

# AMNESTY OR EDUCATION? PROMOTING HELPING BEHAVIOR AMONG STUDENTS IN ALCOHOL EMERGENCIES

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ILLINOIS HIGHER  
EDUCATION  
C E N T E R

for alcohol, other drug  
& violence prevention

# Overview of Webinar

- Definition of medical amnesty
- Overview of literature
- Methods and results of study testing
  - Medical amnesty policy
  - Educational video
- Discussion about implementation & evaluation

# BACKGROUND

# What is Medical Amnesty?

- Promise students amnesty (full or partial) from campus judicial sanctions in the case where a student calls for help
- Amnesty is usually provided to the drinker as well as the helper (sometimes student organizations)
- For purposes of this presentation focus is on policy, not laws -- amnesty does not usually apply to legal infractions

# Calling for help

*“calling on or off-campus resources such as: 911, campus police, city police, student health services, counseling services, a member of the residence life staff, or another university official.”*

# Study Background

- High profile alcohol poisoning deaths
- Student Affairs consideration of medical amnesty policy
- Underlying assumptions (Oster-Aaland & Eighmy 2007)
- Overall impact (Oster-Aaland, Thompson & Eighmy 2011)

# Underlying assumptions:

(Oster-Aaland & Eighmy, 2007)

- (a) students can identify the symptoms of alcohol poisoning,
- (b) students understand the risk associated with the symptoms of alcohol poisoning,
- (c) students responsible for help-seeking are sober enough to adequately judge the level of risk involved,
- (d) students are currently not calling for help due to fear of getting in trouble with the university, and
- (e) students will be more likely to call for help if they are assured that they will not get in trouble.

# PURPOSE OF THE STUDY



# Study Purpose

- Determine if intentions to seek help are impacted by
  - Policy
  - Education
  - Both policy and education together
  - Gender
  - Age
  - Drinking level

# Study purpose (Cont.)

- Learn about sources of help students are likely to use
- Determine if recognition of and concern for alcohol poisoning symptoms are impacted by
  - Policy
  - Education
  - Both policy and education

# LITERATURE REVIEW

# Literature Review

## Alcohol Poisoning

- Alcohol poisoning deaths
  - Popular press (Gray 2008; Parker-Pope 2008)
  - 1 in 15 presenting at campus ER for alcohol related problems (Wright et al. 1998)
  - Rates of alcohol overdose increased 25% from 1999 – 2008 for 18-24 year olds (White, et al. 2001)

# Literature Review

## Medical Amnesty Policies

- On-campus calls to helping agencies increased (Lewis & Marchell 2006)
- Students were willing to help already (Colby, et al. 2000)
- No differences in helping behavior in medical amnesty group vs. no medical amnesty (O'Malley 2001)

# Literature Review

## Helping Behavior in General

- People less likely to intervene if
  - Others are present, not expressing concern, are pre-occupied (Latane & Darley 1968; 1970)
  - Perceived lack of danger (Fischer et al. 2006)
  - Fear of police in drug overdose contexts (Tobin et al. 2005 & Tracey et al. 2005)

# Literature Review

## Helping Behavior in College Students

- Help-seeking increased if
  - Affinity toward person, perceived danger, and self-efficacy (Rabow et al. 1990, Thomas & Siebold 1995)
- Help-seeking decreased if
  - Feeling of powerlessness, fear of conflict, helper under influence (Thomas & Seibold 1995)
- Students reported high levels of helping in the past
  - but did so themselves (Oster-Aaland et al. 2009)

# Literature Review

## Helping Behavior & Gender, Age and Drinking Level

- Women more likely to help themselves and others (Delva et al. 2004; Howard et al. 2007; O'Malley 2001)
- No age differences in helping behavior (O'Malley 2001)
- Mixed findings on drinking level (Oster-Aaland et al. 2009; O'Malley 2001)



# METHODS

# Study Design

- Quasi-experimental 2X2 design
- Random assignment into condition
  - R0: comparison group (no intervention)
  - R1: medical amnesty policy; on-line alcohol poisoning video
  - R2: no medical amnesty policy; on-line alcohol poisoning video
  - R3: medical amnesty policy; no on-line alcohol poisoning video

