



**STATE OF HAWAII
DEPARTMENT OF HEALTH**

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**Testimony in SUPPORT of SB 982 SD1
Relating to Medical Amnesty**

REPRESENTATIVE DELLA AU BELATTI, CHAIR
HOUSE COMMITTEE ON HEALTH

Hearing Date: Wednesday, March 25, 2015, 9:30am Room Number: 329

1 **Fiscal Implications:** None.

2 **Department Testimony:** The Department of Health supports SB 982 SD1.

3 This measure seeks to improve the outcomes from drug poisoning episodes by
4 encouraging those who may be affected by an overdose, or those around the victim, to seek
5 medical attention by calling 911. It has been shown that the fear of arrest or prosecution may
6 cause unnecessary deaths and bad outcomes that might have been avoided if appropriate help
7 was sought sooner. This harm reduction strategy is one of ten most promising practices in
8 reducing prescription drug abuse, based on a comprehensive national review of policies and
9 approaches.¹ Similar legislation has been passed in seventeen other states and Washington, D.C.
10 In order for this measure to be effective, the public needs to be made aware of medical amnesty
11 as a lifesaving measure for individuals at risk for overdose.

12 Drug poisoning is a serious public health problem in Hawaii and across the nation. Based
13 on Hawaii death certificate records, fatal drug poisonings among Hawaii residents have
14 increased significantly over the last 20 years to make it the leading mechanism of fatal injuries,
15 surpassing deaths from motor vehicle crashes and falls. There was an almost two-fold increase
16 in deaths from drug poisonings from 78 deaths per year in the 1999-2003 period to 151 deaths
17 per year over the 2009-2013 period. Almost all of the fatal poisonings in the 2009-2013 period
18 were drug-related (88%, or 754 of 856). Prescription drugs were implicated in nearly half (45%)
19 of the unintentional poisonings, including 36% of deaths that involved opioid pain

¹ <http://healthyamericans.org/assets/files/TFAH2013RxDrugAbuseRptFINAL.pdf>

- 1 relievers. Death certificate codes further indicated that 52% of these deaths involved illicit
- 2 substances, most commonly methamphetamine (43%) and cocaine (8%).
- 3 Thank you for the opportunity to testify.

COMMUNITY ALLIANCE ON PRISONS

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Vice Chair: Rep. Joy Sanbuenaventura

Wednesday, March 25, 2015

9:30 a.m.

Room 329

SUPPORT for SB 982 SD1 – MEDICAL AMNESTY/GOOD SAMARITAN BILL

Aloha Chairs Belatti and Rhoads and Members of the Committees!

My name is Kat Brady and I am the Coordinator Community Alliance on Prisons, a community initiative promoting smart justice policies for more than a decade. This testimony is respectfully offered always mindful that 6,000 Hawai'i individuals are living behind bars, including 1,800 men who are serving their sentences abroad, thousands of miles from their loved ones, their homes and, for the disproportionate number of incarcerated Native Hawaiians, far from their ancestral lands.

SB 982 SD1 establishes limited immunity for individuals who seek medical assistance for themselves or others experiencing a drug or alcohol overdose. Effective 01/07/2059.

Community Alliance on Prisons is in strong support of this measure that is all about saving lives. Overdose deaths are preventable. The majority of drug-related overdoses occur in the presence of others and there is usually time to intervene by calling 911, performing CPR, or with an opiate blocker such as Naloxone.

The **most common reason cited for not calling 911** for help during an overdose is **fear of police involvement**. Witnesses fear being arrested for possession or contributing to the overdose, so instead of calling 911, people may try dangerous methods to revive the victim.

The following is an excerpt from an article¹ published in Civil Beat by an internal medicine physician at Straub Clinic and Hospital (June 2014):

¹ Health Beat: **Hawaii Could Save the Lives of Many More Overdose Victims**-The state should join others that are overcoming uncomfortable questions to help speed up action to spare people who are dying from drugs, By KATHLEEN KOZAK, JUNE 23, 2014.

<http://www.civilbeat.com/2014/06/health-beat-hawaii-could-save-the-lives-of-many-more-overdose-victims>

Does the social stigma of drug use make us less likely to care about saving the lives of addicts?

Statistics from the Hawaii Department of Health Injury Prevention Program indicate that from 2009 to 2013, there were 773 recorded deaths from drug poisoning in Hawaii. This tops the 618 people who died in motor vehicle accidents over the same five-year period.

Based on trends apparent in this data, the annual numbers of overdoses are likely to continue to rise in the next few years. Despite an increased awareness of the dangers, there is still a huge black market for prescription pain pills, which account for a significant number of the overdoses seen in the last few years.

When people overdose, whether intentionally or accidentally, the first people on the scene are often friends or family members. If they find a loved one within minutes of an overdose, they are – or could be – in a unique position to save them.

According to the Department of Health presentation² at the 2014 Hawai'i Harm Reduction Conference, drug poisonings are increasing in Hawai'i:

- ~155 deaths per year, and ~4,500 hospital treatments

- Pharmaceutical opiates involved in 41% of fatal drug poisonings, and 12% to 20% of nonfatal drug poisonings.

Fatal drug poisonings in Hawaii, by various groups, 2004-2013:

- prescription drugs (55%)
- opioid pain relievers (41%)
- illicit drugs (36%)
- methamphetamine (27%)
- unspecified drugs (16%)

The number of **drug overdose deaths** - a majority of which are from prescription drugs - **in Hawaii increased by 68 percent since 1999** when the rate was 6.5 per 100,000. Nationally, rates have doubled in 29 states since 1999, quadrupled in four of these states and tripled in 10 more.

This bill would NOT protect people from prosecution for other offenses such as drug trafficking.

It would, however, provide amnesty from prosecution to people who call 911 by prioritizing the saving lives over arrests for drug possession.

Laws have been enacted in 17 states and adopted as policies by 240 colleges and universities. The statistics from the Injury Prevention Branch of the Hawai'i Department of Health surely provide justification for this life saving measure.

