

A Bottom-up Approach to Effectively  
Implementing a Good Samaritan Policy  
at Bryant University

The Honors Program  
Senior Capstone Project  
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# A Bottom-up Approach to Effectively Implementing a Good Samaritan Policy

Senior Capstone Project for Jessica Fleet

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### **ABSTRACT**

The rising numbers of substance consumption on college campuses are becoming a public concern for higher educational institutions across the United States. The thesis studies the relationship between state laws and private higher education institution laws in regards to substance abuse. Examining state laws and private universities Medical Amnesty and Good Samaritan laws were used to determine what would effectively replace Bryant University's current Substance Abuse Policy. The current policy lacks an educational element along with stressing the word of mouth ideology that students are protected when in need of drug or alcohol assistance in a medical situation. This is problematic because if a student has not needed medical attention and were not told about the policy, they would not be aware about it. Without a written document that students can turn to, they may not understand the policy or know that there are protections. A literature review was conducted to better understand how a bottom-up campaign or grassroots campaign can better produce an effective policy at a university along with seeing the role psychological ideologies like the social normative behavior theory, self-discrepancy theory, modeling theory, self-consciousness theory and self-monitor theory are used to explain how students create a culture or norm. Despite limited published research on my topic, I was able to analyze five cases that pointed to the importance of adding a Good Samaritan policy to an institutions current alcohol and drug policy.

An exploratory study was conducted to determine if the current policy is failing in the eyes of administration and the students. Research conducted with the Student for Sensible Drug Policy (SSDP) concluded that, the addition of a Good Samaritan clause in a current alcohol and drug policy, backed by an educational platform, will provide students with accurate, informative information allowing students to understand safe substance use and not make decisions based on university consequences and fear. Then, 337 private schools were examined and evaluated to determine what key attributes created an effective policy. The research concluded that an effective Medical Amnesty/Good Samaritan Policy at a private institution was written and widely publicized; covered the caller, victim and organization;

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covered both alcohol and drug medical emergencies; and provided educational, not disciplinary sanctions to prevent the student from further having to request the policy. Ultimately the project adopts an in-depth approach to a student-run, bottom-up campaign regarding substance use on Bryant University's campus. Demanding that the inclusion of a Good Samaritan Policy within Bryant University's current Alcohol and Drugs Policy is the answer.

### **INTRODUCTION**

College drinking has become a significant public health concern due to the toll of intellectual and social disservice it causes to students across the United States. College students create a stigma that includes high levels of alcohol consumption embedded in their higher education experience. This unrealistic view of college, not only creates a dangerous vision of what the "college experience" is, but it does not account for the vast variation in college student's alcohol exposure. Some students enter college with enhanced established drinking habits while others are in recovery from alcoholism. Some students are attempting to achieve sobriety while others use college as an experimentation period. Not only is alcohol a new tradition at college for some students, but the vast majority of students find that college encompasses an increase in social anxiety, stress, responsibility and freedom which can lead to using alcohol to cope with these new experiences. College is a breeding ground for temptations; which leads to thinking alcohol and drugs can elevate the added social or academic pressure. This increase or experimentation with alcohol and drugs is not just contributed to the "idea" of college, but rather the psychological and physical changes in stress, workloads, curiosity and peer pressure. Higher educational institutions are aware of the rise of substance abuse and attempt to limit these numbers, but are they doing so effectively? Many schools believe that implementing an alcohol and drug free campuses will solve issues related to alcohol and drug use while other researchers believe that there needs to be an adjustment to the policy itself along with education that can change the stigma that college includes drinking.

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#### Substance Use Prevalence

College-aged students 18-22, are among the highest age group for marijuana usage in the United States. Daily marijuana use has increased from 1.8 percent in 1994 to 5.9 percent in 2014 for full-time college students (Drug and Alcohol Use in College-Age Adults in 2015 2016 ). In 2015, there was an eight percent increase in students who used marijuana within the past 12 months, rising to a total of 38 percent of college students (Jared Wadley 2016). Not only is long-term usage increasing but frequency is increasing as well. In 2007, 3.5 percent of students said they smoked marijuana at least 20 times within the last 30 days. In 2014, the number rose to 5.9 percent, which is the highest number recorded in the past 34 years (Jared Wadley 2016) . The major issue surrounding drug usage like marijuana is that the perceived risk factor is low compared to other drugs, but research has shown that marijuana can have a strong negative impact on a student's academic performance.

Marijuana is not the only drug that is being abused on campus, the non-medical use of prescriptions drugs, stimulants, sedatives and pain relievers, is also on the rise. One in four college students report illegally using a prescription drug (Education n.d.). The College Drug Abuse Center declares that of those 18 to 24 years old who are abusing drugs; 80 percent abuse alcohol, 33 percent abuse Adderall, 51 percent abuse marijuana, and 9 percent abuse ecstasy (College Drug Abuse 2015). Substance abuse in the forms of non-medical prescription use and marijuana are extremely difficult to limit on a college campus because of availability and the low perceived risk factor. Students deem marijuana or prescriptions as "safer" than street drugs like heroin or cocaine, but that is simply untrue. No matter the drug that is being abused, the effects are still showing in social settings and on their academic performance. Drug usage is not a new "fab" and the increased numbers of usage from this at-risk age group is not new either.

In 2014, 59 percent of full-time student's ages 18-22, compared to 50.6 percent of other people the same age group drank alcohol within the past month (2013 National Survey on

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Drug Use and Health (NSDUH): Alcohol Use in the Past Month among Persons Aged 18 to 22 2013). Thirty-nine percent of students ages 18-22 reported that they consumed 5 or more drinks on an occasion compared to 33.4 percent of students the same age. College students who engaged in heavy drinking of 5 or more drinks (12.7%), on 5 or more occasion during the month, did so 3.4 percent more kids the same age, not in college (2013 National Survey on Drug Use and Health (NSDUH): Alcohol Use in the Past Month among Persons Aged 18 to 22 2013). Not only are college students more engaged in alcohol consumption, there are severe rising consequences from these high consumption levels. College drinking prevention researchers reported that every year: 1,825 college students, ages 18-24, die from alcohol related injuries or motor vehicle crashes; 696,000 students are assaulted by another student who was drinking; 97,000 students report experiencing alcohol-related sexual assault or rape; 20 percent of college students meet the criteria for an AUD (alcohol use disorder); and 1 in 4 college students report academic consequences from drinking, 150,000 students developed an alcohol related issue and another 1.2 to 1.5 percent of students say they have had a suicide attempt due to alcohol (2013 National Survey on Drug Use and Health (NSDUH): Alcohol Use in the Past Month among Persons Aged 18 to 22 2013).

#### Misconceptions

According to the theory of social normative behavior, individuals typically overestimate the prevalence of drinking frequency among their peers as well as their peers' approval of drinking behaviors. As a result, students are less likely to be concerned with their own drinking behavior even if it is at hazardous levels (Brett, et al. 2016). Because of the nature of college, students are always interacting with one another in the social and educational setting. Student's perceptions of normative drinking are important for understanding college-aged alcohol use. Students look at both descriptive norms which indicate quantity and frequency of behavior and injunctive norms, which indicate perceived approval of the behavior when deciding to engage in college drinking. The self-discrepancy theory states that people compare themselves to internalized standards creating tension between the actual-self and

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self-standards (Poncin, et al. 2015). Higgins self-discrepancy theory looks at the self in three ways:

1. The actual self is the representation of the characteristics that someone believes that he/she actually has
2. The ideal self is the representation of the characteristics that someone would like to possess
3. The Ought Self is the representation of the characteristic that someone believes that significant other are expecting him or her to have.

This internal disagreement between the self and peer group, eventually causes emotional and psychological turmoil. Students either disregard personal beliefs to join what they think is the “norm”, or students risk being rejected from peers and stay true to themselves. In order to settle this internal battle, institutions can provide education showing that students overestimate the frequency and acceptability of consequences among peers. They can publicize that excessive drinking has negative consequences, which are not desirable social norms at a university.

#### Decrease Drinking as a Commonality

Many higher education institutions are designing specific policies to reduce levels of student’s alcohol consumption (Wechler, et al. 2002). Despite higher educational institutions attempting to implement positive policies, but students are retaliating with binge drinking. This stalemate between the student and the institution is increasing the already apparent role peer pressure plays in alcohol consumption. Peer pressure exists in three simple forms: explicit offers of alcohol, role modeling, and social norms (Borsari and Carey 2001). Students who believe drinking is a common activity at their school are likely to increase their levels of alcohol consumption to attempt to gain social acceptance and avoid negative peer evaluations. Since the tendency is for students to overestimate their peer’s alcohol consumptions levels, they indulge in an abusive drinking practice merely because they assume that it is the cultural norm. Students strive to be socially accepted, therefore they conform to the social norms



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hoping to gain the likelihood of favorability. Students who seek optimal positive evaluation, impression management, look to please themselves by meeting others expectations (Goffman 1959). Although it is clear that students seek favorable impressions and not embarrassment, the degree to which students regard how others view them, and their willingness to change behavior, varies.

Fenigstein, Scheier and Buss (1975) created the self-consciousness scale, measuring the degree to which individuals worry about reactions to their public performances. People with high public self-consciousness are predisposed to view themselves as the objects of others attention and are tuned to situational standards. A study conducted by Martin and Leary (2001), found that males who have high public self-consciousness reported to be engaged in risky behaviors, including alcohol use for self-presentational reasons. Snyder (1974) found those with high public self-consciousness are also high self-monitors. High self-monitors use alcohol to convey favorable impressions in a public setting. Using the self-monitoring scale, researchers found that students geared towards gaining social approval drank more than other individuals if they perceived substance use to be common (Lennox and Wolfe 1984). Peer pressure can be the driving factor behind the increase of consumption of alcohol, but it can also be a deterrent based on self-consciousness. Because of the influence peer pressure has on students, campuses have seen success in normative corrective initiatives that provide students with accurate information about how much other students are drinking. If students understand that excess drinking is not the culture of the campus, they are less likely to use peer pressure to eliminate unsafe drinking.

### **Changing the Current Problem**

Eliminating the substance abuse problem on college campuses cannot happen overnight. Despite decades of research, there is no “right way” to attack a communal problem like substance abuse on college campuses, but there is research providing the most effective way. To change the culture of substance use on college campuses students need to; 1. Unite the student body to force change from the ground up 2. Re-evaluate current substance use policies

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at the institution and change them if they do not match the current institution, 3. Create an educational reform tailored to the institutions culture and student needs providing correct educational information. In order to adequately make these changes, students should use all of these tactics, concepts and organizations provided below.

#### **Bottom-up Campaigns**

Social change is categorized by two major theories, top-down or bottom-up. Research shows there is nothing wrong with the top-down approach when the end goal involves authority and regulation, but this top-down approach must have checks and balances in order to effectively work. Bottom-up approaches on the other hand are limited in nature due to the lack of power or influence the people starting the movement have. Using history as a case study, you can see a time for either approach, but typically one works better than the other. An ideal example of the struggles and success that arise from a bottom-up movement is the civil rights era. In the 1930's C.L.R Jams' *Black Jacobins* and W.E.B DuBoi's *Black Reconstruction* gave a voice to slaves, ex-slaves and workers. The civil rights era began as a bottom-up movement from the voices of individual slaves across the country. One of famous bottom-up specific events during this era Selma's March to Montgomery. During the 1930's Mrs. Amelia Boynton Robinson and her husband Samuel William Boynton joined other African American activists and founded the Dallas County Voters League (DCVL). The DCVL focused their efforts on voting rights and economic independence for African Americans in their community. During the sixties, Robinson's house became the center for Selma's civil rights efforts. Boynton Robinson is most known as being one of the woman at the front of the line on Blood Sunday, March 7<sup>th</sup>, 1965 where she was gassed, and beaten so badly she was left to die. Boynton, one of the organizers of the march, intended on walking from Selma to Montgomery, Alabama. It was this march that brought the horrors of Selma to national attention, eventually leading to the extensive news coverage and support from all over the United States. Robinson, the first black woman to try to run for public office, was one of the reasons we have the thirteenth amendment and why there is still a fight for equality today.

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A bottom-up movement, “emphasizes community participation, grassroots movement and local decision making” (Finger 1994). These movements provide a platform to introduce key issues and widen the scope for participants and practitioners to discuss issues with an open mind (Panda 2007). The Civil Rights movement began with the people and eventually spread to the national government resulting in legislative change. Currently, research does not favor selecting either a top-down or bottom-up approach for social movements, but rather determining what would be the most effective approach based on the desired outcome. The Civil Right Movement’s bottom-up success, confirms that a bottom-up approach could and was effective especially when looking to rally large groups of people to demand social change.

### **Communal Organization**

One of the most important characteristics of a bottom-up approach is the idea of community. Traditionally, community is thought of as: neighborhood, people, connection, passion, uniqueness, individualism, togetherness and unity. Merriam-Webster Dictionary describes community as, “a group of people who live in the same area (such as city, town or neighborhood); a group of people who have the same interests, religion, race, etc; a group of nations” (Community n.d.). Communities can be practically anything and can vary slightly based on the context, but the one thing is commonality. All communities have something in common: linkage. An example of an effective community-based approach can be seen when attacking crime prevention, specifically regarding a neighborhood-based approach. The neighborhood-based approach is built on the notion that social engineering, the neighborhood level, can interrupt or short-circuit criminogenic processes in regards to individual processes (low self-control, cognitive functioning) along with social and macro processes (poverty, inequality, opportunity) (Anderson , et al., 2006). The hypothesis is that the neighborhood-based programming promotes personal development and psychological well-being, healthy patterns of interaction and positive social-structure environments (Anderson , et al., 2006). Neighborhood-based intervention can either be a top-down approach from professions with authorities, or it can be a bottom-up approach coming from the community actors who make

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the decisions. The major argument for within-neighborhood change vs outside neighborhood change is that internal change creates, “the processes of mobilization can effect change and provide much-needed feelings of empowerment” (Anderson , et al., 2006). When identifying crime as a major neighborhood factor, researchers found that the high crime rates in neighborhoods are because of social disorganization (Anderson , et al., 2006). Robert Sampson supported this hypothesis by studying the relationship between criminal behavior and neighborhood social organization, the Project on Human Development in Chicago Neighborhoods. This social network, or collective efficacy evaluates informal social control and social cohesion as a determinant of neighborhood social organization characteristics and neighborhood crime. Sampson found that, “neighborhood social disorganization translates into high rates of neighborhood criminal behavior” (Lawrence Schweinhart 1993).

Community mobilization programs seek to prevent crime by organizing citizens and members at the grassroots level. The goal is to improve criminogenic commodities like alcohol, drugs or guns and reduce the opportunity for criminal behavior (Anderson , et al., 2006). These neighborhood programs seem to lean towards a unification program called watch/block groups. These watch programs have been the number one way communities have collectively attacked crime prevention through requesting local citizenship. The process involves “citizens joining together in relatively small groups (usually block clubs) to share information about local crime problems, exchange crime prevention tips and make plans for engaging in surveillance (watching) of the neighborhood” (Anderson , et al., 2006). These organizations solve crime problems, but also create social bonding, support and cohesion (Schorr 2001).

