An Analysis of the Perceived Effectiveness by Students of the Implementation of a Medical Amnesty at Washington State University

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Honors Thesis
PASS WITH DISTINCTION

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TO THE UNIVERSITY HONORS COLLEGE:

As the thesis advisor for DERICK C. EN'WEZOH,

I have read this paper and find it satisfactory.

Dr. Tom Brigham, Thesis Advisor

3/06/2010

Date
MEDICAL AMNESTY AT WASHINGTON STATE UNIVERSITY

Précis

Prior to being elected as the student body president of Washington State University (WSU) in the spring of 2009, a serious problem was brought to my attention through personal experience and student testimony. I was made aware that policies included in the Standards of Conduct for Students were deterring students and student groups from seeking prompt medical assistance for individual’s suffering from acute alcohol and drug intoxication. Recognizing the potentially fatal consequences of not seeking medical assistance, I made it my personal objective to identify a solution.

In my initial investigation, I discovered that institutions of higher education across the nation were facing similar problems – students were deterred or reluctant to seek help in medical emergencies involving drugs and alcohol chiefly because they were fearful of getting themselves or the individual they were helping in trouble. To combat the life threatening consequences associated with a lack of such action, more than 90 intuitions of higher education across the nation had already implemented medical amnesty policies.

Medical amnesty policies, also referred to as Good Samaritan policies, preclude universities and colleges from issuing judicial sanctions in cases where students seek help for an intoxicated individual during an alcohol or drug-related medical emergency. Although policies vary at each institution, every medical amnesty policy aims to increase the likelihood that a dangerously inebriated individual will receive medical attention by reducing or eliminating university conduct consequences for students involved in alcohol or drug-related medical emergencies where help is summoned.

The present study sought to answer the question: Would the implementation of a medical amnesty policy at Washington State University be perceived as effective by
students in reducing the potential negative consequences of student alcohol consumption? To answer this question a stratified random sample of 2,000 students at WSU-Pullman was selected to participate in the study. Questions within the survey were designed to address the following measures: (1) student knowledge and perception of University Standards of Conduct for students, (2) student perception of preemptive strategies, (3) student opinion of a Good Samaritan policy, (4) student perceived effectiveness of Good Samaritan policy, (5) student help seeking behavior, (6) actual student reluctance or failure to seek help, (7) perceived student reluctance or failure to seek help, (8) parameters of Good Samaritan policy, and (9) student alcohol and drug use behavior.

The most significant discovery from the survey was that an alarming number of students at WSU had been deterred or reluctant to seek medical assistance in alcohol or drug-related medical emergencies because they didn’t want to get themselves in trouble, the person receiving the medical assistance in trouble, and/or they were unsure if the person was ill enough to require medical attention. Based on the results provided by the survey, I recommended that WSU implement a medical amnesty policy in conjunction with an educational social norms campaign to increase the likelihood that individuals suffering from acute intoxication receive medical assistance.

In recommending the implementation of a medical amnesty policy at WSU, I believe that the university can be both firm about enforcement of university policy and flexible in exercising reasonable discretion when balancing competing needs of law enforcement and health promotion. Upon the implementation of the recommendations conveyed in the present study, future analysis should be conducted to measure the actual effectiveness of a medical amnesty policy and educational social norms campaign at WSU.
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Introduction

Alcohol use among college students in the United States is a paramount public health concern. Alcohol is also the most pervasively misused substance on college campuses. Rates of alcohol use among college students surpass their peers not attending college as 44% of college students engage in binge drinking (Wechsler, Lee, Kuo, Seibring, Nelson, & Lee, 2002; O'Malley & Johnston, 2002). Binge drinking is often defined as having five or more drinks in a row at least once during a two week period of time (O'Malley & Johnston, 2002).

University administrators across the nation are challenged by the negative consequences of student alcohol use on a regular basis. These consequences include personal injuries, motor vehicle accidents, violence, sexual assault, academic problems, and, most unforgiving, death (U.S. Department of Health and Human Services, 2002). Locally, at Washington State University (WSU), the consumption of alcohol by students is involved in the occurrences of destructive parties, physical fights, alcohol overdoses, and sexual assaults.

In a study assessing the negative effects of alcohol misuse in college populations, three categories of consequences were associated with high consumption of alcohol by students (Perkins, 2002a). They included damage to self (e.g., personal injury, academic impairment, blackouts, physical illness, unintended sexual activity, suicide, sexual assault, DUI, and legal problems), damage to others (e.g., property damage, vandalism, violence, hate-related incidents and noise disturbances), and damage to institutions (e.g., vandalism, student attrition, strain on relationship with city, and human resources to deal with consequences).

Damage to self and damage to others as consequences of rampant student alcohol consumption is troublesome. One in eight college students report injuries resulting from the use of alcohol, and one in twenty report injuries so severe that they demanded medical attention.
(Wechsler, Nelson, & Weitzman, 2000). Annually, 599,000 students between the ages of 18 and 24 are unintentionally injured while under the influence of alcohol (Hingson, Heeren, Winter, & Wechsler, 2005). Further, more than 696,000 college students in the same age group are assaulted by another student who has been drinking and in excess of 97,000 students are victims of alcohol-related sexual assault or date rape (Hingson et al., 2005). Finally, more than 150,000 students develop an alcohol-related health problem (Hingson et al., 2005), and between 1.2% and 1.5% of students indicate that they have tried to commit suicide within the past year as a consequence of alcohol or drug use (Presley, Meilman, & Leichliter, 2002). In an environment where education is presumed to be a principal focus, approximately 25% of college students report that their alcohol use has led to academic consequences which include missing class, falling behind, inferior performance on exams and papers, and receiving lower overall grades (Wechsler et al., 2002).

Additionally, damage to institutions must be noted. More than 25% of administrators from schools with relatively low drinking levels and over 50% from schools with high drinking levels claim their campuses have a significant problem with alcohol-related property damage (Wechsler, Moeykens, Davenport, Castillo, & Hansen, 1995). Beyond the institution, nearby personal residences may be at risk of damage fueled by student alcohol consumption. About 11% of college student drinkers report that they have damaged property while under the influence of alcohol (Wechsler et al., 2002).

Of all the potential consequences of heavy alcohol use, death by alcohol poisoning is of grave concern by university administrators. Annually, 1,700 college students between the ages of 18 and 24 die as a result of unintentional alcohol-related injuries, including those from motor vehicle crashes and alcohol poisoning (Hingson et al., 2005). A study performed by Oster-
Aaland and Eighmy found that deaths linked to excessive alcohol consumption occur frequently on college campuses and that, in addition to the tragic loss of life, such deaths negatively affect current students, faculty members, and administrators (2007).

WSU has not been immune to the harmful consequences associated with student alcohol use. Approximately 17% of WSU students report physically injuring themselves in the past year as a consequence of alcohol-related behavior (American College Health Association, 2008). In 2008, Pullman Regional Hospital, the only hospital in the city of Pullman where WSU is located, treated 244 cases of detox by WSU students (Aggabao, 2008). Since 2004, the mean blood alcohol level of WSU students admitted to Pullman Regional Hospital has steadily climbed from 0.262 to 0.295 (Aggabao, 2008). It is particularly problematic that the mean blood alcohol level of detox students being admitted to Pullman Region Hospital is rapidly escalating because death becomes a possible consequence when an individual’s blood alcohol level reaches 0.30 (Department of Alcohol and Drug Education and Prevention at Colorado State University, 2006).

As the function of drinking becomes further entrenched in the social lives of college students, it may not be a question of “if” a WSU student will be severely injured or die due to drinking, but “when.”

In the past couple academic years, physical fights and sexual assaults on the campus of WSU-Pullman have been a target of increased attention by students, faculty, administrators, and the media. A survey performed by American College Health Association in 2008, conveyed that approximately 5% of WSU students report participating in an alcohol-related fight. Further, the same survey demonstrated that nearly 1% of WSU students report being in an alcohol influenced situation where they were forced or threatened into having sex (American College Health Association, 2008). This is an alarming percentage given that 1% of the student population at
WSU-Pullman represents nearly 180 students (Washington State University, 2009). Even more worrisome is that Pullman Regional Hospital only documented 5 WSU student alcohol-related sexual assaults in 2008 (Aggabao, 2008). This suggests that many of the victims of sexual assault at WSU-Pullman aren’t receiving proper medical attention following the crime.