What if someone you love was in a situation like this? Wouldn't you want someone to help him or her? Please pass this common sense, life saving measure and change the effective date to "upon approval". Mahalo for this opportunity to testify.

² **Drug overdoses and prevention efforts in Hawaii**, Dan Galanis, Ph.D., Epidemiologist, Injury Prevention and Control Section, EMS & Injury Prevention System Branch, Hawaii Department of Health.



Hawaii's voice for sensible, compassionate, and just drug policy

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Wednesday, March 25, 2015, 9:30 a.m.

Conference Room 329
State Capitol
415 South Beretania Street

Executive Director Rafael Kennedy in support – SB982 SD2 – Relating to Medical Amnesty

Aloha Chairs Belatti and Rhoads, Vice Chairs Creagan and San Buenaventura, and members of the committees,

Mahalo for taking the time to hear this medical amnesty bill. It is important that the legislature pass a bill providing these protections soon. Drug overdose is on the rise in Hawaii and around the nation. According to the CDC, it has been the leading cause of injury related death for the past two decades, and kills more than 100 people each day in the U.S.¹ From 2009-2013, drug overdose was the leading cause of fatal injuries **in Hawaii**, surpassing falls, motor vehicle accidents, drowning and other injury-related deaths.^{2 3} What's more, all indications are that as we tighten controls on prescription painkillers, **the problem will worsen.**⁴

1 Paulozzi, Leonard J. "Prescription Drug Overdoses: A Review." *Journal of Safety Research* 43, no. 4 (September 2012): 283-89. doi:10.1016/j.jsr.2012.08.009.

2 "Drug Abuse 2013 Data for Hawaii." Accessed February 10, 2015. <http://healthyamericans.org/reports/drugabuse2013/release.php?stateid=HI>.

3 Hawaii Department of Health Injury Prevention and Control Section. "Hawaii Poisoning Data Summary," September 2013. http://health.hawaii.gov/injuryprevention/files/2013/09/poisoning_Data-Summary0812a.pdf.

4 Khazan, Olga. "How the War on Painkillers Created the New Heroin Epidemic." *The Atlantic*, October 30, 2014.

The best data we have on users of intravenous drugs comes from the syringe exchange program run by the CHOW project. They have reported that half of the participants in Hawaii's syringe exchange program witnessed an overdose in the past two years. One quarter experienced an overdose themselves. This not only underscores the urgency of this legislation, but shows that **it will be effective**; most overdoses happen in the presence of other people, **people who can call for help**.¹⁷ Other states and the District of Columbia have already implemented policies such as these, to great effect. It has been shown to be the single most important factor in accessing treatment for overdose.⁵

Fear is the primary reason people cite for not calling for help.⁶ This fear of prosecution drives people to convince themselves that their friends will be alright without medical attention, to waste time dropping victims outside the hospital, or to undertake risky methods to revive victims on their own. These medical amnesty bills will go a long way toward assuaging that fear, and at **very little expense**.⁷ The truth is that only in a tiny minority of cases (according to a survey of officers conducted in Washington state, less than one percent) will this immunity affect whether or not victims and witnesses of overdose are in fact subject to criminal penalties.⁸ The **promise** of immunity however will give them the security to call for help, and will therefore be instrumental in helping to save many, many lives.

Much mahalo for your time and effort on these bills. This is an important and meaningful step for Hawaii, and along with increasing access to Naloxone, is a critical companion to efforts to curb prescription painkiller misuse.

<http://www.theatlantic.com/features/archive/2014/10/the-new-heroin-epidemic/382020/>.

5 Melissa Tracy, Tinka Markham Piper. "Circumstances of Witnessed Drug Overdose in New York City: Implications for Intervention." *Drug and Alcohol Dependence* 79, no. 2 (2005): 181-90. doi:10.1016/j.drugalcdep.2005.01.010.

6 Melissa Tracy, Tinka Markham Piper. "Circumstances of Witnessed Drug Overdose in New York City: Implications for Intervention." *Drug and Alcohol Dependence* 79, no. 2 (2005): 181-90. doi:10.1016/j.drugalcdep.2005.01.010.

7 Burris, Scott; Beletsky, Leo; Castagna, Carolyn; Coyle, Casey; Crowe, Colin; and McLaughlin, Jennie Maura, "Stopping an Invisible Epidemic: Legal Issues in the Provision of Naloxone to Prevent Opioid Overdose," *Drexel Law Review* (Philadelphia, PA: Earle Mack School of Law, Spring 2009), Vol. 1, Number 2, p. 277. http://prescribetoprevent.org/wp-content/uploads/2012/11/burris_stopping... - See more at: <http://www.drugwarfacts.org/cms/Overdose#Botline>

8 Banta-Green, Caleb J., Leo Beletsky, Jennifer A. Schoeppe, Phillip O. Coffin, and Patricia C. Kuszler. "Police Officers' and Paramedics' Experiences with Overdose and Their Knowledge and Opinions of Washington State's Drug Overdose-Naloxone-Good Samaritan Law." *Journal of Urban Health: Bulletin of the New York Academy of Medicine* 90, no. 6 (December 2013): 1102-11. doi:10.1007/s11524-013-9814-y.

Rafael Kennedy
Executive Director,
Drug Policy Forum of Hawaii

The Drug Policy Forum of Hawaii works to educate policymakers and the public about effective ways of addressing drug issues in Hawai'i with sensible and humane policies that reduce harm, expand treatment options, and adopt evidence-based practices while optimizing the use of scarce resources.

