

# Medical Amnesty Investigative Report

#### **Authors:**

Viktor Krapivin, SAS Senator at Large, Internal Affairs Committee Chair Nicholas Parisi, SAS Senator at Large Anish Patel, Off-Campus Representative, Medical Amnesty Task Force Chair Justin Schulberg, SAS Senate Leader Christie Schweighardt, Mental Health Task Force Chair

#### **Advisor:**

Ian Wolf, Graduate Intern for the Rutgers University Student Assembly

# Table of Contents

Table of Contents	<u>1</u>
<u>Acknowledgements</u>	<u>2</u>
RUSA Medical Amnesty Ad-Hoc Committee	<u>3</u>
Alcohol Consumption at Rutgers University	<u>4</u>
Consumption of Other Illicit Substances	<u>5</u>
Medical Amnesty in New Jersey	<u>6</u>
Medical Amnesty at Rutgers University	<u>8</u>
<u>Individuals</u>	
Sexual Assault	
Alcohol Policy at Rutgers University	<u>10</u>
Medical Amnesty at other Universities	<u>11</u>
Cornell University and Study	<u>14</u>
Closing Remarks	<u>14</u>
Recommendations	<u>15</u>

## Acknowledgements

This committee would like to thank the following parties for their help and support in the creation of this report.

#### **Rutgers University**

- ❖ Dr. Anne Newman, Assistant Vice Chancellor for Student Affairs
- ❖ Joseph DiMichele, *Director, Office of Student Conduct*
- ❖ Laura Luciano, Assistant Director, Violence Prevention and Victim Assistance
- ❖ Ian Wolf, Graduate Intern, Office of Student Conduct
- ♦ Donald Moore, *Program Coordinator, Fraternity & Sorority Affairs*
- ❖ Stephanie Wright, Coordinator, Office of Student Conduct
- ❖ Jackie Moran, *Title IX Coordinator*
- ❖ Alicia Lawrence, Assistant Director, Office of Student Conduct

#### Rutgers University Student Assembly

- Matthew Panconi, President
- ❖ Evan Covello, *Legislative Affairs Chair*
- ❖ Margaux Taylor, Sexual Assault Prevention Chair

#### Michigan State University

❖ Bryn Williams, Vice President, Associated Students of Michigan State University

#### Lehigh University

♦ Matt Bay, former President of the Lehigh University Interfraternity Council

#### Cornell University

❖ Blake Brown, President of the Cornell University Interfraternity Council

#### University of Minnesota -Twin Cities

❖ Trish Palermo, Committee Director, Minnesota Students Association

#### Indiana University

❖ Sara Zaheer, Chief of Staff of the Indiana University Student Association (IUSA)

## **RUSA Medical Amnesty Ad-Hoc Committee**

On September 21, 2014, the Rutgers community suffered a devastating loss. That night, Caitlyn Kovacs attended a fraternity party at the Delta Kappa Epsilon fraternity house on 78 College Avenue. However, at approximately 3a.m., Caitlyn was taken to the Robert Wood Johnson University Hospital emergency department after appearing to be in distress. At 3:19am., Caitlyn was pronounced dead. Following an autopsy, it was found that Caitlyn died from "acute ethanol toxicity" and that the manner of death was accidental. This tragic event sparked immense debate on the state of alcohol culture at Rutgers University.

On October 29th, 2015, the Rutgers University Student Assembly (RUSA) voted in favor of Bill F15 12 to create A Medical Amnesty Ad-Hoc Committee. Under Article III, section j of the Standing Rules of the Assembly, which states that "Ad-hoc Committees may be created at any General Body meeting by a resolution by the majority (50% +1) of the Assembly," the Rutgers University Student Assembly establishes this committee.

When voting to create this committee, the Assembly considered that while New Jersey has had a 911 Lifeline Medical Amnesty Policy since 2009,<sup>2</sup> Rutgers University has not adopted a medical amnesty policy for its internal disciplinary system. On the other hand, many universities have acted proactively and adopted medical amnesty policies for their internal procedures.

Throughout the duration of this committee's existence, this committee has met with the Division of Student Affairs, the Office of Student Conduct, the Office of Violence Prevention and Victim Assistance, the Office of Fraternity and Sorority Affairs, and the Department of Student Affairs Compliance. The committee has collaborated with other student governing bodies in order to gain an insight into the varying forms of medical amnesty that exist and their effectiveness.

The Medical Amnesty Ad-Hoc Committee was charged with addressing "medical amnesty policy related to the current New Jersey law and the Rutgers Code of Student Conduct, medical amnesty related to organizations and fraternities, and medical amnesty related to sexual assault" (Bill F15 12).