Due to the severity of student consequences associated with the misuse of alcohol and in an effort to reduce alcohol-related deaths, many institutions of higher education have responded by investing in educational and individual intervention strategies (Larimer & Cronce, 2002). Prevention efforts have focused on broader factors that influence the lifestyle choices and behavior of college students (Miller, 2005).

Similarly, WSU has attempted to minimize alcohol-related consequences on campus through the creation of educational campaigns and the reformation student policies and conduct practices. Currently, a number of programs and initiatives have been implemented in the areas of early intervention, education, and policy awareness and enforcement. WSU’s IMPACT program serves as an intervention curriculum for students who are at high-risk for becoming addicted to alcohol or developing serious abuse or addictive alcohol consumption patterns (Miller, 2005). To educate students and promote the proliferation of accurate information about student alcohol use, WSU has invested in the development and maintenance of the Alcohol and Drug Counseling, Assessment, and Prevention Services (ADCAPS) website (Miller, 2005). Additionally, outreach programs have been created to target high-risk student communities affiliated with WSU—Greek community, residence hall community, and athletes (Miller, 2005).

WSU has implemented policy and enforcement changes to reduce the potential adverse effects of student alcohol-related behavior. Over the years, WSU has directed resources to increase enforcement in hopes of reducing the size of parties and minimizing the problems they
initiate (Miller, 2005). Recently, the university alcohol policy has been reinforced and alcohol policy dissemination has been increased to reach more students (Miller, 2005).

During the years of 2003 to 2007, the Office of Student Conduct recorded an increase from 806 to 1,103 sanctions issued to WSU students requiring participation in the IMPACT program or completion of an educational project as a consequence of their drug and/or alcohol misconduct (2009). Alcohol violations encompass the use, possession, manufacture, or distribution of alcohol beverages (except as permitted by university regulation), and public intoxication [WAC 504-26-212] (Washington State Legislature, 2009). Additionally, alcohol may not, in any circumstance, be used by, possessed by, or distributed to any person under the legal age of 21 [WAC 504-26-212] (Washington State Legislature, 2009).

Although university efforts to enforce alcohol policies and restrict other aspects of alcohol possession and consumption may be well-intended, such actions are having inadvertent repercussions that may actually increase the occurrence of negative consequences associated with student drinking. It has been demonstrated that alcohol policies and practices, equivalent to those performed at WSU, deter some students from calling emergency medical assistance in dangerous situations involving alcohol intoxication (Colby, Raymond, & Colby, 2000). When alcohol is entangled into the situation, students may be reluctant to seek medical assistance because of potential judicial consequences for themselves, the individual in need of attention, and/or the hosting organization (Meilman, 1992). Additional factors related to alcohol use may influence the decision to seek appropriate help. Alcohol consumption may impair a bystander’s ability to recognize an individual’s need for medical attention or may increase hesitation to seek help because of the fear that peer students will disapprove of them for interfering. Barriers that deter students from seeking help in alcohol-related medical emergencies
represent serious unintended consequences of university alcohol policies and practices because they can lead to alcohol's most unforgiving penalty – the loss of student life.

To combat barriers that are detrimental to student help-seeking behavior, many institutions of higher education have implemented medical amnesty policies (Higher Education Center for Alcohol and Drug Prevention, 1996). Medical amnesty policies are synonymously referred to as “Good Samaritan” policies (U.S. Department of Education’s Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention, 2007). These policies have been employed under the premise that fear of university discipline deters students from actively seeking medical attention for individuals suffering from acute intoxication (Colby, Raymond, & Colby, 2000). Medical amnesty policies do not supersede existing law. They merely preclude universities and colleges from issuing judicial sanctions in cases where help was sought during a medical emergency. Although policies vary at each institution, every medical amnesty policy aims to increase the likelihood that a dangerously inebriated individual will receive medical attention by reducing or eliminating university conduct consequences for students involved in alcohol-related medical emergencies where help is summoned.

For instance the policy employed by Lafayette College states, “When a student or organization assists an intoxicated individual in procuring Public Safety, local or state police, and/or professional medical assistance, neither the intoxicated individual, or individual/group who assists will be subject to formal College disciplinary action for (1) being intoxicated, or (2) having provided that person alcohol. This refers to isolated incidents only and does not excuse or protect those who flagrantly or repeatedly violate the College’s alcohol policy (2009).”

Medical amnesty policies are becoming more prevalent in higher education and government. Over 90 institutions of higher education and many states have adopted medical
amnesty policies into legislation to assist in the prompt summing of medical attention in adverse alcohol-related situations (National Council on Alcoholism and Drug Dependence - New Jersey, 2008). It is critical that student health and safety be the highest priority at institutions of higher education. Supporting arguments suggest that medical amnesty policies are effective at preemptively reducing the ultimate harm or loss of life caused by student alcohol consumption (Oster-Aaland & Eighmy, 2007). Counter arguments are that medical amnesty policies send a condoning message, resulting in increased rates of student alcohol consumption and the incidence negative consequences (Oster-Aaland & Eighmy, 2007). Due to the recent uprising of medical amnesty policies, there is limited evidence that solidly refutes or confirms arguments presented by each side.

Currently, WSU does not have a medical amnesty policy. In cases of medical emergencies, many intoxicated students may be put to bed by a friend with the thought that he or she will sleep it off. Other students may deliberately ignore drunken peers who are unconscious in the winter cold. More fortunate intoxicated students may be thrown out of a car and abandoned at the entrance of the hospital. If taken to the hospital by peers or by ambulance, the individual receiving medical treatment has the opportunity to receive a voluntary counseling intervention that examines their alcohol behavior. It is determined at the discretion of the Office of Student Conduct whether policy violating students involved in the medical emergency will receive judicial sanctions for their unruly behavior, regardless if they served a help-seeking role in the situation. Such sanctions incorporate community service, drug assessments, loss of privileges, participation in the IMPACT program, university suspension, and university expulsion (Washington State University Office of Student Conduct, 2009). The intensity of the
sanctions emanated by the Office of Student Conduct may serve as a deterrent for WSU students to seek medical assistance in an alcohol-related emergency.

The purpose of this study is to investigate student opinion on the implementation of a medical amnesty policy as part of a comprehensive approach to minimize the potential consequences of student alcohol consumption at WSU. Many students groups, including the Associated Students of Washington State University (ASWSU) Senate, the Residence Hall Association (RHA), and Honors Student Advisory Council (HSAC) have already endorsed a medical amnesty policy at WSU and have written resolutions demanding its establishment. Given existing support of a medical amnesty policy by student groups, it is likely that students will positively perceive a medical amnesty policy at WSU.

Research Question

Would the implementation of a medical amnesty policy at Washington State University be perceived as effective by students in reducing the potential negative consequences of student alcohol consumption?

Methodology

Subjects

A stratified random sample of 2,000 students at Washington State University (WSU)-Pullman was selected to participate in the study. The sample was obtained by staff members of the Social and Economic Science Research Center (SESRC) from the WSU Data Warehouse. The study population consisted of all full-time undergraduate WSU-Pullman students registered for the fall 2009 semester. The student sample selected to participate in the study was demographically similar to the larger student population with equal sample sizes for each class.
Survey Administration

Data was collected through an online survey over a two month period of time in the winter of 2009. The web-based survey was administered through SESRC web servers and the SESRC CATI system. Selected participants were initially contacted through a personalized mailed letter that introduced and explained the study and invited their participation. Each selected participant received a link and a confidential personal identification number (PIN) to access the web-based survey. The unique PIN in the invitation to the survey was used to ensure that only those authorized to complete the survey could do so and to inhibit the opportunity to advance multiple submissions. Participants were then sent reminder emails to complete the survey at two week intervals until the closing of the survey. Upon completion of the survey by the participant, a thank you email was sent.

Participants provided informed consent on the web-based survey and were assured of the confidentiality of their responses. Participants had the opportunity to win one of five $50 gift cards as compensation for the completion of each survey. The funding for administration of the survey and the gift cards was provided by the Associated Students of Washington State University (ASWSU) Executive Board. All procedures were approved by Washington State University's Institutional Review Board.

