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Advocating for a Comprehensive and Mandatory Medical Amnesty/ Good Samaritan Policy on the University of Tennessee, Knoxville Campus

Thomas Carpenter

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*Advocating for a Comprehensive and Mandatory Medical
Amnesty/ Good Samaritan Policy on the University of
Tennessee, Knoxville Campus*

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April 26, 2016

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I. Introduction

The idea of risking something serious to help someone is not a progressive idea. There is even a phrase for it that is so old it is literally biblical- Good Samaritan. The Good Samaritan helped an injured man on the road whom he did not know after several others left him to die. He did it not for his own benefit but out of pure altruism. While the world we live in today is arguably safer than it was 2,000 years ago, our communities still face many issues of public safety. One of these is access to medical care. Not only are there still 30 million Americans living without health insurance, even after major health care reform, there is another problem that exists when it comes to being able to seek necessary medical attention. If you break your leg while hiking in a park, you can go to the hospital with no questions asked. However, if you overdose on drugs or alcohol, especially as a minor, you could face some serious legal repercussions. Thus, in situations where something illegal is happening and someone needs immediate medical attention, there is an inherent hesitancy to seek that medical attention for fear of fines and even imprisonment. On college campuses, this problem is exacerbated by the fact that academic standing comes into play. Not only can students be prosecuted for consumption of illegal substances by the police, they can also be kicked out of school by their administration, even when the incident takes place off campus. The system as it currently exists prioritizes the punishment of wrongdoers instead of the actual safety of those who need help. So how do you create incentives for people to seek necessary medical attention even when the circumstances include illegal acts? Perhaps the most obvious answer is to eliminate any possible repercussions that might be associated with the situation. By eliminating these penalties, you eliminate any fear that may keep someone from seeking what may be necessary to keep them alive. This is essentially what a Good Samaritan/ Medical Amnesty policy does.

Implementing this kind of policy seems like a rational response to a public health issue that affects the entire country. However, it is not free from the usual politicization that almost all new policies face when they are being introduced or even implemented. Opponents of Medical Amnesty policies argue that it condones the use of illegal drugs and the overconsumption of alcohol by minors. This logic is flawed in that it would be strange to think that anyone is trying to over consume illegal substances with the goal of being hospitalized or even dying. It is nonsensical to say the least. These critics do not realize the reality of addiction that so many Americans face. This anti-drug sentiment has characterized our country's entire response to drugs for over half a century. Drug addiction should be treated as a disease, not as a crime. Instead of putting people in jail, the system should instead focus on rehabilitation. Otherwise, we are neglecting an entire population of people for something that is largely not their fault. Ever since President Nixon signed the Controlled Substances Act in 1970, starting the infamous "war on drugs", our country has spent billions of dollars¹ towards an approach to eliminating the drug crisis that simply does not work. Yet, many politicians, most of them conservative, still support this methodology as the best way to eradicate drug use.

The political trend towards drug policies in recent years has started to shift towards more harm reduction and less criminalization, as well as an increased emphasis on individual liberties. This issue is currently being framed as a basic left-right issue, aligning with our current two party system. However, I believe this issue, like many others, will begin to transcend the established political binary and draw support from both conservatives and liberals. The key here, especially when talking about political movements, is how the issue is framed. In Tennessee, one of the reasons a Medical Amnesty policy is able to gain traction more quickly than perhaps some other “progressive” policies is the name. By calling it a “Good Samaritan” policy, you get a seat at the table because the name of the policy is wholesome and traditional.