Evaluation of the effectiveness of these watch programs can be best explained by four large-scale evaluations in Chicago, Minneapolis, Seattle and London. Five key points are derived from this research. (1) Watch programs provide opportunity for participants, (2) if given the opportunity to participate, residents despite their social or demographic characteristics will participate, (3) the interactions at the meetings produce immediate effects including:

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consensus about the problem, reduction of fear of crime, increased group cohesion, and increased participation in crime prevention, (4) an overall collective citizen action will reduce crime leading to promoting room for other prevention improvements and organizations (Rosenbaum 1997).

The purpose of grassroots organizations, like that of a neighborhood watch group, prove that when requesting change, in a community setting, change can come from the very people who want/need it. *Calvita*, explains that, a society is more responsive to the laws when they feel that it protects their specific needs (Calvita n.d.). Grassroots campaigns etiology directly incorporates the individuals who feel passionate about the ideologies the organization is built upon. Community involvement explains why grassroots campaigns have some of the highest participant numbers and the most amount of success on a smaller-scaled level. Participants are invested in the organization because they feel it protects their own particular needs. This research established the use of a grassroots campaigns as an effective movement towards dealing with crime, particularly in regards to alcohol and drug usage. This is due to the grassroots organizations ability to create communal cohesion and its ability to use it as a force to change community issues.

Grassroots organizations aren't just effective in a communal setting, but research also presents it as a large scale tool as well. In order to create wide-spread, long-lasting social change, organizations must embed their message in the local communities. Data-driven practices and programs do have large amounts of empirical data to back support their success, but ultimately, they must work with and develop leaders and partners at the local level.

Community engagement creates real change, in real people's lives by projecting a can-do spirit which can extend over the whole community (Nee 2016). In the book *Housing First: Ending Homelessness, Transforming System and Changing Lives* authors sought out homeless people on the street to figure out their needs in order to avoid creating a homeless project that was inefficient and did not represent the homeless needs. They discovered that the homeless

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actually preferred to be homeless, causing them to avoid any homeless centers which placed restrictions on their sobriety. The Housing First program then implemented housing that fit the needs of the local homeless population, later establishing a US governmental policy (Nee 2016). Community engagement is not the end all solution to the world's problems, nor is it the only factor that can assist in ending the War on Drugs, but the example of the homeless population proves that we need to focus on community needs first and eventually there will be a spill-over effect which branches out to the federal government.

### Students for Sensible Drug Policy (SSDP)

Research shows that there is a direct relationship between community standards (laws) and the overall health of that community. At a conference in Manchester New Hampshire, the grassroots organization, Students for Sensible Drug Policy (SSDP) spoke to high school and college students regarding cannabis regulation in New Hampshire. Listening to the conference, you would think the SSDP lobbied for decreased restrictions on Drugs and Alcohol, but that was not the case. They are an organization who encompasses student-run change at higher educational institutions in an attempt to force the state and federal government to make policy changes regarding substance abuse. SSDP was founded by a group of students who were interested in dedicating their lives to the War on Drugs at Rochester Institute of Technology (RIT) in 1997. RIT disapproved of the students plan, denying them their right to join the Student Drug Reform Movement and expelling the lead organizer, Shea Gunthar '98 (Students for Sensible Drug Policy 2016). Just a year later, at the University of Massachusetts-Amherst, students hosted a conference regarding substance abuse on college campuses. When students from the Rochester Institute for Technology found out about the success of the conference at the University of Massachusetts-Amherst, both students groups decided to join forces creating the organization, Students for Sensible Drug Policy.

For the last 19 years, SSDP, a grassroots organization, is the only international student-run network dedicated to ending the War on Drugs (Students for Sensible Drug Policy 2016). As

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defined by Peter Gundelach, grassroots organizations are, “local political organizations which seek to influence conditions not related to the working situation of the participants and which have the activity of the participants as their primary resource” (Gundelach 1979). Their mission as a grassroots organization is to allow for chapters—which are located at universities around the world—to work on issues that directly affect their communities. Their movements focus on uniting young people to create safe places for students—of all political and ideological stripes—to have conversations regarding alcohol and drug policies. Their mission is to empower students who are concerned with drug abuse in their community to (1) push for sensible policies both at the local and federal level, and (2) fight against current counterproductive Drug War policies, in hopes to create a better, safer community.

The SSDP does not only work to change policies, but they provide information and resources to educate students on how to change policies they disliked at their institution, along with tools to understand and research what the institution needs. The organizations goal is not focused on eliminating national alcohol and drug usage or making college campuses a dry space. But rather they understand the psychological and cultural aspect of alcohol and drug usage at higher education institutions, and want to work with students at those intuitions to (1) provide alcohol and drug education, (2) fix inadequate policies regarding alcohol and drug usage and (3) be a resource to help change communal policies in the hopes that changes made at the intuitional level will force the U.S government to make national programs promoting the SSDP’s mission. Another key feature that the SSDP advocates for in higher institutions alcohol and drug polices, is the addition of a Medical Amnesty Policy or Good Samaritan Policy as a section of college Alcohol and Drug Polices. They understand that it is impossible to eliminate college drinking or the negative stigma associated with it, but rather their goal is to better educate students about what to do in a medical situation along with focuses on reducing the fear of consequences barrier that is developed by university personal.

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#### Good Samaritan Laws

Fear of police involvement is the number one reason why citizens do not dial 911 during a medical emergency. According to the Foundation for Advancing Alcohol Responsibility, people are likely to call for help when someone needs medical attention less than 50 percent of the time because they fear police involvement (Good Samaritan Laws 2016). In recognition of that fact, states across the U.S have enacted laws that exempt citizens from arrest and prosecution who render aid in a drug or alcohol-related emergency. These 991 Good Samaritan, 911 Lifeline, Medical Amnesty or Immunity policies seek to offer limited, situational immunity as an incentive to aid in life-saving measures. Currently, 37 states and the District of Columbia have enacted these immunity laws for drugs and/or alcohol along with 377 colleges across the U.S who have extended immunity to cover college-students involvement with medical alcohol or drug emergencies (National Conference of State Legislatures 2017 ) (Students for Sensible Drug Policy 2016).

State Good Samaritan or 911 drug immunity laws typically provide immunity from arrest charges or prosecution from certain controlled substance possession including paraphernalia offences for the person who experiences the overdose (victim) or the person calling authorities (caller) in a medical emergency. Each state varies in the scope of offenses and violations that are covered since this is not a federally mandated policy. An important requirement for the laws use is that someone is experiencing an emergency and that all assistance is completed with good faith. Good faith protects abuse of the law by nullifying the law when a person is seeking help while they are being executed, arrested or a search warrant is issued (National Conference of State Legislatures 2017 ). The purpose of the law is to provide assistance to people when assistance would be unlikely to occur if the law was not in place; not to allow those who are in legal trouble to use the policy as a scape-goat. States also avoid misuse of the policy by specifically stating that immunity is not extended where there are additional offenses occurring in conjunction with alcohol or drug abuse. Since rights have extended to those assisting the person who is in need of medical help, many states require



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those people to stay at the medical scene and cooperate with emergency personal in order to receive immunity.

Along with the increase in states adopting Medical Amnesty and Good Samaritan Laws, universities across the United States are adding these laws or their ideologies to current campus alcohol and drug policies. The purpose is to alleviate potential deaths occurring at higher educational institutions because of alcohol or drug poisonings by increasing helping behavior among peers. These policies aim to provide amnesty or immunity from campus judicial sanctions if there is a medical emergency. Some institutions cover the student who assisted by calling for help, others cover just the person needing medical assistance and some schools cover both. As higher educational institutions are adapting these policies, we are seeing a decrease in overdoses, but there is limited research proving that these policies are increasing helping behavior. Oster-Aaland and Eighmy (2007) identified traditional assumptions which these policy operate on: (a) that students **understand the symptoms** of alcohol poisoning, (b) students **understand the risk** associated with the symptoms of alcohol poisoning, (c) students are **sober enough to judge** the level of risk involved, (d) students are currently not calling for help because they fear getting into trouble, and (e) students will be more likely to call for assistance if they know that they will not get into trouble (Oster-Aaland & Eighmy , 2007, p. 724). Through this research it is clear that the policy itself works, but that education regarding the policy is important to reduce the probability of adverse effects like promoting or giving permission to students to consume more alcohol (Hoover , 2007).

Lewis and Marchell (2006) study at Cornell University revealed that out of the 19 percent of students who considered calling emergency services for an alcohol overdose, only four percent actually made the call (Committee 2013 ). The top two reasons reported for why students didn't call was because people didn't know if the situation was serious enough, and they feared the consequences. After this discovery, Cornell decided to implement an education program along with a medical amnesty policy. The policy allowed those who

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needed medical attention would be granted immunity if they completed two sessions of Brief Alcohol and Screening Intervention for College Students. After implementing the policy, Cornell decided to survey its students to determine the effectiveness of the policy, if there were any adverse effects and if the institution needed to make any adjustments. Results showed that by the second year of intervention, the student surveys found that 80 percent of students were aware of the policy and the percentage of students who didn't call because of fear of getting into trouble dropped to 2.3 percent. Cornell's Emergency medical Services showed a 22 percent increase in calls for alcohol-related emergencies during those first two years while the utilization of Brief Alcohol and Screening Intervention for College Students rose from 22 percent to 52 percent. Lewis and Marchell found that overall calls for assistance to various campus entities increased while the percentage of students who reported being afraid of getting into trouble, which was an initial deterrent of calling, decreased.

Unfortunately, an educational campaign was implemented simultaneously with the policy, so it was unclear if the behavioral change was due to the policy, the educational campaign or both. But nonetheless their research determined that adding both an educational and a medical amnesty policy was a success without creating any adverse effects like increase alcohol or drug usage.

A campus Good Samaritan Policy could be a life saving measure used to prevent hesitation from students who are in need of medical assistance related to alcohol or other drugs because they fear the consequences. A policy should reflect that of Cornell University where it is; clearly worded, easily accessible, effectively enforced policy that is well known by the student body, campus administration and campus public safety officers. It needs to provide, amnesty from disciplinary actions for the person experiencing the medical emergency, the person who notifies the authorities and any other bystanders who is aiding in the situation. Finally there needs to be educational sanctions issued to prevent further occurrences. Including all of these in the policy may look like a way to create a free ride system, but that is not the case. These educational sanctions like an alcohol education course are used to help

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decrease future use of the policy and provide information which should help students avoid these medical situations.

#### *Alcohol and Other Drug Abuse Educational Interventions (AODA)*

Although there has not been significant amount of research on the impact of implementing a Good Samaritan policy at higher educational intuitions, there has been research examining the impact of educational strategies ability to increase student knowledge about consequences of alcohol abuse. Larimer and Cronce found that educational or awareness programs are ineffective when used as a stand-alone intervention. Despite their finding, higher education institutions constantly rely on these AODA web-based educational interventions to familiarize students with the symptoms of alcohol poisoning and encourage them to call 911 when medical attention is needed. This means that the current educational system of providing alcohol or drug information to incoming freshman and then not continuing that education is ineffective. Larimer and Cronce's research proves that if you combine education with a Good Samaritan or Medical Amnesty policies then you can use AODA web-based education as a tool to deter future medical situations.

#### *Bystander Behavior*

A Good Samaritan or Medical Amnesty policy leads to an increase in help seeking in college students, because of the concept *bystander behavior*, coined by Latane and Darley in 1968 (Latane & Darley , 1968). Bystander behavior explains the phenomenon where individuals fail to assist others who need assistance. In their study, they concluded that one of the main reasons why people do not help in certain situations is because of the concept of *diffusion of responsibility*, where individuals feel that others will do the right thing therefore they do not need to get involved. Fischer, Greitemeyer, Pollozek and Frey extended this research by concluding that if a situation is perceived as more dangerous, an individual is more likely to intervene than if in a group (Fischer, Greitemeyer, Pollozek, & Frey, 2006).

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This idea has specifically been studied in regards to the college population looking primarily on the student's willingness to intervene in a drunk driving situation. Research showed that students were likely to intervene if the student was familiar with the drunk driver, but intervention occurred only when the driver was noticeably in danger and the student felt they could assist. Thomas and Seibold found confirmed this research and added that they were deterred from intervening if they felt powerless, feared conflict or were under the influence as well. Oster-Aaland found that students were likely to aid other students on a peer-to-peer basis if there was alcohol poisoning, but were unlikely to seek outside help. They also discovered the student's inability to effectively separate alcohol poisoning symptoms from non-symptoms which resulted in various students claiming they didn't know they needed to help.

#### Case Study

Unfortunately there is limited research of specific case studies where higher educational institutions have added a Good Samaritan/Medical Amnesty clause and then research if it effected the amount of medical emergencies or if it removed the barrier and allowed more students to seek medical help when necessary. However an experimental, controlled study was conducted by Director of Orientation and Student Success, Laura-Oster-Aaland, Professor/Department Head of Criminal Justice & Political Science, Kevin Thompson, and Professor/Coordinator of Educational Doctorate Programs, Myron Eighmy at North Dakota State University to examine this phenomenon. In the study, they attempted to determine if a medical amnesty policy and an online alcohol poisoning video would increase the help seeking behavior of college students who read a hypothetical alcohol poisoning scenario. The sampling frame included 11,061 undergraduate students which was later reduced to 2,500 students under the age of 21 and 2,500 students over the age of 21. Students were then divided into four groups and evaluated on their help seeking intentions after being exposed to different educational levels, (a) no treatment (57.5 %), (b) alcohol video only (65.4%), (c) amnesty policy only (74.4%), and (d) video & amnesty policy (77.6%). Overall, they found

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that students who saw the video and the medical amnesty policy were the most likely to report help seeking in the alcohol poisoning scenario.

The study also determined that the top reasons students did not seek help was because, (a) the student didn't think the other student was at risk (3.53) or the student didn't think they needed help (3.41), (b) no one else seemed concerned (2.30), (c) they were afraid their friend would get into trouble by the law (2.18) or by the university (2.11), and (d) they were afraid they would get into trouble (1.90) for assisting. Overall, the study confirmed that the use of an online medical amnesty policy in conjunction with an online educational video increased the help seeking behavior in the students but once again did not determine if the video or education was more important. Results from interviews with the participants did however suggest that medical amnesty policy was the most influential part. The study also confirmed that the most influential factors in deterring a student from aiding in alcohol related assistance was the lack of education and fear of consequences (Oster-Aaland , Thompson , & Eighmy , 2011). Therefore it is clear, through the limited studies that the most effective implementation of a Good Samaritan or Medical Amnesty policy at a higher educational institution would be released in conjunction with education that would explain (1) what the symptoms and risks alcohol & drug overdose are, (2) that this policy would decrease the barrier of a student's fear of consequences for aiding in a medical emergency, (3) and the very essence of the policy and who, what and how it provides immunity.

### **EXPLORATORY STUDY**

After examining the psychological and legal aspects of higher education institutions alcohol and drug use, an initial study was conducted to determine the alcohol and drug culture at Bryant University and the populations understand of a Good Samaritan Policy since ultimately the policy would be created for Bryant University. I conducted my initial research with Bryant University students, administrators, and faculty members. Bryant University is a private higher education institution located in Smithfield, Rhode Island with just under 3,500

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students (40% female, 60% Male) from 59 different countries. To better understand the demographics, culture and norms of Bryant University's alcohol and drug understanding and usage, three methods were used: participant observation, interviews and a survey.