Survey Design

The base questionnaire for the survey was developed and assembled by ASWSU President, Derick En’Wezoh. Questionnaire wording and formatting were developed by Danna Moore and Yi-Jen Wang from the SESRC, in partnership with the ASWSU Executive Board. The SESRC used Total Design Method (TDM) principles to integrate the questionnaire for the
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web. Danna Moore and Dr. Tom Brigham served as principal investigators and faculty advisors to support Derick En'Wezoh in the completion of this study.

The 22 question, self-administered survey included items concerning alcohol and other drug use; perceptions of the use of these substances among the general student body; questions about current understanding of university policy, perceived effectiveness of a medical amnesty policy, medical help-seeking behaviors, alcohol and drug use, and demographic characteristics.

**Measures**

The aim of this study was to determine if the implementation of a medical amnesty policy at Washington State University (WSU) would be perceived as effective in reducing the potential negative consequences associated with student alcohol consumption. Questions within the survey were designed to address the following measures: (1) student knowledge and perception of University Standards of Conduct for students, (2) student perception of preemptive strategies, (3) student opinion of a Good Samaritan policy, (4) student perceived effectiveness of Good Samaritan policy, (5) student help seeking behavior, (6) actual student reluctance or failure to seek help, (7) perceived student reluctance or failure to seek help, (8) parameters of Good Samaritan policy, and (9) student alcohol and drug use behavior.

**Demographic Characteristics**

Data were collected on participants' self-reported gender, age, class standing, and living situation. Data concerning racial and ethnic backgrounds were not asked.

**Data Analysis**

Analysis was performed on the database of survey responses to describe survey results for all variables in the online questionnaire. Frequency tabulations were prepared for all survey variables. The sampling error for the survey with 608 completed or partially completed
responses, given an approximate population of 15,147 undergraduate students enrolled at WSU-Pullman campus in 2008, was ± 4.0%.

Results

Demographics of Respondents

A total of 608 participants responded to the survey out of the 2,000 eligible students in the sample, yielding a response rate of 30.4%. Of the 608 respondents, 548 participants completed the entire survey (27.4% completion rate) and 60 participants partially completed the survey. Data collected from the partial completes are included in the final results. A complete depiction, as provided through self report, of the demographics of the respondents is included in Table 1. The final sample was 57.9% female, 41.7% male, and 0.4% transgender; 52.5% were 18 to 20 years old, 41.9% were 21 to 24 years old, 4.1% were 25 to 30 years old, and 1.5% were over 30 years of age. Participants were distributed across class standing as follows: 21.2% freshman, 19.7% sophomore, 30.0% junior, 22.3% senior, and 6.8% fifth year. Participants were distributed across living environments as follows: 39.6% apartment, 37.6% residence hall, 15.7% private house, and 7.1% Greek chapter house. Further 46.4% of participants reported living on campus, 33.3% off campus and not on college hill, and 20.4% college hill.
Table 1

Demographics of Respondents to Survey

<table>
<thead>
<tr>
<th>Data Type</th>
<th>Medical Amnesty Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
</tr>
<tr>
<td>Total Sample of Respondents</td>
<td>608</td>
</tr>
<tr>
<td>Total Sample of Completes</td>
<td>548</td>
</tr>
<tr>
<td>Total Sample of Partial Completes</td>
<td>60</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>41.7</td>
</tr>
<tr>
<td>Female</td>
<td>57.9</td>
</tr>
<tr>
<td>Transgender</td>
<td>0.4</td>
</tr>
<tr>
<td>Years of Age</td>
<td></td>
</tr>
<tr>
<td>18-20 years old</td>
<td>52.5</td>
</tr>
<tr>
<td>21-24 years old</td>
<td>41.9</td>
</tr>
<tr>
<td>25-30 years old</td>
<td>4.1</td>
</tr>
<tr>
<td>Over 30 years old</td>
<td>1.5</td>
</tr>
<tr>
<td>Class Standing</td>
<td></td>
</tr>
<tr>
<td>Freshman</td>
<td>21.2</td>
</tr>
<tr>
<td>Sophomore</td>
<td>19.7</td>
</tr>
<tr>
<td>Junior</td>
<td>30.0</td>
</tr>
<tr>
<td>Senior</td>
<td>22.3</td>
</tr>
<tr>
<td>5th Year Senior</td>
<td>6.8</td>
</tr>
<tr>
<td>Living Circumstances</td>
<td></td>
</tr>
<tr>
<td>Greek Chapter House (Fraternity or Sorority)</td>
<td>7.1</td>
</tr>
<tr>
<td>Residence Hall</td>
<td>37.6</td>
</tr>
<tr>
<td>Private House</td>
<td>15.7</td>
</tr>
<tr>
<td>Apartment</td>
<td>39.6</td>
</tr>
<tr>
<td>Residence Location</td>
<td></td>
</tr>
<tr>
<td>On campus</td>
<td>46.4</td>
</tr>
<tr>
<td>Off campus on College Hill</td>
<td>20.4</td>
</tr>
<tr>
<td>Off campus not on College Hill</td>
<td>33.3</td>
</tr>
</tbody>
</table>

Student Knowledge and Perception of University Standards of Conduct for Students

Question 1 asked students about their understanding and views of Washington State University’s Standards of Conduct for Students with the response options of strongly disagree,
somewhat disagree, somewhat agree, strongly agree, and don’t know. As demonstrated in Table 2, 66.5% of respondents agreed that student alcohol consumption is a problem on the WSU Pullman campus and 86.4% of respondents agreed that uncontrolled student alcohol consumption has the potential for life threatening consequences. Further, 89.2% of respondents agreed that student health and safety should be more important than university disciplinary action in the conduct process, with over half (51.9%) of respondents reporting they strongly agree with the statement. 77.1% of respondents indicated they have a clear understanding of what constitutes an alcohol violation of the Standards of Conduct for Students and 50.9% of respondents agreed punishments for alcohol violations are fair.

Additionally, Table 2 indicates that 28.4% of respondents agreed that the Standards of Conduct for Students deters legal age (21 years or older) students from seeking medical attention for dangerously intoxicated individuals and 37.1% of respondents agreed that the Standards of Conduct for Students deters underage (under the age of 21) students from seeking medical attention for dangerously intoxicated.
Table 2

Student Knowledge and Perception of University Standards of Conduct for Students

Q1: To what extent do you agree with the following? (Values Expressed as %)

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Somewhat Disagree</th>
<th>Somewhat Agree</th>
<th>Strongly Agree</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Student alcohol consumption is a problem on WSU Pullman campus.</td>
<td>7.8</td>
<td>22.5</td>
<td>44.2</td>
<td>22.3</td>
</tr>
<tr>
<td>B. Uncontrolled student alcohol consumption has the potential for life threatening consequences.</td>
<td>2.2</td>
<td>10.7</td>
<td>34.8</td>
<td>51.6</td>
</tr>
<tr>
<td>C. You have a clear understanding of what constitutes an alcohol violation of the Standards of Conduct for Students.</td>
<td></td>
<td></td>
<td>36.8</td>
<td>40.3</td>
</tr>
<tr>
<td>D. Students of WSU have a clear understanding of what constitutes an alcohol violation of the Standards of Conduct for Students.</td>
<td>10.0</td>
<td>31.0</td>
<td>35.2</td>
<td>17.0</td>
</tr>
<tr>
<td>E. Punishments for alcohol violations in the Standards of Conduct for Students are fair.</td>
<td>9.2</td>
<td>17.1</td>
<td>36.9</td>
<td>14.0</td>
</tr>
<tr>
<td>F. University disciplinary action should be more important than alcohol-related education in the conduct process.</td>
<td>25.2</td>
<td>31.1</td>
<td>21.4</td>
<td>10.4</td>
</tr>
<tr>
<td>G. Student health and safety should be more important than university disciplinary action in the conduct process.</td>
<td>1.9</td>
<td>6.3</td>
<td>37.3</td>
<td>51.9</td>
</tr>
<tr>
<td>H. The Standards of Conduct for Students deters legal age (&gt;= 21 years) students from participating in prohibited behavior related to alcohol.</td>
<td>25.9</td>
<td>23.4</td>
<td>21.9</td>
<td>6.5</td>
</tr>
<tr>
<td>I. The Standards of Conduct for Students deters &quot;Underage&quot; (&lt; 21 years) students from participating in prohibited behavior related to alcohol.</td>
<td>25.4</td>
<td>22.1</td>
<td>24.7</td>
<td>12.4</td>
</tr>
<tr>
<td>J. The Standards of Conduct for Students deters legal age students from seeking medical attention for dangerously intoxicated individuals on alcohol.</td>
<td>16.9</td>
<td>25.3</td>
<td>25.1</td>
<td>10.4</td>
</tr>
<tr>
<td>K. The Standards of Conduct for Students deters &quot;Underage&quot; students from seeking medical attention for dangerously intoxicated individuals on alcohol.</td>
<td>10.1</td>
<td>12.1</td>
<td>30.8</td>
<td>28.1</td>
</tr>
</tbody>
</table>