In 2016, as the World Health Organization pushes for international decriminalization of drugs² and several countries and US states begin legalizing or decriminalizing drugs like marijuana, our society is forced to reevaluate how we have addressed drug use in the past and decide what the best way is to move forward. With bipartisan support, legislation has been introduced in Congress and state legislatures everywhere to change current drug policies. The reasons for this are numerous: prison overcrowding, harm reduction, and simply what is morally right. The age old method of incarcerating drug users and treating them as criminals instead of individuals who need medical and psychiatric help simply does not work. We still have cocaine, heroin, and meth addicts, on top of many other drugs, and if we want to live in a society with healthy and productive members, we must find a different way of treating victims of drug abuse. I believe harm reduction, that is the prioritization of health over punishment, is the best philosophy by which we should move forward in drug policy. Substance abuse and addiction is a health issue, not a criminal one, and should be treated as such by society and the law. I am not alone in this belief and the pioneers of it have inspired me to push for better drug policies on the campus of the University of Tennessee, the city of Knoxville, and the State of Tennessee.

Medical Amnesty policies are one way for reformers to combat the failed approach to drug use. It is also an ideal platform for student activists because of its known effectiveness and political feasibility, even in more conservative states. While it should be the goal of proponents of drug reform to implement these policies to the fullest extent possible, it may only be possible to work at changing campus level policy, given the small amount of resources and membership new groups may have. It is a stepping stone to greater change but that should not diminish its significance. Policies such as these, even when implemented in isolated pockets like college campuses have the ability to collectively save thousands of lives every year. There exists only a small amount of research related to the effectiveness of these policies, but what does exist will be compiled here and it is all very promising. From Cornell to the College of Charleston, students all over the country are learning about these policies and working to implement them wherever they can.

I learned about Medical Amnesty policies through online forums. After becoming familiar with the organization Students for Sensible Drug Policy and the resources they provided to students seeking this type of reform, I decided to pursue it. At this time I had just been

accepted to the Baker Scholars program as well as appointed to the City of Knoxville liaison position by the Student Body President. Through these two channels, I would pursue Medical Amnesty, starting with campus and the city and then moving to the state level. My path was not always straight, but it was always rewarding.

In the Fall of 2015, after approval by the UT administration, Student Government representatives, and the Board of Trustees for the UT system, the proposed Student Code of Conduct now includes a comprehensive and mandatory Medical Amnesty Policy. It is still proposed, however, and won't go into effect until the entire Code is approved by the Tennessee General Assembly. As of April 2016, the Code was put on summer study by the State House of Representatives, so a vote will not take place until the legislature convenes again in 2017, at the earliest.

In addition, legislation has been introduced twice now for a similar policy at the state level. Even though I will be graduating, I hope to continue lobbying for both the proposed Code and State Medical Amnesty bills from afar, as well as encouraging future student leaders to continue pushing for these policies.

II. The Need for Medical Amnesty Policies and their Effectiveness

There are currently 289 campuses³ and 24 states⁴ with some form of Medical Amnesty or Good Samaritan policy in place. However, not all of those policies are comprehensive and/or mandatory, two key components to making the policy appealing to students. Furthermore, there are over 4,000 campuses in our country, so while progress has certainly been made, there is a long way to go to make this policy ubiquitous. Obviously, changing state statutes is the most effective way of extending this policy to the greatest number of people, however, it is not always the most feasible. Changing a school code of conduct is a great deal easier than passing a state law. The first step in changing these policies is identifying the problem.

Not only is it logical to assume that fear of legal and academic punishments might keep someone from seeking medical attention for themselves or another, but there is hard evidence that supports this claim. Several studies in the last couple decades have found that police accompany paramedics a significant amount following a 911 call related to a drug overdose. In Baltimore, police were present 77% of the time.⁵ In Albuquerque, the number was as high as 86%.⁶ It would obviously follow that the more often police are present the more arrests would be made, either directly related to the incident or to some auxiliary cause, and the evidence from three other studies corroborates this as well. These three different studies concluded that police involvement is by far the most common reason for someone not calling 911 after an overdose.⁷ The answer to this is not less police presence, but instead amnesty for all those involved so that there is no reason to fear police presence. This change in policy could also contribute to a change in police culture from putting an emphasis on incarceration to harm reduction instead.