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, March 24, 2015 8:49 AM
To: HLTtestimony
Cc: laurenzirbel@gmail.com
Subject: *Submitted testimony for SB982 on Mar 25, 2015 09:30AM*

SB982

Submitted on: 3/24/2015

Testimony for HLT on Mar 25, 2015 09:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Lauren Zirbel	Hawaii Medical Association	Support	Yes

Comments:

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Community Health Outreach Work

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TESTIMONY IN SUPPORT OF SB 982: Relating to Medical Amnesty

TO: Rep. Della Au Belatti, Chair and Rep. Richard P. Creagan, Vice Chair; Committee on Health
Rep. Karl Rhodes, Chair and Rep. Joy A. San Buenaventura, Vice Chair, Committee on Judiciary

FROM: Heather Lusk, Executive Director, CHOW Project

Hearing: Wednesday, March 25, 2015 10:30 AM Conference Room 329

Dear Chair Au Belatti, Chair Rhodes, and Members of the Committee:

Thank you for the opportunity to testify in Strong Support SB 982 relating to medical amnesty.

Unintentional drug overdoses are on the rise in Hawaii

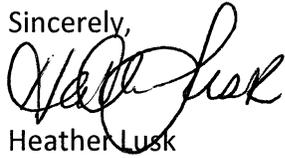
According to the Hawaii Department of Health (DOH), overdose was the leading cause of unintentional injury-related deaths in the State in 2013 and has been on the rise over the past five years. This mirrors fatal overdoses on the U.S. continent where 100 people die everyday from overdose and it is the leading cause of accidental death. These overdoses can be prevented with a comprehensive approach including education, prescription drug monitoring and training people how to prevent and respond appropriately to overdoses.

SB 982 will save lives by making it more likely for witnesses to call 911

The number one reason cited among CHOW participants and in other research for not calling 911 in response to an overdose is fear of arrest for drug possession. SB 398/SB 982 will give amnesty for drug possession, but will not protect people from arrest or prosecution for other offenses, such as drug trafficking. At least seventeen other states have similar so called "good samaritan" legislation and over 240 college campuses have policies which provide protection from prosecution for witnesses who call 911. This bill prioritizes saving lives over drug possession.

The Community Health Outreach Work (CHOW) Project is dedicated to serving individuals, families and communities adversely affected by drug use, especially people who inject drugs, through a participant-centered harm reduction approach. CHOW works to reduce drug-related harms such as but not limited to HIV, hepatitis B/C and overdose. CHOW supports the optimal health and well-being of people affected by drug use throughout the State of Hawaii. CHOW has operated the statewide syringe exchange program for the past twenty years. In 2010, CHOW surveyed participants about their experience with overdose and more than half of CHOW's participants had witnessed an overdose in the past two years. Unfortunately, we have lost more than one participant to overdose when 911 was not called out of fear.

Sincerely,

A handwritten signature in black ink, appearing to read "Heather Lusk". The signature is fluid and cursive, with the first name "Heather" written in a larger, more prominent script than the last name "Lusk".

Heather Lusk
Executive Director
CHOW Project



Hawaii's Voice for Sensible, Compassionate, and Just Drug Policy

TO: HOUSE COMMITTEE ON HEALTHJUDICIARY & LABOR

FROM: PAMELA LICHTY, M.P.H., PRESIDENT

DATE: March 25, 2015, ROOM 329, 9:30 a.m.

RE: S.B. 982, S.D.1 RELATING TO MEDICAL AMNESTY – **IN STRONG SUPPORT**

Good morning, Chair Belatti, Vice Chair Creagan, and members of the Committee. My name is Pam Lichty and I'm President of the Drug Policy Action Group (DPAG), the government affairs arm of the Drug Policy Forum of Hawaii.

The Drug Policy Action Group strongly supports SB 982.

Let me begin by thanking you for hearing this important bill today. Medical amnesty laws, also known as Good Samaritan laws, are in place now in 20 states and at many colleges and universities, with more under consideration every year. The measure itself explains how overdose deaths in Hawaii - from illegal drugs, prescription drugs, and alcohol - have increased greatly in recent years. As we hopefully move towards a compassionate, evidence-based, public health approach to drug control, this type of measure is literally a way to save lives.

As noted in Section 1 of the measure, if criminal punishment is intended to deter drug use, it is clearly too late for that approach when a person has suffered an overdose. In any case many of the overdose deaths reported in Hawaii and elsewhere were from prescription drugs or alcohol rather than illicit drugs.

Therefore it behooves us to suspend any moral judgments we may harbor about those who use misuse drugs or alcohol and instead look at the best ways to save lives and help people to call for medical assistance without fear of legal repercussions.

All too often the victims' companions abandon the victim out of fear of arrest or literally dump him outside of an emergency room. This is an inhumane yet understandable response under current law, but it is clearly no way to deal with a life threatening medical emergency.

This issue is personal to me since I lost a nephew to an overdose death fifteen years ago. I was visiting his mother last year when Phillip Seymour Hoffman's death vividly brought back that terrible time to my family and me.

His death and those of so many others underscores the urgency of getting this type of medical amnesty bill in place immediately to prevent more of such tragedies.

I urge this committee to move S.B. 982, S.D. 1 on to the Judiciary Committee today so that this important and necessary discussion can continue. Again thank you for hearing this measure and for giving us the opportunity to testify.



Senator Josh Green
Chair
Senate Committee on Health

Hearing Date: March 25, 2015

Testimony in SUPPORT of SB982, SD1

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Dear Senator Green and Committee Members:

I am writing on behalf of the Hawaii College of Emergency Physicians to express support of SB982, SD1.

Drug poisoning, both with illicit and prescription drugs, is a serious problem in Hawaii and across the country. Overdoses now cause more deaths than motor vehicle crashes. A multifaceted approach is needed, and encouraging victims and bystanders to quickly report life-threatening situations is essential to saving lives.

Sincerely,

William Scruggs
President, Hawaii College of Emergency Physicians
Assistant Director, Castle Medical Center Emergency Department



25 March 2015

The Honorable Della Au Belatti, Chair, House Committee on Health
The Honorable Karl Rhoads, Vice Chair, House Committee on Judiciary

Subject: **Support SB982 SD1**

Dear Chair Au Belatti and Chair Rhoads,

The Injury Prevention Advisory Committee strongly supports SB982 SD1, providing limited immunity for those seeking assistance for themselves or others during an overdose or other medical emergency.

