention. The last thing that person wants to do is get their friend in trouble. The prevailing belief is that if help is sought, or 911 is called, the friend will get cited for drinking underage and could get in trouble with the legal system, parents, school, sports team, and could even effect college admittance and scholarship eligibility. That citation can end a friendship—at least that’s how it is perceived. And, while that call to 911 may save the friend’s life, the power of whether or not that person may ever speak to them again, can be a tragedy.

This is an important question and one we have heard in almost every state. We can also say that in almost each of those states, the legislature has chosen to protect both the caller and the person in need of medical assistance and these states have seen positive results.

CONCERN: This law will be abused by those who don’t want to get in trouble! Young people will drink to excess and then simply call for help just so they know they won’t get cited. Or, law enforcement will show up to a party and everyone will raise their hand and say they need help.

ANSWER: While initially a very common concern, this is one that is usually resolved quickly. First, we encourage policy makers to draft a bill which clearly states that intent must be made by the person seeking help prior to contact with law enforcement for a possible underage drinking situation. This eliminates the situation raised above where law enforcement may respond to a noise complaint, large party, assault, etc. and young people try to abuse the law’s protections.

Second, we often hear that young people will drink to excess and then at the end of the night, they will call for help simply to guarantee immunity. Although understandable to an extent, we don’t believe that when an inebriated young person is faced with leaving a “party” they will choose to call 911 for an ambulance and hospital visit (and all costs associated with it) instead of calling a cab or friend to take them back to their house, apartment, or dorm. The only time young people fear the underage drinking citation is when they are faced with imminent police presence.

If police are not present at the end of the night, a minor is going to take steps to make it back home or to where they are staying that night. The addition of intent in to the bill eliminates an individual's ability to abuse the law when the police arrive.

CONCERN: This policy will only encourage young people to drink more!

ANSWER: Studies have shown that where Medical Amnesty policies exist, underage drinking levels have not risen (see data below). While we understand this concern, studies have also proven that the typical individual drinking while underage is not doing so with the specific intent to become so inebriated that it could be fatal. Instead, instances of underage alcohol-related deaths are most often either college freshmen within the first few weeks of their first semester, and/or those involved in hazing.

Underage Binge Alcohol Use Since Policy Passage

Substance Abuse and Mental Health Services Administration

A Division of the Department of Health and Human Services (HHS)

National Survey on Drug Use and Health— Primary source of information on the prevalence, patterns, and consequences of alcohol, tobacco, and illegal drug use and abuse in the general U.S. civilian non institutionalized population, age 12 and older.

California: Passed 2010

Persons Aged 12-20	2008-2009	2009-2010	2011-2012
Past Month Binge Alcohol Use	16.79%	16.93%	14.99%

Colorado: Passed 2006

Persons Aged 12-20	2007-2008	2009-2010	2011-2012
Past Month Binge Alcohol Use	20.75%	18.30%	14.97%

New Jersey: Passed 2009

Persons Aged 12-20	2009-2010	2011-2012
Past Month Binge Alcohol Use	19.88%	16.77%

Pennsylvania: Passed 2011

Persons Aged 12-20	2009-2010	2011-2012
Past Month Binge Alcohol Use	19.36%	18.35%

Texas: Passed 2011

Persons Aged 12-20	2009-2010	2011-2012
Past Month Binge Alcohol Use	16.95%	14.06%

University of North Dakota – Data compiled from the 2012 National College Health Assessment and Core Alcohol and Other Drug Survey

North Dakota: Passed April 2011

Alcohol Use among Underage (<21 years) Students:

	2008	2010	2012
Alcohol Use (Past 30 Days)	75.5%	72.8%	67.5%
Alcohol Use (Past Year)	83.4%	83.0%	81.5%
Avg. # of Drinks (Per Week)	6.02	5.85	4.97

2012 National College Health Assessment Results American College Health Association

The ACHA-National College Health Assessment is a national research survey organized by the American College Health Association (ACHA) to assist college health service providers, health educators, counselors, and administrators in collecting data about their students' habits, behaviors, and perceptions on the most prevalent health topics.