Student Perception of Preemptive Strategies in Preventing Alcohol-Related Death or Injury

Respondents were asked how effective they perceive a variety of preemptive strategies would be in preventing alcohol-related death or injury if implemented at WSU. For each proposed strategy, respondents were able to respond not at all effective, slightly effective, moderately effective, highly effective, and don’t know. As demonstrated by Table 3, the
preemptive strategy that received the greatest percentage of not effective at all responses was mandatory alcohol classes for all students (39.0%). The majority of respondents indicated that the following preemptive strategies would be slightly effective or not effective at all: harsher punishments for students who violate alcohol-related conduct policies (56.3%), increased police presence and enforcement OFF campus (56.1%), and increased police presence and enforcement ON campus (55.1%).

Table 3 reveals that the implementation of a “Good Samaritan Policy” received the greatest percentage of highly effective responses (34.0%). Further, the implementation of a “Good Samaritan Policy” (65.7%) and progressive sanctions and discipline for those with proven past alcohol infractions (56.9%) were the only preemptive strategies that the majority of respondents believed would be moderately or highly effective.

Table 3

Student Perception of Preemptive Strategies in Preventing Alcohol-Related Death or Injury

<table>
<thead>
<tr>
<th>Q2: Please rate how effective each strategy is for preventing alcohol death or medical harm for students that over consume alcohol: (Values Expressed as %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all Effective</td>
</tr>
<tr>
<td>---------------------</td>
</tr>
<tr>
<td>A. Education materials for students about responsible drinking.</td>
</tr>
<tr>
<td>B. Mandatory alcohol courses for students who violate current alcohol-related conduct policies.</td>
</tr>
<tr>
<td>C. Mandatory alcohol courses for all students.</td>
</tr>
<tr>
<td>D. Implementation of a &quot;Good Samaritan Policy&quot; also referred to as a medical amnesty policy.</td>
</tr>
<tr>
<td>E. Harsher punishments for students who violate alcohol-related conduct policies.</td>
</tr>
<tr>
<td>F. Increased police presence and enforcement ON campus.</td>
</tr>
<tr>
<td>G. Increased police presence and enforcement OFF campus.</td>
</tr>
<tr>
<td>H. Progressive sanctions and discipline for those with proven past alcohol infractions.</td>
</tr>
</tbody>
</table>
Student Opinion of a Good Samaritan Policy

Participants were asked if they believed a Good Samaritan policy needed to be implemented at WSU-Pullman in Question 3. Figure 1 illustrates that 84.3% of respondents agreed that a Good Samaritan policy needs to be enacted.

Q3: Do you think a Good Samaritan policy needs to be implemented at WSU Pullman? (Values Expressed as %)

Figure 1: Student Opinion of a Good Samaritan Policy

Student Perceived Effectiveness of Good Samaritan Policy

Table 4 conveys the responses to Question 4 about the perceived effectiveness of a Good Samaritan policy by students. Respondents were given the response options of strongly disagree, somewhat disagree, somewhat agree, strongly agree, and don't know. Respondents substantially agreed that a Good Samaritan policy at WSU would reduce the likelihood of an alcohol-related death (86.8%) and reduce the number of students injured at alcohol-related events (74.6%). Further, an overwhelming percentage of respondents agreed that a Good Samaritan policy at
WSU would increase the likelihood that students will request professional assistance for those involved in an alcohol-related emergency (86.0%). This is consistent with supporting evidence that Good Samaritan policies increase the likelihood that students will call for help in alcohol-related medical emergencies (Lewis & Marchell, 2006).

Although not as high as the previous responses, a significant majority of respondents agreed that the establishment of a Good Samaritan policy would increase the percentage of students who can accurately identify symptoms of an individual suffering from acute intoxication in an alcohol emergency (61.6%) and increase student awareness of the WSU alcohol-related Standards of Conduct for Students policies (63.5%). This is an indicator that the majority of respondents believe there is an educational benefit that teaches students how to identify symptoms of acute intoxication associated with the implementation of a Good Samaritan policy.

Contrary to the concern that a medical amnesty policy would promote and condone high-risk alcohol behavior amongst students, Table 4 shows that the 68.2% of respondents disagreed that the implementation of a medical amnesty policy would increase the amount of student alcohol consumption on campus and 72.8% of respondents disagreed it would encourage students to participate in dangerous levels of alcohol consumption. Additionally, 63.3% of respondents disagreed it would increase the likelihood that students violate WSU alcohol-related Standards of Conduct for Students policies.
Table 4

Student Perceived Effectiveness of Good Samaritan Policy

<table>
<thead>
<tr>
<th>Q4: To what extent do you agree or disagree: (Values Expressed as %)</th>
<th>Strongly Disagree</th>
<th>Somewhat Disagree</th>
<th>Somewhat Agree</th>
<th>Strongly Agree</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. It would increase the amount of student alcohol consumption on campus.</td>
<td>33.6</td>
<td>34.6</td>
<td>19.0</td>
<td>6.5</td>
<td>6.3</td>
</tr>
<tr>
<td>B. It would reduce the likelihood of an alcohol-related death.</td>
<td>2.0</td>
<td>8.7</td>
<td>29.9</td>
<td>56.9</td>
<td>2.4</td>
</tr>
<tr>
<td>C. It would reduce the number of students injured at alcohol-related events.</td>
<td>4.8</td>
<td>15.6</td>
<td>43.6</td>
<td>31.0</td>
<td>5.0</td>
</tr>
<tr>
<td>D. It would increase the likelihood that severely intoxicated students receive medical treatment.</td>
<td>1.9</td>
<td>7.8</td>
<td>31.5</td>
<td>56.1</td>
<td>2.8</td>
</tr>
<tr>
<td>E. It would encourage students to participate in dangerous levels of alcohol consumption.</td>
<td>40.2</td>
<td>32.6</td>
<td>16.5</td>
<td>5.7</td>
<td>5.0</td>
</tr>
<tr>
<td>F. It would increase the likelihood that students violate WSU alcohol-related Standards of Conduct for Students policies.</td>
<td>23.4</td>
<td>39.9</td>
<td>20.6</td>
<td>8.5</td>
<td>7.6</td>
</tr>
<tr>
<td>G. It would increase the likelihood that students will request professional assistance for those in an alcohol-related emergency.</td>
<td>1.1</td>
<td>9.3</td>
<td>35.6</td>
<td>50.4</td>
<td>3.7</td>
</tr>
<tr>
<td>H. It would increase the percentage of students who can accurately identify symptoms of an intoxicated individual in an alcohol emergency.</td>
<td>7.6</td>
<td>18.7</td>
<td>41.4</td>
<td>20.2</td>
<td>12.1</td>
</tr>
<tr>
<td>I. It would increase student awareness of the WSU alcohol-related Standards of Conduct for Students policies.</td>
<td>5.2</td>
<td>18.9</td>
<td>42.2</td>
<td>21.3</td>
<td>12.4</td>
</tr>
</tbody>
</table>

Student Help Seeking Behavior

Table 5 summarizes the help seeking behavior of students. Responses to Question 5 conveyed that 31.7% of WSU students have thought about calling professional help for someone who was severely intoxicated. Question 6 asked participants if they had been deterred or hesitant to call professional help for someone who was dangerously intoxicated since attending WSU. 26.0% of respondents reported being deterred or hesitant to call professional help in during an alcohol-related medical emergency. This indicates that 77.3% of participants that responded to having thought about calling for professional help were deterred or hesitant to do so.
MEDICAL AMNESTY AT WASHINGTON STATE UNIVERSITY

Participants who responded yes to Question 6 were permitted to answer Question 7 which asked about their state of sobriety at the time of feeling deterred or hesitant. Approximately half of respondents reported not being sober at the time (49.2%). Of this group 42.1% had consumed 3 or fewer drinks and 40.7% had consumed 4 or more drinks. 89.8% of respondents were not using other drugs at the time. The data to Question 7 reveals that 46.9% of respondents who reported being deterred or hesitant to seek medical attention were either sober. This conveys that their reluctance or failure to seek appropriate medical attention wasn’t due to being impaired by alcohol.