Established in 1990, the Injury Prevention Advisory Committee (IPAC) is an advocacy group committed to preventing and reducing injuries in Hawai'i. IPAC members include representatives from public and private agencies, physicians and professionals working together to address leading areas of injury, including poisoning and overdose.

We strongly support this bill. Nationally, and specifically here in Hawaii, overdose deaths have surpassed motor vehicle crashes as the leading cause of death from injury. In our state, the number of deaths from drug poisonings in recent years has nearly doubled. Most of those (88%) were drug-related, and over a third of those deaths were from opiates, drugs that suppress the body's breathing and other vital signs.

When a severe opiate overdose occurs and breathing and/or circulation are impaired, victims may die within minutes. If 911 is activated promptly, however, emergency medical dispatchers can deliver rescue breathing and/or CPR instructions, and paramedics can arrive quickly to administer life-saving antidotes such as naloxone. Any delay in activation of emergency services – such as stigma and fear of prosecution – can be a death sentence for the overdose victim.

Again, drug overdose deaths constitute a nationwide epidemic. In response, 17 states and the District of Columbia have already implemented legislation to provide some degree of immunity to those seeking help for themselves or others during an overdose. In an evaluation of one such measure, 88% of opiate user respondents reported that after passage and knowledge of the law, they were more likely to call 911. Hawaii has excellent emergency dispatchers, first responders, EMTs and paramedics – some of whom serve on our committee. Unless they are activated quickly and without reservation, however, these rescuers cannot help people whose lives are slipping away due to a treatable overdose.

This measure would not shield those guilty of major crimes – including drug trafficking. Rather, it would save lives, and provide patients a path to full recovery. We urge you to support SB982 SD1, to help save the lives of people who need prevention – not prosecution.

Thank you for the opportunity to testify.

Sincerely,

Chair, Injury Prevention Advisory Committee



The Medical Amnesty Initiative

March 25, 2015

Honorable Senator,

On behalf of The Medical Amnesty Initiative, we respectfully request your support of Senate Bill 982, which is currently scheduled for a hearing in Committee on Health. This bill will save lives.

Senate Bill 982 would, in part, grant a limited immunity to intoxicated minors when they make contact with emergency officials for individuals who need immediate medical attention. Tragically, too many young people lose their lives each year because those around them were intoxicated and afraid of the judicial consequences that may occur when 911 is called.

At such a young age, without the experience of responsible drinking, the distinction between a dangerously intoxicated friend and a person who simply drank too much and can sleep it off, becomes a blur. Research supports the fact that while the 21 year old drinking limit does not deter many young people from drinking, it does contribute to a dangerous hesitation when deciding whether or not to call 911 for someone who is in need of immediate medical assistance. In an inebriated state, young people see the minor legal infraction as the end of the world. Getting in trouble with parents, with the school, a sports team, scholarship eligibility, disclosure on grad school applications, and future employment, are all concerns that instantly flash through the minds of underage drinkers when a fun night with friends drastically changes into a life or death situation. In an inebriated state, where confusion and a false sense of safety takes control, young people convince themselves that a person who is "passed out" isn't drunk enough to die—that they will simply wake up the next morning with an awful hangover. Tragically, too many sons and daughters, brothers and sisters, and friends do not wake up. Should young people call 911 at the first sign of a medical emergency? Of course, and under any other circumstances they would. But, in this type of a situation they aren't making that call, and young people should not have to pay the price of drinking underage with their life.

Simply put, the fear of receiving a minor in possession/consumption ticket from law enforcement, who is seen as an adversary and not as an invaluable asset, costs lives. However, the passage of Senate Bill 982 would effectively remedy these fears.

We respectfully urge your support during the upcoming committee hearing. This bill has the ability to save lives the moment it is enacted. It is our hope that with the passage of SB982, minors in Hawaii will no longer be afraid to dial 911 for another individual who desperately needs medical attention. Thank you very much for your time.

Sincerely,

Aaron Letzeiser
Executive Director

911

make the call

The Medical Amnesty Initiative

Aaron Letzeiser
Executive Director
(248) 449-4499

Aaron@medicalamnesty.org

<http://www.MedicalAmnesty.org>

**Senate Bill 982
Medical Amnesty
Policy Proposal**

Table of Contents

Medical Amnesty Fact Sheet.....	page 4
Legislative Facts.....	page 5
Common Questions and Concerns Answered.....	page 6
Underage Binge Alcohol Use Since Policy Passage.....	page 8
2012 National College Health Assessment.....	page 9
Monitoring the Future: Fact Sheet.....	page 10
Cornell Fact Sheet & Data.....	page 11
Helping Behavior Study-North Dakota State Univ. Study.....	page 13

Medical Amnesty Legislation

WHAT IS IT?

- Medical Amnesty is a state law which grants intoxicated minors a limited legal immunity from certain underage alcohol possession laws when they seek help for themselves or another individual who is in need of immediate medical attention.
- As of August 2014, 21 states and Washington, D.C. have passed a Medical Amnesty bill with an overwhelming amount of bipartisan support.

WHY IS IT IMPORTANT?

- Alcohol-related unintentional injuries are a leading cause of death among young people in the United States.
- A Cornell University study concluded that while 19% of college students have said they have been in a situation where 911 should have been called for a highly intoxicated individual, only 4% actually made the call.
- Young people are reluctant to seek help in such alcohol related emergencies because of potential judicial consequences. One of the most common reasons minors cite for not calling 911 for help when they witness an emergency is fear of police involvement.
- The legislation does not protect people from persecution for other alcohol related offenses including driving under the influence (DUI), disorderly conduct, property damage, and assault, etc.