It is clear that there is a hindrance to individuals calling for help in emergencies related to illegal activity but how many people does this actually affect? Between the years 2000 and 2014, the CDC reports that over half a million people died of a drug overdose,⁸ 2014 being the highest year on record with over 47,000 deaths and an increase of 14% from the year prior. A less staggering number but certainly one that still is enough to warrant concern is the number of deaths from alcohol overdose. 2,200 people die every year from alcohol also according to the CDC.⁹ Every single one of these deaths from both drugs and alcohol is preventable if the people involved are able to call for necessary help in time. According to three separate studies, 911 calls occur less than 50% of the time following a drug overdose¹⁰ because of the inhibitive reasons discussed earlier. There has never been a better or more important time to implement Medical Amnesty/ Good Samaritan policies in order to increase the number of 911 calls after a drug or alcohol overdose and prevent as many deaths as possible.

Cornell University has had a Medical Amnesty policy since 2002 and in 2006, a study of the policy's effectiveness conducted by the University was published in the *International Journal of Drug Policy*. The study notes the two primary motivations behind implementing such a policy: "(1) to increase the likelihood that students will call for help in alcohol-related medical emergencies; and (2) increase the likelihood that students treated for alcohol-related medical

emergencies will receive a brief psycho-educational intervention at the university health centre as a follow-up to their medical treatment.” (Lewis/Marchell 2006) Cornell went about implementing this policy in a rather unique way. Instead of writing it into their Campus Code of Conduct, Cornell made it an agreement between several University departments including the campus police and called it the Medical Amnesty Protocol (MAP). This was done in coordination with a campus wide campaign focused on educating students about the signs and dangers of alcohol poisoning. The MAP’s language is as follows:

1. Person in need of medical attention: If an individual who receives emergency medical attention related to his or her consumption of alcohol completes a required follow-up at the health service, he or she will not be subject to judicial action should the following Code violations occur at the time of the emergency: (a) underage possession of alcohol; (b) disorderly conduct. The individual receiving amnesty will not be required to meet with the Judicial Administrator, will not be required to pay for the mandatory follow-up service, and will receive a warning rather than a written reprimand. A person in need of medical attention is eligible for medical amnesty on more than one occasion. (For a first-time MAP incident, the BASICS program is utilised. For subsequent MAP incidents, appropriate interventions are determined on a case-by-case basis.)

2. Caller: An individual who calls for emergency assistance on behalf of a person experiencing an alcohol-related emergency will not be subject to judicial action for the following Code violations in relation to the incident: (a) underage possession of alcohol; (b) provision of alcohol to an underage person; and (c) disorderly conduct.

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

Following the inception of this new policy was a marketing campaign to educate students about it and how to go about taking advantage of it. Subsequent surveys of the student body found that within one year of the policy being implemented, 63% of students were aware of the

policy. This number went up to 80% after the second year, showing that the marketing campaign was working. These surveys also found that the number of students who would consider not calling for medical attention for fear of getting someone in trouble was cut by more than half (61%) in the years following implementation. Information was also gathered from Cornell's Emergency Medical Services that found a 22% increase in actual calls made related to an alcohol emergency in the two years following implementation.¹¹ The study's findings were very positive and more than justify the existence of the policy as well as encourage its implementation elsewhere in the hopes of similar results.

III. Personal Process

My personal process of implementing a Medical Amnesty policy began at the end of my sophomore year. After a year of serving as a Senator in the undergraduate Senate, I was appointed by the newly elected SGA President Kelsey Keny to serve as the City of Knoxville Liaison. I did not hesitate to accept because I saw it as a tool to make a difference for the student body. Quickly, however, I realized the interesting nature of my position. The Liaison position was created when the mayor of Knoxville had a student advisory board, of which I was supposed to chair, however that board ceased to exist several years ago. Other duties included general SGA executive member responsibilities, but there was nothing really specific to my position, so I decided to cater my position to my own priorities.