Although many respondents reported having thought about calling for professional help since attending WSU, only 7.2% of respondents reported having actually called professional help for someone who was dangerously intoxicated, meaning many individuals who are dangerously intoxicated at WSU aren’t receiving appropriate medical attention for their inebriated condition.

Table 5

*Not an available response option*
Actual Student Reluctance or Failure to Seek Help

Respondents who reported being hesitant or deterred from seeking medical attention for a dangerously intoxicated individual since attending WSU were advanced to Question 8 which allowed them to select, from a list, possible reasons for their reluctance. Each respondent was permitted to choose more than one reason if applicable. Figure 2 shows that the reason for hesitation or deterrence most reported by respondents was they didn’t want to get the dangerously intoxicated person in trouble (90.8%). The next two most selected responses were they didn’t want to get themselves in trouble (70.9%) and they weren’t sure if the inebriated person was sick enough (70.9%).

Q8: Why did you hesitate or not seek help for the intoxicated person at the time?
(Values Expressed as %)

The total of all values may exceed 100% because respondents were given the option to select more than one answer.

Figure 2: Actual Student Reluctance or Failure to Seek Help
Perceived Student Reluctance or Failure to Seek Help

All the participants in this study were asked in Question 10 to choose from a list of reasons why they perceive fellow students may be hesitant or deterred from calling professional medical assistance upon observing a dangerously intoxicated individual. As shown in Table 6, the majority of respondents strongly agreed that students didn’t want to get the person in trouble (53.9%), didn’t want to get themselves in trouble (69.1%), and didn’t want to get their organization in trouble (54.4%). This data indicates the majority of respondents perceive that judicial consequences serve as a deterrent to seeking help in threatening alcohol-related situations.

A significant percentage of respondents strongly agreed that their peers may be reluctant to seek help because they fear others in attendance will turn on them or blame them for interfering (36.6%), they don’t want the police to break up the party (32.7%), and they weren’t sure if the person was sick enough (40.6%). The data suggest that a significant percentage of students believe that their peers do not know how to properly identify if someone is dangerously intoxicated, indicating that an education campaign on identifying the symptoms of acute intoxication may be beneficial at WSU.
Table 6

Perceived Student Reluctance or Failure to Seek Help

<table>
<thead>
<tr>
<th>Q10: To what extent do you agree or disagree: (Values Expressed as %)</th>
<th>Strongly Disagree</th>
<th>Somewhat Disagree</th>
<th>Somewhat Agree</th>
<th>Strongly Agree</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. They didn't want to get the person in trouble.</td>
<td>1.9</td>
<td>6.0</td>
<td>37.3</td>
<td>53.9</td>
<td>0.9</td>
</tr>
<tr>
<td>B. They didn't want to get themselves in trouble.</td>
<td>0.9</td>
<td>4.7</td>
<td>24.2</td>
<td>69.1</td>
<td>1.1</td>
</tr>
<tr>
<td>C. They didn't want to get your organization in trouble.</td>
<td>1.5</td>
<td>6.5</td>
<td>35.5</td>
<td>54.4</td>
<td>2.1</td>
</tr>
<tr>
<td>D. They fear others present will turn on them or blame them for interfering.</td>
<td>5.2</td>
<td>16.8</td>
<td>38.9</td>
<td>36.6</td>
<td>2.4</td>
</tr>
<tr>
<td>E. They didn't want the individual to incur a medical bill (detox costs, ambulance costs).</td>
<td>9.9</td>
<td>26.9</td>
<td>37.4</td>
<td>19.8</td>
<td>6.0</td>
</tr>
<tr>
<td>F. They didn't want police to break up the party.</td>
<td>6.0</td>
<td>18.1</td>
<td>40.6</td>
<td>32.7</td>
<td>2.6</td>
</tr>
<tr>
<td>G. They weren't sure the person was sick enough.</td>
<td>1.9</td>
<td>7.9</td>
<td>46.7</td>
<td>40.6</td>
<td>3.0</td>
</tr>
<tr>
<td>H. They figured it wasn't their problem.</td>
<td>10.1</td>
<td>24.5</td>
<td>41.2</td>
<td>20.2</td>
<td>3.9</td>
</tr>
<tr>
<td>I. They figured someone else would call.</td>
<td>9.0</td>
<td>17.6</td>
<td>47.7</td>
<td>21.2</td>
<td>4.5</td>
</tr>
<tr>
<td>J. It was inconvenient for the bystanding person at the time.</td>
<td>14.5</td>
<td>31.9</td>
<td>33.8</td>
<td>12.3</td>
<td>7.5</td>
</tr>
</tbody>
</table>

Parameters of Good Samaritan Policy

Question 11 asked participants the extent to which a Good Samaritan policy should apply at WSU. Participants had the following response options: "both" alcohol use and drug use, "only" alcohol use, "only" drug use, or "neither" alcohol and drug use. A total of 68.7% of respondents felt a Good Samaritan policy should apply to both alcohol and drug use. Of the remaining 31.3% of responses, 21.3% selected only alcohol use, 0.9% selected only drug use, and 9.1% selected neither alcohol and drug use. The data collected from this question is evidence that if a Good Samaritan policy were to be implemented at WSU, the majority of participating students in this survey believe it should apply to both alcohol use and drug use.

Student Alcohol and Drug Use Behavior

Question 12 sorted the respondents who self-reported drinking at WSU versus those who haven't. Participants were queried to answer how many times, if any, they have had an alcoholic drink at WSU. They were able to select one of three response options: never, once or twice, or
more than twice. 23.3% of respondents indicated that they have never had an alcoholic drink since attending WSU, 10.7% selected the response option of once or twice, and 66.0% selected the response option of more than twice.

Participants estimated how many times they have consumed alcoholic drinks in the past month at WSU with the option of selecting a numerical value between 0 and 999 in Question 13. A median of 3.00 times was achieved with a mean of 6.40 ± 13.83 times in the past month (N=535).

In Question 14, participants were asked how often they typically consume alcoholic drinks in the last 12 months. A total of 19.6% responded never, 20.4% responded less than once a month, 28.6% responded 1 to 3 days a month, 23.2% responded 1 to 2 days a week, 7.1% responded 3 to 4 days a week, and 1.1% responded almost every day. When asked in Question 15 to provide a numerical approximation, between 0 and 999, on the number of hours spent drinking per typical occasion; the mean number of responses indicated that participants spend 2.55 ± 1.97 hours drinking per occasion (N=520).

Numerous cases by students emphasize that the fear of judicial consequences serves as a serious barrier for students seeking help. The last question of the survey solicited open-ended comments or opinions from participants about the implementation of a Good Samaritan policy at WSU. In one account, the respondent conveyed,

"It is scary how many underage college students drink. Living near Greek row last year and having roommates who partied I heard many stories and saw firsthand the close calls of drinking. One of my roommates was once at a party, where a guy had had so much alcohol that he was knocked out but throwing up, the people at the party propped him up so he would not choke on his vomit but that was all they did. She said she had to leave the party to call 911, in fear that people would freak out on her for ruining their party. A Medical Amnesty or Good Samaritan policy is needed at WSU. As for the people who
say that this will encourage students to drink, I think that is just ridiculous. As long as students have access to alcohol there will be students who drink. We can only teach students how to drink responsible and give them alternative activities that are relaxing and entertaining that don't involve alcohol. We can also save lives, by removing the fear of punishment for seeking help!"

An account not in favor of a medical amnesty policy asserted,

"I don't believe that a Medical Amnesty policy would significantly effect the reporting of highly intoxicated individuals. A good friend would seek medical attention for their friend regardless of personal consequences, and we should not wave these consequences because that will in all probability encourage unsafe drinking practices much more so than higher levels of medical issue reporting of dangerously intoxicated individuals."