<sup>&</sup>lt;sup>1</sup>http://www.nj.com/middlesex/index.ssf/2014/10/rutgers\_student\_caitlyn\_kovacs\_died\_of\_alcohol\_poisoning\_after\_party\_autopsy\_finds.html

<sup>&</sup>lt;sup>2</sup>NJ Rev Stat § 2C:33-15 (2009). Available here: ftp://www.njleg.state.nj.us/20082009/A3500/3160\_U1.DOC

## Alcohol Consumption at Rutgers University

A national survey<sup>3</sup> found that 60 percent of college students ages 18-22 drank alcohol in the past month, and almost 2 out of 3 of them engaged in binge drinking during that same timeframe in American universities. Almost half<sup>4</sup> of students who report drinking (47%) also reported concurrent problems related from drinking, including but not limited to unplanned intercourse and physical altercations resulting in injury. Additionally, the survey<sup>1</sup> finds that alcohol is involved in the deaths of about 1,825 college students, 696,000 cases of assault, and 97,000 cases of sexual assault.

The consequences of one of these drinking related incidents can further harm students emotionally and mentally. These include high medical costs<sup>5</sup>, the median costs of an emergency room related to nondependent alcohol abuse and alcohol poisoning are \$2,942 and \$4,829 respectively.

Rutgers University generally takes a strict approach to dealing with alcohol misuse. According to RUPD's Safety Matters Report<sup>5</sup>, alcohol abuse and misuse are "one of the most serious problems on university campuses today." The University prioritizes "education, prevention, intervention, enforcement, treatment, and recovery support." To combat these issues the University "seeks to provide an environment that reduces or eliminates the adverse consequences of alcohol and other drug misuse and abuse on individuals, groups, and the university"

The University goes further on the educational component above, stating that "Education is an intrinsic component of the university's commitment to reduce or eliminate the harm caused by excessive alcohol and other drug use." It is clear to this committee that alcohol is an issue of great importance to all members of the University community, students and administrators alike. It is also noted that alcoholic emergencies have many injurious consequences, physically, emotionally, and financially.

The most often cited number when talking about deaths of college students that involve alcohol is the statistic that 1,825 college students lose their lives in alcohol related incidents. That same statistic is referenced above, and was found in many of the documents this committee reviewed, especially in University web pages on alcohol awareness. However, that number includes incidents in which alcohol was present, regardless of its being the causative or aggravating factor. In fact many of these instances involve driving under the influence, either on the part of the student or on the part of another individual while the student was the victim.

When considering deaths by acute ethanol intoxication for the 15-24 demographic, the CDC <sup>6</sup> estimates that this number to be about 113 deaths per year. College students are obviously a

<sup>&</sup>lt;sup>3</sup> SAMHSA. 2014 National Survey on Drug Use and Health (NSDUH). National Institute of Health

<sup>&</sup>lt;sup>4</sup> Wechsler H, Davenport A, Dowdall GW, Moeykens B, Castillo S. *Journal of the American Medical Association*. 1994;272:1672-1677.

<sup>&</sup>lt;sup>5</sup> http://pubs.niaaa.nih.gov/publications/NEDS&NIS-DRM9/NEDS&NIS-DRM9.pdf

<sup>&</sup>lt;sup>6</sup> http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6353a2.htm?s\_cid=mm6353a2\_w#tab1\_

smaller portion of this greater demographic A 2013 study<sup>7</sup> of 157 four-year universities by the University of Virginia finds that non-traffic fatalities related to alcohol occur at the incidence of 1.49 deaths per 100,000 students. The membership for this study was taken from the American College Health Association of which Rutgers University is a member. Given the number <sup>8</sup> of college students at four-year universities in 2015, 13.2 million, the number of deaths becomes approximately 197 deaths, close to the CDC estimate, however this number still includes incidents where alcohol was involved. This low number of deaths related to alcohol poisoning underscores the lack of research around the issue that medical amnesty policy would hopefully address. Further the low number urges that a response is needed from the University. Our community suffered one of these very rare instances, and because of this our community is in a unique position to create a policy to address these issues, and ensure that what our community went through on September 21st, 2014.

## Consumption of Other Illicit Substances

The consumption of alcohol at Rutgers is not the only issue we face. The prevalence of drugs - both legal and illicit - pervades our campus. According to the Clinton Foundation, in 2013, more individuals died from drug overdose than died in car accidents.<sup>9</sup>

According to the *2016 Safety Matters* report that was published by the Rutgers University Police Department, there were 500 on-campus, 13 non-campus, and 66 public property drug-related arrests, and 200 on-campus and 1 non-campus drug-related referrals between 2012-2014 at the Rutgers-New Brunswick campus<sup>10</sup>.

<sup>&</sup>lt;sup>7</sup> http://www.tandfonline.com/doi/pdf/10.1080/87568225.2013.739022

<sup>8</sup> http://nces.ed.gov/fastfacts/display.asp?id=372

https://www.clintonfoundation.org/blog/2014/01/12/rising-epidemic-college-campuses-prescription-drug-abuse

<sup>10</sup> http://rupd.rutgers.edu/RUPD files/SafetyMatters2016.pdf

## Medical Amnesty in New Jersey

Medical amnesty is a policy that protects persons who are victims of a medical emergency that involves some sort of illicit activity from prosecution related to the aforementioned activity. Its implementation varies across state and local jurisdictions, from whom it can protect to the extent of the protection involved.