# Study Process

- 5,000 potential participants (random)
- Random assignment into 1 of 4 conditions
- E-mail recruitment of participants
- On-line survey platform
  - Informed consent
  - poisoning video (R1, R2)
  - Hypothetical scenario (all)
  - Medical amnesty policy (R1, R3)
  - Questionnaires

# Hypothetical Scenario

## All Groups

While in your residence hall room at XYZ University on a Saturday evening you become aware of activity out in the hallway leading to the bathroom. There is a group of people who are talking loudly, some of them are laughing and not steady on their feet. One person in particular appears unconscious, is unable to stand and is being helped into the bathroom by the others. As you approach the group, you smell alcohol and the odor of vomit. You also recognize the students as first year students under the age of twenty one. One person indicates that they have been partying and that one individual had too much to drink. Another member of the group states that the student who is unable to stand had been vomiting since they left the party 20 minutes ago. One member of the group states that the person has passed out and “just needs to go to bed and sleep it off.”

# Policy

## All groups

XYZ University's alcohol policy prohibits minors from being under the influence of alcohol on campus. Students found in violation of the alcohol policy will face disciplinary actions through the university judicial system.

# Medical Amnesty Policy Intervention Groups Only

In addition, the policy contains a “Medical Amnesty” clause. Medical amnesty means that if you call for medical or professional help for a friend who is intoxicated, you will not get in trouble with the university. Neither the intoxicated individual, nor the person calling for assistance will be subject to formal university disciplinary action for being intoxicated or for having provided that person with alcohol.

# On-line Alcohol Poisoning Video

- [www.ndsu.edu/media/alcohol/alcohol\\_poisoning.htm](http://www.ndsu.edu/media/alcohol/alcohol_poisoning.htm)
- Student input in script development
- Pilot in criminal justice class
- Defines alcohol poisoning, reviews symptoms
- Reviews consequences (choking, depressed breathing, coma, death)
- Encourages to take action by calling for professional help

# Alcohol Poisoning Symptoms

- Inability to wake the person
- Mental confusion
- Passing out
- Vomiting
- Seizures
- Slow breathing
- Irregular breathing
- Low body temperature
- Blue skin color
- Pale skin color



# Participants

- $n = 1,087$
- gender breakdown
  - Male = 520 (47.8%)
  - Female = 556 (52.1%)
  - Transgender = (<1%)
- Incentives
  - Drawing for 1 of 25 gift certificates (\$10 - \$20)

# RESULTS

# HELP-SEEKING INTENTION

# Descriptive Findings: Sources of help

Source of help	m	sd	n
Another student	3.24	9.16	1017
Hospital/Clinic/ER	2.80	9.76	1014
Resident Assistant	2.79	1.06	1016
Hall Director	2.14	1.01	1011
NDSU Police	2.13	1.03	1012
Poison Control	2.12	.99	1010
Internet	2.09	1.04	1016
Parent	2.06	.99	1013
Off Campus Police	1.93	1.00	1014
Other	1.50	.87	773

*Note: 1 = very un-likely, 2 = not likely, 3 = likely, 4 = very likely*

# Descriptive Findings: Recognition

Actual Symptoms	n	Freq	%	Non-symptoms	n	Freq	%
Inability to wake	986	941	95.4	Late to work	983	759	77.2
Vomiting	985	875	88.8	Work high/ drunk	983	740	75.3
Irregular breathing	985	862	87.5	Argumentative	981	700	71.4
Low body temp.	982	816	83.1	Headache	981	569	58.0
Bluish skin color	983	782	79.6	Withdrawal symptoms	980	506	51.6
Passed Out	982	834	76.7	Violent behavior	987	508	51.5
Seizures	986	746	75.7	Memory loss	981	227	23.1
Slow breathing	985	742	75.3				
Pale skin color	980	694	70.8				
Mental confusion	989	634	64.1				