Due to the innate difficulty past researchers have expressed in extracting personal information like alcohol or drug consumption from students, I chose to better understand my subjects through participant observation. Researchers have found, that obtaining accurate information in regards to personal alcohol consumption is nearly impossible. Therefore, a cross-analyses, measuring common drinking practices, is often constructed by asking survey respondents to estimate how much alcohol the "typical" student at their school drinks or how much alcohol their immediate peer group consumes. This can be loosely correlated with their own drinking habits because students tend to associate themselves with like individuals based on the liking principle (Crawford and Novak 2001). Based on this notion, I decided to attempt to create a safe space by asking participants about their immediate peer group.

Participants included five freshman, six sophomores, ten juniors and 14 seniors, eleven male and twenty-four female. The survey examined the demographics of the participants, asked questions about alcohol consumption on campus, and questions regarding current policies. Bryant's alcohol culture was operationalized through three questions along with questions regarding understanding the current Bryant Alcohol and Drug policy.

Secondly, I evaluated the university's administration staff, regarding the current policy and how to change policies through interviewing administrators which included; Administrator 1, J.D., LL.M, Provost and Chief Academic Officer, Administrator 2, D.Ed., Vice President and Dean of Students, and Administrator 2, J.D., Director, Officer of Public Safety. Questions were individually tailored to extract information regarding the different administrative offices on campus, Academic Affairs, Student Affairs, and Department of Public Safety. An overlaying factor from each interviewee was that the current policy and culture did not

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accurately represent what university officials would like Bryant University to have to address substance use on campus.

After interviewing University Administrators, I contacted two members from the Students for Sensible Drug Policy to answer some additional questions. My first interview was with Austin Davis who works for SSDP as the Massachusetts Campus Coordinator. Her main role was to engage students in the 2016 election, attempting to pass legislation of recreational cannabis initiatives. She is a graduate from Miami University in 2014, with a Bachelor's Degree in History & Russian, and Eastern European & Eurasian Studies. Her senior capstone involved researching the international and domestic damage the War on Drugs has done by comparing historical consumption, to historical prohibition of cannabis in America. Personally, Austin is an advocate for comprehensive medical cannabis research, regulation and consumption.

After interviewing Davis, she suggested that I reach out to Dr. Vilmarie Narloch for more assistance. Narloch led a SSDP chapter at Roosevelt University where they won the Outstanding Chapter Award at the 2012 International Students for Sensible Drug Policy Conference; along with the Saving Lives Award during the 2012 Overdose Awareness Day for the chapter's efforts of passing Illinois Good Samaritan Law. Narloch has held many professional titles including, being a harm reduction service coordinator at the School of Art Institute of Chicago and DePaul University, a member of the Chicago Consortium on College Alcohol Harm Reduction, a pre-doctoral internship in the Adult Behavioral Service department and currently provides therapy for individuals, couples, families and groups. Her role at SSDP is to develop the Peer Education program along with being the Pacific Outreach Coordinator Frances Fu and the peer education working group. Both members of SSDP were asked the exact same questions to better understand their personal ideologies, their roles at SSDP, what SSDP can do for college campuses, and how they could assist me during the next phase of my research (Appendix A & Appendix B).

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#### Exploratory Study Findings: Participant Observation

During the exploratory study, participant observation I attended a college “party” where I witnessed, 24 males in the room and 13 females which eventually grew to 39 males and 23 females. My focus during my observation was to mark signs of alcohol consumption and alcohol related symptoms: I calculated a total of 176 beers in hand, 12 mixed drinks, 4 glasses of wine, 15 shots taken, 36 times a funnel was used, and a combination of 35 cans on the ground. During the same time, 2 people were puking, 23 stumbling around, 5 who became aggressive (other participants needed to speak to them about their behavior), 4 who were passed out somewhere in the house (either chair, floor or bedroom), 27 who were slurring their words and 20 who were still “successfully” drinking. To see further hourly results of the above categories please see Appendix C.

One important situation I encountered from this observation was when I was informed there was a girl upstairs in the bathroom passed out. I immediately called the RA on duty and DPS to let them know of the situation. When I let the guys in the house know I called, everyone freaked out saying I was going to get her and them into trouble and immediately began to “clean” the house of everything that shouldn’t have been there. When the RA and DPS came, they did a medical evaluation and decided that the girl needed to go be evaluated by the hospital due to possible signs of alcohol poisoning. This was an unfortunate situation that occurred, but it confirmed two things; (1) students were unaware of the fact that she needed medical attention and thought she could just puke it out, (2) that the students were afraid to seek help because they feared getting into trouble, and (3) that I received major backlash from my peers for calling the RA and DPS which hinted that this was likely to occur for other students as well.

#### Exploratory Study Findings: Survey

The survey, including 24 female and 11 males, 5 freshman, 6 sophomores, 10 juniors, and 14 seniors. The data was as follows: 20% of students said that people in their peer group consumed less than 5 drinks per week, 29% drank less than 10 drinks per week, 29% drank



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less than 15 drinks per week, 9% drank less than 20 times per week, and 11% drank more than 20 times per week. Of those who answered how many drinks they had per week, 29% of students said they drank 1 day a week, 31% drank 2 days a week, 29% drank 3 days a week, and 9% drank 4 days a week. Students were asked what their “go-to” drink of choice was and 51% of students go-to drink is a mixed drink, 23% choose beer, 11% choose wine, and 11% choose shots. Overall, 65% of students agreed with the definition from Urban Dictionary while 14% said that it depended. When students were asked to report what they saw the past weekend, on average students saw: 5 students stumbling around, 332 students consuming alcohol, 2 students puking, 2 students passed out, 4 students showing aggressive behavior, and 23 people with loud behavior. Based on the data there was a correlation ( $p < .05$ ) between gender and drinks consumed in a week ( $p = 0$ ), grade levels and days consuming alcohol ( $p = .035$ ), the amount of days you drink and the amount of drinks you consume ( $p = 0$ ), and your go-to drink ( $.05$ ) (Appendix D).

According to the National Institute on Alcohol Abuse and Alcoholism (NIAAA), “at-risk or heavy” drinking is defined by men having more than 4 drinks on any given day or 14 drinks per week, and women consuming more than 3 drinks in a given day or 7 per week (U.S. Department of Health and Human Services 2016 ). In the survey, 50% of students consumed more than 10 drinks per week while 30% of students said that they drank 3 or more days a week and 9% said they drank 4 days a week. This means that 30% of students are not just drinking on the weekend and are at least consuming alcohol on one or more school nights. Overall, 34 out of the 35 students said that they consumed alcohol during the week where mixed drinks, which have the highest potency, were their “go-to” drink of choice.

A standard beer is 12 ounces, a glass of wine is 4 ounces and a shot is 1.25 ounces. Students tend to think they consumed one drink, yet they put four shots in their drink, which is equivalent to four drinks. If a student was to drink a 750ml bottle of hard liquor it would equal 17 standard drinks, a bottle of wine is about 5 standard drinks, a forty of beer is around 5

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standard drinks, and a mixed drink like a Long Island Ice Tea is 4 standard drinks. When you compare how many “drinks” a student says they have in a week, it is clear that most students aren’t following the standard drink rule for counting. Think of a solo cup, the very first line is considered one shot, have you ever seen a mixed drink just filled with alcohol up to the first line? So despite students claiming that they had only one drink, research shows that, that is typically not the case and that one drink is more like 3 or 4 standard drinks.

To examine the students’ knowledge of a Good Samaritan Law, students were simply asked if they knew what it was as a short answer option. Forty-two percent of students claimed that they “knew or might know” what a Good Samaritan Law was and only 2 students gave an accurate description. Students were then presented with a scenario regarding the Good Samaritan law asking if they were likely to assist someone in need of medical attention by contacting an RA or DPS officer. Respondents were given a 0-100 scale of assisting with the average number being 57. This was slightly better than chance and I did not place any mitigating factors like, underage drinking, in the picture, and still 33% of students would not call. Clearly this highlighted the lack of knowledge that current students have about Bryant’s “word of mouth”, “situational”, “limited” policy that is currently in place regarding a Good Samaritan ideology.

#### Interviews

After conducting initial participant observation and a student survey, a content analysis divided interview information into two categories; information regarding the current alcohol culture at Bryant University and information regarding policy change and the possibility of the addition of the Good Samaritan or Medical Amnesty concept to that policy.

#### Alcohol Culture

Bryant University staff began by stating they were aware that substance use, particularly alcohol use, is thought of as a rite of passage for college students. The University addresses alcohol use as an intellectual and social disservice that is unfortunately imbedded into the

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university's social culture. Research shows that acknowledging that there is a problem is the first step towards solving the problem, so it was exciting to hear Administrator 2 admit that not only does the "task force" recognize that substance use is an issue on this campus, but that his long term goal is to create change. Bryant University's current alcohol and drug policy strictly provides information regarding state/campus rules, laws & regulations, and consequences, but does not provide educational information or services for those seeking assistance. Bryant's current policy highlights information regarding quantity limits per student, but does not present information about safe alcohol consumption. Through my interviews I concluded that Bryant's educational focus includes: 1. Training staff members to provide accurate information to students and to know how to deal with a crisis situation. Examples of this are: DPS has an EMT on every shift who can accurately examine for alcohol poisoning, portable breathalyzers, RA training, and a 24/7 monitored DPS number for reporting alcohol related problems (call the main DPS line). 2. Academic run information for students such as: Alcohol Edu which is required by all incoming freshman and transfer students, information during orientation about alcohol expectation and information, and through Residential Assistants creating programs to help inform students of expectations in regard to substance consumption. 3. Recognition of alcohol watch groups such as *Greeks Advocating for Mature Alcohol*. From an external standpoint, Bryant seems to have infrastructure in place to provide education to its students, but what the institution lacks is the ability to consistently provide this assistance over the course of their time at Bryant and not just their freshman year.

The University however, receives higher marks regarding the education of staff members. All institutional personal are effectively educated in order to understand school polices, provide assistance to students when needed and understand the culture of drinking at Bryant. The idea of one group receiving ample amounts of education and not having it trickle down to other groups is extremely problematic at higher educational institutions. Administrator 2 spoke on this concept saying that we need to target the whole Bryant population and community

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through education, and failure to do restricts effective risk reduction. Administrator 1 followed the business model of Bryant saying that, “the clients are the students and their families” and an institutions inability to provide the consumer with education outside the classroom, is creating a disservice for our clients. Not only do administrators feel that alcohol education is failing, but the infrastructure is too. Communal group literature stresses the importance of the entire community feeling involved and engaged, how we can have one organization, GAMA—who is currently representing only Greek Life—provide information for a 3,500 population. This is an institutional disservice to its students if the university believes that one organized group regarding safe alcohol culture can create a widespread safe place for all students.

Despite the University’s attempt for providing education and support, all three administrators alluded to the fact that the current programs and policies are ineffective. Administrator 1 used his experience with the Coast Guard Academy as an institutional example for Bryant’s ideal ideology in regards to alcohol consumption. The academy uses current state and federal laws to guide students in understanding the consequences of drinking. The normative theory is used at the academy to create a culture where drinking is not the “norm” ultimately reducing the amount of “need” for alcohol consumption. University personal use tactics like instilling fear and providing assistance for their students to continue reinforce the idea that alcohol is not necessary, nor is it valued as a cultural norm. Fear is maintained through institutional consequences like being discharged from the academy if a member is involved in two alcohol related instances. The academy initially screens their cadets for alcoholism which allows them to provide immediate services to those in need along with offering, services like “Command Drug & Alcohol”. Administrator 2 disclosed information regarding the initial students who arrive on campus in recover or needing immediate access to resources (an estimate provided ranged from 10-30 students each year). For some of these students, attending a university with a prevalence of substance use as a “cultural norm” is a deterrent for them. If Bryant does not change its culture or norms, “we are doing a disservice to these students”. Simple adjustments

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would allow Bryant to successfully manage alcohol use similar to the Coastal Academy, Ohio State, Assumption College, and Boston College who understand the self-consciousness theory and educate their students that alcohol use is not publically supported.

Overall a repeating pattern of administrative discontent for current policies led me to ask questions regarding how the institution could create success. Administrator 1 focused on the lack of educational consistency over the student's time at Bryant. Explaining that, alcohol education is the focus for incoming students, and incoming students only. He suggested that the institution use Research Engagement Day and the Gateway program (RED Day is a day where there are no classes and student present their research and the Gateway Program is Bryant University's attempt to integrate incoming freshman into the college life) as platforms for continued alcohol educational success. From Administrator 3's experience he was unable to decide if there was an overall rise in the consumption of hard alcohol. The Department of Public Safety has discussed implementing a zero tolerance policy for hard alcohol, hoping to decrease use from fear of consequences, but when the idea was brought up to other administrators they felt that restrictions were not what the current Bryant policy needed. Administrators claimed that placing more restrictions on students would lead to another increase in binge-drinking in order to avoid getting in trouble from laws. Not only did he stress the issue of hard alcohol, but rather that students disregard the state and schools quantity policy. Recently, the university has attempted to take action by requesting the Department of Public Safety to be stricter with documentation, known as "write-ups". Since implementation, Administrator 3, said that there has been an increase in students who are binge-drinking in order to avoid these consequences.

Administrator 2 suggested that binge drinking and the recent legalization of cannabis in nearby states like Massachusetts, will continue to cause problems at Bryant unless solved. Despite the majority of Bryant University's student population being under the federal, legal drinking age, the majority of students say they drink at least once a week. This imbalance is

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what bolsters the unsafe consumption of alcohol use through binge-drinking. During my interview. Administrator 2 explained that a third of the population down at the townhouses are under the age of 21 by the start of the Fall Semester, which contradicts the common students idea that the townhouses are “senior living facilitates” where drinking can take place. In regards to the recent drug laws, Administrator 2 fears that since Bryant’s has such a large population from Massachusetts, who just de-regulated marijuana, this could lead to neighboring states, like Rhode Island, deciding to de-regulation marijuana as well. If Rhode Island deregulates marijuana, the institution is required to follow federal laws because they provide funding to the institution, therefore this could create an issue if the state allows the use of cannibals but the institution does not. Administrator 2 suggested that solving the substance abuse problem on campus should begin with peer influence and that if students are more involved in the discussion of substance use they can normalize the conversation and provide knowledge to others through a more approachable support system.

Administrator 1, Administrator 2 and Administrator 3 all suggested in their interviews that Bryant Students have constant common misconceptions of alcohol and the role peer pressure plays. Administrators highlight the ability to use peer influence as a bottom up movement because of the tightknit community that Bryant encompasses. They agreed with me when I asked if using a bottom-up campaign would be the most effective in removing excess drinking or drug as a cultural norm. Bryant understands the current internal battle of self-discrepancy where students are constantly fighting for what they internally think is right and what they think they need to do to social fit in. The intuition believes that students are currently overestimating how much other students’ drink, and are consuming more alcohol prior to meeting up with friends because they want to be on the same “level” as them. Not only are students trying to drink the same amount as the perceive others to be drinking, but some students are consuming more to receive social public reaction and support as the “story of the night” or “snapchat of the night”. Peer pressure is forcing students to create an ultimate gridlock where students are binge-drinking and disobeying university rules because of current

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university policies and the student's inability to safely drink due to lack of education and a current ineffective policy.