The illicit activities covered by these various policies typically include but are not limited to, underage consumption of alcohol, and consumption of controlled substances. The goal of medical amnesty is to "grant limited immunity from a state's Minor in Possession of alcohol (MIP) charge in certain circumstances where they make contact with officials during an emergency." Immunity is granted for the greater purpose of saving an individual's life. Medical Amnesty removes the legal barriers to an individual seeking medical help for himself or someone else by providing immunity from prosecution as long as an individual follows specific steps required under the law. These steps typically include declaring one's name to the 9-1-1 operator, remaining with the intoxicated person, being the first one to report, remaining at the scene until help arrives, and cooperating with the police and emergency medical personnel at the scene.

On March 12th 2009, the New Jersey State Assembly passed bill A3160, which held that: An underage person and one or two other persons shall be immune from prosecution under an ordinance authorized by section 1 of P.L.2000, c.33 (C.40:48-1.2) prohibiting any person under the legal age who, without legal authority, knowingly possesses or knowingly consumes an alcoholic beverage on private property if

- 1. one of the underage persons called 9-1-1 and reported that another underage person was in need of medical assistance due to alcohol consumption;
- 2. the underage person who called 9-1-1 and, if applicable, one or two other persons acting in concert with the underage person who called 9-1-1 provided each of their names to the 9-1-1 operator;
- 3. the underage person was the first person to make the 9-1-1 report; and
- 4. the underage person and, if applicable, one or two other persons acting in concert with the underage person who made the 9-1-1 call remained on the scene with the person under the legal age in need of medical assistance until assistance arrived and cooperated with medical assistance and law enforcement personnel on the scene.
  - a. The underage person who received medical assistance as provided in subsection a. of this section also shall be immune from prosecution under an ordinance authorized by section 1 of P.L.2000, c.33 (C.40:48-1.2).

-

<sup>11</sup> http://www.medicalamnesty.org/#!the-law/c2414

The New Jersey Senate then adopted corollary bill S2748. Assemblywoman Mary Pat Angelini, the chief sponsor of the bill stated the bill "establishes a "safe haven" from prosecution for minors who summon medical assistance for intoxicated underage persons as well as the person needing medical attention." She further continued to say that "It isn't about whether a minor should or shouldn't be charged with violations of our state's minimum drinking age laws. Nor does it condone underage drinking. Rather, its purpose is to remove barriers that would keep minors from seeking help for intoxicated friends."

In addition to New Jersey, Medical amnesty policies have been adopted in the following states and districts<sup>12</sup>:

Alabama, Arkansas, California, Colorado, Delaware, Georgia, Hawaii, Illinois, Indiana, Kentucky, Louisiana, Maine, Maryland, Michigan, Minnesota, Montana, Nebraska, Nevada, North Carolina, North Dakota, New York, Oklahoma, Oregon, Pennsylvania, Texas, Utah, Vermont, Virginia, Washington, West Virginia. Washington D.C.

There is currently no federal legislation regarding medical amnesty.

7

<sup>&</sup>lt;sup>12</sup> Information from the Medical Amnesty Initiative, http://www.medicalamnesty.org/

## Medical Amnesty at Rutgers University

#### **Individuals**

In this section we will analyze the role that alcohol plays with the average Rutgers student. Four out of five college students drink alcohol. About half of college students who drink consume alcohol through binge drinking. <sup>13</sup> Binge drinking is an incredibly dangerous form of alcohol consumptions which can lead to hospitalization or death from intoxication. A codified medical amnesty policy will reduce the barriers that prevent Rutgers University students from seeking help in the case of Acute Alcohol Intoxication.

Currently, *Students for Sensible Drug Policy*, (SSDP) grades<sup>14</sup> Rutgers with a C on it's Good Samaritan policy citing the fact that the University does not have a Good Samaritan Policy.

Some of the questions students ask themselves before calling 911 are "Am I going to get in trouble for calling?" and "Is my friend going to be upset with me for calling on their behalf?" A well written and codified medical amnesty policy addresses these questions and others. Calling to save someone's life should not be a conversation; instead it should be an instinct. The five seconds that someone might have hesitated in starting the emergency response chain CAN be the difference between life and death.

#### **Sexual Assault**

On October 14, 2015, the Board of Governors formally approved the Interim Title IX Policy, also known as the Student Policy Prohibiting Sexual Harassment, Sexual Violence, Relationship Violence, Stalking, and Related Misconduct. <sup>15</sup> In particular, the policy

"prohibits a broad range of behaviors focused on sex and/or gender that may or may not be sexual in nature. Sexual harassment, sexual violence, sexual exploitation, gender-based harassment, stalking, and relationship violence (including dating and domestic violence) are all forms of misconduct that are prohibited by this Policy and will not be tolerated by the University."

