

911: LIFELINE LEGISLATION

“ my friend, i think has alcohol poisoning.
i need to know what the symptoms are.
please guys, i need help with this.
she drank about half of a
fifth of vodka, 70 proof.
i just need to know the signs.
right now she cant stop throwing up. ”

*Promoting Addiction Treatment,
Prevention, and Recovery
through Advocacy and Education*

- ▣ *Public Policy and Information*
- ▣ *Friends of Addiction Recovery-NJ*
- ▣ *DUII- Driving Under the Influence Initiative*
- ▣ *Care Coordination*
- ▣ *Rocky Mountain Tribal Access to Recovery Project*

Minors faced with a medical emergency stemming from excessive drinking often hesitate to call for help, either because of uncertainty or fear of facing legal charges related to alcohol use and/or possession.

Youth use of alcohol in New Jersey is a pervasive and critical public health problem. The problem is epidemic by any public

“If you think she’s got alcohol poisoning call someone who can ”

health standard. Given their age and inexperience, many youth consume alcohol in ways that are very dangerous and result

in serious medical issues or alcohol overdoses. When youth between the ages of 12 and 20 consume alcohol, they drink more heavily and engage in more binge drinking than adults.¹ They drink, on average, about five drinks per occasion.² By comparison, adult drinkers age 26 and older consume on average two to three drinks per occasion.³ There is a steady increase in binge drinking days for girls through age 18 and boys through age 20.⁴ Binge drinking is defined as consuming five or more drinks on one occasion or in a row, and is a particularly dangerous form of drinking that can result in alcohol poisoning and death.

Initially, alcohol may produce feelings of relaxation and cheerfulness, but further consumption can lead to respiratory depression or asphyxiation by vomit. In many cases, overindulgence will produce early symptoms of toxicity from alcohol: nausea and vomiting. Drinking more and developing a tolerance significantly increase the threshold for this effect. However the threshold for a fatal overdose does not increase in proportion to other behavioral effects and thus youth may not be aware of the potential risks.⁵

When youth drink to excess, alcohol poisoning or even death can occur. Although the amount of alcohol it takes to kill varies, in general, risks starts around 0.30 BAC and worsen as the BAC increases. About 50,000 reported cases of alcohol poisoning occur each year, and about once a week someone dies from alcohol poisoning.⁶ Youth mixing drugs and alcohol has also led to many fatal consequences. Alcohol in combination with other drugs accounts for about a third of all drug overdose cases in the US.⁷ More teens die from an alcohol overdose or drunk driving crashes than from all other causes combined.⁸



Lifeline legislation encourages young people to call for help in the event of an alcohol medical emergency.

Alcohol continues to be New Jersey youth's number one drug of choice. Almost 39% of New Jersey's 7th and 8th graders have used alcohol in their lifetime.⁹

The statistics regarding high school students are

even more alarming: close to eight in ten New Jersey high school students (79.3%) reported drinking alcohol in their lifetime and 46.5% drank one or more drinks of alcohol within the prior 30 days.¹⁰ Of great concern is that 27% percent of New Jersey high school students engaged in binge drinking in the past 30 days on one or more occasions, and almost half of New Jersey's high school seniors have engaged in binge drinking on one or more occasions in the past 30 days.¹¹ Drinking these large quantities quickly often leads to alcohol poisoning. It is not a question of

"if" an underage person will be seriously injured or die due to drinking, but "when".

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The most difficult part of saving an adolescent from an alcohol overdose does not occur in the emergency room, nor does it involve a complex medical treatment. The most difficult aspect of an overdose case involving adolescents is for them to decide to act. Evidence shows in many cases young people, because

of fear of getting themselves and their friend in trouble, refrain from calling for emergency services. Not having the correct information to make a decision and fear that a call for medical assistance will lead to charges related to underage drinking prevents many young people from seeking medical attention and can be fatal.



