



Good Samaritan Laws

Underage drinking has continued to decline in the past decade among individuals ages 12 to 20. This downward trend is indicative of significant progress in educating young people about the dangers associated with underage consumption of alcohol. Despite these gains, recent *Monitoring the Future* survey data revealed that six out of every 10 students (59%) have consumed alcohol by the end of high school (Johnston et al., 2019) and one in four college students (28%) self-identify as “binge drinkers” (Schulenberg et al., 2019).

Each year in the United States there are approximately 88,000 deaths attributable to excessive alcohol consumption (CDC, 2013). Often, individuals fear possible legal consequences of their own arrest when seeking emergency medical assistance for a friend or family member who may be in danger. When someone in America needs medical assistance, a call for help occurs less than 50% of the time (Tobin et al., 2005; Baca et al., 2007; Sherman et al., 2008). In instances where young people are drinking underage, the fear of being arrested and “getting into trouble” is a strong deterrent for calling emergency services or law enforcement even if the situation clearly requires intervention. In fact, fear of police involvement is the most common reason for not calling 911 during a medical emergency (Seal et al., 2003; Tracy et al., 2005).

In response to this issue, numerous states have enacted laws that exempt from arrest and prosecution and limit liability for any victim or “Good Samaritan” who renders aid in an alcohol or drug-related emergency. Referred to as 911 Good Samaritan, 911 Lifeline, Medical Amnesty, or Medical Immunity policies, these laws seek to offer limited, situational immunity as an incentive for rendering life-saving measures. In other words, if an underage individual (i.e., under 21 years of age) consumed or was in possession of alcohol illegally, he/she would not face any criminal consequences if medical assistance was sought for themselves or another person who was in a state of emergency as a result of consumption. Drug variations of these laws apply to individuals of all ages if the substance in question is illegal to possess and/or consume.

Good Samaritan laws vary by state in terms of their specific provisions, but the vast majority of these statutes protect the victim and Good Samaritan from charges and/or prosecution which might follow an alcohol or drug-related overdose emergency where medical assistance was sought. In order to avoid legal consequences, certain requirements usually must be met. While these provisions vary, it is common that the individual who calls for assistance must stay at the scene of the incident and assist law enforcement or medical personnel by complying with requests and/or providing information when requested to do so.

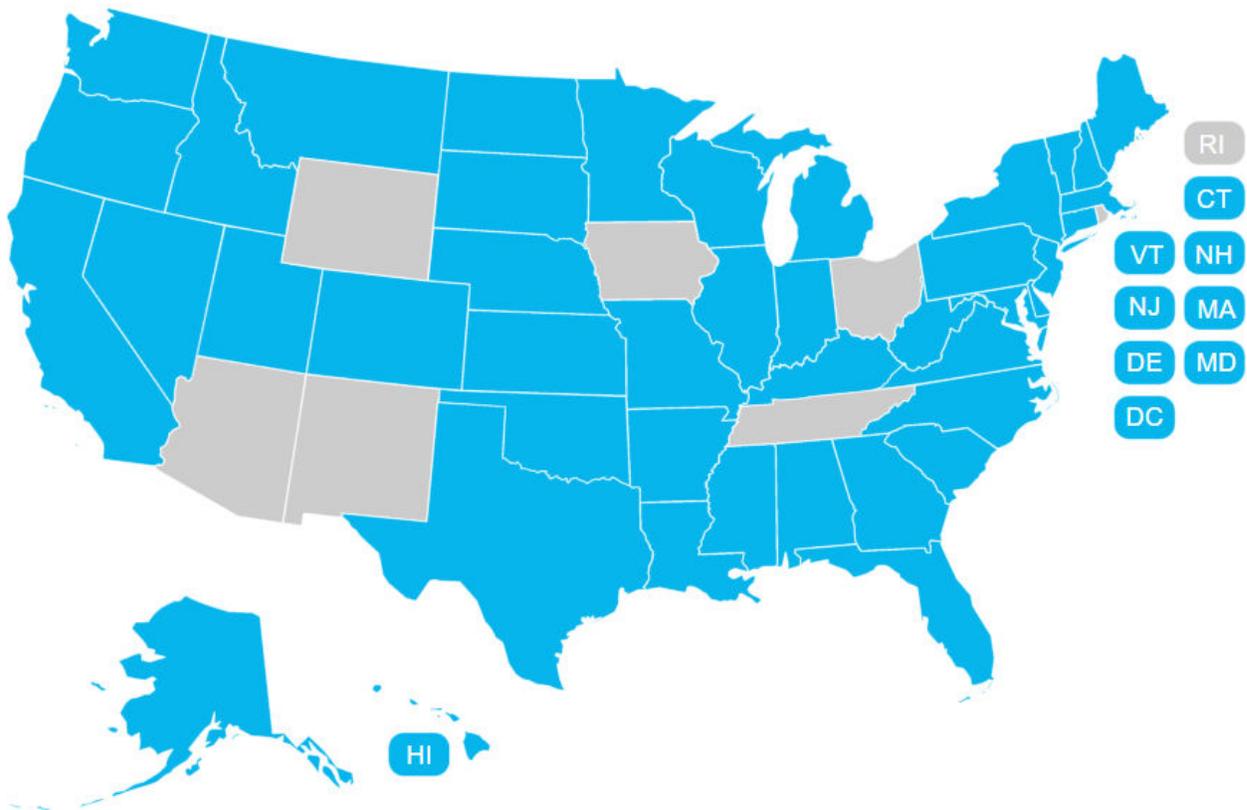
Responsibility.org fully supports the nationwide implementation and enforcement of the [Minimum Legal Drinking Age \(MLDA\) law](#) which prohibits possession, purchase, and consumption of alcohol for individuals under 21 years of age. Since its enactment in every state, this law has saved thousands of lives and has reduced alcohol-impaired driving fatalities. Unfortunately, there remain instances where young people drink underage. Good Samaritan laws hold potential for saving young lives when underage binge drinking leads to life-threatening situations as peers or the person in danger may be more likely to call for help if the fear of involving law enforcement and facing possible criminal sanctions is alleviated.