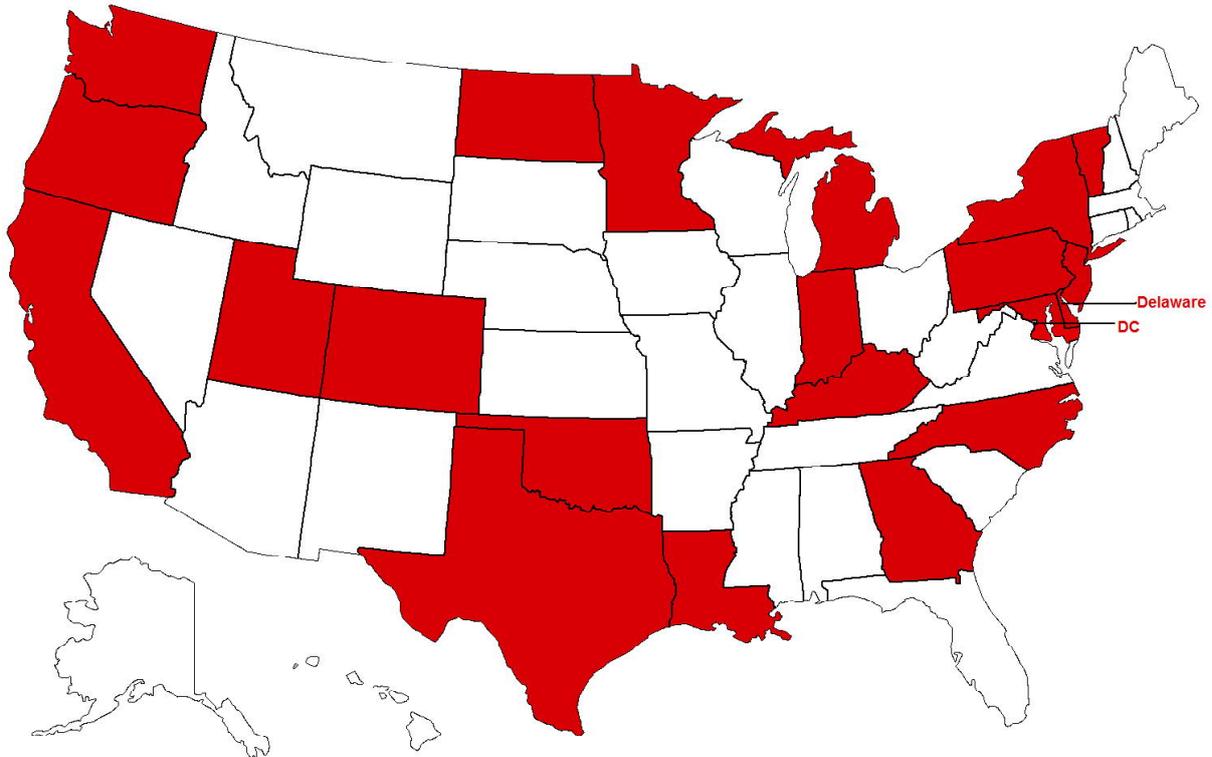
IMPACT OF SIMILAR ENACTED POLICIES

- Studies have found that following the implementation of Medical Amnesty, the number of requests for emergency assistance in alcohol related situations have increased dramatically.

PURPOSE/GOALS OF THE MEDICAL AMNESTY POLICY

- To establish a state-wide medical amnesty law that encourages young people to seek medical attention in the event of an emergency, especially those involving alcohol poisoning and sexual assault.
- To increase the likelihood that young people will call for help in alcohol-related emergencies and thus decrease the number of young lives lost to alcohol each year.

States with a Medical Amnesty Law



Medical Amnesty is truly a bi-partisan issue!

- 21 States and Washington, D.C.
- Total Vote Count: 2,662 Yea to 145 Nay
- Unanimously Passed the House in 11 States
- Unanimously Passed the Senate in 15 States
- 12 Republican Primary Bill Sponsors
- 10 Democratic Primary Bill Sponsors

Medical Amnesty: Common Questions and Concerns Answered!

We have heard many of the same initial questions and concerns about medical amnesty legislation as we have worked on this policy throughout the country. We know the bill must be crafted in a way that it maintains the integrity of existing statute, while also creating a system that can save young lives. We are pleased to report that in many states, the Medical Amnesty bill has passed unanimously.

QUESTION: Why should the minor needing medical attention receive the legal amnesty in addition to the individual making the call?

ANSWER: The simple answer here is power of friendship. Imagine an inebriated (clouded judgment) teenager deciding whether or not their friend is “drunk enough” to need medical attention. The last thing that person wants to do is get their friend in trouble. The prevailing belief is that if help is sought, or 911 is called, the friend will get cited for drinking underage and could get in trouble with the legal system, parents, school, sports team, and could even effect college admittance and scholarship eligibility. That citation can end a friendship—at least that’s how it is perceived. And, while that call to 911 may save the friend’s life, the power of whether or not that person may ever speak to them again, can be a tragedy.

This is an important question and one we have heard in almost every state. We can also say that in almost each of those states, the legislature has chosen to protect both the caller and the person in need of medical assistance and these states have seen positive results.

CONCERN: This law will be abused by those who don’t want to get in trouble! Young people will drink to excess and then simply call for help just so they know they won’t get cited. Or, law enforcement will show up to a party and everyone will raise their hand and say they need help.

ANSWER: While initially a very common concern, this is one that is usually resolved quickly. First, we encourage policy makers to draft a bill which clearly states that intent must be made by the person seeking help prior to contact with law enforcement for a possible underage drinking situation. This eliminates the situation raised above where law enforcement may respond to a noise complaint, large party, assault, etc. and young people try to abuse the law’s protections.

Second, we often hear that young people will drink to excess and then at the end of the night, they will call for help simply to guarantee immunity. Although understandable to an extent, we don’t believe that when an inebriated young person is faced with leaving a “party” they will choose to call 911 for an ambulance and hospital visit (and all costs associated with it) instead of calling a cab or friend to take them back to their house, apartment, or dorm. The only time young people fear the underage drinking citation is when they are faced with imminent police presence.