Another account provided by a respondent communicated,

"[A] Good Samaritan and Medical Amnesty should be in policy at Washington State University. During my first year at school I had a good friend who actually had a seizure and I had to roll him to his side so he would not choke on his own vomit. I wanted to call authorities or take him to a doctor after, but, I was worried that the police would get my friend and myself in trouble because of underage drinking. If the Good Samaritan or Medical Amnesty policy were in place he would have received professional medical attention. Luckily, he did not die that night, but he could have easily during or after the seizure. Please implement Good Samaritan and Medical Amnesty policies at WSU so as to save lives in the future."

The three comments above presented a descriptive representation of student opinion on the implementation of a medical amnesty policy. A total of 33.2% of respondents provided an open-ended comment or opinion.

**Discussion**

Understandably, the concept of implementing a medical amnesty policy is controversial in higher education. Administrators are conflicted between enforcing alcohol-related laws and
university policies while struggling to remove barriers that deter students from seeking assistance in alcohol-related medical emergencies. Despite potentially fatal consequences from hesitating or failing to seek appropriate medical assistance in cases of alcohol poisoning, there exists a reluctance to seek help in alcohol-related medical emergencies at WSU. Evidence from this study suggests that inability to identify symptoms of acute intoxication and the risk of judicial consequences cause some students at WSU to refrain from seeking help for severely impaired individuals.

A quarter of students reported that they were deterred from seeking professional help for an individual that was dangerously intoxicated, while attending WSU. Although the survey didn’t asked participants the number of times they have failed to seek medical attention in alcohol-related emergencies, the data did indicate that a significant number of students suffering from acute intoxication aren’t receiving medical assistance. This is particularly troublesome because professional medical assistance can serve as the distinguishing factor between injury and safety, between life and death.

The most notable findings in this study pertained to the reasons why students weren’t seeking medical assistance in situations of acute alcohol-intoxication. The majority of students who failed to seek medical assistance, or were reluctant to do so, reported that they didn’t want to get the intoxicated person in trouble (90.8%), they didn’t want to get themselves in trouble (70.9%), they were unsure if the person was sick enough (70.9%). Additionally, some students reported they didn’t want to get the organization hosting the event in trouble. This suggests that students at WSU are facing two prominent barriers when deciding to seek medical assistance in life-threatening situations related to alcohol: (1) students are unsure if an intoxicated person is sick enough to warrant medical attention and (2) students are concerned about the potential
judicial consequences to themselves, the intoxicated individuals, and/or the organization hosting
the event where alcohol consumptions taking place.

Many institutions of higher education across the nation have chosen to establish medical
amnesty policies to remove the same barriers that are deterring students from seeking
professional help in alcohol-related medical emergencies. Medical amnesty policies,
interchangeably referred to as Good Samaritan policies, are health protection strategies used to
courage students to seek medical attention for individuals suffering from acute alcohol or drug
intoxication (U.S. Department of Education’s Higher Education Center for Alcohol and Other
Drug Abuse and Violence Prevention, 2007). A total of 84.3% of students believed that a Good
Samaritan policy should be implemented at WSU.

While this study demonstrated that students at WSU support the implementation of a
medical amnesty policy, the question is begged as to whether it would be effective if established.
In addressing the potential effectiveness of a medical amnesty policy at WSU, both the argued
merits and consequences must be considered.

Current debate on medical amnesty policies toggles between harm reduction and enabling
models. The harm reduction model serves to minimize the problems students experience as a
result of alcohol and drug use (Colby, Raymond, & Colby, 2000). The model views college
student drinking as normative and seeks to equip students with strategies to experience prevent
unintended alcohol-related consequences (Oster-Aaland & Eighmy, 2007). Supporters of
medical amnesty policies view them as harm reduction in that, instead of attempting to change
the inflexible drinking behavior of students, medical amnesty policies reduce the likelihood of
alcohol-related injury or death by providing opportunity to seek medical assistance without
disciplinary action.
The argument against harm reduction suggests that failing to sanction the drinking behavior of students sends a condoning message and the lack of consequences promotes students to continue to engage in risky behavior, thus increasing the frequency of adverse consequences (Oster-Aaland & Eighmy, 2007). Current evidence on the topic refutes this claim by demonstrating that Good Samaritan policies minimize alcohol-related harm and injury (Lewis & Marchell, 2006; Colby, Raymond, & Colby, 2000). Further, this viewpoint was not supported by the results of this study. Students perceived increased enforcement, whether through harsher punishments, increased police presence, progressive sanctions, or mandatory alcohol classes to not be as effective in preventing the potential negative consequences of student alcohol consumption as a medical amnesty policy would be. Further, if a medical amnesty policy were established at WSU, students believed it would promote student health and safety, rather than increase the amount of student alcohol-related risky behavior. The majority of students agreed that a medical amnesty policy at WSU would reduce the likelihood of alcohol-related injury and death. The perception of students at WSU contests the most compelling argument against the formation of a medical amnesty policy.

Additionally, an interesting finding in this study was that many students were not intoxicated when they were deterred from seeking medical attention for an intoxicated individual. This suggests that students aren’t hesitating or failing to seek help because they are too impaired from their own alcohol or drug use.

Another prevalent concern is that medical amnesty policies supersede existing policy (Chapman, 2005). Contrary to this viewpoint, relevant literature conveys that medical amnesty policies do not conflict with existing institution policy. Chapman provided an example in which if a vomiting student were found to be suffering from acute intoxication in the residence halls
and were confronted by a residence advisor, that student could be treated in the same way that current policy demands and be put through the formal judicial system (2005). A medical amnesty policy only applies to those alcohol-related situations in which medical assistance is necessary and has been promptly sought. Bearing in mind that the majority of student alcohol violations at WSU are not categorized as medical emergencies where medical professionals have been called, this policy is not a "get out of jail free card" as most students who are deemed in violation of the alcohol policy will still be subject to judicial sanctions by the university.

A final apprehension is that the establishment of a medical amnesty policy suggests that an institution is conscious that a student alcohol-related problem exists and this awareness constitutes a duty to act. This argument is refuted by Oster-Aaland & Eighmy who outlined examples of lawsuits that did not hold institutions of higher education liable for student injuries connected to excessive alcohol consumption. Additionally, it must be conveyed that a student alcohol-related problem does exist at WSU as indicated by this study and surveys administered by the American College Health Association (2008). The majority of students in this study agreed that student alcohol consumption is a problem on campus. Further, data show that students at WSU experience negative consequences associated with alcohol use more frequently than the national average (American College Health Association, 2008). Excessive consumption of alcohol is a recognized problem at WSU that demands a proactive response by administrators. Medical amnesty policies represent a proactive response to the institutional awareness that creative efforts are necessary to curb the drinking culture on campus.

While concerns do exist about the implementation of a medical amnesty policy, many documented merits have been recorded about the effectiveness of such policies. In 2006, a case study published by the International Journal of Drug Policy demonstrated that the formation of a
medical amnesty policy at Cornell University resulted in consecutive increases in students calling for help in alcohol-related medical emergencies, students being less likely to report fear of getting an intoxicated person in trouble as a barrier to call for help, and the percentage of students seen by the health center staff for brief psycho-educational intervention after an alcohol-related emergency more than doubling by the end of the first year (Lewis & Marchell).

Additionally, the results of a 2007 Medical Amnesty Survey conducted at University of Virginia found that medical amnesty policies were effective at increasing identification of alcohol dependent students (50%), increasing the likelihood that students who receive medical treatment will also receive follow up education/assessment (50%), increasing the likelihood that students will request outside assistance for those in alcohol emergency (75%), and increasing the percentage of students who can accurately identify an alcohol emergency (67%) (Puckett, 2007). This is consistent with the student perception collected by this survey in which the majority of students agreed a medical amnesty policy would increase the likelihood that WSU students will request professional assistance for those in an alcohol-related emergency (86.0%) and would increase the percentage of students who can accurately identify symptoms of an intoxicated individual in an alcohol-related emergency (61.6%).

Additionally, it is important to recognize an unintentional benefit of the medical amnesty policy established at Cornell University; establishment of the policy served as a cooperative initiative on which students, faculty, and administrators cohesively collaborated (Lewis & Marchell). Beyond reducing alcohol-related harm and saving lives, the implementation of a medical amnesty policy at WSU would demonstrate the university’s commitment to student health and safety while providing opportunity to strengthen the relationship between students and university officials.
Medical amnesty policies should not be interpreted as condoning dangerous alcohol-related behavior. Chapman (2005) wrote,

"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, remain 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?"