A question that this policy goes out of its way to address is the course of action to take when an individual who has been a victim of sexual misconduct was under the influence of drugs and/or alcohol at the time of the incident. In particular, the Policy 10.3.12 states,

"Sometimes students may be reluctant to report instances of sexual misconduct because they fear being charged with University alcohol or drug policy violations. The University encourages students to report all instances of conduct prohibited by this Policy and will take into consideration the importance of reporting such conduct in addressing violations of the University's alcohol and drug policies. This means that, **whenever possible**, the University will

<sup>&</sup>lt;sup>13</sup> http://www.niaaa.nih.gov/alcohol-health/special-populations-co-occurring-disorders/college-drinking

<sup>&</sup>lt;sup>14</sup> http://ssdp.org/school-policies/rutgers-university-new-brunswick-drug-and-alcohol-policy/

<sup>&</sup>lt;sup>15</sup> http://policies.rutgers.edu/sites/policies/files/10.3.12-current.pdf

not respond punitively to alcohol or drug violations associated with prohibited conduct reported under this Policy."

While the clause is supportive of the goals of medical amnesty, it does not explicitly guarantee protection for sexual misconduct victims from being charged with alcohol or drug violations. It is the position of this committee that, in the process of implementing a Medical Amnesty Policy, it is essential to amend the Title IX Policy to create an explicit protection for sexual misconduct victims or anyone reporting sexual misconduct. However the committee maintains that this policy should not be maintained should it come to light the alleged victim or reporter is in fact the perpetrator or aggressor.

## Alcohol Policy at Rutgers University

Policy taken from Rutgers Office of Student Conduct webpage:

- 1. Provided that the incident is a first offense, and no other violations are alleged in the incident report (e.g., false ID, assault, hindering arrest), no formal charges under the University Code of Student Conduct will be made, provided the student:
  - a. Engages in an honest conversation with a Student Conduct staff member about the incident.
  - b. Agrees to complete an educational intervention.
- 2. The student is asked to meet with a member of the Student Conduct staff to discuss the incident. Based on this conversation, the staff member refers the student to an appropriate intervention. The student is either referred to <u>HOPE</u> or to <u>ADAP</u>, depending upon the nature of the violation and the student's needs.
  - a. The HOPE program consists of a one-hour group workshop on responsible alcohol use. After completing the workshop, students are required to write a short paper reflecting on what they have learned from the experience.
  - b. ADAP is a comprehensive assessment of the student's drug or alcohol use. It usually consists of one computerized assessment and two one-hour individual meetings with a counselor.
- 3. If the student completes the program requirements, he or she will have no disciplinary file as a result of the incident.
- 4. If the student fails to complete the sanction or repeats the offense, he or she may face charges under the University Code of Student Conduct. The Office of Student Conduct may also place a hold on the student's ability to register for classes until the agreed-upon intervention is completed.

This is the immediately accessible policy to a student on the Office of Student Conduct's webpage, which makes no mention of medical amnesty, but does make mention of punitive and educational measures the University may take.

## Medical Amnesty at other Universities

#### Michigan State University<sup>16</sup>

At Michigan State University (MSU) there are no specific provisions protecting a student from the MSU disciplinary process; students are only protected from criminal liability (MIP). Currently, the state of Michigan employs a statewide medical amnesty policy.

Currently the Associated Students of Michigan State University (ASMSU) is working on a bill with state legislators that would expand the same provisions (without an age stipulation) to individuals who overdose on opioids, prescription drugs, and other controlled substances. According to Bryn Williams, Vice President for Governmental Affairs of ASMSU,

"Medical amnesty and other such laws could not be more important to our generation. In a society where the social pressures of success place an incredible burden on underage students whose futures can be ruined by a single legal infraction, it is only logical that these same students are innately fearful of law enforcement when alcohol is involved. Instead of treating teenagers like criminals when they put their own lives in danger by drinking excessively in a largely unfamiliar social environment, policies need to be crafted in a manner that encourages health and safety. Not only do medical amnesty laws protect the individual in danger, they also incentivize bystander intervention and protect those that are fundamentally doing the right thing."

#### **Pennsylvania State University**

<sup>17</sup>The state of Pennsylvania currently employs a statewide medical amnesty policy. PSU has a "responsible action protocol" which is similar to a medical amnesty policy. Under the protocol, students who act responsibly by notifying the appropriate authorities (e.g., calling 911, alerting a resident assistant, contacting police) typically will not face University disciplinary action for their own alcohol violations, unless they are responsible for other violations (e.g., vandalism, assault) as well. However, these students will be required to attend BASICS; the fee will be waived

### Northwestern University<sup>18</sup>

The state of Illinois currently employs a statewide medical amnesty policy. Northwestern University (NU) has an "amnesty through responsible action" policy wherein any student who plays takes responsible action *e.g.* calling 911 for a student in an emergency will be fully documented and required to meet with the NU Office of Student Conduct. Upon finding that the party taking the responsible action followed all the steps of the medical amnesty policy (listed below), the University will not be found responsible for violation of any drug or alcohol related policy save driving under the influence (DUI). The calling student may still be required to undergo educational programming, however this is not considered disciplinary action. Currently, the state of Illinois employs a statewide medical amnesty policy.