If police are not present at the end of the night, a minor is going to take steps to make it back home or to where they are staying that night. The addition of intent in to the bill eliminates an individual's ability to abuse the law when the police arrive.

CONCERN: This policy will only encourage young people to drink more!

ANSWER: Studies have shown that where Medical Amnesty policies exist, underage drinking levels have not risen (see data below). While we understand this concern, studies have also proven that the typical individual drinking while underage is not doing so with the specific intent to become so inebriated that it could be fatal. Instead, instances of underage alcohol-related deaths are most often either college freshmen within the first few weeks of their first semester, and/or those involved in hazing.

Underage Binge Alcohol Use Since Policy Passage

Substance Abuse and Mental Health Services Administration

A Division of the Department of Health and Human Services (HHS)

National Survey on Drug Use and Health-- Primary source of information on the prevalence, patterns, and consequences of alcohol, tobacco, and illegal drug use and abuse in the general U.S. civilian non institutionalized population, age 12 and older.

California: Passed 2010

Persons Aged 12-20	2008-2009	2009-2010	2011-2012
Past Month Binge Alcohol Use	16.79%	16.93%	14.99%

Colorado: Passed 2006

Persons Aged 12-20	2007-2008	2009-2010	2011-2012
Past Month Binge Alcohol Use	20.75%	18.30%	14.97%

New Jersey: Passed 2009

Persons Aged 12-20	2009-2010	2011-2012
Past Month Binge Alcohol Use	19.88%	16.77%

Pennsylvania: Passed 2011

Persons Aged 12-20	2009-2010	2011-2012
Past Month Binge Alcohol Use	19.36%	18.35%

Texas: Passed 2011

Persons Aged 12-20	2009-2010	2011-2012
Past Month Binge Alcohol Use	16.95%	14.06%

University of North Dakota – Data compiled from the 2012 National College Health Assessment and Core Alcohol and Other Drug Survey

North Dakota: Passed April 2011

Alcohol Use among Underage (<21 years) Students:

	2008	2010	2012
Alcohol Use (Past 30 Days)	75.5%	72.8%	67.5%
Alcohol Use (Past Year)	83.4%	83.0%	81.5%
Avg. # of Drinks (Per Week)	6.02	5.85	4.97

2012 National College Health Assessment Results American College Health Association

The ACHA-National College Health Assessment is a national research survey organized by the American College Health Association (ACHA) to assist college health service providers, health educators, counselors, and administrators in collecting data about their students' habits, behaviors, and perceptions on the most prevalent health topics.

- 90,666 respondents
 - 45.8% 18-20 years old.
 - 64.2% Female
 - 33.5% Male

- **Number of days alcohol was consumed over the past 30 days:**

	Male	Female
Used 1-9 days	48.3%	52.4%
Used 10-29 days	17.4%	12.6%
Used all 30 days	1.5%	0.5%

- **Number of alcohol drinks consumed last time respondent “partied” or socialized:**

	Male	Female	Total
4 or less drinks	32.9%	47.5%	42.3%
5 drinks	7.7%	8.8%	8.3%
6 drinks	6.9%	6.2%	6.4%
7 or more	26.2%	10.9%	16.1%

- **Number of times respondent consumed 5 or more drinks, in one sitting, over the previous two weeks:**

	Male	Female	Total
1-2 times	25.7	21.2	22.7
3-5 times	13.6	7.2	9.3
6 or more times	3.6	1.2	2.1

Monitoring the Future Study: Fact Sheet

- In the United States, underage drinking accounts for 12% of the alcohol sales each year, or over 3.6 billion drinks.
- Among college students alone, over 1,800 deaths occur each year from alcohol-related unintentional injuries (excluding auto related). (Hingson et al., 2009).
- Approximately 6.6 million 12 to 20 year olds (approximately 17%) have engaged in binge drinking and 2.1 million (6%) in heavy-drinking (Johnston et al., 2008).
- On college campuses alone, those numbers jump to more than 40%
- According to the U.S. government, binge drinking is considered the consecutive consumption of five or more drinks occurring at least once within a two-week period (Center for Disease Control).
- 1 in 8 college students (13%) reported having 10 or more consecutive drinks and 1 in 20 (5%) have reported having 15 or more consecutive drinks within the surveyed two-week period (Johnston et al., 2008).
- The full study can be found at:
<http://monitoringthefuture.org/>

Cornell University Fact Sheet and Data

Background

- Cornell University is a four-year Ivy League University in rural New York State with an enrolment of over 13,600 undergraduate students.
- In the 2000–2001 academic year, Cornell University Emergency Medical Services (EMS) responded to 63 calls in which students were evaluated for alcohol poisoning or alcohol-related injuries.
- A random sample survey of Cornell undergraduates conducted in the spring of 2000 found that 19% of respondents reported thinking about calling for help because they were concerned about someone who was severely intoxicated, though only 4% actually called for help.

The Creation of a Medical Amnesty Protocol at Cornell University

- The Medical Amnesty Protocol (MAP) was developed by a committee of the President's Council on Alcohol and Other Drugs, comprised of students, staff, and faculty. The MAP is an agreement between several university departments to exercise their discretion in accordance with the protocol when dealing with alcohol-related emergencies.
- The MAP was designed to achieve two aims:
 - (1) to increase the likelihood that students will call for help in alcohol-related medical emergencies
 - (2) to increase the likelihood that students treated for alcohol-related medical emergencies will receive follow-up education at the university health centre.

Results

- An increase in the percentage of students who reported calling for help on behalf of an intoxicated person.
- At the end of the first academic year of the MAP (2002–2003), there was a 51.1% increase in reported students calling for help.
- Correspondingly, the number of alcohol related calls to Cornell's EMS increased each year after the implementation of MAP.
- The percentage of students who reported that they did not call for help in an alcohol-related medical emergency because they "didn't want to get the person in trouble" decreased by 61% from the baseline survey to the end of the fourth year of implementation.