The answer to this question is yes. This is supported by the results of this study and relevant literature found on medical amnesty policies.

While the number of students that the policy would shield from university disciplinary action is small, the risk of morbidity and mortality to college students participating in widespread alcohol consumption and the number of students reporting reluctance to seek medical attention is severe enough to insist the implementation of a medical amnesty policy at WSU. Medical amnesty policies do not enable dangerous behavior; instead they increase the likelihood that it will be confronted. WSU should not inhibit students from making the responsible decision to confront alcohol-related medical emergencies by seeking medical attention.

Recommendations

This study suggested that WSU students hesitate or are deterred from seeking help when experiencing an alcohol-related medical emergency because of fear of disciplinary repercussions and due failure to recognize the symptoms of acute intoxication. Further, researchers assessing excessive drinking in college populations have demonstrated a wide range of negative consequences that affect the drinkers themselves, others around them, and the institution (Perkins, 2002a).
In minimizing the potentially fatal consequences of alcohol-related behavior by students, it is recommended that WSU promptly implement a medical amnesty policy, coupled with an educational social norms awareness campaign, to encourage expedited medical assistance for those involved in alcohol-related medical emergencies and to teach students how to correctly identify and respond to symptoms of acute alcohol poisoning. Specifically, it is recommended that a medical amnesty policy at WSU be modeled after the effective policy established at Cornell University and that an educational social norms campaign be executed following the steps found in a study conducted by DeJong (2002).

**Implementation of Medical Amnesty Policy**

Over 90 institutions of higher education and many states, including Colorado, New Mexico, New Jersey, and Texas, have adopted medical amnesty policies into legislation to assist in the swift summing of medical attention in alcohol-related situations (National Council on Alcoholism and Drug Dependence - New Jersey, 2008). It is recommended that WSU implement a medical amnesty policy using the policy at Cornell University as a foundation. Table 7 summarizes the medical amnesty policy at Cornell University.
Summary of Cornell University’s Medical Amnesty Protocol

Cornell University’s Medical Amnesty Protocol is designed to encourage students to call for help in an alcohol-related medical emergency. Under the Medical Amnesty Protocol (MAP):

1. A student in need of medical help:
   is not to be subject to judicial action for underage possession of alcohol or disorderly conduct if the student completes a required psycho-educational intervention at Gannett Health Services.

2. An individual who calls for emergency assistance:
   on behalf of a person experiencing an alcohol-related emergency is not subject to judicial action for underage possession of alcohol, provision of alcohol to an underage person, or disorderly conduct.

3. If a representative of an organization hosting an event:
   calls for medical assistance, this act of responsibility will mitigate any judicial consequences against the organization that may arise.

Source: (http://www.gannett.cornell.edu/campushealth/AOD/MAP.html)

The medical amnesty policy developed at Cornell University is one of the few policies in which there is published data conveying its effectiveness, hence the recommendation that WSU model it. At Cornell University the policy was designed two-fold to increase the likelihood that students call for help in alcohol-related medical emergencies and to increase the likelihood that students treated for alcohol-related medical emergencies will receive follow-up education at the university health center (Lewis & Marchell, 2006). Evidence from surveys performed at Cornell University demonstrated that the medical amnesty policy fulfilled both aims as there was a measurable increase in the percentage of students who sought help for an intoxicated person and a substantial increase the number of students receiving follow-up treatment (Lewis & Marchell, 2006). The outcomes of the policy implemented at Cornell University are beneficial as they have served to reduce the incidence of negative consequences caused by irresponsible alcohol-related behavior by students.

It is perceived that a comparable medical amnesty policy, to that of Cornell University’s, will have similar outcomes at WSU due to the resemblance in vivacity student life at both institutions. Cornell University and WSU are both land grant universities with approximately the
same number of students on their respective core campuses Ithica, NY and Pullman, WA (Washington State University, 2009; Cornell University, 2009). Each institution is parallel in student living environments, having animated residence hall communities, prominent Greek communities, and concentrated off campus housing. Further, both institutions report similar rates of student drug and alcohol-related behavior and consumption patterns as illustrated in Table 8.

Table 8

<table>
<thead>
<tr>
<th>Similarities in Student Drug and Alcohol-Related Patterns (Values Expressed as %)</th>
<th>Cornell University (2005)</th>
<th>Washington State University (2008)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Use of alcohol (beer, wine, liquor) in the past 30 days.</td>
<td>73.3</td>
<td>69.5</td>
</tr>
<tr>
<td>B. Use of marijuana (pot, hash, hash oil) in the past 30 days.</td>
<td>16.5</td>
<td>12.4</td>
</tr>
<tr>
<td>C. Number of drinks consumed during social setting.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>26.0</td>
<td>21.2</td>
</tr>
<tr>
<td>1-2</td>
<td>19.0</td>
<td>17.4</td>
</tr>
<tr>
<td>3-4</td>
<td>24.3</td>
<td>20.8</td>
</tr>
<tr>
<td>5-6</td>
<td>17.4</td>
<td>17.1</td>
</tr>
<tr>
<td>7-8</td>
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<td>9+</td>
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Sources: (Core Alcohol and Drug Survey, Cornell University, 2006) (American College Health Association, Washington State University, 2008)

The medical amnesty policy advocated for WSU to establish encompasses the following criteria:

1. Provides amnesty for both alcohol and drug violations that occur on or off campus. It is recommended that a policy be created that applies to both drugs and alcohol. While the survey didn’t investigate WSU student drug-related behavior, the majority of respondents indicated that a medical amnesty policy should apply to both drugs and alcohol. Additionally, one in every five students report having used a drug other than alcohol at WSU (American College Health Association, 2008). Student drug use, while not as
prevalent as student alcohol consumption, poses equitable negative consequences which can be minimized through the establishment of a medical amnesty policy.

2. Applies to the student calling and the student receiving treatment. It was found in this study that students are deterred from seeking medical attention because of fear of getting themselves or the person they are helping in trouble. To address this fear it is recommended that both the student seeking assistance and the student receiving the treatment are recommended to be immune from university disciplinary action for all individual violations of the alcohol and drug policies of WSU. This includes, but is not limited to, actions related to possession, consumption, and distribution of alcohol and drugs, such as providing alcohol to underage persons, underage possession, underage consumption, public intoxication, and exceeding room occupancy limits. Violations not included by the policy would include, but is not limited to, destruction of campus property, vandalism, assault, and sexual misconduct. Nor would the policy prevent action by local, county, state, or federal law enforcement.

3. Is used as a mitigating factor for student organizations that promptly seek medical assistance. Identical to Cornell University’s policy, it is recommended that the act of a student organization promptly seeking medical assistance in a drug or alcohol-related emergency serve as a mitigating factor in determining judicial sanctions, not necessarily provide full immunity. Conversely, failure of student organizations to seek medical assistance in a drug or alcohol-related medical emergencies may result in harsher judicial sanctions. All university disciplinary action in such cases should be determined at the discretion of the Office of Student Conduct. It is recommended that student organizations are held to a higher standard because of the amplified complexity, heightened severity,
and negative public attitude towards violations committed by student organizations. Further, student organizations are comprised of many members whose collective judgment should result in fewer situations where deterrences exist that damper student help-seeking behavior in medical emergencies (The College of William & Mary, 2010).

4. Mandated psycho-education intervention session is required for repeat cases. Evidence demonstrates that psycho-educational intervention can reduce the risk of negative consequences associated with alcohol-related behavior among high-risk students (Lewis & Marchell, 2006). It is recommended that first-time cases have the option to voluntarily undergo a brief follow-up medical assessment or counseling evaluation. Mandated psycho-education intervention is recommended for repeat-cases, proportionally intensifying with each repeated episode. It is suggested that psycho-education intervention be optional for first-time cases because a mandatory medical assessment or counseling evaluation may be perceived as punitive action by students, hence emasculating the intention of a medical amnesty policy to remove judicial barriers to encourage students to seek medical attention in an alcohol or drug-related emergency (Lewis & Marchell, 2006).