- 90,666 respondents
 - 45.8% 18-20 years old.
 - 64.2% Female
 - 33.5% Male

- **Number of days alcohol was consumed over the past 30 days:**

	Male	Female
Used 1-9 days	48.3%	52.4%
Used 10-29 days	17.4%	12.6%
Used all 30 days	1.5%	0.5%

- **Number of alcohol drinks consumed last time respondent "partied" or socialized:**

	Male	Female	Total
4 or less drinks	32.9%	47.5%	42.3%
5 drinks	7.7%	8.8%	8.3%
6 drinks	6.9%	6.2%	6.4%
7 or more	26.2%	10.9%	16.1%

- **Number of times respondent consumed 5 or more drinks, in one sitting, over the previous two weeks:**

	Male	Female	Total
1-2 times	25.7	21.2	22.7
3-5 times	13.6	7.2	9.3
6 or more times	3.6	1.2	2.1

Monitoring the Future Study: Fact Sheet

- In the United States, underage drinking accounts for 12% of the alcohol sales each year, or over 3.6 billion drinks.
- Among college students alone, over 1,800 deaths occur each year from alcohol-related unintentional injuries (excluding auto related). (Hingson et al., 2009).
- Approximately 6.6 million 12 to 20 year olds (approximately 17%) have engaged in binge drinking and 2.1 million (6%) in heavy-drinking (Johnston et al., 2008).
- On college campuses alone, those numbers jump to more than 40%
- According to the U.S. government, binge drinking is considered the consecutive consumption of five or more drinks occurring at least once within a two-week period (Center for Disease Control).
- 1 in 8 college students (13%) reported having 10 or more consecutive drinks and 1 in 20 (5%) have reported having 15 or more consecutive drinks within the surveyed two-week period (Johnston et al., 2008).
- The full study can be found at:
<http://monitoringthefuture.org/>

Cornell University Fact Sheet and Data

Background

- Cornell University is a four-year Ivy League University in rural New York State with an enrolment of over 13,600 undergraduate students.
- In the 2000–2001 academic year, Cornell University Emergency Medical Services (EMS) responded to 63 calls in which students were evaluated for alcohol poisoning or alcohol-related injuries.
- 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 someone who was severely intoxicated, though only 4% actually called for help.

The Creation of a Medical Amnesty Protocol at Cornell University

- The Medical Amnesty Protocol (MAP) was developed by a committee of the President's Council on Alcohol and Other Drugs, comprised of students, staff, and faculty. The MAP is an agreement between several university departments to exercise their discretion in accordance with the protocol when dealing with alcohol-related emergencies.
- The MAP was designed to achieve two aims:
 - (1) to increase the likelihood that students will call for help in alcohol-related medical emergencies
 - (2) to increase the likelihood that students treated for alcohol-related medical emergencies will receive follow-up education at the university health centre.

Results

- An increase in the percentage of students who reported calling for help on behalf of an intoxicated person.
- At the end of the first academic year of the MAP (2002–2003), there was a 51.1% increase in reported students calling for help.
- Correspondingly, the number of alcohol related calls to Cornell's EMS increased each year after the implementation of MAP.
- The percentage of students who reported that they did not call for help in an alcohol-related medical emergency because they "didn't want to get the person in trouble" decreased by 61% from the baseline survey to the end of the fourth year of implementation.

Conclusions

- Each episode in which someone does not call for help is a potentially fatal situation. Therefore, it is desirable to reduce as many barriers to calling for help as possible, regardless of the prevalence of such behavior.
- Furthermore, the proportion of students for whom fear of judicial consequences is a barrier could potentially be higher on campuses where the police routinely issue violations (without amnesty) to students treated for alcohol poisoning.
- An institutional decision whether or not to develop some form of medical amnesty is likely to involve philosophical disagreements among key stakeholders. At Cornell, there was general consensus among students, staff, and faculty that medical amnesty was an appropriate approach for the community.

Source

- Cornell Statistics provided by: Safety First: A Medical Amnesty Approach to Alcohol Poisoning at a U.S. University. 7 Feb. 2006. By: Lewis, Deborah K., and Marchell C. Timothy
- The full study can be found at:
<http://www.gannett.cornell.edu/cms/pdf/aod/upload/Safety1stcornellMedamnesty.pdf>

Helping Behavior Study

- A 2009 study done at North Dakota State University titled, "Alcohol Poisoning Among College Students Turning 21: Do They Recognize the Symptoms and How Do They Help?" assessed the frequency of helping behavior among students in situations where peers display alcohol poisoning symptoms and assessed sources from which students seek help.
- Students ($N = 306$; 50% male) completed a Web-based self-report assessment during the week before their 21st birthday focusing on drinking behavior, alcohol-related consequences, concern for symptoms of alcohol poisoning, and observations of and experience with helping behavior.

Sources of help

- 86% of students reported using a source of help for symptoms and nonsymptoms of alcohol poisoning.
- More than half (57.8%) of students indicated they had helped another individual without seeking outside help.
- When seeking outside help, students were most likely to seek help from another student, followed by a parent.
- Students were least likely to seek help from on-campus and off-campus police.

