



Good Samaritan Laws

Underage drinking has declined in the last decade among 12 to 20 year olds yet seven out of every 10 students (68%) consume alcohol by the end of high school,ⁱ and almost half (44%) of college students surveyed self-identify as “binge drinkers.”

There are approximately 88,000 deaths attributable to excessive alcohol use each year in the United States.ⁱⁱ Often people fear the 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.ⁱⁱⁱ

Fear of police involvement is the most common reason for not calling 911 during a medical emergency.^{iv} Numerous states are considering and enacting laws that exempt from arrest and prosecution any victim or “Good Samaritan” who renders aid in a drug- or alcohol-related emergency.

Referred to as 911 Good Samaritan, 911 Lifeline, Medical Amnesty or Immunity policies, these laws seek to offer limited, situational immunity as incentive for rendering life-saving measures. State laws vary but most laws 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.

We fully support the 21 Minimum Legal Drinking Age (MLDA) law and the enforcement of it. This law has saved thousands of lives and has reduced the number of fatalities in traffic crashes since it was enacted in every state. We believe Good Samaritan laws also hold potential for saving young lives when underage binge drinking results in a life threatening situation.

States with Good Samaritan Laws:

There are 21 states and the District of Columbia that have enacted an immunity law for alcohol or alcohol/drugs. They are: CA, CO, DE, GA, IN, KY, LA, MD, MI, MN, NJ, NY, NC, ND, OK, OR, PA, TX, UT, VT, and WA.

Responsibility.org Position:

The Foundation for Advancing Alcohol Responsibility supports the passage of “Good Samaritan” laws, efforts to effectively publicize these laws, and further evaluation of these efforts for effectiveness. These laws grant limited immunity to people under 21 seeking emergency medical assistance on behalf of another person due to alcohol overconsumption.

ⁱ <http://www.monitoringthefuture.org/pubs/monographs/mtf-overview2013.pdf>

ⁱⁱ <http://www.ncbi.nlm.nih.gov/pubmed/15010446?dopt=Abstract>

ⁱⁱⁱ Tobin, K. E., Davey, M. A., & Latkin, C. A. (2005). Calling Emergency Medical Services During Drug Overdose: An Examination of Individual, Social, and Setting Correlates. *Addiction*, 100(3), 397-404; Baca, C. T., & Grant, K. J. (2007). What Heroin Users Tell Us About Overdose. *Journal of Addictive Diseases*, 26(4), 63-68; Sherman, S. G., Gann, D. S., Scott, G., et al. (2008). A Qualitative Study of Overdose Responses Among Chicago IDUs. *Harm Reduction Journal*,

5(1), 2; Smart, A. T. & Porucznik, C. (n. d.). Drug Overdose Prevention and Education Study. Retrieved from www.dsamh.utah.gov/docs/dope_u_of_uschool_20060621.pdf; Tracy, M., Piper, T. M., Ompad, D., et al. (2005). Circumstances of Witnessed Drug Overdose in New York City: Implications for Intervention. *Drug and Alcohol Dependence*, 79, 181-190.

^{iv} Seal, K. H., Downing, M., Kral, A. H., 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; Tracy, M., Piper, T. M., Ompad, D., et al. (2005). Circumstances of witnessed drug overdose in New York City: Implications for intervention. *Drug and Alcohol Dependence*, 79, 181-190; Baca, C. T., & Grant, K. J. (2007). What heroin users tell us about overdose. *Journal of Addictive Diseases*, 26(4), 63-68; Sherman, S. G., Gann, D. S., Scott, G., et al. (2008). A qualitative study of overdose responses among Chicago IDUs. *Harm Reduction Journal*, 5(1), 2.