I made it my mission to implement a medical amnesty policy for the UTK campus. As luck would have it, the University was rewriting their Student Code of Conduct and I jumped on the chance to get it into the new document. Unfortunately, I was not on the task force of students and faculty in charge of rewriting it. Fortunately, however, I did know some students and some of the administrators that sat on it. I met with my friends on the task force and educated them on the policy and they were all for it. After that, I met and talked with the Vice Chancellor for Student Life, Vincent Carilli, on two separate occasions and brought up the policy. That was the Spring semester of 2015. It was not until the following Fall semester that year when the new code was published to be reviewed by the student body did I find out if it had actually made it in. The language for the Medical Amnesty section was good, but not great. Luckily, Will Freeman the new Student Body President, was able to get me into a meeting with administrators to address some of the concerns students had about the new Code of Conduct. Here is what part of the preliminary amnesty policy stated:

(3) AMNESTY FOR GOOD SAMARITANS. A Good Samaritan will generally not be subject to formal University disciplinary action for misconduct discovered by the University as a result of the Good Samaritan's report. While no formal University disciplinary action may be taken, the student who acted as a Good Samaritan may be required to meet with a University staff member to discuss the Good Samaritan's misconduct and adhere to appropriate remedial and/or educational recommendations.

(4) AMNESTY FOR IMPAIRED STUDENTS. Similarly, the impaired student will generally not be subject to formal University disciplinary action for misconduct discovered by the University as a result of the Good Samaritan's report. While no formal University disciplinary action may be taken, the impaired student may be required to meet with a University staff member, participate in educational activities, and/or

establish that the student has addressed issues that contributed to the misconduct.

(5) EXCEPTIONS. This Section .10 does not guarantee students will not be subject to formal disciplinary action for repeated or serious violations of the Standards of Conduct (e.g., physical or sexual assault, property destruction, disorderly behavior, theft, second incident of misconduct involving alcohol or drugs) nor does it prevent or preclude action by law enforcement or other legal authorities.

It was the language of the first sentence of subsections three and four and the entirety of subsection five that gave me pause. I was worried that these clauses could be used to abuse the policy by circumventing it, especially if an administrator in the future disagreed with it fundamentally, voiding its very purpose. The administration's reason for writing it this way was so students would not take advantage of this policy. After some discussion, I was able to convince the Vice Chancellor and other administrators to replace those problematic clauses with better language, thus making the policy mandatory and comprehensive, and satisfied their concerns by including a clause that does exclude repeat offenders from the policy. This is the new language that made it into the final document.

SECTION 11.3 AMNESTY FOR GOOD SAMARITANS.

Unless a Good Samaritan has engaged in a repeated or serious violation of the Standards of Conduct (e.g., physical or sexual assault, property destruction, disorderly behavior, theft, second incident of misconduct involving alcohol or drugs), a Good Samaritan will not be subject to formal University disciplinary action for misconduct discovered by the University as a result of the Good Samaritan's report. While no formal University disciplinary action may be taken, the student who acted as a Good Samaritan may be required to meet with a University staff member to discuss the Good Samaritan's misconduct and adhere to appropriate remedial and/or educational recommendations.

SECTION 11.4 AMNESTY FOR IMPAIRED STUDENTS.

Unless an impaired student has engaged in a repeated or serious violation of the Standards of Conduct (e.g., physical or sexual assault, property destruction, disorderly behavior, theft, second incident of misconduct involving alcohol or drugs), an impaired student will not be subject to formal University disciplinary action for misconduct discovered by the

University as a result of the Good Samaritan's report. While no formal University disciplinary action may be taken, the impaired student may be required to meet with a University staff member, participate in educational activities, and/or establish that the student has addressed issues that contributed to the misconduct.