<sup>&</sup>lt;sup>16</sup> http://asmsu.msu.edu/initiatives/medical-amnesty/http://asmsu.msu.edu/initiatives/medical-amnesty/

<sup>&</sup>lt;sup>17</sup> http://studentaffairs.psu.edu/conduct/policies/alcohol.shtml

<sup>&</sup>lt;sup>18</sup> http://www.northwestern.edu/student-conduct/student-conduct-process/amnesty-responsible-action/

The actions necessary to be eligible for protection under this policy go as follows

- 1. CALL for help: In medical emergencies, immediate action should be taken by calling 9-1-1 from either on or off campus.
- 2. STAY with the person until help arrives and you have been told your assistance is no longer needed.
- 3. COOPERATE with responding staff or emergency personnel, including all requests for information and assistance.

#### **Indiana University**

Currently Indiana employs a statewide medical amnesty policy (the Lifeline Law), which immunizes students who call 911 in good faith from criminal liability.

According to the Chief of Staff of the Indiana University Student Association, the Indiana policy can protect a minor from getting into trouble with the state but if the school's Office of Student Ethics finds it necessary, they can still hold the student accountable for Student Code of Conduct violations. This indirect policy does not blatantly state if a student will face consequences for underage drinking or not after seeking help for a friend, which results in students feeling apprehensive about calling for help.

The student organizations at Indiana University that receive the most attention at the hands of underage drinking are mostly involved with Greek Life. The houses of the various fraternities and sororities are charged with educational sanctions (OASIS Drug/Alcohol awareness programming) if they accumulate a large number of medical transports from their houses to the hospitals in the area. Again, the consequences that students may face after calling for help often scares them away from seeking medical treatment for somebody that they know.

Like Rutgers-New Brunswick, Indiana University relies on local authorities in addition to campus police to ensure that students are safe at the university. Students have found that the Bloomington Police Department does not mind arresting a large number of college students. On the other hand, the Indiana University Police Department is more lenient about prosecuting students for underage drinking. These inconsistencies about the handling of the policy do not make the students of the university feel comfortable about using the medical amnesty procedure.

The goal of the Lifeline Law is to undo the factors that result in a student's hesitation to call for help. The law has been expanded to include bystanders that intervene and also been expanded in a different section of the Indiana Code to create a mitigating circumstance for drug law violations (so if you get arrested while trying to help someone/calling 911 for emergency medical assistance for someone in need, the judge will keep that Good Samaritan behavior in mind during your sentencing, etc.)"

#### **University of Michigan**<sup>19</sup>

In October 2012, the University of Michigan Central Student Government (CSG) published "Medical Amnesty: A Guide for Students. Medical Amnesty is in place in the state of Michigan for underage consumption of alcohol, but does not apply to the illegal use of drugs. The law does not protect any individuals except for the student experiencing alcohol poisoning and, if it is the

https://csg.umich.edu/files/files/Medical%20Amnesty%20-%20A%20Guide%20for%20Students.pdf

case, any individual who called 9-1-1 on behalf of the student experiencing alcohol poisoning. There are no specific provisions protecting a student from the University of Michigan disciplinary process; students are only protected from criminal liability (MIP).

#### **University of Wisconsin**<sup>20</sup>

The University of Wisconsin-Madison policy protects victims of crime, especially sexual assault, from disciplinary action regarding violations of the University alcohol policy. Such protection also extends to those calling for a medical emergency, such that said students fully cooperate with authorities, (calling 9-1-1, staying with the individual in need, and fully cooperating with any authorities that arrive). Such protection does not exist for the party suffering acute alcohol intoxication; said party is still subject to the University disciplinary process.

#### University of Illinois at Urbana-Champaign<sup>21</sup>

The University of Illinois policy protects victims of crime, especially sexual assault, from disciplinary action regarding violations of the University alcohol policy. Such protection also extends to those calling for a medical emergency, such that said students fully cooperate with authorities, Such protection does not exist for the party suffering acute alcohol intoxication; said party is still subject to the University disciplinary process. The state of Illinois does currently employ a statewide medical amnesty policy.

#### Lehigh University<sup>22</sup>

Lehigh University has a very strong Medical Amnesty policy in place. Their policy provides amnesty for individuals, organizations (not limited to Greek organizations), and to sexual assault victims. Lehigh's policy has played an important role in the recommendations laid out below.

According to Matthew Bay, the former Lehigh University Interfraternity Council President:

"Personally, I believe that Lehigh's Medical Amnesty policies are as good as they can be. I feel as though the Lehigh's policies... are more than fair and reasonable in terms of 'punishment' should a violation occur...