*Note: Frequencies of correct answers  
Nonsymptoms in italics*

# Descriptive Findings: Concern

Actual Symptoms	<i>m</i>	<i>sd</i>	<i>n</i>	Non-symptoms	<i>m</i>	<i>sd</i>	<i>n</i>
Seizures	4.62	.81	970	Memory loss	3.42	1.15	969
Inability to wake	4.53	.80	962	Violent behavior	3.33	1.15	966
Bluish skin color	4.38	.93	967	Withdrawal symptoms	3.23	1.15	968
Irregular breathing	4.13	.90	967	Work high/drunk	3.06	1.22	962
Low body temperature	4.01	.98	968	Late to work	2.72	1.15	966
Pale skin color	3.91	1.05	966	Headache	2.35	1.10	964
Slow breathing	3.71	1.08	969	Argumentative	2.35	1.07	969
Passed out	3.63	1.07	965				
Vomiting	3.36	.99	965				
Mental confusion	2.83	1.10	964				

*Note: 1 = not at all concerned, 2 = a little concerned, 3 = somewhat concerned, 4 = very concerned, 5 = extremely concerned*

# Intervention groups were more likely to report intentions to seek help than control group

Condition	n	m	sd
R1 (MA, Video)	281	4.48	1.33
R3 (MA, No Video)	285	4.37	1.40
R2 (No MA, Video)	246	4.06	1.42
R0 (No MA, No video)	268	3.72	1.46
Total	1,080	4.17	1.43

*ANOVA: 1 = definitely would not help; 6 = definitely would help*  
 $F(3, 1076) = 16.2, p = .000$

*Chi Square: Would help = 1; Would not help = 2*  
 $\chi^2 = 3, n = 1080 = 31.5, p = .000$

# Females were more likely to report intentions to seek help than males

- Chi-square
  - Females (75.7%) more likely to report intentions to help than males (61.6%)
  - Significant association between gender and help-seeking  $\chi^2 = (2, n = 1080) = 26.0, p = .000$
- T-test
  - $t(1077) = -.481, p = .00$
  - Females ( $m = 4.37, sd = 1.29$ )
  - Males ( $m = 3.95, sd = 1.54$ )

# Abstainers and light drinkers were more likely to report intentions to seek help

Condition	n	m	sd
Abstainers	342	4.57	1.33
Light	191	4.48	1.27
Moderate	305	4.14	1.32
Heavy	169	3.54	1.51
Total	1007	4.25	1.40

*ANOVA: 1 = definitely would not help; 6 = definitely would help*

*F(3, 1003) = 24.43, p = .00*

*Chi Square: Would help = 1; Would not help = 2*

*$\chi^2 = 3, n = 1007 = 53.8, p = .000$*



# No difference between students < 21 and 21 & over on intentions to seek help

- Chi-square
  - Percentage & odds ratio of those who 'would seek help'
    - Under 21 – 71.4%
    - 21 and over – 66.5%
  - $\chi^2 = 1, (n = 1027) = 2.92, p = .087$
- T-test
  - Under 21 ( $m = 4.23, sd = 1.40$ )
  - 21 and over ( $m = 4.11, sd = 1.45$ )
  - $t(1025) = 1.39, p = .70$

# Accounting for all variables which was most influential?

- Age not significantly associated
- Being female was significantly associated
- Being abstainer or light drinker was associated
- Group R1 (Video, **MA**) and Group R3 (No video, **MA**) significantly associated
- Group X gender not significant (i.e. males and females did not differ in response to treatments)

# RESULTS RECOGNITION AND CONCERN

# Intervention groups had higher **recognition** scores than comparison.

– Particularly true for groups with video

Condition	<i>n</i>	<i>m</i>	<i>sd</i>
R2 (No MA, <b>Video</b> )	217	12.88	2.91
R1 (MA, <b>Video</b> )	246	12.78	3.17
R3 (MA, No Video)	242	11.87	3.00
R0 (No MA, No video)	230	11.23	3.30
Total	935	12.19	3.17

ANOVA

(3, 931) = 14.7,  $p = .00$ .

