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

Laura Oster-Aaland, Ph.D.
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Overview of Webinar
• Definition of medical amnesty
• Overview of literature
• Methods and results of study testing
  – Medical amnesty policy
  – Educational video
• Discussion about implementation & evaluation

BACKGROUND

What is Medical Amnesty?
• Promise students amnesty (full or partial) from campus judicial sanctions in the case where a student calls for help
• Amnesty is usually provided to the drinker as well as the helper (sometimes student organizations)
• Does not usually apply to legal infractions
Study Background

• High profile alcohol poisoning deaths

• Student Affairs consideration of medical amnesty policy

• Five underlying assumptions (Oster-Aaland & Eighmy 2007)

PURPOSE OF THE STUDY

Study Purpose

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

Study purpose (Cont.)

• Learn about sources of help students are likely to use

• Determine if recognition of and concern for alcohol poisoning symptoms are impacted by
  – Policy
  – Education
  – Both policy and education
LITERATURE REVIEW

Literature Review

Scope

- College student drinking
  - Results in adverse consequences (US Dept. of Health and Human Services 2007)
  - Polarized nature of college student drinking (Keeling 2002; Wechsler, Lee Kuo, Seibring & Nelson & Lee 2002)

Literature Review

Alcohol Poisoning

- Alcohol poisoning deaths
  - Popular press (Gray 2008; Parker-Pope 2008)
  - 1 in 15 presenting at campus ER for alcohol related problems (Wright et al. 1998)

Literature Review

Medical Amnesty Policies

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

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

Literature Review
Helping Behavior in College Students

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

Literature Review
Helping Behavior & Gender, Age and Drinking Level

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

METHODS
Study Design

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

Study Process

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

Hypothetical Scenario

All Groups

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

Policy

All groups

XYZ University’s alcohol policy prohibits minors from being under the influence of alcohol on campus. Students found in violation of the alcohol policy will face disciplinary actions through the university judicial system.
Medical Amnesty Policy
Treatment Groups Only
In addition, the policy contains a “Medical Amnesty” clause. Medical amnesty means that if you call for medical or professional help for a friend who is intoxicated, you will not get in trouble with the university. Neither the intoxicated individual, nor the person calling for assistance will be subject to formal university disciplinary action for being intoxicated or for having provided that person with alcohol.

On-line Alcohol Poisoning Video
• www.ndsu.edu/media/alcohol/alcohol_poisoning.htm
• Student input in script development
• Pilot in criminal justice class
• Defines alcohol poisoning, reviews symptoms
• Reviews consequences (choking, depressed breathing, coma, death)
• Encourages to take action by calling for professional help

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

Participants
• $n = 1,087$
• gender breakdown
  – Male = 520 (47.8%)
  – Female = 556 (52.1%)
  – Transgender = (<1%)
• Incentives
  – Drawing for 1 of 25 gift certificates ($10 - $20)
### RESULTS
HELP-SEEKING INTENTION

#### Descriptive Findings: Sources of help

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

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

#### Descriptive Findings: Recognition

<table>
<thead>
<tr>
<th>Actual Symptoms</th>
<th>m</th>
<th>sd</th>
<th>n</th>
<th>Non-symptoms</th>
<th>m</th>
<th>sd</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inability to wake</td>
<td>4.53</td>
<td>.80</td>
<td>962</td>
<td>Memory loss</td>
<td>3.42</td>
<td>1.15</td>
<td>969</td>
</tr>
<tr>
<td>Vomiting</td>
<td>4.13</td>
<td>.90</td>
<td>967</td>
<td>Violent behavior</td>
<td>3.33</td>
<td>1.15</td>
<td>966</td>
</tr>
<tr>
<td>Irregular breathing</td>
<td>4.38</td>
<td>.93</td>
<td>967</td>
<td>Withdrawal symptoms</td>
<td>3.23</td>
<td>1.15</td>
<td>968</td>
</tr>
<tr>
<td>Low body temperature</td>
<td>4.62</td>
<td>.81</td>
<td>970</td>
<td>Late to work</td>
<td>3.06</td>
<td>1.22</td>
<td>962</td>
</tr>
<tr>
<td>Bluish skin color</td>
<td>3.91</td>
<td>1.05</td>
<td>966</td>
<td>Headache</td>
<td>2.35</td>
<td>1.10</td>
<td>964</td>
</tr>
<tr>
<td>Passed Out</td>
<td>3.71</td>
<td>1.08</td>
<td>969</td>
<td>Argumentative</td>
<td>2.35</td>
<td>1.07</td>
<td>969</td>
</tr>
<tr>
<td>Seizures</td>
<td>3.63</td>
<td>1.07</td>
<td>965</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Slow breathing</td>
<td>3.36</td>
<td>.99</td>
<td>965</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pale skin color</td>
<td>2.83</td>
<td>1.10</td>
<td>964</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Mental confusion        |     |     |     | Note: Frequencies of correct answers Non-symptoms in italics