This policy was approved by SGA and the administration and went before the Board of Trustees shortly after where it also passed. The proposed Code of Conduct must now be approved by the Tennessee General Assembly before it can be implemented on campus. In March of 2016, I worked with an Undergraduate Senator, Will Gabelman, to introduce a Resolution supporting the Medical Amnesty section of the proposed Code of Conduct. The resolution passed unanimously. This is the language of that Resolution:

RES 07-16

Whereas, when alcohol related emergencies arise, many students hesitate to contact public safety officials or healthcare professionals out of fear that disciplinary consequences may follow, and

Whereas, the "Policy on Amnesty for Good Samaritans and Students in Need of Emergency Medical Attention," Section XI of the new Student Code of Conduct, provides that any student who is in need of medical care during an alcohol or drug-related emergency and who receives or actively seeks out such care in a timely fashion, may do so without fear of being subjected to student disciplinary action, and

Whereas, this policy is intended for use by an individual student, and is intended to serve as a wake-up call and a way for students to improve their decision-making skills as well as to learn healthy habits of living, and

Whereas, this policy should be viewed as an opportunity and is not to be abused by those who break rules of conduct on repeated occasions, and

Whereas, those who receive medical attention for their abuse of alcohol or drugs will also receive education concerning their own habits so that they may make healthy decisions in the future, and

Whereas, those who seek help for an endangered student are not limited to only one use of the “Policy on Amnesty for Good Samaritans and Students in Need of Emergency Medical Attention,” and

Whereas, it is expected that members of the University of Tennessee community always make an effort to help a fellow student that is in need even if they have been using alcohol themselves, and

Whereas, according to a 2006 student in the International Journal of Drug Policy that emergency calls increased at Cornell University after the adoption of a Good Samaritan policy in 2002, while alcohol abuse rates remained constant,

Be it hereby resolved that the Undergraduate Student Senate supports the efforts of a Good Samaritan and Medical Amnesty policy expansion and implementation on the University of Tennessee, Knoxville campus to protect students and ensure that fewer barriers exist to emergency medical attention.

At the same time, I was working on creating a policy for the city of Knoxville as well through my Liaison position. This was because, after meeting with the UT Police Department, it became clear that the Code of Conduct policy would only apply to academic proceedings. A student in Fort Sanders or anywhere else on campus seeking to take advantage of this policy could still be disciplined legally, outside of University proceedings. I then met with Chief David Rausch of the Knoxville Police Department who was very open to the idea of the new policy as a city law. He consulted the Knoxville Legal Department about it and unfortunately, they said that state law would have to change in order for the police department to change their official practices in dealing with citizens seeking medical amnesty.

In January of 2016, I began contacting State Senators and Representatives in the Tennessee State Legislature in order to begin the process of changing state law. Senator Richard Briggs, a doctor and veteran, informed me that in the previous session, two legislators, Senator Yager and Representative Dunn had introduced the exact language I was seeking as a bill. Unfortunately, the bill never made it to the floor. As a result of delayed communication between myself and those legislators, I was unable to bring a bill to the floor during the 2016 legislative session. However, Senator Richard Briggs did introduce legislation later on that extended the academic protections offered by the proposed Code of Conduct to all students of public high schools and colleges in Tennessee:

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Title 49, Chapter 7, Part 1, is amended by adding the following language as a new section:

(a) As used in this section:

(1) "Controlled substance" means a drug, substance, or immediate precursor identified, defined, or listed in title 39, chapter 17, part 4, or title 53, chapter 11;

(2) "Drug overdose" means an acute condition, including, but not limited to, extreme physical illness, decreased level of consciousness, respiratory depression, coma, mania, or death, resulting from the consumption or use of a controlled substance, or other substance inhaled, ingested, injected, or otherwise introduced into the body by the distressed individual that a reasonable person would believe to be resulting from the consumption or use of a controlled substance or other substance by the distressed individual;

(3) "Medical assistance" means aid provided to a person by a healthcare professional licensed, registered, or certified under the laws of this state who, acting within the person's lawful scope of practice, may provide diagnosis, treatment, or emergency medical services; and (4) "Seeks medical assistance" means: SB2206 009756 -2- (A) Accesses or assists in accessing medical assistance or the 911 system; (B) Contacts or assists in contacting law enforcement or a poison control center; or (C) Provides care or contacts, or assists in contacting, any person or entity to provide care while awaiting the arrival of medical assistance to aid a person who is experiencing or believed to be experiencing a drug overdose.