#### *How to Change Policy & the Good Samaritan Law*

Both Administrator 1 and Administrator 2 mentioned the equal role that Academic and Student Affairs plays regarding substance use on campus. Although Academic Affairs focuses more on education and Student Affairs focuses more on protection, reduction and disciplinary acts; both divisions are a cohesive unit when creating a safe environment for students and for assisting in campus policy change, especially when policy change is coming from the student body. Both Administrator 2 and Administrator 1 agree that policy change from the bottom-up is extremely effective when students bring forward issues to the executives and they then work with Administrator 4 and other board members to create change. Administrator 2 provided an example of a bottom-up, student-run change that occurred on campus: he told me that the reason why external guests are not allowed on campus during Spring Weekend was because students brought the idea forth as a way to help make Spring Weekend safer and administration agreed. When I asked how I would go about my senior project and changing the substance use policy on campus, Administrator 2 chuckled and said I was in the "right place". After interviews from Administrator 2, Administrator 1 and Administrator 3, I realized that Bryant University is the perfect place to use a bottom-up approach because of the impact peers have over the tightknit community and the openness of administrators to seek out student input.

After conducting research regarding alcohol and drug usage, the psychological role peers and administrators play on college campus, and the various negative notions behind alcohol and drug usage, I decided that adding a Good Samaritan clause to the Alcohol and Drug policy on campus would be a step towards reducing binge-drinking, providing education for students and reducing the amount of serious issues that arise from college drinking. Ultimately the Good Samaritan clause would aid in reducing the amount of serious medical issues that occurred on campus because the policy would decrease the fear of consequences in medical

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situations and help establish education about alcohol and drug overuse. Based on my initial research, I pitched my idea to all three administrators and requested their thoughts on implementing policy change along with additional information to confirm the need for this policy. Administrator 3 confirmed that currently, Bryant's policy does not include anything produced in writing that hints to the rights students have in a medical emergency, yet said that DPS officers are asked to use the concepts of a Good Samaritan Law when determining documentation, despite the officer having complete discretion. Administrator 2 was the most interested in my project and agreed that current policy for substance use is not working. He stressed that having a Good Samaritan Law could work on this campus and that he would work directly with me on constructing the wording behind the policy to make sure Bryant legally adheres to federal mandates and that the addition of a Good Samaritan Law would not cause adverse effects. Despite overwhelming support by administration, we decided that because there was limited research of higher institutions who added a Good Samaritan or Medical Amnesty policy and saw the effects; that we would look at institutions across to United States to see what was effective in each policy and that was how we would decide what should be included in the policy. We would take the limited case studies present and use them as a tool to prove that there were no adverse effects on the institution and that the only way to determine if this would work at Bryant would be to first implement the policy and then within 3 years study and evaluate its effectiveness.

The conclusion of my interviews from administrators led me to reach out to my contacts at SSDP. I interviewed both Austin and Narloch who confirmed that through the SSDP's research that the addition of a Good Samaritan Law is an effective way to help reduce substance crises on college campuses, and confirmed that I would be able to conduct research which would support my hypotheses:

1. The implementation of a Good Samaritan clause to a higher educational institutions Alcohol and Drug policy, would be the most effective change to help the student body.



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2. That the addition of a Good Samaritan policy would not adversely impact the institution.
3. A bottom-up approach would be the most effective way to implement a Good Samaritan policy at a higher education institution.

Narloch, then worked with me to determine how I could use the information that was extracted from my exploratory study to create actual research. The purpose of this exploratory study was not to develop conclusions or produce hard data regarding the topic, but rather to determine if Bryant could benefit from this policy and what the student's current views were in regard to alcohol & drugs and the Good Samaritan law. These findings would then allow me to determine what research was necessary and when evaluating current institutions policies what would be most effective and beneficial for Bryant University. The survey allowed me to collect data that confirmed the notion that Bryant students have the ideology that the culture at Bryant involved heavy drinking, binge drinking and drug usage. It also allowed me to confirm that a word of mouth policy is not effective at the University and that a written document would need to be constructed. The overlaying concept that was extracted from my survey was the lack of education regarding substance consumption forced students to make poor choices based on fear and consequences. My interviews allowed me to understand what the current policy at Bryant is, what administrator's views of the current policies were, what the Bryant culture was in the eyes of the staff, and what I would be searching for when conducting my research. In addition, these results allowed me to understand how I should go about implementing a new policy, what the new policy should include, and how to increase awareness for the policy.

### **METHODOLOGY**

After the exploratory study's research was conducted, it was apparent that my final research would include a comparative analysis of current higher education institutions drug and alcohol policies explicitly focusing on Good Samaritan & Medical Amnesty policies. I would

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find and read the institutions alcohol and drug policies, specifically looking for the policy to mention words like “Good Samaritan”, “Medical Amnesty” or refer to other terminology that encompassed a relative ideologies. Through my research it was clear that I wanted to focus on schools that had the following criteria because this was what I determined to be included in an effective, well-written policy:

1. Effective Policies would be written and publicized
2. The policy would include educational about the policy and increase policy awareness
3. The policy would explicitly explain who and what it covered
4. The policy would provide educational sanctions to help aid in the decrease of future need of the policy

I began my research by contacting the SSDP for an updated list of those higher education institutions that were deemed to have some reflection of a Good Samaritan or Medical Amnesty policy. The list was outdated and last updated in January 2014. My contact from the SSDP advised me to reach out to their point of contact in the United States Department of Education for a recent list of schools. Eventually I received a list with 490 higher educational institutions who the U.S government thought had included the idea of/or a Good Samaritan/Medical Amnesty policy. From there I cross compared this list with the outdated 2014 list provided by the SSDP, and came up with a grand total of 533 schools to evaluate. To record my data, I put together an excel document which divided the data into the following sections:

1. The SSDP’s rating on the schools overall Alcohol & Drug policy
2. What the Policy Covers?
3. The Policies Name
4. Who coverage applies to?
5. Repercussions
6. Notes on the policy

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7. Who the student can contact for help?
8. How is the Policy Advertised?
9. Who monitors the policy?
10. Online link to the policy
11. State
12. Owned
13. Undergraduate Population
14. State Good Samaritan Law
15. State Medical Amnesty Law

Information for the above categories was collected and evaluated by contacting all 533 schools. All of my institutions, except 20, had their data easily accessible online or information was found through speaking to university personal. As I examined each school and recorded the criteria above, I began to eliminate some institutions. I removed schools that did not mention anything about a Good Samaritan/Medical Amnesty policy or the idea behind it. After noticing that the list produced by the Department of Education and SSDP contained schools that would not be viable for my project, I began to fully examine each school and reduced my list of institutions even further. To find the institutions policy I began by researching the Universities web page and typing in key terms: medical amnesty, Good Samaritan, alcohol & drug policies, student handbook, and community standards. This process allowed me to find the majority of the policies I wanted to review and provided additional contact information for the policies I could not find or were unclear. After collecting the data on my schools I decided to remove specialized schools like Law School, Community Colleges, and Medical Schools because I wanted a school that was similar to Bryant and these were not comparable. After this initial purge, I was left with a total of 385 four-year institutions who mentioned the idea of a Good Samaritan/Medical Amnesty clause. Then I once again moved all of the public institutions into a separate excel document—because of the difference between public and state higher educational institutions and their

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relations to the law—and was left with grand total of 171 schools from 36 states with an enrollment or between 270 - 43,911 students.

#### Content Analysis

Data analysis involved a content analysis to compare qualitative information. Content analysis, would systematically identify the large amounts of textual information I received and code the information into categories to determine the overall characteristics that should be included in an effective policy and what schools would be used as a model for Bryant's policy? The following categories were coded:

1. SSDP rating was organized by a grading system including A, B, C, D, & F where A was the most effective and complete and F was the complete lacking of. SSDP ranked schools based on the following criteria: the effectiveness of the overall policy, if it included a Good Samaritan or Medical Amnesty policy and the student's awareness of the policy. Unfortunately, due to the outdated list provided from 2014, various schools were not ranked and many schools had adapted polices since the lit was produced. Due to the inaccuracy of data, I removed this from my final research.
2. What is covered by the policy? Originally there were 9 different terms that were noted in this column which eventually was coded down to four categories: alcohol coverage, drug coverage, alcohol & drug coverage, and unclear.
3. The Policy Name category could not be coded because the various names were important to determining what the policy should be named. Out of the 171 schools I examined, there were 78 different policy names with the most popular being "Amnesty", "Good Samaritan/Medical Amnesty", and "Good Samaritan Policy". Other variations of names were things like: AOD Responsible Student Policy, Responsible Action Clause, Responsible Student Protocol (RAP), Community of Care Provision, Safe Community Clause, and Community Matters Most.

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4. Who the coverage applies to was reduced into 5 categories from its original 8: Caller, Victim, Caller & Victim, Caller & Victim & Organization, and unclear.
5. Repercussions were categorized as educational sanctions, no educational sanctions, and does not specify.
6. The notes on the policy section was coded by searching for key terms like: student's duty, break down the barriers, and protection. After analyzing each policy, the school was divided into the following categories: vague, inconclusive, effective or extremely effective.
7. After examining my data, I decided not to code who the student could contact because of the variability in this section. Some schools chose to explicitly list the personal that could be contacted in this situation where other schools just said emergency personal or staff. Almost all institutions that included who could be contacted alluded to the fact that you could call Public Safety, University Staff or local authorities.
8. When examining how the policy was advertised there were so many different categories. Some schools advertised online, some were written down, some were word of mouth and others were impossible to find. Therefore I broke this section down into the following categories: Student Handbook, policy document, handout, Student Code of Conduct and unclear.
9. I decided to disregard who monitored the policy because each school had such variations in personal that was in charge and since Bryant already has an effective system of having the Office or Academic and Student Affairs controlling current policies, there was no need to research what other intuitions did.
10. The online link to the policy was just a place holder to allow myself or future researchers to easily access the schools policy without having to do the extensive searching I did to locate each policy.
11. States were simply marked by their abbreviation which eventually led to 36 states being examined.
12. The category Owned was divided into Public Institutions vs. Private institutions.

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13. Undergraduate population was coded for <10,000 students and >10,000 students.
14. State Good Samaritan Law was denoted as yes or no.
15. State Medical Amnesty Law was also denoted as yes or no.
16. Then finally when the entire document was completed, each school was coded by color to be able to later analyze the type of policy and its effectiveness.
  - a. Yellow: The school had a written policy that was on a Case by Case Basis
  - b. Pink: The school had a policy that focused on sexual assault that occurred due to excessive drug or alcohol use
  - c. Orange: The school either suggested or mentioned the policy in another policy, documentation or by mouth but the policy was never found
  - d. Grey: These schools had strictly word of mouth policies
  - e. Purple: Detonated a policy that seemed to be extremely effective and should be later reviewed

Once each category was coded, schools were then removed or reviewed to determine what was the most effective and what should be included in Bryant University's future Good Samaritan policy.

## **RESULTS**

### **Qualitative Data Results:**

The analysis of the collected data began with examining the qualitative data that was received when comparing policy names: 80 schools used the word "amnesty" in their policy name, 34 schools used "Good Samaritan" as their policy title, 35 schools included both "Amnesty" and "Good Samaritan", while 22 schools had unique names regarding communal responsibility. For information highlighting the final policies which were deemed "effective and useful" for the wording of Bryant's policy, please see Appendix E. Secondly, I found that 100 schools displayed their policies in their student handbooks, 36 schools displayed the information on their website, in a pdf, a flyer or as an online document, 31 schools posted their policy under a

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document that listed the current policy and 32 of these schools had their policy in more than one of the above areas.

#### *Effective Policy Characteristics:*

Research concluded that the overlapping common themes between private institutions who seemed to have well written policies were that they: had a well-publicized, written document explaining the policy; the policy stated exactly who was protected/covered by it; it stated what was covered and it provided a list of sanctions explaining what would happen if you used the policy. Geographical location and state Good Samaritan Laws & Medical Amnesty Laws were also evaluated to see if there were trends in these “effective polices” to use as additional support for the necessity of these policies.

Geographically, 38 schools have both a state Good Samaritan Law and a state Medical Amnesty Law along with educational repercussions, 23 schools have a state Good Samaritan Law and educational repercussions with no Medical Amnesty Law, 4 schools have a state Medical Amnesty Law and educational sanctions without a state Good Samaritan Law, and 56 schools have a state Good Samaritan Law and a state Medical Amnesty law but do not specify if they have educational repercussions. Therefore, there were only 11 schools who fit the “perfect policy criteria” who allowed immunity for the Caller & Victim & Organization, covered both Alcohol & Drug related medical emergencies, had educational sanctions and were written & well-publicized. A total of 17 schools were categorized as effective policies based upon their ability to cover what was deemed as “effective policy criteria” which included being similar to Bryant because they had under 10,000 students and were known for their community involvements/communal responsibility.

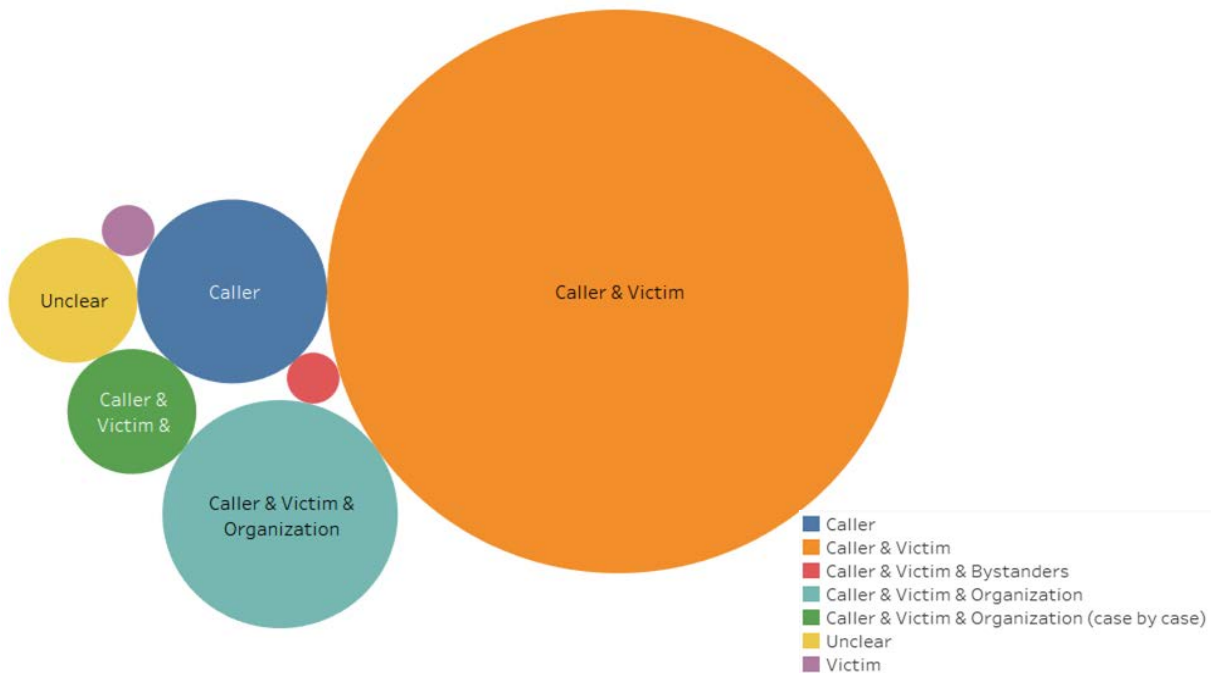
#### *Who Is Covered?*

Out of the 171 private institutions across the United States who have a Good Samaritan/Medical Amnesty policy; 122 schools cover both Caller & Victim, 20 Cover Caller

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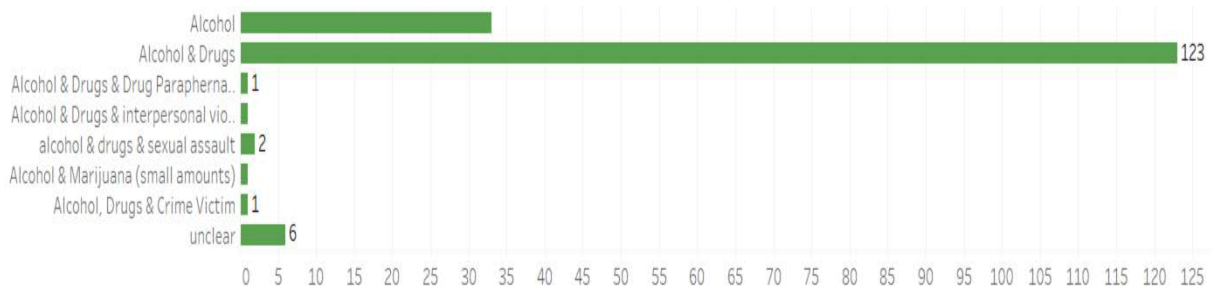
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& Victim & Organization, 13 cover just the caller, 6 cover the Caller & Victim & Organization (on a case by case basis), 1 covers Caller & Victim & Bystanders, 1 covers just the Victim, 6 were unclear who they covered and 2 were not stated.