In regards to whether or not these policies work in practice: I would say YES. However, when push comes to shove, I do believe that people do the right thing and call it in to make sure nobody is seriously injured. Just having these policies in place is comforting and helpful because even if you know you're getting in trouble, you know you're getting in less trouble because of these policies. If your university doesn't have a medical amnesty policy, then that's a problem in general."

<sup>&</sup>lt;sup>20</sup> https://www.students.wisc.edu/alcoholinfo/resp action guide.html

<sup>&</sup>lt;sup>21</sup> http://www.conflictresolution.illinois.edu/goodsamaritan.asp

<sup>&</sup>lt;sup>22</sup> <a href="http://studentaffairs.lehigh.edu/content/lehigh-university-medical-amnesty-policy">http://studentaffairs.lehigh.edu/content/lehigh-university-medical-amnesty-policy</a>

## Cornell University and Study<sup>23</sup>

In the early 2000s, Cornell University adopted a Medical Amnesty Protocol (MAP) for some violations subject to its Student Code of Conduct. The Cornell University community seeked to increase emergency calls for acute alcohol intoxication and at the same time prevent the situation from occurring again. Prior to adopting the MAP, Cornell had instituted the Brief Alcohol and Other Drug Screening and Intervention for College Students (BASICS) program based on research that "found a two session screening and feedback process, with elements of motivational interviewing and cognitive-behavioural skills training, to be effective in reducing drinking and the harm associated with high-risk alcohol consumption in the college environment". It was also observed that prior to the adoption of MAP, "the practice of campus police officers was to exercise discretion as to whether students evaluated for alcohol poisoning should be cited for violations such as underage consumption. The result was a varying pattern in which some students who were transported to the local medical centre received a judicial referral, whereas others did not." In creating a MAP policy, the university did not only create a policy that sought to increase medical treatment of acute alcohol intoxication, but as a side effect the university created a fair and impartial procedure for handling such cases.

Cornell focused on how to reduce harm from acute alcohol poisoning. Their first strategy was to increase education efforts for students about signs of alcohol poisoning and the steps to take in an alcohol emergency. The second strategy was to develop the MAP. The MAP was drafted to increase "the likelihood that students will call for medical assistance when faced with an alcohol-related emergency" and "follow-up psycho-educational interventions for individuals who received emergency medical attention related to their own use of alcohol in order to reduce the likelihood of such occurrences in the future"

To achieve these two goals the MAP provides that an individual who completes a required medical follow-up at a health service will not be subject to judicial action under the university prohibition of underage possession of alcohol and disorderly conduct. The university may still take judicial action under sections of the Student Code of Conduct such as possession of a fake ID. For first time offenders the appropriate intervention would consist of the Cornell BASICS program, for subsequent incidents the appropriate interventions would be decided on a case by case basis. The reporting caller would not be subject to judicial action for underage possession of alcohol, provision of alcohol to an underage person or disorderly conduct. Lastly, if a representative of organization hosting an event calls for medical assistance, such a call would mitigate the judicial consequences resulting from that event, while a failure to call would be considered aggravating circumstances.

In surveys conducted after the implementation of the policy 63% of students reported being familiar with the MAP after first year following implementation, 80% of students reported

<sup>&</sup>lt;sup>23</sup> Safety first: A medical amnesty approach to alcohol poisoning at a U.S. university Lewis, Deborah K. et al. International Journal of Drug Policy, Volume 17, Issue 4, 329 - 338

familiarity after second year following implementation. The Cornell University study found that calls increased after implementation of MAP and that surveys of on campus drinking indicated that drinking habits did not change significantly to cause increase in calls. **The medical amnesty policy did not cause an increase in underage alcohol use at Cornell.** Medical amnesty is the appropriate policy to increase calls for medical assistance following acute alcohol intoxication.

The Cornell study also found that the percentage of students participating in judicially mandated educational intervention following treatment for an alcohol-related medical emergency increased from 22% prior to the adopted of the MAP to 52% 2 years after the adoption of the policy.

The study made the following recommendations to an institution seeking to adopt a medical amnesty policy:

- 1. *Establish a formal protocol or policy*: A public document will educate the community on what is covered under the protocol or policy.
- 2. *Determine which violations will be covered*: Individuals will be more likely to call if they know their conduct is covered under the policy.
- 3. *Develop psycho-educational interventions for use in amnesty cases*: A brief (e.g., two sessions) follow-up intervention can reduce the risk of future alcohol-related harm among high-risk drinkers (excluding those who are dependent on alcohol).
- 4. Decide whether the protocol or policy will have exceptions for repeat episodes and severe cases
- 5. *Market the protocol or policy:* The protocol or policy will only be effective if the students know about it

Cornell found an **increase** in on-campus alcohol-related calls to emergency medical services (EMS) after the implementation of the policy. However, the percent of these calls requiring a **hospital emergency room visit has decreased**<sup>24</sup>. This finding demonstrates that students at Cornell have been more proactive in providing help for a friend even when serious medical attention may not be required.