Instead of calling for help, many

young people put their friend to bed or abandon them and assume that their friend will sleep it off. They run from the scene, leave the intoxicated youngster on their lawn, attempt, without detection, to get the person home and in bed, never realizing that their friend's blood alcohol level had yet to peak¹² or that the drinker had consumed some other drugs in addition to alcohol that may result in coma or death.¹³

In a random survey conducted by Arizona State University, 6,000 undergraduates and 1,500 graduates were asked what would lead them to decide whether to call for help for someone passed out or incoherent due to consuming too much alcohol. The survey found 47.6% responded that they did not know what to do and 35.5% mentioned fear of

getting a friend in trouble.¹⁴

Lifeline legislation encourages young people to call for help in the event of an alcohol medical emergency by providing that those who call for help or need such

help will not be subject to charges otherwise triggered by violation of laws dealing with underage drinking.

Colorado enacted similar legislation in 2005 due to concerns about incidents of death related to underage binge drinking.

Colorado's legislation provides immunity for underage persons and one to two others who are acting with the minor, from criminal prosecution for illegal possession or consumption of alcohol by an underage persons and misrepresenting one's age to obtain alcohol if:

- The underage person calls 911 and reports that another underage person is in need of medical assistance due to alcohol consumption,
- They provide their names to the 911 operator,
- They remain on the scene until assistance arrived, and
- They cooperate with medical assistance and law enforcement personnel on the scene.

Colorado's legislation also provides that when a person (including a minor) is convicted of giving alcohol to a person under the age of twenty-one, it is a mitigating factor that within six hours after the underage person consumed the alcohol, the defendant contacted the police or emergency medical personnel to report that the underage person was in need of medical assistance as a result of consuming alcohol.

participation in follow-up counseling, educational interventions or treatment for the student who received emergency medical attention and the caller who violated the school's alcohol policy. Generally, if a student calls 911 to seek help for a student experiencing an alcohol-related emergency, both may be eligible for amnesty from school discipline if they follow through with required interventions. Upon completion, no violation is entered on their record

“WAKE HER THE HELL UP. If she can't wake up, call 911 now.”

POLICIES ON COLLEGE CAMPUSES

Many universities across the country have adopted medical amnesty policies. These policies differ in their details but have a common focus in an attempt to protect the intoxicated youth from harm by allowing the intoxicated youth and the students who request help, either for themselves or a peer, to do so without fear of disciplinary repercussions.

Most policies have two goals:

(1) to increase the likelihood that underage drinkers will call for medical assistance when faced with an alcohol related emergency; and (2) to increase

and no disciplinary action is taken for being under the influence of or in possession of alcohol, or otherwise acting in violation of the university's alcohol policy.

Interventions could include a meeting with assigned personnel or completion of recommended alcohol education, assessment or treatment. If the student does not follow the intervention, he/she will not qualify for immunity under the policy and will be subject to formal disciplinary action. These policies have enabled the universities to identify those youngsters who have an alcohol problem and to reduce the likelihood of such occurrences in the future.

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IS LIFELINE LEGISLATION OR POLICY EFFECTIVE?

Lifeline laws and policies are effective in achieving their goals. A 2006 case study published in the *International Journal of Drug Policy*, the Medical Amnesty Protocol at Cornell University found that following the initiation of lifeline policies: (1) there were consecutive increases in alcohol related calls for assistance to emergency medical services; (2) students were less likely to report fear of getting an intoxicated person in trouble as a barrier to calling for help; and (3) the percentage of students seen by the health center staff for brief psycho-educational intervention after an alcohol related emergency more than doubled by the end of the second year.¹⁵

The results of a 2007 Medical Amnesty Survey developed and implemented as an independent project for the Center for Alcohol and Substance Education (CASE) of the University of Virginia also found such policies were very or somewhat effective in: increasing identification of alcohol dependent students (50%), increasing the likelihood that students who receive medical treatment will also receive follow up education/ assessment (50%), increasing the likelihood that students will request outside assistance for those in alcohol emergency (75%), and increasing the percentage of students who can accurately identify an alcohol emergency (67%).