### What is Covered?

Out of the 171 private institutions analyzed; 123 schools covered alcohol & drugs, 33 schools covered just alcohol, 6 schools covered alcohol and some additional situation (drug paraphernalia, sexual assault, crime victims), 6 schools were unclear and 3 schools were not stated.





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#### Sanctions

Out of the 171 institutions, 75 schools had explicit educational sanctions while 96 schools had disciplinary sanctions, the sanctions were limited, they were not stated or they were simply unclear.

School	State	School	State	School	State
Aurora University	IL	Lafayette College	PA	Spring Hill College	AL
Boston College	MA	Lake Forest College	IL	Stevenson University	MD
Brown University	RI	Loyola University: Chicago	IL	Suffolk University	MA
Case Western Reserve University	OH	Macalester College	MN	Swarthmore College	PA
Chapman University	CA	Marietta College	OH	Thiel College	PA
Keystone College	PA	Misericordia University	PA	Trine University (formerly Tri-State)	IN
Columbia University	NY	Monmouth University	NJ	Tulane University	LA
Cornell University	NY	Muhlenberg College	PA	University of Dallas	TX
Dartmouth College	NH	Northeastern University	MA	University of Denver	CO
Drake University	IA	Oberlin College	OH	University of Miami (FL)	FL
Drew University	NJ	Oklahoma City University	OK	University of Miami (OH)	OH
Duke University	NC	Olivet College	MI	University of Richmond	VA
Elon University	NC	Rhode Island School of Design	RI	University of San Francisco	CA
Emerson College	MA	Rice University	TX	University of Scranton	PA
Emory University	GA	Ripon College	WI	University of Tampa	FL
Franklin Pierce University	NH	Roger Williams University	RI	University of the Incarnate Word	TX
Furman University	SC	Sacred Heart University	CT	Vanderbilt University	TN
George Washington University	DC	Saint Edwards University	TX	Wake Forest University	NC
Green Mountain College	VT	Saint Scholastica	MN	Wellesley College	MA
Gustavus Adolphus College	MN	Santa Clara University	CA	Wheaton College	MA
Hamline University	MN	Sarah Lawrence College	NY	Whittier College	CA
Hampshire College	MA	Seton Hall University	NJ	Williams College	MA
Hastings College	NE	Skidmore College	NY	Wofford College	SC
Hobart and William Smith College	NY	Smith College	MA	Xavier University	OH
Jacksonville University	FL	Southern Methodist University	TX		

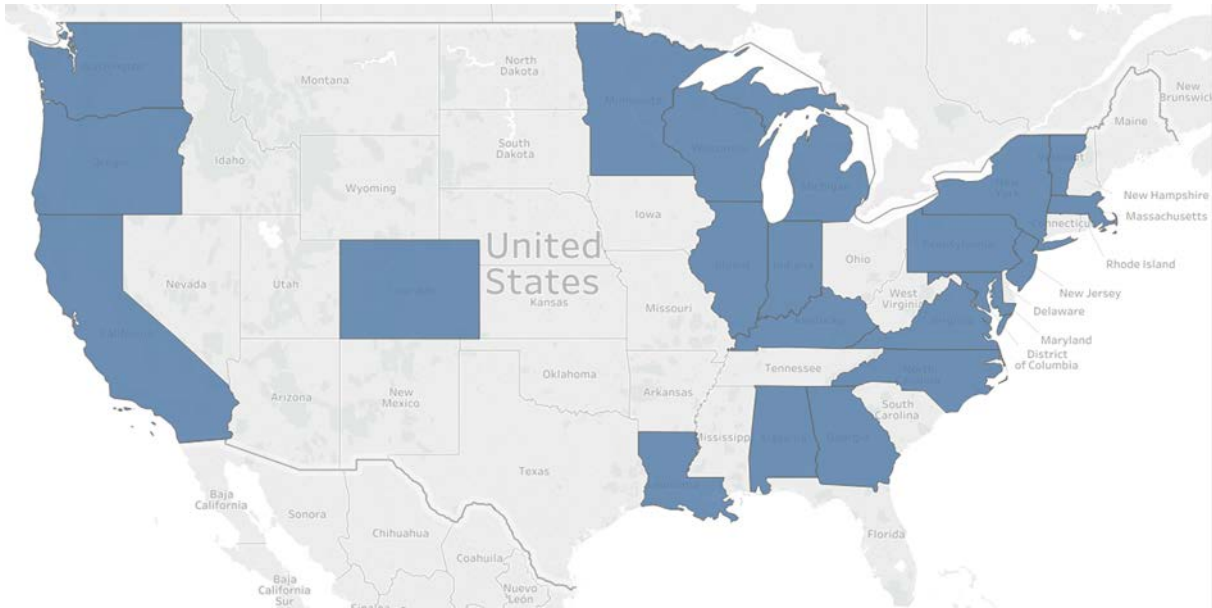
#### State Good Samaritan/Medical Amnesty Laws

Out of the 171 private institutions in the United States that were analyzed; 102 schools contained both a state Good Samaritan Law and state Medical Amnesty Law, 42 schools have a state Good Samaritan Law but not a state Medical Amnesty Law, 15 schools contained a state Medical Amnesty Law but not a state Good Samaritan Law, and 11 schools contained neither a state Good Samaritan Law or Medical Amnesty Law.

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### Analysis of Specific Polices:

After determining the key criteria for the overall data including what was an effective policy, who the policy covered, what the policy covered, did demographics play a role in state coverage, what schools had educational sanctions and what the state laws were; I began extracting policies that mirrored what was important in and about these polices to determine which policies would be used to constructs Bryant's policy. This narrowed my list of 171 private institutions to 17 schools who meet almost all of the below criteria: (1) had a well written and publicized policy, (2) protected the Caller & Victim or the Caller & Victim & Organization, (3) covered both alcohol and drug related emergencies, (4) had educational sanctions instead of disciplinary, and (5) there were less than 10,000 students enrolled in the institution. I also included an additional list of three schools who met the above criteria except had over 10,000. Below are examples of schools that fell under this criteria and for the dull list of these 17 schools, please see Appendix E.

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#### Schools Meeting all Criteria Including under 10,000 Enrolled Students

##### *Keystone College*

Despite some confusion on why the caller needs to set up an appointment with the Coordinator of Student Conduct, this policy was extremely influential towards my final Bryant policy because it included a background information section about why the policy was important and provided immediate education about the policy.

##### *Muhlenberg College*

I specifically extracted two passages from this policy because I felt the wording in here should be included in Bryan's policy. The first passage addresses the fears that college students have and explains the purpose of the policy "Muhlenberg College seeks to reduce any barriers that may jeopardize a student's health and safety. This policy represents the college's commitment to increasing the likelihood that students will call for medical assistance". Secondly the next one addresses the universities fear that adding the policy will open the flood-gate to allow for policy misuse: "This policy does not excuse or protect those who repeatedly violate the College's Student Alcohol Policy and Drug and Controlled Substance Policy".

##### *University of Scranton*

The University of Scranton focuses on the responsibility that students have towards one another as peers to influence students to call. "When a student is in need of medical attention as a result of alcohol or other drug use, fellow student are expected to contact appropriate officials and request assistance, provide their names and contact info, and cooperate by remaining with student until medical attention arrives". It also addresses the issue of repeat offenders proving that this policy is not to be misused "When a student is in need of medical attention as a result of alcohol or other drug use, fellow student are expected to contact appropriate officials and request assistance, provide their names and contact info, and cooperate by remaining with student until medical attention arrives".

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#### *Whittier College*

This is the only policy that I found which specifically addresses the barrier issue of students being in fear which is the most important part about the need for education: “Whittier’s goal through this amnesty policy is to reduce barriers and alleviate potential consequences to ensure that our students seek the appropriate and necessary assistance”. Secondly the policy does an exceptional job by bulleting the specific provisions of the policy “While not resulting in official sanctions, a call for assistance under this policy may result in educational outcomes including, but are not limited to: • Referral for alcohol assessment to be completed within 35 days. • Parental, guardian or emergency contact notification. • Educational opportunities to assist in avoiding future high risk situations. • A summary report of the incident to be included in the student’s or student organization’s file.”

#### Schools Meeting all Criteria Including over 10,000 Enrolled Students

##### *Northeastern University*

I like how Northeastern first addresses that the purpose of the policy is to aid medical assistance because the students are the primary concern of the university. It explicitly states that there will not be any disciplinary actions for using the policy and only educational sanctions will be used to help increase education. One important thing about this policy is the key areas that I determined to be needed in a policy are all bolded which I thought was extremely unique and should be in Bryant’s Policy.

##### *University of Miami (FL)*

Despite this policy being on the shorter side, it is extremely effective in explaining that it is the students responsibility to seek assistance and failure to do so will result in consequences. This forced the student to call because there are consequences if they do not call. The policy numbers the expectations and the condition of the policy so it is extremely clear what is expected of those using the policy. It also addresses the notion that this policy does not allow

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for repeat or flagrantly violations of the Student Code of Conduct and that the misuse of the policy can lead to other disciplinary sanctions.

#### **Tulane University**

Tulane University is one of my favorite policies that I read because it was extremely extensive and doesn't allow for unanswered questions. It begins by explaining the obligation the university has to protecting their students in an alcohol or drug related medical emergency. It then goes on to explain the commitment of the program and the educational goals it has. It breaks down what rights are given to the person in need of medical attention, the caller and the organization in three separate, detailed sections. After the policy, it explains the FAQs about Medical Amnesty and covers important questions like will my parents find out, what is the jurisdiction, and am I really guaranteed no disciplinary action. Overall, this is the most effective policy and the template I used to create Bryant's policy.

### **DISCUSSION AND IMPLICATION FOR ADMINISTRATORS**

The purpose of this thesis was to examine previous physiological and legal literature about college substance use, to determine what Bryant University's current ideologies were in regard to alcohol and drug usage from the student and administrative perspective, to analyze current higher educational institutions across the United States' Good Samaritan and Medical Amnesty policies, to determine what was most effective in a policy and ultimately to prove that adding a Good Samaritan policy to Bryant University's current alcohol and drug policy through a bottom-up, student-run approach would be the most beneficial in changing the current stigma about substance abuse at Bryant University. I began by first conducting research to prove the need for altering alcohol and drug policies on college campuses because there is an increase in substance use and/or abuse in this age group.

After determining the need for continued focus on this topic I examined the common misconceptions that students have about alcohol and drug usage. I found that because of the

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social normative behavior theory, students are likely to overestimate the prevalence of drinking frequency of their peers and their peers overall approval. This theory explains why alcohol usage across college age students is rising and ultimately creates a “norm” forcing other students to feel trapped to conform to the norm. I then looked into other psychological concepts like the self-discrepancy theory that says that examines three types of the self which are in constant conflict with internal and external wants/needs. This internal disagreement causes psychological turmoil, typically forcing students to adhere to what they think the norm is or what other students will approve of. Ultimately it was clear through this research that peers play an exponential role in forcing students to do things they do not want to do in order to fit in. The self-consciousness scale expands on this idea saying that peer pressure can be the driving factor behind increasing someone’s likely to over consume alcohol and engage in high risk activities.

It was clear through initial research that it is impossible as human beings to eliminate alcohol or drug usage on college campuses entirely, but it was also clear that there is a target group who can change the misconception behind substance use. This idea involved incorporating students in a bottom-up campaign to change alcohol and drug policies. By targeting the students with education, the students are more likely to be aware that their views on college drinking are truly misconceptions. Mobilizing students through a bottom-up campaign is extremely effective and can help prove to administration that not only are the students on board with this change, but that they see substance usage as a problem too. Bryant University has such a strong community involvement that it makes sense to take the essence of a bottom-up campaign which is the community, and use it to the schools advantage. Administrator 2 explained that this approach has been effectively done in regards to Spring Weekend on campus and could be the most effective way to help reduce alcohol and drug abuse on campus.

The literature exposed a gap in the current alcohol and drug policy proving that the reason

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why students are not assisting others is because they are simply afraid of getting into trouble or do not have the correct educational foundation to determine when someone needs assistance and what to do. The simple solution to this problem, would be adding a Good Samaritan or Medical Amnesty policy to Bryant University's current alcohol and drug policy. The purpose of the policy would be to break down these barriers or fear and uncertainty that are created by the very essence of the adolescent brain. The policy would explicitly state that it is only to be used in a medical emergency and will provide immunity for the caller, victim and organization during this emergency. The two case studies conducted by North Dakota State University and Cornell University provide the perfect explanation that the addition of a Good Samaritan/Medical Amnesty policy in conjunction with an educational platform is the key to break down college students fear barriers, provide education on alcohol and drug consumption, and decrease the amount of dangerous situations there are in regards to alcohol and drug usage while not creating adverse effects.

The purpose of the exploratory study was not to collect specific data about Bryant University, but rather to better understand students current "norms", the universities view on the current alcohol and drug policy, the administrators views about alcohol and drug usage and if ultimately adding a Good Samaritan law through a bottom-up, student-run approach would be successful. It was clear through participant observation, interviews and a survey that there was a need for a Good Samaritan law and that a bottom-up approach would be the most effective way to implement this policy. After confirming my hypothesis through this exploratory study, I sought out to determine what would make the most effective policy and what would be included in that policy.