(b) (1) Any student of a public or private institution of higher learning in this state who in good faith seeks medical assistance for a person experiencing or believed to be experiencing a drug overdose shall not be disciplined by the institution of higher learning in any manner as a result of seeking such medical assistance, nor shall any student organization or team in which the student is a member be sanctioned in any manner as a result of the student seeking such medical assistance.

(2) Any student of a public or private institution of higher learning in this state who is experiencing a drug overdose and who in good faith seeks medical assistance or is the subject of a request for medical assistance shall not be disciplined by the institution of higher learning in any manner as a result of seeking such medical assistance, nor shall any student

organization or team in which the student is a member be sanctioned in any manner as a result of the student seeking such medical assistance. The immunity provided in this subdivision (b)(2) shall apply to the student experiencing a drug overdose only on the student's first such drug overdose. - 3 - 009756 (c) A public or private institution of higher learning shall not be liable to any person for a failure to discipline a student or sanction a student organization or team if such failure is due to compliance with this section.

SECTION 2. Tennessee Code Annotated, Title 49, Chapter 6, Part 4, is amended by adding the following language as a new section:

(a) As used in this section:

(1) "Controlled substance" means a drug, substance, or immediate precursor identified, defined, or listed in title 39, chapter 17, part 4, or title 53, chapter 11;

(2) "Drug overdose" means an acute condition, including, but not limited to, extreme physical illness, decreased level of consciousness, respiratory depression, coma, mania, or death, resulting from the consumption or use of a controlled substance, or other substance inhaled, ingested, injected, or otherwise introduced into the body by the distressed individual that a reasonable person would believe to be resulting from the consumption or use of a controlled substance or other substance by the distressed individual;

(3) "Medical assistance" means aid provided to a person by a healthcare professional licensed, registered, or certified under the laws of this state who, acting within the person's lawful scope of practice, may provide diagnosis, treatment, or emergency medical services; and

(4) "Seeks medical assistance" means: (A) Accesses or assists in accessing medical assistance or the 911 system; (B) Contacts or assists in contacting law enforcement or a poison control center; or - 4 - 009756 (C) Provides care or contacts, or assists in contacting, any person or entity to provide care while awaiting the arrival of medical assistance to aid a person who is experiencing or believed to be experiencing a drug overdose. (b) (1) Any student of a senior high school in this state who in good faith seeks medical assistance for a person experiencing or believed to be experiencing a drug overdose shall not be disciplined by the senior high school in any manner as a result of seeking such medical assistance, nor shall any student organization or team in which the student is a member be sanctioned in any manner as a result of the student seeking

such medical assistance. (2) Any student of a senior high school in this state who is experiencing a drug overdose and who in good faith seeks medical assistance or is the subject of a request for medical assistance shall not be disciplined by the senior high school in any manner as a result of seeking such medical assistance, nor shall any student organization or team in which the student is a member be sanctioned in any manner as a result of the student seeking such medical assistance. The immunity provided in this subdivision (b)(2) shall apply to the student experiencing a drug overdose only on the student's first such drug overdose. (c) A senior high school shall not be liable to any person for a failure to discipline a student or sanction a student organization or team if such failure is due to compliance with this section. SECTION 3. This act shall take effect July 1, 2016, the public welfare requiring it, and shall apply to conduct occurring on or after that date.

On Sunday April 17, 2016, during the annual Students for Sensible Drug Policy Conference in Washington D.C., I sat on a panel with two other students, Daniel Miles from the College of Charleston and Severin Mangold from the University of North Georgia. The three of us had all been involved in implementing or expanding Medical Amnesty policies on our own campuses. After sharing some of our experiences and offering advice to other students interested in doing the same on their campuses, we took questions related to our own processes and difficulties as well as discussed different ideas related to Medical Amnesty/ Good Samaritan policies. Over 500 students attended the conference and more than fifty packed the room for our panel. It is clear that other students are interested in these types of policies because of its moderate nature, political feasibility, and overall effectiveness at reducing harm on college campuses.