## **Closing Remarks**

The ultimate consequence of not employing a medical amnesty policy is the death of a student due to alcohol poisoning. The time for debate over this policy elapsed when our own University lost a student. This policy seeks to prevent future instances of that happening. This committee finds that the high incidence of drinking on campus coupled with the high rate of emergency transports requires prompt action by the University. The nature of these emergencies necessitates the need for the University Code of Conduct to follow the best practices set forth by the state of New Jersey and many other states. Evidence-based research shows that these policies work. Likewise, many other institutions, of similar size and stature to the University have since adopted such practices to help protect the safety, security and privacy of the students.

\_

<sup>&</sup>lt;sup>24</sup> http://www.gannett.cornell.edu/topics/drugs/goodsam.cfm

## Recommendations

As a result of the investigation, this committee makes the following recommendations for a medical amnesty policy. Said policy should exist within the University Code of Conduct and all other operating procedures.

It is also to be noted that this policy shall only provide amnesty from violations of the Rutgers University Code of Conduct. It does not grant amnesty for criminal, civil, or legal consequences for violations of Federal, State, or Local law.

#### **Individual Amnesty**

#### Victims:

- 1. **Underage** students who seek emergency medical attention for themselves related to consumption of drugs or alcohol will not be charged with violations of the Rutgers University Code of Conduct related to that consumption, specifically Rutgers Policy 10.2.11 Section VII-J:3-7. For a student to receive these protections they **must:** 
  - a. **voluntarily present** himself or herself to a health facility or agency for treatment or observation,
  - b. **communicate** the emergency to an authority, including but not limited to: 9-1-1, RUPD, a Resident or Apartment Assistant (RA or AA), a Community Service Officer (CSO) or direct contact with any emergency service
  - c. **attend** a meeting with the Office of Student Conduct, at which an educational sanction may be imposed, but no formal violation will be alleged.
    - i. This provision is rendered moot if there are any aggravating factors, which include but are not limited to: any other violations of the Code of Conduct, failure to attend meeting with OSC, failure to comply with educational sanctions

#### Callers:

- 2. **Underage** students who seek emergency medical attention for another afflicted party will not be charged with violations of the Rutgers University Code of Conduct related to consumption of alcohol or drugs, specifically Rutgers Policy 10.2.11 Section VII-J:3-7. For a student to receive these protections, they **must:** 
  - a. **communicate** the emergency to an authority, including but not limited to: 9-1-1, RUPD, a Resident or Apartment Assistant (RA or AA), a Community Service Officer (CSO) or direct contact with any emergency service, or **accompanies** an afflicted party to a health facility for the intention of treatment or observation
  - b. **remain with the individual in distress** through the communication of the emergency, and waits while emergency services proceed to the reported location
  - c. **cooperate** with all emergency personnel and provides information and assistance when possible,

- d. **attend** a scheduled meeting with the Office of Student Conduct to discuss the instance. At this meeting, if it is determined that if the student followed the aforementioned provisions, they shall be exempt from disciplinary action from the University
  - i. Disciplinary action **does not include** educational sanctions, (e.g. HOPE or ADAP sessions) however the students actions and compliance forthwith **will be considered** in the imposition of any impending sanctions.

Note: This protection is rendered moot if the student demonstrates non-compliance with any of these instructions. Further the University consider any extraneous aggravating factors, (e.g. other inculpatory conduct, presence of other violations, repeated misuse of alcohol and controlled substances etc.) as grounds for nullification. Nor do any of these protections apply to an underage student found by University employees, (CSOs, RUPD, RUEMS, Resident/ Apartment Assistants etc.), the student or his/her companions must be party that initiates the emergency response.

#### **Residence Life:**

#### **Victims**

- 1. **Underage** students who live in University-sanctioned housing who seek emergency medical attention for themselves related to consumption of drugs or alcohol will not be charged with violations of the Rutgers University Code of Conduct related to that consumption, specifically the Residence Life Alcohol Policy. For a student to receive these protections they **must:** 
  - a. **voluntarily present** himself or herself to a University employee or 911,
  - b. **communicate** the emergency to an authority, including but not limited to: 9-1-1, RUPD, a Resident or Apartment Assistant (RA or AA), a Community Service Officer (CSO) or direct contact with any emergency services,
  - c. **attend** a meeting with the Office of Student Conduct, at which an educational sanction may be imposed, but no formal violation will be alleged.

**Note:** This protection is rendered moot if the student demonstrates non-compliance with any of these instructions. Further the University consider any extraneous aggravating factors, (e.g. other inculpatory conduct, presence of other violations, repeated misuse of alcohol and controlled substances etc.) as grounds for nullification. Nor do any of these protections apply to an underage student found by University employees, (CSOs, RUPD, RUEMS, Resident/ Apartment Assistants etc.),

the student or his/her companions must be party that initiates the emergency response.