Conclusions

- Each episode in which someone does not call for help is a potentially fatal situation. Therefore, it is desirable to reduce as many barriers to calling for help as possible, regardless of the prevalence of such behavior.
- Furthermore, the proportion of students for whom fear of judicial consequences is a barrier could potentially be higher on campuses where the police routinely issue violations (without amnesty) to students treated for alcohol poisoning.
- An institutional decision whether or not to develop some form of medical amnesty is likely to involve philosophical disagreements among key stakeholders. At Cornell, there was general consensus among students, staff, and faculty that medical amnesty was an appropriate approach for the community.

Source

- Cornell Statistics provided by: Safety First: A Medical Amnesty Approach to Alcohol Poisoning at a U.S. University. 7 Feb. 2006. By: Lewis, Deborah K., and Marchell C. Timothy
- The full study can be found at:
<http://www.gannett.cornell.edu/cms/pdf/aod/upload/Safety1stcornellMedamnesty.pdf>

Helping Behavior Study

- A 2009 study done at North Dakota State University titled, “Alcohol Poisoning Among College Students Turning 21: Do They Recognize the Symptoms and How Do They Help?” assessed the frequency of helping behavior among students in situations where peers display alcohol poisoning symptoms and assessed sources from which students seek help.
- Students ($N = 306$; 50% male) completed a Web-based self-report assessment during the week before their 21st birthday focusing on drinking behavior, alcohol-related consequences, concern for symptoms of alcohol poisoning, and observations of and experience with helping behavior.

Sources of help

- 86% of students reported using a source of help for symptoms and nonsymptoms of alcohol poisoning.
- More than half (57.8%) of students indicated they had helped another individual without seeking outside help.
- When seeking outside help, students were most likely to seek help from another student, followed by a parent.
- **Students were least likely to seek help from on-campus and off-campus police.**

Table 3

Sources of help for alcohol poisoning symptoms and nonsymptoms ($n = 263$)

Source	%
I have helped other students, but I have not sought outside help	57.8
Another student (not a residence advisor)	38.6
Parent	12.4
Hospital/clinic/emergency room	7.5
Other	5.9
Resident advisor	2.3
Hall director	1.6
<u>Off-campus police</u>	<u>1.3</u>
<u>Campus police</u>	<u>0.3</u>

Reasons not to seek help

- 14% of students reported never having helped someone with symptoms or nonsymptoms of alcohol poisoning.

Common reasons cited for not seeking help for alcohol poisoning symptoms and nonsymptoms

- I was afraid of my friend getting into trouble with legal system/police
- I was afraid of myself getting into trouble with the legal system/police
- I was afraid of my friend getting into trouble with residence hall staff
- I was afraid of myself getting into trouble with residence hall staff
- I was afraid of my friend getting into trouble with university administration
- I was afraid of myself getting into trouble with university administration
- I was afraid of my friend getting into trouble with his/her parents
- I was afraid of myself getting into trouble with my parents
- I was afraid of my friend getting into trouble with his/her academic program
- I was afraid of myself getting into trouble with my academic program
- Other people discouraged me from getting help
- I did not want my friend to be angry

Source

- Alcohol Poisoning Among College Students Turning 21: Do They Recognize the Symptoms and How Do They Help? July 2009. By: Laura Oster-Aaland, M.S.,[†] Melissa A. Lewis, Ph.d., Clayton Neighbors, Ph.d., Jane Vangsness, M.S., and Mary E. Larimer, Ph.d.

Aloha,

I'm a 30 yr. service connected disabled veteran, and while serving my country, were thought to care for our comrades. Whether, by CPR, calling for assistance, or doing the best we can, until help arrives are virtues deep seeded into who we are. Wouldn't we be expected to do the Heimlich maneuver if we saw someone choking, or start rescue breathing for someone who just collapsed, and needed it to save his/her life absolutely.

This "Good Samaritan" bill will help save lives.

I would like to urge you to set a hearing on this bill.

Aloha and Mahalo

Randy Kobashikawa

Testimony in support of SB982

Gary Leroy Vaughan Jr
204 Liliuokalani Ave #6
Honolulu, HI 96815
253-282-1737
gary@glvconsulting.com

March 23, 2015

Hawaii State Legislature
415 S. Beretania St
Honolulu, HI 96813

To whom it may concern:

I am submitting my testimony to the court in support of SB982, The Good Samaritan Bill. After having spent six months, voluntarily living in an Oxford House (clean and sober) while attending AA/NA my opinion is that this bill should be in effect everywhere. One of the things I noticed most about the young people in the Oxford Houses and AA/NA sessions was that there was an extremely high usage of Heroin, Opiates, and Methamphetamine; more than anything else. Overall, the Opiates and the Heroin had the most addictive and most lethal side effects.

Since there isn't much we can do to combat those drugs 100% (solidly), we should at least provide a means for people to relieve the tension of being paranoid and/or scared of taking a friend to the hospital, or calling an ambulance for them in the event of an overdose. It's already a scary ordeal, so why make it worse by allowing law enforcement to press charges against people who are just trying to help. Does that really make sense?

If one were to count how many times people counted the death toll on anything, that person should also recall how several of those made them feel. Death tolls are serious and certainly not something to be added to, simply because someone is afraid to help another who is having issues with a drug that they took; whether that drug is legal or not. Help is help, and is always needed in those circumstances.

Testimony in support of SB982

Gary Leroy Vaughan Jr
204 Liliuokalani Ave #6
Honolulu, HI 96815
253-282-1737
gary@glvconsulting.com

This law would not only help the loss of some young human being who could possibly have a full life on this planet, but a life that could greatly impact others. It would also help older people, homeless people, and just some average, normal people who might have happened to do a little too much on a certain night. Those type of people have a lot to lose by going to jail and may not want to call for help (due to indecision) until it's too late for the victim.