IV. Looking to the Future/ Call to Action

In Tennessee, there is still a lot of work left to do. For students and citizens that support this type of policy, there are two things left to focus on to ensure full implementation. The first is to contact state legislators and make sure they are aware of the important changes to the Student Code of Conduct so they will vote to support it. It is easy to assume that they will pass it since there is very little to argue about in it. However, do not underestimate the Tennessee General Assembly and their ability to screw things up. The second is to support any legislation that extends these protections to all Tennesseans. Senator Richard Briggs has introduced a bill that would extend academic protections to all students of public high schools and colleges in Tennessee and Senator Yager and Representative Dunn have introduced a bill that would extend full legal protection to all Tennesseans. Clearly, the latter piece of legislation is better but it is important to advocate for both since the legislature is so unpredictable.

For student advocates, once this policy has been implemented, whether at the campus or state level, your job is not done. The second step is to let everyone know that the policy exists. Our legislatures exist largely in a bubble and most citizens, especially students, aren't always aware of the kind of legislation they pass on a regular basis. Because of this, it is vital to advertise this policy to those it affects. On campus, utilize University and student organization resources to organize a marketing campaign dedicated to educating students about the policy. Hang posters, blast social media, and organize events. Not only can you have events devoted to educating students about the intricacies of the policy but you can also be present at other events with basic information in order to spread awareness. www.ssdp.org has a whole page of resources for every step of a Medical Amnesty/ Good Samaritan campaign from advocacy to implementation to marketing and awareness. Ohio State's Medical Amnesty awareness campaign developed this poster to put up around campus:

OSU: MEDICAL AMNESTY FOR ALL DRUGS NOW!

OHIO STATE



STUDENTS

Do you know what to do if someone needs medical help while using alcohol or other drugs? Do you know your school's policy about it?

ABOUT OVERDOSE

***ALWAYS* CALL FOR HELP IN A CASE OF OVERDOSE!!**

- > A call for help happens less than 50% of the time.
- > There are now life-saving drugs available like Naloxone - a nasal spray that can reverse opiate overdose.
- > Even if the drug is illegal or you are drinking underage, risking death to avoid criminal charge is not smart.

**BE SMART.
STAY ALIVE.
CALL FOR HELP!**

9-1-1 GOOD SAMARITAN AKA Medical Amnesty Policies are proven to increase calls for help & save lives. These policies make it so that anyone calling for medical help does not have to worry about criminal charges for underage drinking or possession of illegal drugs.

Ohio State University has a form of this policy, but it only covers alcohol. We are working to get the University & State of Ohio to protect overdose situations for ALL drugs. The caller, patient, and bystanders should all be encouraged to call for help, rather than be afraid of criminal charges.

YOU CAN SAVE LIVES!

LEARN MORE

<http://ssdp.org/campaigns/call-911-good-samaritan-policies/>

TAKE ACTION

Tell OSU:
protect students!
[petition website/USG email]



STUDENTS FOR SENSIBLE DRUG POLICY - OHIO STATE UNIVERSITY

Students for Sensible Drug Policy

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Finally, this type of policy is part of a larger shift in methodology in tackling the larger addiction and drug use crisis that currently exists in our country and around the world. It is important to see the role that this kind of policy plays in the larger movement to decriminalize drug use. Science will determine what drugs are and are not safe, once these drugs start receiving much needed research funding, but it is not for the criminal justice system to punish those who succumb to the disease of addiction. Much like we do not blame anyone for getting cancer, we should not blame those who are more susceptible to substance abuse. Not only is it the morally right thing to do, it is also the fiscally, economically, and politically right thing to do. The current system is unsustainable and the only response is reform. Not only small reform like policies such as medical amnesty, but also a massive overhaul from the Executive Branch of the Federal Government. The DEA, DOJ, and many other Federal agencies have a long way to go before we have a system that works for its citizens instead of one that works against them.

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