#### Callers

- 2. **Underage** students living in University-sanctioned housing who seek emergency medical attention for another afflicted party will not be charged with violations of the Rutgers University Residence Life alcohol policy related to consumption of alcohol or drugs. For a student to receive these protections, they **must:** 
  - a. **communicate** the emergency to an authority, including but not limited to: 9-1-1, RUPD, a Resident or Apartment Assistant (RA or AA), a Community Service Officer (CSO) or direct contact with any emergency service, or **accompanies** an afflicted party to a health facility for the intention of treatment or observation
  - b. **remain with the individual in distress** through the communication of the emergency, and waits while emergency services proceed to the reported location, **even** if an RA or Residence Life employee arrives to the scene
  - c. **cooperate** with all emergency personnel and provides information and assistance when possible
  - d. **attend** a meeting with the OSC for Residence Life, where the student will be exempt from disciplinary sanctions, but not educational sanctions. However the student's compliance with the medical amnesty policy will be considered in their favor
- 3. A Medical Amnesty Policy is **not** a way for students to circumvent alcohol and drug policy set forth by the University. Therefore, the protections afforded in this policy do not apply when:
  - a. the victim **repeatedly** violates the alcohol policy
  - b. there is **sufficiently documented** evidence of other related misconduct, including but not limited to outrageous conduct on the part of the student, other related violations,
  - c. the student **does not comply** with the elements of the responsible action protocol
- 4. The Office of Student Conduct reserves the right to contact any student to discuss an incident whether or not the Rutgers University Medical Amnesty Policy is in effect, and such requests for contact carry with them the same force that they would without a Medical Amnesty Policy in place.

#### **Victim Amnesty**

1. This committee considers the reporting of alleged sexual misconduct to be of the utmost importance to our campus community. To encourage reporting, any student who reports alleged sexual misconduct or gender violence will be granted immunity from student conduct charges for possession or consumption of alcohol or drugs (10.2.11 Section

VII-J:3-7) related to the alleged misconduct.

a. The words "whenever possible" shall be **removed** from the Student Policy Prohibiting Sexual Harassment, Sexual Violence, Relationship Violence, Stalking, and Related Misconduct (Rutgers Policy 10.3.12)

**Note:** This committee understands that it is possible for a reporter, or even an alleged victim to come to light as the perpetrator or aggressor in an incident of sexual assault. The point of this policy is to protect victims and reporters, as well as encourage reporting of these incidents, therefore it is the position of this committee that all protections should be nullified should it come to be known that a previously thought reporter or victim is actually the aggressor.

2. The Office of Student Conduct shall reserve the right to contact any student to discuss an incident whether or not the Rutgers University Medical Amnesty Policy is in effect.

#### **Other Recommendations**

- 1. To measure the effectiveness of this policy, the Alcohol & Other Drug Assistance Program should conduct a pre-policy and post-policy report of the state of alcohol consumption and transportations at Rutgers University.
- 2. Create an innovative and realistic campaign focused on the dangers of alcohol poisoning and its role in further conflicts such as sexual assault, criminal misconduct, and physical injury.
- 3. Student government and the administration should collaborate on a concerted effort to publicize the new medical amnesty policy in the general student body and in vulnerable subpopulations, including first-year students, students attempting to join Greek life, and organizations, in order to increase awareness.
- 4. The investigative system by which organizations and individuals are processed in cases of alcohol and other drugs violations should be made more transparent as to increase student compliance with said systems.
- 5. Ensure that any records created as a result of the medical amnesty process involving an individual whose role in a situation was that of the caller are effectively erased from applications to graduate institutions and employers.

# Resolution to Adopt the Report of the RUSA Medical Amnesty Ad-hoc Committee

Authors: Viktor Krapivin, Nick Parisi, Anish Patel, Justin Schulberg, Christie Schweighardt

**Sponsors**: Medical Amnesty Task Force, VPVA, Office of Student Conduct, Off-Campus Students' Association, Residence Hall Association

*Whereas*, the health and safety of members of the Rutgers University community is a primary concern,

*Whereas*, Students need to seek immediate medical attention for themselves or others when someone's health and/or safety is at risk,

*Whereas*, Students may be reluctant to seek assistance for themselves or someone else for fear of facing action from the Office of Student Conduct,

*Whereas*, the Student Assembly aims to remove barriers that prevent students from seeking the medical attention they need,

*Whereas*, the RUSA Medical Amnesty Ad-hoc Committee has been working with the Office of Student Conduct, VPVA, the Office of the Vice-Chancellor of Student Affairs, and the Office of Fraternity and Sorority Affairs,

*Be it hereby resolved*, the Rutgers University Student Assembly adopts the Report, including the recommendations, laid out in the report of the RUSA Medical Amnesty Ad-hoc Committee.