Note: 1 = not at all concerned, 2 = a little concerned, 3 = somewhat concerned, 4 = very concerned, 5 = extremely concerned
**Treatment groups** were more likely to report intentions to seek help than control

<table>
<thead>
<tr>
<th>Condition</th>
<th>n</th>
<th>m</th>
<th>sd</th>
</tr>
</thead>
<tbody>
<tr>
<td>R1 (MA, Video)</td>
<td>281</td>
<td>4.48</td>
<td>1.33</td>
</tr>
<tr>
<td>R3 (MA, No Video)</td>
<td>285</td>
<td>4.37</td>
<td>1.40</td>
</tr>
<tr>
<td>R2 (No MA, Video)</td>
<td>246</td>
<td>4.06</td>
<td>1.42</td>
</tr>
<tr>
<td>R0 (No MA, No video)</td>
<td>268</td>
<td>3.72</td>
<td>1.46</td>
</tr>
<tr>
<td>Total</td>
<td>1,080</td>
<td>4.17</td>
<td>1.43</td>
</tr>
</tbody>
</table>

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

Chi Square: Would help = 1; Would not help = 2
χ² = 3, n = 1080 = 31.5, p = .000

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

- Chi-square
  - Females (75.7%) more likely to report intentions to help than males (61.6%)
  - Significant association between gender and help-seeking
    χ² = (2, n = 1080) = 26.0, p = .000
- T-test
  - t(1077) = -.481, p = .00
  - Females (m = 4.37, sd = 1.29)
  - Males (m = 3.95, sd = 1.54)

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

<table>
<thead>
<tr>
<th>Condition</th>
<th>n</th>
<th>m</th>
<th>sd</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstainers</td>
<td>342</td>
<td>4.57</td>
<td>1.33</td>
</tr>
<tr>
<td>Light</td>
<td>191</td>
<td>4.48</td>
<td>1.27</td>
</tr>
<tr>
<td>Moderate</td>
<td>305</td>
<td>4.14</td>
<td>1.32</td>
</tr>
<tr>
<td>Heavy</td>
<td>169</td>
<td>3.54</td>
<td>1.51</td>
</tr>
<tr>
<td>Total</td>
<td>1007</td>
<td>4.25</td>
<td>1.40</td>
</tr>
</tbody>
</table>

ANOVA: 1 = definitely would not help; 6 = definitely would help
F(3, 1003) = 24.43, p = .00

Chi Square: Would help = 1; Would not help = 2
χ² = 3, n = 1007 = 53.8, p = .000

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

- Chi-square
  - Percentage & odds ratio of those who ‘would seek help’
    - Under 21 – 71.4%
    - 21 and over – 66.5%
    - χ² = 1, (n = 1027) = 2.92, p = .087
- T-test
  - Under 21 (m = 4.23, sd = 1.40)
  - 21 and over (m = 4.11, sd = 1.45)
  - t(1025) = 1.39, p = .70
Accounting for all variables which was most influential?

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

RESULTS

RECOGNITION AND CONCERN

Treatment groups had higher recognition scores than comparison.
- Particularly true for groups with video

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

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

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

• Self-report data regarding drinking levels
  – Anonymity
  – Marlatt et al. 1998; Cooper et al. 1981

• Hypothetical scenarios
  – Pogarsky 2004; Green 1989; Kim & Hunter 1993

• Homogenous sample (90.4% white)

Conclusions

• Students in treatment groups more likely to report intentions to help than comparison (especially MA policy)

• Women reported greater intentions to seek help than did men

• Men and women did not differ in their response to the treatments

• Intentions to seek help declined as drinking level increased

Conclusions (cont.)

• No difference between student under age 21 and those 21 and over on intentions to help.

• Treatments effective in increasing recognition of alcohol poisoning symptoms (especially groups with video)

• Overall high levels of concern for alcohol poisoning symptoms

• Treatments effective in increasing concern for three symptoms (mental confusion, vomiting, pale skin color)
Conclusions (cont.)

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

Implications for Administrators

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

Implications for Administrators

- Communicate consistently and frequently about the policy, symptoms, and required action
- Consider if you will provide amnesty or if you will compel action
- Consider implementing both a policy & a protocol
  - [www.northwestern.edu/student-conduct/conduct/code/rap.html](http://www.northwestern.edu/student-conduct/conduct/code/rap.html)

Recommendations for Further Research

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

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

Examples of Comprehensive Policies

• Northwestern
• Cornell
• Duke
• Emory
• Georgia
• MIT

• NYU
• Ramapo
• Rollins
• SMU
• Tulane

QUESTIONS?

Laura Oster-Aaland, Ph.D.
North Dakota State University
Laura.Oster-Aaland@ndsu.edu
701.231.7750