IS ENCOURAGING MINORS TO CALL 911 FOR THEMSELVES OR THEIR FRIENDS, WITHOUT FEAR OF REPERCUSSION, TANTAMOUNT TO CONDONING DRINKING?

The Lifeline legislation should in no way be taken as condoning youth use of alcohol. It merely responds to cases of excessive drinking by minors and creates the opportunity to save lives that are imperiled as a result of severe intoxication.

Prevention efforts try to ensure the well-being of young people. Lifeline legislation is consistent with this goal. Instead of enabling dangerous behavior by trying to hide it, it increases the likelihood that it will be confronted for what it is, a medical emergency. Lifeline legislation can be created and implemented in such a way as to avoid the perception of enabling underage drinking. It is important to focus in on what the law is intended to prevent rather than on whether it is right or wrong not to prosecute a youngster for underage drinking. It is in place to save young lives. It can be written, for example, to provide immunity to those involved in a heavy drinking episode only if they cooperate with the police and medical personnel. This is a tool that can be used in combination with other prevention efforts to identify problem drinking and curb high risk and dangerous underage drinking.

WOULD LIFELINE LEGISLATION PREVENT THE POLICE FROM CHARGING A MINOR WITH "MINOR IN POSSESSION" OR OTHER CRIME IF THEY ENCOUNTERED THEM?

Lifeline legislation will not supersede existing law. For example, if a minor were found by the police to be excessively intoxicated and in need of medical attention, the minor could not then retroactively ask

for help and thus be excused from the consequences of his or her decision to drink. In addition, when a minor calls 911 to assist another minor who has a medical emergency, this legislation does not preclude the officer or the hospital from contacting the minor's parents. It merely precludes the filing of charges for minor in possession or other laws that may specifically be written into the legislation.

WHO SHOULD BE PROTECTED UNDER LIFELINE LEGISLATION AND FOR WHAT CHARGES SHOULD THEY BE GRANTED IMMUNITY?

The main concern of this legislation is summoning medical attention. If the caller is concerned that they will get in trouble because they are underage and have been drinking or because they provided alcohol to the minor in need of medical attention, they may not call 911. Or, if they do, they may leave the passed out minor to be found by medical personnel. This raises more risk factors because the person is no longer being observed.

Typically, the law or policy protects both the person who receives emergency treatment and the person who assists them in obtaining it from charges of being a 'minor in possession'. However, some policies protect the minor who calls 911, but the youngster who is hospitalized would incur punishment. Lifeline legislation can be written to pertain strictly to the

crime of "minor in possession" or it can be written to include other offenses. Other offenses associated with drinking, such as criminal mischief, fighting, misrepresenting their age, giving alcohol to a minor, etc., would not be excused from legal consequences unless the legislation specifically provides immunity for those behaviors.

Although the Colorado statute does not provide full immunity to the person who provided the alcohol to the minor in need of medical attention, it does provide that calling 911 within six hours of providing the minor with alcohol is a mitigating factor in charges for providing a minor with alcohol.

Whether or not a person may be immune from prosecution more than one time depends on the purpose of the law. For example, if the purpose of the law is only to prevent reoccurring incidence of excessive drinking by providing education, counseling or treatment, then the law should not provide immunity more than one time. However, if the only purpose of the law is to provide medical attention to the minor in medical danger, perhaps there should be no limit to its use. Some policies do not limit the number of times someone may invoke immunity while other policies do not excuse or protect those individuals that deliberately or repeatedly violate the law or alcohol policy.

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Providing immunity for a minor who excessively drank and needs medical attention and for minors who call 911 to help the intoxicated minor has proven to be an effective means of encouraging young people to call for help.

CONCLUSION

Twenty-seven percent of New Jersey's High School students engaged in binge drinking within the past 30 days.¹⁶ This form of drinking is particularly dangerous and may result in a medical emergency. Providing immunity for a minor who drank excessively and needs medical attention and for minors who call 911 to help the intoxicated minor has proven to be an effective means of encouraging young people to call for help. It has also enabled more minors to receive appropriate interventions for their high risk drinking.