# High level of **concern** was shown for all symptoms for all groups.

- Differences in concern by condition for three symptoms only (ANOVAS)
  - Mental confusion  $F(3,960) = 6.36, p = .00$
  - Vomiting  $F(3,961) = 5.16, p = .00$
  - Pale skin color  $F(3,962) = 2.54, p = .05$

# Limitations

- Self-report data regarding drinking levels
  - Anonymity
  - Marlatt et al. 1998; Cooper et al. 1981
- Hypothetical scenarios
  - Pogarsky 2004; Green 1989; Kim & Hunter 1993
- Homogenous sample (90.4% white)

# CONCLUSIONS

# Conclusions

- Students in intervention groups more likely to report intentions to seek help than comparison (**especially MA policy**)
- Women reported greater intentions to seek help than did men
- Men and women did not differ in their response to the treatments
- Intentions to seek help declined as drinking level increased



# Conclusions (cont.)

- No difference between student under age 21 and those 21 and over on intentions to help.
- Interventions effective in increasing recognition of alcohol poisoning symptoms (**especially groups with video**)
- Overall high levels of concern for alcohol poisoning symptoms
- Interventions effective in increasing concern for three symptoms (mental confusion, vomiting, pale skin color)

# Conclusions (cont.)

- Students expressed low likelihood of using most sources of help except
  - Another student
  - Hospital/clinic/ER
  - Resident assistant

# Underlying Assumptions:

(Oster-Aaland & Eighmy, 2007)

- (a) students can identify the symptoms of alcohol poisoning,
- (b) students understand the risk associated with the symptoms of alcohol poisoning,
- (c) students responsible for help-seeking are sober enough to adequately judge the level of risk involved,
- (d) students are currently not calling for help due to fear of getting in trouble with the university, and
- (e) students will be more likely to call for help if they are assured that they will not get in trouble.

# Implications for Administrators

- Support for implementing medical amnesty policy and educational video together
- Be clear about who gets amnesty and from what
- Focus campaigns to educate students about medical amnesty policies on
  - Gender specific
  - Heavy drinkers (student athletes, fraternity members)

# Implications for Administrators

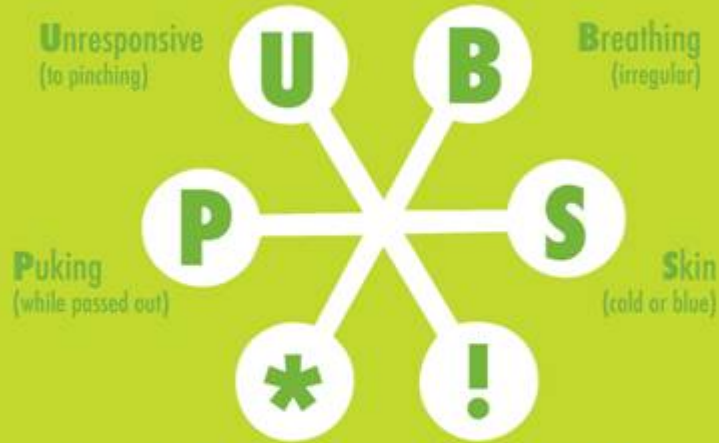
- Educate *about* formal sources of help
  - 911, Police, Poison Control, Res. Life Staff
- Train informal sources of help
  - Parents, friends
- Bystander training in general
  - Implications for alcohol use, sexual assault, racism, sexism, etc.
  - Focus on what to do, how to do it, and why we need to help

# Implications for Administrators

- Communicate consistently and frequently about the policy, symptoms, and required action
  - [Northwestern University “RAP”](#)
- Education about alcohol emergency is crucial
  - [Gordie Center for Substance Abuse Prevention](#) – University of Virginia
  - [Red Watch Band](#) - Stonybrook

# GORDIE<sup>\*</sup>Check

Alcohol overdose can have any of these four PUBS symptoms.



\*Unsure? Call Poison Control

Call 911



Learn about Gordie's story - [gordiescall.org](http://gordiescall.org)

# Recommendations for Further Research

- Explore
  - interaction between recognition and intentions to seek help
  - Reasons why heavy drinkers less likely to seek help
- Replicate on diverse campuses
- Evaluate medical amnesty policies before and after implementation on campuses



# Recommendations for Further Research

- Longitudinal study to determine time effects of educational video on recognition scores
- Research relationship of campus medical amnesty policies in relation to states that have amnesty policies (CA, IN, ND, CO, MI, NJ, NY, TX)

# Examples of Comprehensive Policies

- Northwestern
- Cornell
- Duke
- Emory
- Georgia
- MIT
- NYU
- Ramapo
- Rollins
- SMU
- Tulane

Jim Neumeister: 2010 NASPA Annual Conference: Chicago IL

# QUESTIONS?

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