I then began analyzing 171 private institutions Good Samaritan/Medical Amnesty polices in search of creating the most effective policy. My research concluded that an effective policy ultimately includes the following: (1) has a well written and publicized policy, (2) protected the Caller & Victim or the Caller & Victim & Organization, (3) covers both alcohol and drug

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related emergencies, and (4) has educational sanctions instead of disciplinary. I also concluded that: (1) the most common place these policies were displayed was in student handbooks, (2) when naming the policy, most schools included the word “Amnesty” in the policy title, (3) a very limited number of schools included all the above criteria, and only 11 schools fit the criteria perfectly, (4) only 11 schools fit the perfect policy criteria that was listed above, (5) most schools covered just the Caller & Victim, (6) 72% of the schools covered alcohol and drugs, (7) 75 institutions included educational sanctions where the majority had disciplinary sanctions, the sanctions were limited or they were unclear, and (8) 102 schools across the United States have a state Good Samaritan and Medical Amnesty law. After analyzing the specific schools who were deemed comparable to Bryant University, I decided to incorporate specific phrases, ideas and structures from the following schools: Keystone College, Cornell University, Muhlenberg College, University of Scranton, Whittier College, Northeastern University, University of Miami (FL), and Tulane University. While I also used the policies of Emerson College, North Park University, Oklahoma City University, Reed University, Roger Williams University, Santa Clara University, Skidmore College, University of Dallas, University of Richmond, Vassar College and Wake Forest University to aid in creating my policy.

Ultimately, this thesis, in the simplest terms, aims to provide the necessity for a Good Samaritan/Medical Amnesty Policy, what is included in an effective Good Samaritan/Medical Amnesty policy, and how to & who should implement this policy. Through my research it is clear that a bottom-up, student-run approach to implementing a Good Samaritan policy at Bryant University is completely necessary to reduce the “norm” at Bryant’s campus that the university and students promote excessive drinking and to help reduce barriers which restrict students from seeking assistance. The goal of the policy is not to allow students to abuse the system, but rather to create education behind alcohol and drug usage, that stops after freshman year at Bryant, to help reduce the amount of dangerous situations that happen on campus due to the lack of education.



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Future Research

If you would like to receive a copy of the answers to the questions asked in Appendix A or Appendix B or if you would like a copy of the excel document that contains notes and locations of the institutions policy please email me at [jfleet@bryant.edu](mailto:jfleet@bryant.edu). For additional contact information for the individuals interviewed during the exploratory study, please contact me as well.

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**APPENDICES**

Appendix A – Interview Guide for Vilmarie Narloch & Austin Davis from SSDP

1. First would be, could you tell me why you are a part of SSDP and why the organization is important to you?
2. Would you mind explaining what you think creates the drug and alcohol problems we have on college campuses?
3. What do you think about a bottom-up campaign and the important of these grassroots movements in regards to alcohol and drug usage especially at college campuses?
4. Could you explain to me the work you did with the 2016 election and your stance on recreational cannabis?
5. Do you think the war on drugs in our country has gotten worse over the previous decades?
6. What role do you think students can have on changing the American stigma behind drug and alcohol usage, especially in young adults?
7. Could you answer if you think higher educational institutions should provide services for students in regards to drug and alcohol usage and what exactly those services are?

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#### Appendix B – Interview Guide for Bryant University Administration

1. How does policy change happen at Bryant University?
2. What is the relationship between Academic Affairs and Student Affairs?
3. What is the current role of Academic Affairs in Drug & Alcohol education? What is the current role of Student Affairs in Drug & Alcohol education?
4. Does the gateway program incorporate alcohol and drug education?
5. Could you see adding a Good Samaritan clause to the current Bryant alcohol & drug policy, and do you think this would be effective?
6. Is there a help line on campus for students regarding alcohol and drugs?
7. How does a DPS officer decide to document a student in an alcohol or drug related situation?
8. In the 2013-2015 Student-to-Know & Campus Security Act, what constituted documentation?
9. Do YOU think Bryant experiences higher numbers of alcohol & drug consumption than other campuses?
10. What current education programs are currently implemented? How does a student change approach work at Bryant University?

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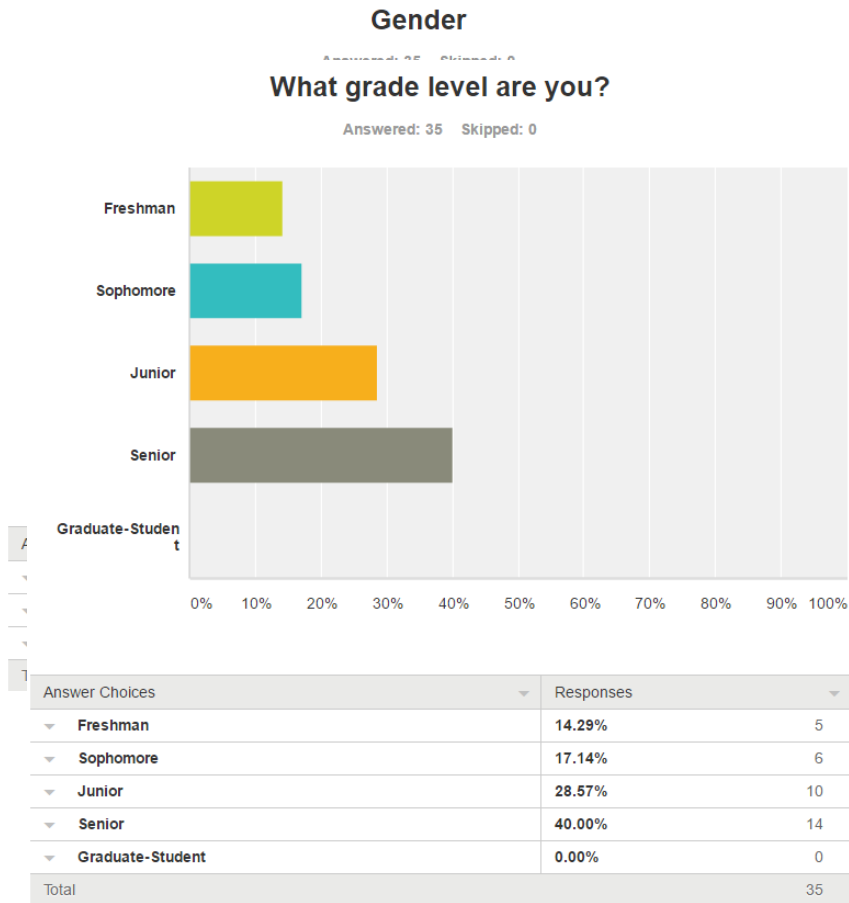
#### Appendix C – Exploratory Study Participant Observation

<u>Time</u>	<u>Mixed</u>					<u>Cans on</u>	<u># of People</u>	<u># of People in</u>
	<u>Beer</u>	<u>Drink</u>	<u>Wine</u>	<u>Shots</u>	<u>Funnel</u>	<u>Ground</u>	<u>in the Room</u>	<u>the Room</u>
							<u>Male</u>	<u>Female</u>
5:00	20	4	2	5	12	18	24	13
5:10	8	1	0	0	4	23	29	16
5:20	13	7	2	10	6	23	33	25
5:30	17	0	0	0	14	30	38	29
5:40	30	0	0	0	0	35	38	30
5:50	28	0	0	0	0	0	38	30
5:59	60	0	0	0	0	0	39	23
<b>Total</b>	<b>176</b>	<b>12</b>	<b>4</b>	<b>15</b>	<b>36</b>	<b>35</b>		
<b>Puking</b>	<b>Stumbling</b>	<b>Still Drinking</b>	<b>Aggressive</b>	<b>Passed Out</b>	<b>Slurring Words</b>	<b>Total People</b>		
2	23	20	5	4	27	28		

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Appendix D – Exploratory Study Survey Results



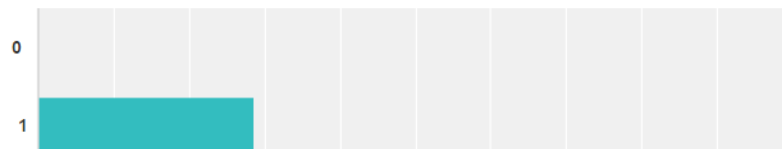
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Appendix D – Exploratory Study Survey Results Continued

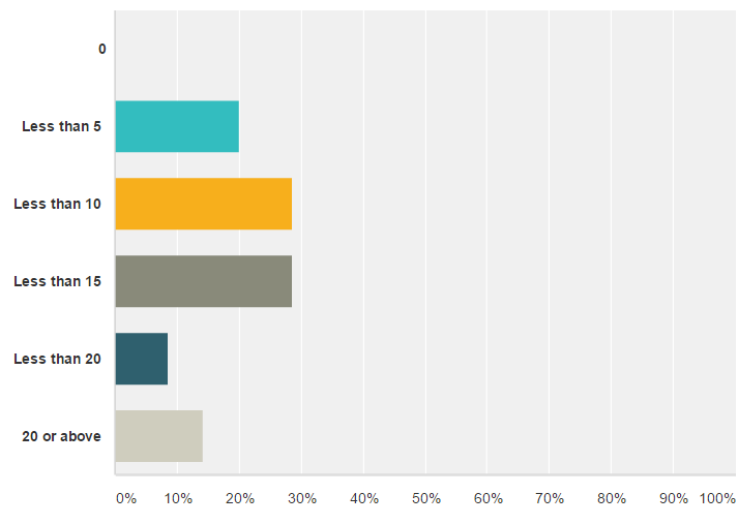
**How many days do you or your immediate peer group consume alcohol in a week?**

Answered: 35 Skipped: 0



**How many drinks do you or your immediate peer group consume in a week?**

Answered: 35 Skipped: 0



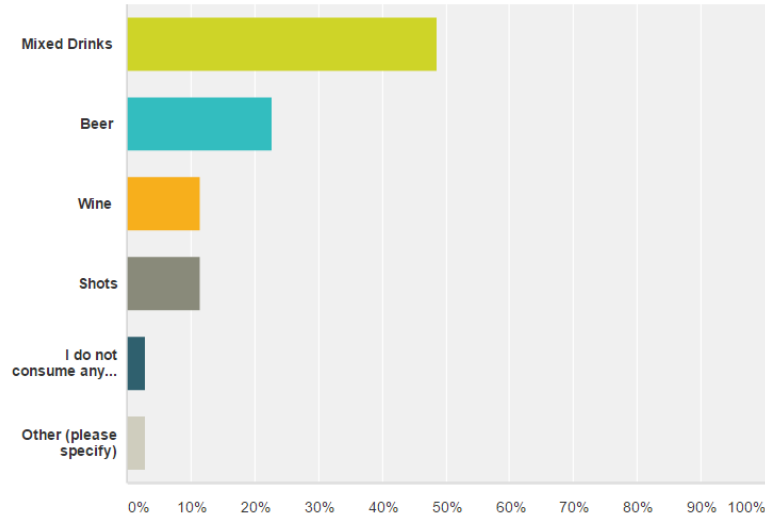
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Appendix D – Exploratory Study Survey Results Continued

**If you consume alcohol what is your "go-to" drink of choice?**

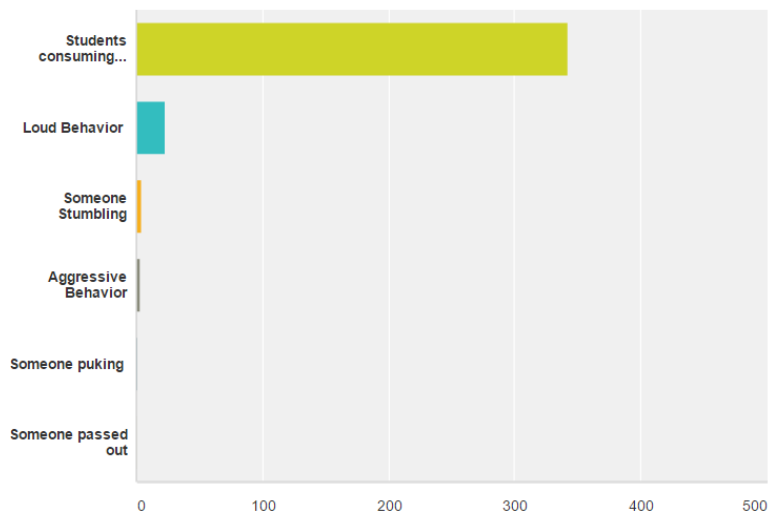
Answered: 35 Skipped: 0



Answer Choices	Responses
Mixed Drinks	48.57% 17
Beer	22.86% 8

**If you were around alcohol consumption this weekend how many times did you witness the following?**

Answered: 33 Skipped: 2



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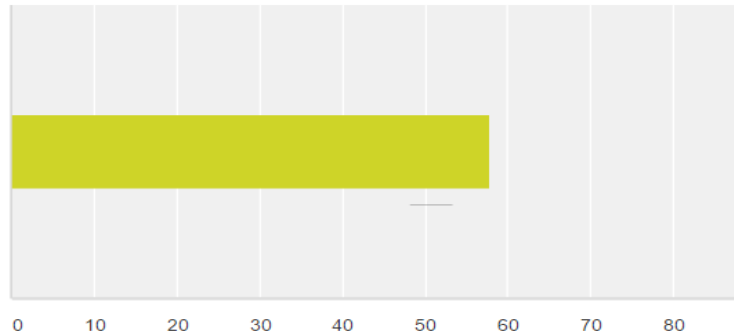
Appendix D – Exploratory Study Survey Results Continued

**When you read this definition about Bryant University, what are your immediate reactions? "Where today's alcoholics are tomorrows CEO's" "A Drinking school with a Business problem" "Bryant University: Say no to Sobriety" "We pregame harder than you party"**

Answered: 34 Skipped: 1

**Please rate how likely you would be wiling to help in this situation: There is a student who is noticeably ill and you think it is related to alcohol, how likely would you be willing to call DPS or and RA?**

Answered: 35 Skipped: 0



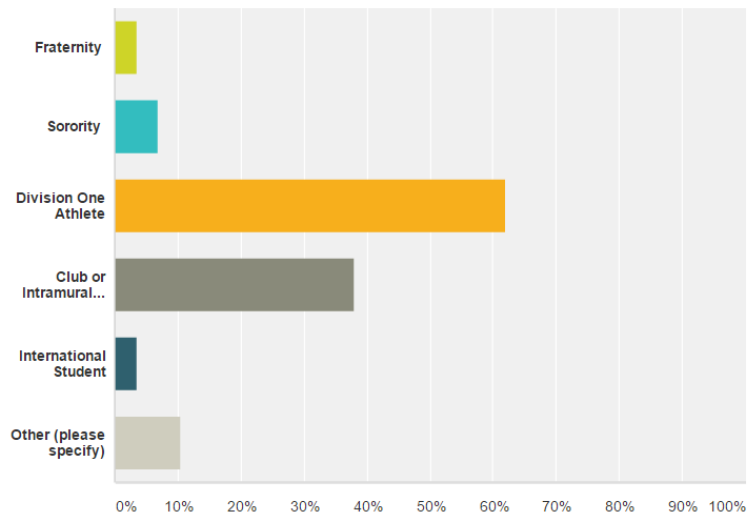


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**Are you a part of any of these  
extracurricular activities on campus?**

Answered: 29 Skipped: 6



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#### Appendix E – Effective Policies with Under 10,000 Students