To ensure that Lifeline legislation is effective, it must be carefully drawn and there must be a campaign to ensure young people are aware of the signs of alcohol poisoning and the law and understand it. Informing young people about these issues is the keystone for its success.

In developing legislation to achieve this, several provisions need to be considered:

- A discussion of the need and purpose of this legislation.
- Procedures to follow, i.e., giving one's name to the police and medical personnel, remaining at the scene, cooperating with police and medical personnel.
- Specific crimes associated with underage drinking for which the minor will be immune.

- The maximum, if any, number of times a minor can invoke such immunity.

- An educational campaign to inform minors and the community about the law, signs of alcohol poisoning, purpose of the law (health and safety), and ways to help peers before they need professional assistance.

Lastly, it is important not to allow the focus of your discussions to shift to whether it is right or wrong not to charge a youngster with minimum drinking age laws. The law is a health approach to an existing problem. It is meant to do one thing - promote health and safety for minors by ensuring they receive medical attention if they need it, and identifying and encouraging treatment for young problem drinkers to prevent reoccurrences of the emergency.

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ENDNOTES

- 1 Surgeon General Call to Action to Prevent and Reduce Underage Drinking 2007, citing Substance Abuse and Mental Health Services Administration (SAMHSA). Results From the 2005 National Survey on Drug Use and Health: National Findings. NSDUH Series H-30, DHHS Pub. No. SMA 06-4194. Rockville, MD: SAMHSA, Office of Applied Studies, 2006 taken from the Substance Abuse and Mental Health Services Administration 2006
- 2 supra p.6
- 3 supra p. 7
- 4 supra p.7
- 5 John Brick, Ph.D., M.A., F.A.P.A. Online Facts, Alcohol Overdose, Rutgers, Center of Alcohol Studies
- 6 supra
- 7 supra
- 8 AlcoholpolicyMD.com http://www.alcoholpolicymd.com/press_room/brochures/bi_stats_keg_reg.htm
- 9 2005 New Jersey Student Health Survey of Middle School and High School students conducted by the New Jersey Department of Education
- 10 supra
- 11 supra
- 12 Chapman, Robert, PhD, Medical Amnesty: Professional Enabling or Indicated Prevention? La Salle University, 2005
- 13 Because the liver can only process 1 drink per hour, a person's BAC can continue to rise for several hours reaching a potentially deadly level when left alone
- 14 Higher Education Center, Catalyst: Fall 2007, Volume No.2
- 15 Lewis, D, Marchell, T, International Journal of Drug Policy, Safety first: A medical amnesty approach to alcohol poisoning at a US university 2006
- 16 2005 New Jersey Student Health Survey of Middle School and High School students

RESOURCES

Colorado Statute

<http://www.courts.state.co.us/chs/court/forms/juvenile/stat18-13-122.pdf>

There are ongoing efforts to enact Lifeline: Call 911 legislation in New Jersey. For the current status go to www.ncaddnj.org

For more information about the dangers of underage drinking, visit the NJPN member agency in your area. Each NJPN member agency operates a resource center that provides information and resources to professionals and residents in its county.

To locate the NJPN member agency nearest you, visit the NJPN website - www.njpn.org,

New Jersey Prevention Network (NJPN)
www.njpn.org

Partnership For A Drug-Free New Jersey
www.drugfreenj.org

Surgeon General's Call to Action To Prevent and Reduce Underage Drinking
www.surgeongeneral.gov/topics/underagedrinking/calltoaction.pdf

Childhood Drinking (CD) Coalition
www.starttalkingnj.com

The *Stop Youth Alcohol Use Series* has been developed in partnership with:



njpn.org



starttalkingnj.com



state.nj.us/treasury/gcada



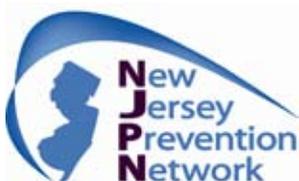
drugfreenj.org



HELP



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CD Childhood Drinking
Coalition
Helping to Keep New Jersey's Children Alcohol Free

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