5. Provides amnesty for repeat episodes and severe cases. It is recommended that there be no limit to the number of times the medical amnesty policy can apply to a student, regardless if the individual is the student calling or receiving medical attention. Nevertheless, repeated episodes may stimulate a higher degree of concern and hence a higher level of counseling intervention. In extreme cases, it is recommended that the policy apply full fold to all actions related to individual possession, consumption, and distribution of alcohol and drugs. However, Student Conduct will still have the authority...
to provide judicial sanctions for violations that breach the parameters of a medical amnesty policy. Lewis and Marchell report that in severe cases an institution may be confronted with the dilemma of preserving the integrity of the policy over the inclination to mandate additional action to guard the safety of the student (2006). They advise that the threshold for such an exception should be remarkably high.

Upon the implementation of a medical amnesty policy, it is important that WSU utilize various forms of media to promote awareness of the policy to its stakeholders—administrators, faculty, parents, friends, local community members, and, most importantly, the students.

Further, it is encouraged that WSU engage local law enforcement and district attorneys in every step of the process during implementation. Such engagement may promote local law enforcement and district attorneys to adopt similar policies at a city level or, at minimum, gain exposure to a philosophy that promotes the health and safety of individuals involved in alcohol or drug-related medical emergencies. Lewis and Marchell comment that the implementation of a medical amnesty policy at a local level may further advance wellbeing in the community by promoting help-seeking behavior of high-school and middle-school students involved in medical emergencies.

*Implementation of Educational Social Norms Campaign*

Trailing the fear of getting themselves in trouble and the person they’re helping in trouble, students reported they were most hesitant or deterred from seeking help for a dangerously intoxicated individual because they weren’t sure if the person was sick enough. In order for students to make appropriate judgments about the health of intoxicated individuals it is critical that they are taught to recognize the symptoms of dangerous levels of inebriation and it is
important that this information be expressed in a manner that maximizes its retention amongst the student population.

Despite many operating programs at WSU (the IMPACT program, Greek educational programs, and ADCAPS programs) designed to educate students about alcohol and drug-related behavior, an eye-opening percentage of students reported that lacking the knowledge to identify symptoms of acute intoxication served as a deterrent from seeking help in medical emergencies. It is suggested that traditional marketing campaigns have had little effect in curbing the incidence of negative consequences incurred by students that are participating in alcohol and drug-related behavior at WSU. Different approaches must be used to successfully change the high-risk behavior of students at WSU.

In today’s climate, many students acknowledge the act of drinking and other drug use as a “normal” part of the college experience (DeJong & Langford, 2002). Additionally, college students tend to grossly overestimate the percentage of fellow students who participate in excess consumption of alcohol (Perkins, 2002b). Such misperceptions are suggested to increase high-risk behavior by students because students seek to conform to the normative expectation – or more simply, act how everyone around them is acting (Perkins, 2002b). In combating this misperception several institutions of higher education have executed social norms marketing campaigns with positive results. Literature in the field conveys that social norms marketing campaigns have effectively reduced high-risk drinking at some institutions by nearly 20% within two years (DeJong, 2002). Social norm campaigns curtail high-risk drink behavior of students by providing accurate information about student drinking rates. In turn, reductions in the frequency of excessive consumption of alcohol by students are observed as students conform to the accurate, less-risky behavior of their peers.
In fostering an academic and social environment that is tailored to health-promoting norms, it is recommended that WSU carry out an educational social norms campaign aimed towards correcting exaggerated misperceptions of students and teaching them how to responsibly respond in alcohol and drug-related situations demanding medical assistance.

It is encouraged that WSU develop an educational social norms campaign following the steps provided in a study performed by DeJong which investigated the role of mass media campaigns in reducing high-risk drinking among college students (2002).

1. **Launch a strategic planning process.** It is encouraged that a committee comprised of administrators, health officials, and students be formed to facilitate the planning process and execution of the campaign. It is critical that students have adequate representation on this committee as an educational social norms campaign will be directed at influencing their behavior. Equally, it is important that health officials are on the committee to provide accurate and current data about the alcohol and drug consumption patterns and behavior of students.

2. **Select a strategic objective.** While the campaign committee may ultimately decide to include specific objectives, it is critical that the campaign focus on two broad objectives: (1) reducing high-risk drug and alcohol consumption by providing accurate statistics and (2) instruct students how to recognize and respond to symptoms of acute intoxication.

3. **Select the target audience.** The target audience in this campaign would be the undergraduate student population at WSU as this was the population sampled in the present study. The undergraduate students represent the recommended target audience because it was conveyed in this study that some students aren’t proficient in
recognizing the signs of acute intoxication. Additionally, data collected at WSU reveals that students overestimate the percentage of their peers that consume alcohol, smoke tobacco products, and use other drugs such as marijuana and cocaine (American College Health Association, 2008).

4. **Develop a staged approach.** Sequential benchmarks should be predetermined to measure the rate at which the campaign is influencing student behavior and changing the incidence of negative consequences linked to student drug and alcohol use.

5. **Define the key promise.** Campaign messages that call on the target audience to perform a specific action are more likely to be successful in achieving the strategic objective (DeJong, 2002). It is recommended that all messages encourage students to watch over the safety and well-being of their peers in environments where alcohol or drug use is occurring.

6. **Avoid fear appeals.** DeJong conveys that campaigns that attempt to induce fear by depicting negative consequences seldom succeed (2002). It is recommended that an educational social norms campaign be executed in conjunction with the implementation of a medical amnesty policy at WSU to prevent frightening students into thinking that seeking help will result in repercussions for themselves or their peers.

7. **Select the right message source.** It is important that the campaign be initiated and launched by a source that the target audience trusts and finds credible. In this situation it is recommended that administrators at WSU empower student leadership with the tools and resources to launch an educational social norms campaign out of their respective organizations. A number of student organizations, including ASWSU
Senate, RHA, and HSAC, have come out in support of a medical amnesty policy. The campaign’s message will be more persuasive if transmitted by peers who have illustrated that student health and safety is of top precedence.

8. Select a mix of media channels. It is recommended that the campaign be transmitted via all avenues of media that students have a preference for at WSU. Assuming resources are available, it is suggested that the campaign utilize the student body newspaper, student oriented email, university affiliated websites, print promotions, student run radio, student operated television, and any other avenues recommended by student representation involved in the campaign.

9. Maximize media exposure. The length and intensity of media exposure is dependent on the amount of resources available. It is recommended that media exposure should persist until the target audience is aware and knowledgeable of the message conveyed by the educational social norms campaign.

10. Conduct formative research. It is critical that the initiators of the campaign conduct formative research by engaging in conversation with the target audience. In this case, interacting with the student population will allow the opportunity to assess if the message is influencing student behavior connected to drug and alcohol use.

11. Conduct process and outcome evaluations. Implementing evaluation procedures is important to measure the effectiveness of the campaign. If the overall campaign is not evaluated then it is uncertain if the strategic objective has been met.

To conclude, there is significant potential to reduce the occurrence of potential negative consequences caused by student alcohol and drug consumption at WSU if a medical amnesty, coupled with an educational social norms campaign, is implemented.
MEDICAL AMNESTY AT WASHINGTON STATE UNIVERSITY

Limitations and Future Directions

The results collected in this study are inherently unique from those of other studies in the field because they provide insight on the perceived effectiveness of a potential medical amnesty policy, not the actual effectiveness of an existing policy. This study was unable to measure the actual effectiveness of a medical amnesty policy at WSU because one has not been established.

An important limitation in the present study relates to asking participating students about their intentions. Although the survey responses were fairly consistent, one cannot be certain that the results of this study are absolutely predictive of future behavior. The majority of participants reported that a medical amnesty policy would increase the chance that an intoxicated person receives medical assistance. However, that doesn't mean that an individual suffering from acute intoxication will receive medical care for certain when the situation occurs at WSU.

In recommending the implementation of a medical amnesty policy at WSU, it is believed that the university can be both firm about enforcement of university policy and flexible in exercising reasonable discretion when balancing competing needs of law enforcement and health promotion. A medical amnesty policy at WSU should be implemented in conjunction with an educational social norms campaign, as linking prevention strategies and intervention strategies in a comprehensive approach is predicted to minimize potentially fatal consequences of alcohol and drug-related behavior. Upon the implementation of the recommendations conveyed in the present study, future analysis should be conducted to measure the actual effectiveness of a medical amnesty policy and educational social norms campaign at WSU.
MEDICAL AMNESTY AT WASHINGTON STATE UNIVERSITY

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