Chapman University	Drugs, Alcohol & Violence	Caller & Victim	Educational Sanctions	CA	7,155	Yes	Yes
Emerson College	Alcohol & Drugs	Caller & Victim	Educational Sanctions	MA	4,467	Yes	No
Keystone College	Alcohol & Drugs	Caller & Victim	Educational Sanctions	PA	1,400	Yes	Yes
Muhlenberg College	Alcohol & Drugs	Caller, Victim & Organization	Educational Sanctions	PA	2,483	Yes	Yes
North Park University	Alcohol & Drugs	Caller & Victim	None	IL	3,136	Yes	Yes
Oklahoma City University	Alcohol & Drugs	Caller, Victim & Organization	Educational Sanctions	OK	3,023	No	Yes
Reed College	Alcohol & Drugs	Caller & Victim	None	OR	1,471	Yes	Yes
Rice University	Alcohol & Drugs	Caller & Victim	Educational Sanctions	TX	6,224	No	Yes

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Roger Williams University	Alcohol & Drugs	Caller & Victim	Educational Sanctions	RI	4,844	Yes	No
Santa Clara University	Alcohol	Caller & Victim	Educational Sanctions	CA	8,800	Yes	Yes
Skidmore College	Alcohol & Drugs	Caller & Victim	Educational Sanctions	NY	2,730	Yes	Yes
University of Dallas	Alcohol & Drugs	Caller & Victim	Educational Sanctions	TX	2,725	No	Yes
University of Richmond	Alcohol	Caller & Victim	Educational Sanctions	VA	4,181	Yes	Yes
University of Scranton	Alcohol & Drugs	Caller, Victim & Organization	Educational Sanctions	PA	6,034	Yes	Yes
Vassar College	Alcohol & Drugs	Caller & Victim	None	NY	2,386	Yes	Yes
Wake Forest University	Alcohol	Caller & Victim	Educational Sanctions	NC	7,351	Yes	Yes
Whittier College	Alcohol & Drugs	Caller, Victim & Organization	Educational Sanctions	CA	2,417	Yes	Yes

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Appendix F- Private Institution Notes

School	Drug(s) covered by policy	Policy Name	Coverage applies to...	Repercussions	How is the policy advertised?	State	Undergraduate Population	State Good Samaritan Law	Medical Amnesty
Alfred University	Alcohol & Drugs	Amnesty Policy "Policy for Medical Emergencies Involving Alcohol or Other Drugs"	Caller & Victim	does not specify	On Website under University Policies	NY	1,806	Yes	Yes
American University	Alcohol & Drugs	Good Samaritan Policy	Caller & Victim	does not specify	Website & Handbook	DC	12,724	Yes	Yes
Amherst College	Alcohol & Drugs	911 Good Samaritan Policy	Caller & Victim	does not specify	Student Handbook- Students Rights and Policies	MA	1,795	Yes	No
Antioch College	Alcohol & Drugs	Medical Assistance Amnesty Policy	Caller & Victim	does not specify	Website- Student Policies, Student Handbook	OH	270	Yes	No
Augustana College	Alcohol & Drugs		Caller & Victim	does not specify	Student Handbook	SD	1,871	No	Yes
Aurora University	unclear	Amnesty/Good Samaritan	Caller & Victim	education al responsibilities	A-Book 2016-2017	IL	~5,500	Yes	Yes
Babson College		Medical Amnesty	Caller & Victim	does not specify	Student Handbook	MA	3,057	Yes	No

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Bard College	Alcohol & Drugs		Caller & Victim	does not specify	Student Handbook	NY	2305	Yes	Yes
Barnard College	Alcohol & Drugs		Caller & Victim	does not specify	Student Handbook & memorandum distributed yearly	NY	2438	Yes	Yes
Beloit College	Alcohol & Drugs	Good Samaritan Policy	Caller & Victim	does not specify	Student Handbook	WI	1385	Yes	Yes
Benedictine University	Unclear		Unclear	does not specify	Alcohol Prevention	IL	6,516	Yes	Yes
Boston College	Alcohol & Drugs	Seeking Help For Alcohol- and Drug-Related Medical Emergencies	Caller & Victim	educational sanctions	student guide, website	MA	14,754	Yes	No
Boston University	Alcohol & Drugs		Caller & Victim	does not specify	BU "Lifebook"	MA	32,439	Yes	No
Brown University	Alcohol & drugs	Medical Amnesty Policy	Caller & Victim	educational sanctions	Under student rights and responsibilities	RI	8,768	Yes	No
Bucknell University	Alcohol & Drugs	Medical Amnesty Policy	Caller & Victim	does not specify	Student Handbook	PA	3635	Yes	Yes
California Institute of Technology	Alcohol & Drugs	What to Do:	Caller & Victim	does not specify	Alcohol Policy	CA	2231	Yes	Yes

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Carnegie Mellon	Alcohol	Alcohol Medical Assistance Procedure	Caller & Victim & Bystanders	does not specify	Alcohol and Drug Brochure. . Not on Basic Policy under Student Affairs	PA	11,531	Yes	Yes
Carroll College	Alcohol & Drugs		Caller	does not specify	Annual Security and Fire Safety Report (2015)	MO	1436	No	No
Case Western Reserve University	Alcohol & Drugs	Medical Amnesty Policy	Caller & Victim	educational sanctions	Student Handbook	OH	9,636	Yes	No
Centre College	Alcohol & Drugs		Caller & Victim	does not specify	Student Handbook, website	KY	1,309	Yes	Yes
Chapman University (My favorite)	Alcohol & Drugs & interpersonal violence	Good Samaritan & Amnesty Policies for Students	Caller & Victim	educational sanctions	Student Code of Conduct	CA	7,155	Yes	Yes
Clark University	Alcohol & Drugs	Medical Amnesty	Caller & Victim	does not specify	Undergraduate Student Handbook	MA	3,462	Yes	No
Colgate University	Alcohol & Drugs	Medical Amnesty & Good Samaritan Exceptions	Caller & Victim	does not specify	Student Handbook & Flyers	NY	2,964	Yes	Yes
College of the Holy Cross	Alcohol & Drugs	Good Samaritan Policy	Caller & Victim	does not specify	Student Handbook	MA	2,905	Yes	Yes

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Colorado College	Alcohol		Caller & Victim	NO POLICY		IA	2043	No	No
Columbia University - really like this one	Alcohol & Drugs	Responsible Community Action Policy	Caller & Victim	education al sanctions	Guide to Living, housing policies, alcohol and other drug policy	NY	26,050	Yes	Yes
Cornell College	Alcohol & Drugs	Good Samaritan statement	Caller	LIMITED IMMUNITY	Student Policies and Information	IA	1197	No	No
Cornell University - ideal policy	Alcohol & Drugs	Good Samaritan Protocol	Caller & Victim	education al sanctions	Dedicated page at university health services site, topics and concern page, and student handbook	NY	21,131	Yes	Yes
Dartmouth College	Alcohol	Good Samaritan Policy	Caller & Victim	education al sanctions	Dedicated page at Dean of College's website, standards of conduct, policy	NH	6,144	Yes	No
Davidson College	Alcohol & Drugs	Amnesty Related to other Policy Violations	Caller	does not specify	Student Handbook, website	NC	1,755	Yes	Yes

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Denison University	Alcohol & Drugs	Medical Assistance Policy (MA)	Caller & Victim	does not specify	specific document under "forms" on website	OH	2,288	Yes	No
DePauw University	Alcohol	Safe Community Clause	Caller & Victim & Organization	does not specify	Student Handbook	IN	2352	Yes	Yes
Dickinson College	Alcohol	Social Misconduct: Alcohol and Drug Amnesty	Caller	does not specify	Student Handbook	PA	2397	Yes	Yes
Drake University	Alcohol & Drugs	Medical Amnesty Regarding University Discipline	Caller & Victim	education program	Code of Conduct	IA	2,057	No	No
Drew University	Alcohol & Drugs	"Good Samaritan" Medical Amnesty	Caller & Victim	educational sanctions	Student Handbook	NJ	2632	Yes	Yes
Duke University	Alcohol	Health and safety Intervention	Caller & Victim	educational sanctions	Student Conduct	NC	15,427	Yes	Yes
Duquesne University	Alcohol & Drugs	Good Samaritan Policy	Caller & Victim & Organization	does not specify	Student Code Book	PA	9,500	Yes	Yes
Eckerd College	Alcohol & Drugs	Good Samaritan/Medical Amnesty	Caller & Victim	does not specify	Title XI section	FL	2346	Yes	No
Elizabethtown College	Alcohol & Drugs	Medical Amnesty Provision	Caller & Victim	does not specify	Student Handbook	PA	1,774	Yes	Yes



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Elmira College	Alcohol	Good Samaritan Policy	Caller	does not specify	Code of Conduct	NY	1,288	Yes	Yes
Elon University	Alcohol & Drugs	Good Samaritan Policy and a Medical safety Policy	Caller & Victim	educational sanctions	Student Handbook	NC	5,916	Yes	Yes
Emerson College	Alcohol & Drugs	Good Samaritan Policy	Caller & Victim	educational sanctions	Student Handbook & Policies	MA	4,467	Yes	No
Emory University	Alcohol & Drugs	Medical Amnesty	Caller & Victim	educational sanctions	office of student conduct website, office of health promotion website	GA	13,893	Yes	Yes
Fairfield University	Alcohol & Drugs	Medical Amnesty Student Policy	Caller & Victim		Student Handbook	CT	4,991	Yes	No
Fordham University	Alcohol & Drugs	Medical Amnesty Policy	Caller & Victim	does not specify	Office of Substance Abuse Prevention and Student Support website and University Regulations	NY	15,189	Yes	Yes
Franklin & Marshall College	Alcohol	College Amnesty Policy	Caller & Victim	does not specify	College Life Manual	PA	2,363	Yes	Yes

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Franklin Pierce University	Alcohol & Drugs	Medical Amnesty/Good Samaritan Policy	Caller & Victim	educational sanctions	Student Handbook	NH	2,381	Yes	No
Furman University	Alcohol & Drugs	Amnesty Policy	Caller & Victim	educational sanctions	Student Handbook & Student Conduct Code	SC	3,028	No	No
George Washington University	Alcohol	Alcohol Medical Amnesty Program	Caller & Victim	educational sanctions	Civility and Community Standards tab on website	DC	25,260	Yes	Yes
Georgetown University	Alcohol & Drugs	Medical Amnesty & Good Samaritan Policy	Caller & Victim	does not specify	Student Code of Conduct & Flyer	DC	17130	Yes	Yes
Georgia Institute of Technology	Alcohol & Drugs	Amnesty:	Caller & Victim & Organization	does not specify	Student Affairs: Code of Conduct	GA	20941	Yes	Yes
Gettysburg College	Alcohol	Medical Amnesty	Caller & Victim	does not specify	Student Rights & Responsibilities	PA	2,494	Yes	Yes
Gonzaga University	Alcohol & Drugs		Caller		Student Handbook	WA	4,385	Yes	Yes
Goucher College- really like this one	Alcohol & Drugs	Goucher College Medical Amnesty Policy	Caller & Victim	does not specify	Medical Amnesty Policy PDF	MD	2173	Yes	Yes

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Green Mountain College	Alcohol & Drugs	Good Samaritan Policy	Caller & Victim	educational sanctions	Student Handbook	VT	710	Yes	Yes
Grove City College	Alcohol	Alcohol Emergency Immunity	Caller	does not specify	Student Handbook	PA	2461	Yes	Yes
Guilford College				does not specify		NC	2,137	Yes	Yes
Gustavus Adolphus College - really like this policy	Alcohol & Drugs	Medical Amnesty Policy	Caller & Victim	educational sanctions	Student Handbook, Gustie Guide 2016-2017	MN	2519	Yes	Yes
Hamline University	alcohol & drugs & sexual assault	Amnesty (Good Samaritan) Provision for Illegal Drug/Alcohol Violations	Caller & Victim	educational sanctions	Policies Website, student planner	MN	4855	Yes	Yes
Hampshire College - I like this one	Alcohol & Drugs	Alcohol and Other Drug Amnesty	Caller & Victim	educational sanctions	Student Handbook	MA	1,500	Yes	No
Harvard University	Alcohol & Drugs	Amnesty Policy	Caller & Victim & Organization (case by case)	does not specify	Student Handbook	MA	27,392	Yes	No
Hastings College	Alcohol	Good Samaritan Policy	Caller & Victim & Organization	educational sanctions	"Statement of Consumer Information"/ Policy on Possession and Use Alcohol	NE	1,190	No	Yes

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					and Drugs				
Hobart and William Smith College	Alcohol & Drugs	The Colleges Medical Amnesty Policy	Caller & Victim	education al sanctions	Student hand book & Communi ty Standards	N Y	2242	Yes	Yes
Illinois Wesleyan University - I REALLY LIKE THIS POLICY	Alcohol & Drugs	Medical Amnesty Policy	Caller & Victim	does not specify	Student Rights and Responsi bilities and Alcohol Policy	IL	2,090	Yes	Yes
Ithaca College	Alcohol & Drugs	Medical Amnesty Policy (MAP)	Caller & Victim	does not specify	Center for Health Promotio n	N Y	6,769	Yes	Yes
Jacksonville University	Alcohol & Drugs	Medical Amnesty/Go od Samaritan Policy	Caller & Victim	education al sanctions	Student Handboo k & Policies	FL	3,032	Yes	No
Johns Hopkins University- recently added amnesty policy	Alcohol & Drugs	Amnesty Policy	Caller & Victim & Organiz ation	does not specify	Homewo od Student Affairs Policies	M D	20996	Yes	Yes
Kalamazoo College	Alcohol & Drugs		Caller & Victim	does not specify	Security Policies	MI	1,375	Yes	Yes

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Kenyon College	Alcohol & Drugs	Good Samaritan Policy	Caller & Victim	does not specify	Student Life Handbook	OH	1,658	Yes	No
Keystone College	Alcohol & Drugs	Medical Amnesty	Caller & Victim	educational sanctions	Student Handbook	PA	1,400	Yes	Yes
Lafayette College	Alcohol & Drugs	Amnesty Statement/ Good Samaritan	Caller & Victim	educational sanctions	Poster, postcard, website	PA	2,533	Yes	Yes
Lake Forest College	Alcohol & Drugs	Emergency Amnesty Policy	Caller & Victim	educational sanctions	Student Handbook	IL	1,572	Yes	Yes
Lehigh University	Alcohol & Drugs & Sexual Assault	Medical Amnesty Policy	Caller & Victim & Organization	does not specify	Student Handbook	PA	7,055	Yes	Yes
Lewis & Clark College	Alcohol & Drugs	Medical Amnesty Policy	Caller & Victim	does not specify	Student Rights and Responsibilities	OR	3713	Yes	Yes
Lone Star College Tomball	Unclear	Medical Amnesty Act and Overdose Prevention and Immunity	Caller & Victim	does not specify	Annual Security Report 2016	TX	12,350	No	Yes
Loyola Marymount University	Alcohol & Drugs	Good Samaritan and Self-Reporting Policy	Caller & Victim	does not specify	Student Affairs website	CA	9352	Yes	Yes
Loyola University: Chicago- just added a policy in 2016-2017	Alcohol & Drugs		Caller & Victim	educational sanctions	Policy	IL	6,080	No	Yes