Table 3

Sources of help for alcohol poisoning symptoms and nonsymptoms ($n = 263$)

Source	%
I have helped other students, but I have not sought outside help	57.8
Another student (not a residence advisor)	38.6
Parent	12.4
Hospital/clinic/emergency room	7.5
Other	5.9
Resident advisor	2.3
Hall director	1.6
<u>Off-campus police</u>	<u>1.3</u>
<u>Campus police</u>	<u>0.3</u>

Reasons not to seek help

- 14% of students reported never having helped someone with symptoms or nonsymptoms of alcohol poisoning.

Common reasons cited for not seeking help for alcohol poisoning symptoms and nonsymptoms

- I was afraid of my friend getting into trouble with legal system/police
- I was afraid of myself getting into trouble with the legal system/police
- I was afraid of my friend getting into trouble with residence hall staff
- I was afraid of myself getting into trouble with residence hall staff
- I was afraid of my friend getting into trouble with university administration
- I was afraid of myself getting into trouble with university administration
- I was afraid of my friend getting into trouble with his/her parents
- I was afraid of myself getting into trouble with my parents
- I was afraid of my friend getting into trouble with his/her academic program
- I was afraid of myself getting into trouble with my academic program
- Other people discouraged me from getting help
- I did not want my friend to be angry

Source

- Alcohol Poisoning Among College Students Turning 21: Do They Recognize the Symptoms and How Do They Help? July 2009. By: Laura Oster-Aaland, M.S.,[†] Melissa A. Lewis, Ph.d., Clayton Neighbors, Ph.d., Jane Vangness, M.S., and Mary E. Larimer, Ph.d.

State with Similar Legislation

- Minnesota
- Michigan
- Indiana
- Texas
- North Carolina
- Kentucky
- Oklahoma
- Pennsylvania
- New Jersey
- Colorado
- New York
- California
- North Dakota
- Delaware
- Utah
- Vermont
- Washington
- Washington, D.C.

States with Proposed Legislation

- Wisconsin
- Illinois
- Ohio
- Arizona
- South Dakota
- Oregon
- New Hampshire
- Georgia
- Hawaii
- Missouri
- Virginia
- West Virginia

LATE TESTIMONY

**the Drug Policy
Action Group**

A sister organization of the Drug Policy Forum of Hawai'i
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Dedicated to safe, responsible, and effective drug policies since 1993

TO: SENATE COMMITTEE ON INTERGOVERNMENTAL & MILITARY AFFAIRS

FROM: PAMELA LICHTY, M.P.H., PRESIDENT

DATE: FEBRUARY 13, 2014, ROOM 224

RE: S.B. 2215 RELATING TO MEDICAL AMNESTY – IN STRONG SUPPORT

Good afternoon, Chair Espero, Vice Chair Baker, and members of the Committee. My name is Pam Lichty and I'm President of the Drug Policy Action Group (DPAG), the government affairs arm of the Drug Policy Forum of Hawaii.

Let me begin by thanking you for hearing this important bill today. Medical amnesty laws, also known as Good Samaritan laws, are in place now in 17 states and at many colleges and universities, with more under consideration this year. The measure itself explains how overdose deaths in Hawaii - from illegal drugs, prescription drugs, and alcohol - have increased greatly in recent years. As we hopefully move towards a compassionate, evidence-based, public health approach to drug control, this type of measure is literally a way to save lives.

As noted in Section 1 of the measure, if criminal punishment is intended to deter drug use, it is clearly too late for that approach when a person has suffered an overdose. In any case many of the overdose deaths reported in Hawaii and elsewhere were from prescription drugs or alcohol rather than illicit drugs. So it behooves us to suspend any moral judgments we may harbor about those who use drugs and instead look at the best ways to save lives and help people to call for medical assistance without fear of legal repercussions.

All too often the victims' companions abandon the victim out of fear of arrest or literally dump him outside of an emergency room. This is an inhumane yet understandable response under current law, but is no way to deal with a life threatening medical emergency.

This issue is personal to me since I lost a nephew to an overdose death fifteen years ago. Phillip Seymour Hoffman's recent death has vividly brought back that terrible time to my family and me. His death underscores the urgency of getting this type of medical amnesty bill in place immediately to prevent more of such tragedies. I urge this committee to move S.B. 2215 on to the Judiciary Committee today so that this important and necessary discussion can continue.

Again thank you for hearing this measure and for giving us the opportunity to testify.

~~LATE TESTIMONY~~

From: mailinglist@capitol.hawaii.gov
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Cc: maunakeasnowboards@gmail.com
Subject: *Submitted testimony for SB2215 on Feb 13, 2014 14:50PM*

SB2215

Submitted on: 2/13/2014

Testimony for PSM on Feb 13, 2014 14:50PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
William Weaver	Individual	Support	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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