



Research paper

Safety first: A medical amnesty approach to alcohol poisoning at a U.S. university

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Received 18 November 2005, Revised 26 January 2006, Accepted 7 February 2006, Available online 5 June 2006.

<https://doi.org/10.1016/j.drugpo.2006.02.007> [Get rights and content](#)

Abstract

Despite the minimum legal drinking age of 21 in the United States, alcohol consumption among underage college students is widespread. Patterns of consumption among students often include episodes of heavy drinking that contribute to a range of negative consequences, including alcohol poisoning. Although failure to seek medical assistance in cases of alcohol poisoning can lead to fatal outcomes, evidence suggests that the threat of judicial consequences resulting from enforcement of the minimum drinking age or other law or policy violations leads some students to refrain from calling for emergency medical services. Beginning in the fall of 2002, Cornell University attempted to address this dilemma by implementing a Medical Amnesty Protocol (MAP) designed to: (1) increase the likelihood that students will call for help in alcohol-related medical emergencies; and (2) increase the likelihood that students treated for alcohol-related medical emergencies will receive a brief psycho-educational intervention at the university health centre as a follow-up to their medical treatment. This article provides a case study of the MAP at Cornell University and reviews data from emergency room and health centre records, calls to emergency medical services, and student self-report survey data to evaluate the extent to which the protocol's goals were achieved during the first two years of implementation. Results include consecutive increases in alcohol-related calls for assistance to emergency medical services during the two-year period. Survey results suggest that, following initiation of the MAP, students were less likely to report fear of getting an intoxicated person in trouble as a barrier to calling for help. Furthermore, the percentage of students seen by health centre staff for a brief psycho-educational intervention after an alcohol-related emergency more than doubled (from 22% to 52%) by the end of the second year. In their discussion, the authors explore the inherent tension between the responsibility of colleges and universities to enforce the minimum legal drinking age of 21 as well as other laws and university policies versus the need to motivate underage students to call for assistance when alcohol-related medical emergencies occur. Recommendations to other colleges and universities considering a medical amnesty approach are provided.