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Lynn University	Alcohol & Drugs	Amnesty Policy	Caller & Victim	does not specify	Student Life Policies	FL	2,842	Yes	No
Macalester College	Alcohol & Drugs	Community of Care Provision	Caller & Victim	educational sanctions	Student Handbook	MIN	2,005	Yes	Yes
Manchester University	Alcohol & Drugs	Medical Amnesty Policy	Caller & Victim	does not specify	Health and Safety Information and Resources	IN	1,500	Yes	Yes
Marietta College	Alcohol	Good Samaritan Policy	Caller & Victim	educational sanctions	Student Life online pdf	OH	1,615	Yes	No
Massachusetts Institute of Technology- I really like this policy besides the fact you can use the policy as many times as you want	Alcohol & Drugs	Good Samaritan Amnesty Policy	Caller & Victim	does not specify	Mind and Hand Book	MA	10,894	Yes	No
Misericordia University	Alcohol & Drugs	Medical Emergency (Alcohol/Drugs) Amnesty Policy	Caller & Victim	educational sanctions	Student Handbook	PA	3,196	Yes	Yes
Monmouth University	Alcohol & Drugs	Amnesty Policy	Caller & Victim & Organization	educational sanctions	Student Handbook	NJ	6,371	Yes	Yes
Mount St. Mary's College	Alcohol & Drugs	Alcohol and/or Drug Use Amnesty	Caller & Victim & Organization	does not specify	Student Handbook	CA	2,700	Yes	Yes

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Muhlenberg College	Alcohol & Drugs	Medical Amnesty Policy	Caller & Victim & Organization (Case by Case)	education al sanctions	Alcohol Policy PDF & Student Guide	PA	2,483	Yes	Yes
Nazareth College	Alcohol & Drugs	Good Samaritan Policy	Caller	does not specify	Student Handbook	NY	2,823	Yes	Yes
New York University	Alcohol & Drugs	Health and Safety Related Emergency Considerations	Caller & Victim		Student affairs website & Wellness Paradigm	NY	43,911	Yes	Yes
North Park University	Alcohol & Drugs	Good Samaritan Policy	Caller & Victim	does not specify	Campus Services	IL	3,136	Yes	Yes
Northeastern University	Alcohol & Drugs	Medical Amnesty	Caller & Victim & Organization	education al sanctions	Student Code of Conduct	MA	24,944	Yes	No
Northwestern College	Alcohol	Encouraging Witnesses to Aid Victims (Good Samaritan Policy)	Caller	does not specify	Title IX Grievance Procedure	IA	1,211	No	No
Northwestern University (really good transition policy)	Alcohol & Drugs	Amnesty Through Responsible Action	Caller & Victim	does not specify	Student Handbook & Code of Conduct	IL	20,959	Yes	Yes
Oberlin College	Alcohol & Drugs	Intoxication Policy/ Medical	Caller & Victim	education al sanctions	Student Conduct Website	OH	2,978	No	No

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		Amnesty Policy							
Occidental College	Alcohol & Drugs	Medical Amnesty Policy	Caller & Victim & Organization (Case by Case)	does not specify	Student Handbook	CA	2,123	Yes	Yes
Oklahoma City University	Alcohol & Drugs	Medical Amnesty	Caller & Victim & Organization	educational sanctions	Student Handbook	OK	3,023	No	Yes
Olivet College	Alcohol	Medical Amnesty Policy (MAP)	Caller & Victim & Organization	educational sanctions	Student Handbook	MI	1,145	Yes	Yes
Pacific Lutheran University	Alcohol	No specific policy except a paragraph at the end	Caller & Victim		Code of Conduct	WA	3,461	Yes	Yes
Palm Beach Atlantic University	Alcohol & Drugs	Amnesty Policy	Victim	does not specify	student handbook	FL	2,227	Yes	No
Pomona College ( I like how you can get into trouble if you don't report it)	Alcohol & Drugs		Caller & Victim	does not specify	Student Handbook	CA	1,586	Yes	Yes
Princeton University	Unclear		Unclear	does not specify	Alcohol Brochure	NJ	8,181	Yes	Yes
Providence College	Alcohol & Drugs	Caller Amnesty	Caller	does not specify	Student Handbook	RI	4,769	Yes	No



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Reed College DO IT LIKE THIS!!!!!!	Alcohol & Drugs	Medical Amnesty	Caller & Victim	does not specify	Student Guidebook	OR	1,471	Yes	Yes
Rhode Island School of Design	Alcohol & Drugs	Good Samaritan Policy	Caller & Victim	educational sanctions	Policies + Disclosures website	RI	2,282	Yes	No
Rhodes College	Alcohol	Good Samaritan Policy	Caller & Victim & Organization	does not specify	Student Handbook 7 Campus Safety Report	TN	1,842	Yes	No
Rice University (really well done and effective.. Could be easier to find)	Alcohol & Drugs	Amnesty	Caller & Victim	educational sanctions	Student Handbook	TX	6,224	No	Yes
Ripon College	Alcohol, Drugs & Crime Victim	Emergency Alcohol Amnesty	Caller & Victim	educational sanctions	Student Handbook	WI	991	No	Yes
Rochester Institute of Technology	Alcohol & Drugs	Amnesty for Drug and Alcohol Use	Caller & Victim	does not specify	Policies Manual	NY	16,842	Yes	Yes
Roger Williams University	Alcohol & Drugs	RWU Medical Amnesty Policy	Caller & Victim	educational sanctions	Medical Amnesty Policy PDF	RI	4,844	Yes	No
Roosevelt University	Alcohol & Drugs	Good Samaritan Protocol	Caller & Victim	does not specify	Student Handbook	IL	7,306	Yes	Yes
Sacred Heart University	Alcohol	Amnesty	Caller & Victim	educational sanctions	Student Handbook	CT	8,532	Yes	No
Saint Benedict/Saint John's University	Alcohol & Drugs	Good Samaritan Policy	Caller & Victim	does not specify	Student Life Policies	MN	1,943	Yes	Yes
Saint Edwards University	Alcohol & Drugs	Medical Amnesty Policy	Unclear	educational sanctions	Student Handbook	TX	5,000	No	Yes

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Saint John's College	Alcohol & Drugs	Amnesty	Caller & Victim	does not specify	Student Handbook	MD	549	Yes	Yes
Saint Joseph's University	Alcohol & Drugs		Caller & Victim		Community Standards	PA	9,011	Yes	Yes
Saint Lawrence University	Alcohol	Medical Attention ( Good Samaritan)	Caller & Victim	does not specify	Student Handbook	NY	2,457	Yes	Yes
Saint Louis University	Alcohol & Drugs	responsible Action Protocol (RAP)	Caller & Victim	does not specify	Student Handbook & Community standards	MO	17,859	No	No
Saint Mary's College	Alcohol & Drugs	Good Samaritan Policy Under the "Community Care and Concern" tab	Caller & Victim	does not specify	Code of Conduct	IN	2943	Yes	Yes
Saint Olaf College	Alcohol	Medical Exception	Caller & Victim	does not specify	Handbook	MN	3,179	Yes	Yes
Saint Scholastica	alcohol	Application of Medical Amnesty within CSS	Caller & Victim	education al sanctions	Student Affairs	MN	2,844	Yes	Yes
Santa Clara University (really well done policy)	Alcohol	Medical Amnesty/Good Samaritan Statement	Caller & Victim	education al sanctions	Student Handbook	CA	8,800	Yes	Yes
Sarah Lawrence College	Alcohol & Drugs	Good Samaritan Policy	Caller & Victim	education al sanctions	Security and Public Safety website	NY	1744	Yes	Yes

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Scripps College	Alcohol & Drugs	Safety First/Medical Amnesty Policy	Caller & Victim	does not specify	Student Life Guide & Campus Safety Act	CA	985	Yes	Yes
Seton Hall University	Alcohol	Good Samaritan Policy	Caller & Victim	educational sanctions	Department of Student Life website	NJ	5,800	Yes	Yes
Skidmore College	Alcohol & Drugs	AOD Responsible Student Policy	Caller & Victim	educational sanctions	Student Handbook	NY	2,730	Yes	Yes
Smith College	Alcohol	Medical Amnesty Policy	Caller & Victim & Organization	educational sanctions	Student Handbook	MA	3,162	Yes	No
Southern Methodist University	Alcohol & Drugs	Good Samaritan Policy/Medical Amnesty Policy	Caller & Victim	educational sanctions	Health and Safety Information and Resources	TX	10,982	No	Yes
Southwestern University	Alcohol & Drugs	Good Samaritan Policy	Caller & Victim & Organization	does not specify	Good Samaritan Policy	TX	1,347	No	Yes
Spring Hill College	Alcohol & Drugs	Medical Amnesty Policy	Caller & Victim & Organization	educational sanctions	Policy	AL	1,439	Yes	Yes
Stevenson University	Alcohol	Good Samaritan Policy	Caller & Victim	educational sanctions	Policy Manual	MD	4,185	Yes	Yes

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Suffolk University	Alcohol & Drugs	Medical Amnesty	Caller & Victim	educational sanctions	Student Handbook	MA	7,560	Yes	No
Swarthmore College	Alcohol & Drugs	Alcohol and Drug Amnesty (AOD Amnesty)	Caller & Victim	educational sanctions	Student Handbook	PA	1,545	Yes	Yes
Syracuse University	Alcohol & Drugs	Amnesty for Reporting Individuals	Caller & Victim		Student Policies	NY	21,492	Yes	Yes
Texas Christian University	Alcohol & Drugs	TCU's Medical Amnesty/Good Samaritan Policy	Caller	does not specify	Student Handbook	TX	9,518	No	Yes
Thiel College	Alcohol & Drugs	Good Samaritan & Medical Amnesty Policy	Caller & Victim & Organization (case by case)	educational sanctions	Student Handbook	PA	1,015	Yes	Yes
Transylvania University	Alcohol & Drugs	Medical Amnesty Policy	Caller & Victim	does not specify	Alcohol Policy	KY	1,100	Yes	Yes
Trine University (formerly Tri-State)	Alcohol	Good Samaritan Policy	Caller & Victim	educational sanctions	Student Handbook	IN	4,998	Yes	Yes
Trinity University	Alcohol		Caller & Victim		Alcohol Policy	TX	2,718	No	Yes
Tufts University	Alcohol & Marijuana (small amounts)	Good Samaritan Law	Caller & Victim		Student handbook, University newspaper website, Posters,	MA	10,777	Yes	No

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					Social Media				
Tulane University	Alcohol & Drugs	Medical Amnesty Program	Caller & Victim & Organization (case by case)	educational sanctions	Student Health Services website	LA	12,845	Yes	Yes
Union College (NY)	Alcohol & Drugs		Caller & Victim		Student Handbook	NY	2,177	Yes	Yes
Unity College (Maine)	Alcohol	Good Samaritan Policy	Caller & Victim	does not specify	Student Handbook	ME	665	No	Yes
University of Miami (OH)	Alcohol & Drugs	Good Samaritan Policy	Caller & Victim	educational sanctions	Policies	OH	24,505	Yes	No
University of Dallas	Alcohol & Drugs	Medical Amnesty/ Good Samaritan	Caller & Victim	educational sanctions	Student Handbook	TX	2,725	No	Yes
University of Dayton	Alcohol & Drugs	Mitigating Circumstances	Caller & Victim	does not specify	Student Handbook	OH	11,045	Yes	No
University of Denver	Alcohol	Medical Amnesty/ Bystander Intervention Statement	Caller & Victim	educational sanctions	Student Conduct Policies	CO	11,797	Yes	Yes
University of Miami (FL)	Alcohol & Drugs	Medical Amnesty for Alcohol & Drugs	Caller & Victim	educational sanctions	Student Rights and Responsibilities	FL	16,068	Yes	No

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					Handbook				
University of Pennsylvania	Alcohol & Drugs		Caller & Victim	does not specify	Alcohol Policy	PA	24,832	Yes	Yes
University of Richmond	Alcohol	Medical Assistance Protocol & Responsible Action Protocol	Caller & Victim	educational sanctions	Student Handbook	VA	4,181	Yes	Yes
University of Rochester	Alcohol & Drugs	Medical Amnesty	Caller & Victim	no educational sanctions	Student Code of Conduct, Medical Emergency Response Team website	NY	10,290	Yes	Yes
University of Saint Thomas	Alcohol & Drugs	Good Samaritan statement	Caller & Victim		Website, student policies	MN	10,316	Yes	Yes
University of San Francisco	Alcohol & Drugs	Medical Amnesty/ Good Samaritan Policy	Caller & Victim	educational sanctions	Alcohol and Drug Policies document	CA	9,799	Yes	Yes
University of Scranton	Alcohol & Drugs	Amnesty & Good Samaritan Policy	Caller & Victim & Organization (case by case)	educational sanctions	Policies Governing the University Community link	PA	6,034	Yes	Yes

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University of Southern California	Alcohol & Drugs	Medical Amnesty/Good Samaritan Policy	Caller & Victim & Organization		Student Code of Conduct & Policy Files	CA	38,010	Yes	Yes
University of Tampa	Alcohol & Drugs & Drug Paraphernalia	Medical Amnesty and Bystander Intervention Policy	Caller & Victim	educational sanctions	Student Rights and Responsibilities	FL	8,310	Yes	No
University of the Incarnate Word	Alcohol	Good Samaritan/911 Lifeline Law (Medical Amnesty)	Caller	educational sanctions	Student Handbook	TX	11,422	No	Yes
Vanderbilt University	Alcohol & Drugs	Immunity for Seeking Emergency Treatment	Caller & Victim & Organization	educational sanctions	Student Handbook	TN	12,836	Yes	No
Vassar College	Alcohol & Drugs	Alcohol and/or Drug Use Amnesty	Caller & Victim	no educational sanctions	Student Handbook	NY	2,386	Yes	Yes
Wake Forest University	Alcohol	Medical Amnesty	Caller & Victim	educational sanctions	Student Code of Conduct & Handbook	NC	7,351	Yes	Yes
Warren Wilson College	Alcohol & Drugs	Amnesty and Responsible Action Policies	Unclear	does not specify	Student Handbook	NC	983	Yes	Yes
Washington College	Alcohol & Drugs	Medical Amnesty Policy	Caller & Victim	does not specify	Student Handbook	MD	1,553	Yes	Yes

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Wellesley College	Alcohol & Drugs	Responsible Action Clause	Caller & Victim	educational sanctions	Student Handbook	MA	2,502	Yes	No
Wesleyan University	Alcohol & Drugs		Caller & Victim		Student Handbook	CT	3,202	Yes	No
Westminster College	Alcohol & Drugs	Good Samaritan/Medical Amnesty Policy	Caller & Victim & Organization	does not specify	Student Handbook	MO	1,116	No	No
Wheaton College	Alcohol	SAMM (Safety Always Matters Most)	Caller & Victim	educational sanctions	Policies	MA	1,622	Yes	No
Whittier College	Alcohol & Drugs	Amnesty Policy	Caller & Victim & Organization	educational sanctions	Policy and Procedures	CA	2,417	Yes	Yes
William Jewell College	Alcohol & Drugs	Good Samaritan Policy	Caller	does not specify	Standard of Conduct	MO	1,100	No	No
Williams College	Alcohol & Drugs	Medical Amnesty Policy	Caller & Victim & Organization	educational sanctions	Policies: Code of Conduct	MA	2,191	Yes	No
Wofford College	Unclear	The Amnesty/Assistance Contract	Unclear	educational sanctions	Student Handbook	SC	1,568	No	No
Xavier University	Alcohol & Drugs	Policy on Amnesty	Caller & Victim	educational sanctions	Student Handbook	OH	6,945	Yes	No



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Yale University	Unclear		Unclear	does not specify	Alcohol and Other Drugs Harm Reduction Initiative website	CT	11,875	Yes	No
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