Thanks,

Gary Leroy Vaughan Jr

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, March 24, 2015 11:26 AM
To: HLTtestimony
Cc: lmaxera@chowproject.org
Subject: Submitted testimony for SB982 on Mar 25, 2015 09:30AM

SB982

Submitted on: 3/24/2015

Testimony for HLT on Mar 25, 2015 09:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Leilani Maxera	Individual	Support	No

Comments: I strongly support SB 982 relating to 911 medical amnesty. According to the Hawaii Department of Health (DOH), overdose was the leading cause of unintentional injury- related deaths in the State in 2013 and has been on the rise over the past five years. This mirrors fatal overdoses on the U.S. continent where 100 people die everyday from overdose and it is the leading cause of accidental death. These overdoses could be prevented with a comprehensive approach including education, prescription drug monitoring and training people how to prevent and respond appropriately to overdoses. SB 982 will save lives by making it more likely for witnesses to call 911. Many active drug users are afraid to call 911 in response to an overdose due to fear of being arrested for drug possession. SB 982 will give amnesty for drug possession, but will not protect people from arrest or prosecution for other offenses, such as drug trafficking. At least seventeen other states have similar so called "good samaritan" legislation and over 240 college campuses have policies which provide protection from prosecution for witnesses who call 911. This bill prioritizes saving lives over drug possession. Thank you for taking the time to read my testimony. Please support saving lives by supporting SB 982.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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creagan3 - Karina

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, March 24, 2015 11:22 AM
To: HLTtestimony
Cc: longt1919@gmail.com
Subject: Submitted testimony for SB982 on Mar 25, 2015 09:30AM

SB982

Submitted on: 3/24/2015

Testimony for HLT on Mar 25, 2015 09:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Michael Long	Individual	Support	No

Comments: This is a straightforward and cost-effective way to SAVE LIVES. Drug poisoning and overdose is a major cause of fatal injuries in Hawai'i.

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creagan1 - Dannah

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, March 24, 2015 1:41 PM
To: HLTtestimony
Cc: jlee16@gmail.com
Subject: *Submitted testimony for SB982 on Mar 25, 2015 09:30AM*

SB982

Submitted on: 3/24/2015

Testimony for HLT on Mar 25, 2015 09:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Jenny Lee	Individual	Support	No

Comments:

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creagan1 - Dannah

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, March 24, 2015 2:22 PM
To: HLTtestimony
Cc: kpuahi@hawaii.rr.com
Subject: *Submitted testimony for SB982 on Mar 25, 2015 09:30AM*

SB982

Submitted on: 3/24/2015

Testimony for HLT on Mar 25, 2015 09:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Kavika Puahi	Individual	Support	No

Comments:

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From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, March 24, 2015 7:25 PM
To: HLTtestimony
Cc: akatz808@gmail.com
Subject: Submitted testimony for SB982 on Mar 25, 2015 09:30AM

SB982

Submitted on: 3/24/2015

Testimony for HLT on Mar 25, 2015 09:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Alan Katz	Individual	Support	No

Comments: As a physician and public health professional, I am strongly in support of SB982. Opiate abuse is an epidemic problem in Hawaii and the US as a whole. A timely response to overdose is a key factor in saving lives. This bill will remove barriers to timely reporting of drug overdose episodes. This is an evidence-based strategy to save lives and has been enacted in numerous other states and college campuses. Thank you in advance for your positive consideration of this important bill.

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From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, March 24, 2015 5:53 PM
To: HLTtestimony
Cc: dbmahi@yahoo.com
Subject: Submitted testimony for SB982 on Mar 25, 2015 09:30AM

SB982

Submitted on: 3/24/2015

Testimony for HLT on Mar 25, 2015 09:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
David Kopper	Individual	Support	No

Comments: For the past 4 years, accidental overdose was the leading cause of fatal injuries in Hawaii. The majority of overdose deaths occur in the presence of others, making them preventable with emergency assistance. This bill eliminates a common deterrence in seeking life saving medical assistance.

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creagan1 - Dannah

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, March 25, 2015 6:58 AM
To: HLTtestimony
Cc: jmooney@chowproject.org
Subject: Submitted testimony for SB982 on Mar 25, 2015 09:30AM

SB982

Submitted on: 3/25/2015

Testimony for HLT on Mar 25, 2015 09:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
jean l. mooney	Individual	Support	No

Comments: I am in STRONG SUPPORT of SB928 relating to limited amnesty from prosecution when calling 911 during an overdose. Let's save lives!!!

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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Dear Chair Au Belatti, Chair Rhodes, and Members of the Committee:

Thank you for the opportunity to testify in Strong Support for SB 982 relating to medical amnesty.

Imagine you could support a legislation that would result in less people in Hawaii dying in car accidents or accidental falls without costing you or the community anything - Would you hesitate to do this? I imagine you would jump to this opportunity, as most of us who care about our communities would.

SB 982 is such an opportunity, a legislation that does not cost anything, but would allow better and faster care for people whose life is threatened by an unintentional drug overdose. Allowing a 'Good Samaritan' to call for rescue services without the fear to be persecuted for any involvement will make it much more likely that victims will survive these situations and receive help. Overdose was the leading cause of unintentional injury-related deaths in the State in 2013, so your support of this bill will have a measurable impact in our communities. The bill asks for a limited amnesty, so if a bystander has committed any other crimes, this will not be waived because of this bill. A limited and specific waiving of punishment (for drug use or small amount possession) for a person who calls the authorities to save a life seems a small price to pay.

As a health psychologist, as a university faculty who teaches about drug abuse, as an expert engaged in reducing the drug-related burden in Hawaii, and as a concerned community member, I urge you to please help our communities and the people who are suffering from drug abuse and dependence by supporting SB 982. You will be helping to save lives in Hawaii.

Thank you,

Stefan Keller, Ph.D.