Prevalence:

To date, 43 states and the District of Columbia have passed Good Samaritan legislation that applies to alcohol overdoses.¹ Many states also have laws that afford immunity for situations involving a drug overdose. A single Good Samaritan statute may include provisions for both alcohol and drug overdoses; in these instances, the requirements to obtain immunity are frequently the same irrespective of the substance involved. Good Samaritan laws that apply to drug overdoses gained broad support following the opioid epidemic and in excess of 40 states have modified their statutes to have protections afforded to individuals who seek assistance for themselves or others following a drug overdose.²

Access the Responsibility.org [State Map](#) to identify which states have enacted Good Samaritan laws for alcohol overdoses.



Responsibility.org Position:

Responsibility.org supports the passage of “Good Samaritan” laws, efforts to effectively publicize these laws, and further evaluation of these efforts to determine effectiveness. These laws grant limited immunity to people under the age of 21 seeking emergency medical assistance on behalf of themselves or others due to alcohol overconsumption.

¹ Currently, AZ, IA, NM, OH, RI, TN, and WY do not have Good Samaritan laws that apply to alcohol overdoses although some of these jurisdictions do have laws that provide immunity for drug overdoses.

² Some of these laws apply specifically to opioid overdoses and contain provisions related to the administration of Naltrexone.

References

Baca, C. & Grant, K. (2007). What heroin users tell us about overdose. *Journal of Addictive Diseases*, 26(4), 63-68.

Centers for Disease Control and Prevention (CDC). (2013). Alcohol-Related Disease Impact (ARDI) application. Available at www.cdc.gov/ARDI.

Johnston, L. D., Miech, R. A., O'Malley, P. M., Bachman, J. G., Schulenberg, J. E., & Patrick, M. E. (2018). *Monitoring the Future: National Survey Results on Drug Use: 1975-2017. Overview, Key Findings on Adolescent Drug Use*. Ann Arbor: Institute for Social Research, The University of Michigan.

Schulenberg, J., Johnston, L., O'Malley, P., Bachman, J., Miech, R., & Patrick, M. (2019). *Monitoring the Future: National Survey Results on Drug Use, 1975-2018: Volume II, College Students and Adults Ages 19-60*. Ann Arbor: Institute for Social Research, The University of Michigan.

Seal, K., Downing, M., Kral, A., et al. (2003). Attitudes about prescribing take-home naloxone to injection drug users for the management of heroin overdose: A survey of street-recruited injectors in the San Francisco Bay Area. *Journal of Urban Health*, 80(2), 291-301.

Sherman, S., Gann, D., Scott, G., et al. (2008). A qualitative study of overdose responses among Chicago IDUs. *Harm Reduction Journal*, 5(1), 2.

Tobin, K., Davey, M., & Latkin, C. (2005). Calling emergency medical services during drug overdose: An examination of individual, social, and setting correlates. *Addiction*, 100(3), 397-404.

Tracy, M., Piper, T., Ompad, D., et al. (2005). Circumstances of witnessed drug overdose in New York City: Implications for intervention. *Drug and Alcohol Dependence*, 79, 181-190.