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Legislative Update:
Indiana's Lifeline Law: Protecting Youth Instead of Prosecuting Them

By: Britney Pennycook

I. INTRODUCTION

Juvenile alcohol policy is seemingly straight forward: one cannot drink alcohol before the age of twenty-one. However, the law is not widely followed. In fact, people age twelve to twenty years old drink 11% of all alcohol consumed in the United States. More than 90% of this alcohol is consumed through binge drinking, which is defined as drinking five or more drinks on the same occasion on at least one day in the past thirty days. The dangers of underage binge drinking shook the town of Carmel, Indiana in early August, 2012, when eighteen-year-old Brett Finbloom died of alcohol poisoning after those around him failed to recognize the seriousness of his condition and waited too long before calling 9-1-1.

Binge drinking is a leading preventable cause of death in the United States and is responsible for more than half of the 79,000 excessive drinking-related deaths each year. In 2008, 2.3 million individuals between the age of twelve and twenty years old engaged in binge drinking on five or more occasions per month. Alcohol is the most commonly used drug among youth. Studies suggest that approximately half of adolescents will drink by the tenth grade and approximately two thirds will drink by the twelfth grade. At least two out of ten high school seniors binge drink. However, deaths caused by alcohol poisoning are highly preventable as long as bystanders recognize the signs, react quickly, and seek medical attention. After the death of their teenage son, Norm and Dawn Finbloom, made it their mission to educate Indiana youth about the law that they believe could have saved their son's life: the Lifeline law.

II. HISTORY OF THE LIFELINE LAW

The Lifeline Law, introduced by Senator Jim Merritt in 2012, encourages individuals under the age of twenty-one to call 9-1-1 to seek medical assistance for others. Under the Lifeline Law, these individuals will not be prosecuted for underage drinking as long as they: (1) call 9-1-1, or work in concert with another individual who calls 9-1-1 for someone they believe is reasonably in need of care; (2) remain with the sick individual until medical personnel arrive; and (3) cooperate with authorities.

While the Lifeline Law does not currently provide immunity for the person in need of medical care and only provides immunity for the caller, the law extends some amnesty to the individual in need of medical care through its pre-trial diversion program. Through the program, the charge may be dismissed against the person "whose arrest was facilitated because another person reported that the person appeared to be in need of medical assistance because of the use of alcohol," so long as he fulfills the conditions determined by the court. However, the program can only be utilized once and cannot be utilized by those with a record of a prior conviction involving public intoxication, minor possession, or minor consumption. Therefore, although the law does not provide the person in need of medical care with automatic immunity, he or she may still avoid long-term legal consequences.

The Indiana Lifeline Law effectively encourages reporting by requiring that the person in crisis need only to “reasonably appear to be in need of medical assistance.” Laws that specifically require the individual to experience an overdose can cause bystanders to wait too long to seek medical care and fail to account for other life threatening situations. Studies show that minors have difficulty recognizing the signs of alcohol poisoning, and therefore may not think their friend is “sick enough” to call 9-1-1. Under the Lifeline Law, a caller does not have to postpone calling until the individual is experiencing an overdose. Instead, the law encourages individuals to call 9-1-1 as soon as medical care is reasonably needed to ensure callers not wait until it is too late.

III. HOW THE LIFELINE LAW ADDRESSES PREVENTABLE UNDERAGE ALCOHOL-RELATED DEATHS

Since 2012, at least thirty-four juveniles’ lives have been saved due to the Lifeline Law. The law is widely known and understood across Indiana High Schools and Universities, and is widely utilized by those under the age of twenty-one seeking help for others in need. Juveniles are less hesitant to seek medical care for their peers, because they know they will not face legal consequences after calling 9-1-1 and that their peer can avoid legal consequences if he completes the pre-trial diversion program. But the Lifeline Law has accomplished more than just incentivizing 9-1-1 calls by underage drinkers – it has also raised awareness about the signs of alcohol poisoning and the realities of binge drinking. By granting immunities and simultaneously educating youth about the dangers of excessive drinking, the Lifeline Law discourages harmful behavior while also providing juveniles with a safety net – or “lifeline”- if they chose to engage in the dangerous behavior. The same approach could successfully be applied to deal with other juvenile, drug-related deaths.

IV. EXPANDING THE LIFELINE LAW TO ADDRESS INDIANA’S HEROIN EPIDEMIC

Opioid-abuse has ravaged the state of Indiana. Indiana residents are currently more likely to die from a drug overdose than a car accident. From 2000 to 2014 to national overdose rate nearly tripled, while the Indiana overdose rate increased at two times the national rate. The epidemic has also affected young people. In 2014, 101 individuals between the ages of fifteen and twenty-four died of drug overdoses. This issue can and should be dealt with through further expansion of the Lifeline Law.

The Lifeline law was enacted to prevent underage, preventable deaths due to drug use. Although the law initially focused on one drug in particular –alcohol – its protection must expand to address new issues facing Indiana’s youth – heroin and opioid addiction. Just as the Lifeline law expanded to prevent underage alcohol related deaths, it must expand to prevent the high number of preventable overdose deaths suffered by adolescents due to heroin and other opioids. The legislature should expand the protections afforded by the Lifeline Law to include those related to drug overdoses. Just as the Lifeline law seeks to encourage bystanders to seek medical care for those experiencing alcohol poisoning, it should encourage bystanders to seek medical care for those experiencing drug overdoses.

Indiana Senator Jim Merritt proposed a Bill, which would expand the Lifeline law's immunity to include those under twenty-one who are under the influence or in possession of illicit drugs when he or she calls 9-1-1 to seek medical care for someone experiencing a drug overdose. However, the Bill ultimately died in committee despite support from the Drug Abuse Task Force. Some fear that amnesty laws such as the Lifeline Law undermine the message that underage drinking and illicit drug use are unacceptable. Critics also argue that the law may even lead to increased recklessness by juveniles who believe they no longer have to fear criminal punishment for underage drinking or illegal drug use. However, in this case, the ends justify the means. Juveniles are dying unnecessary and highly preventable deaths, largely due to a fear of the criminal justice system. Indiana must strike a delicate balance between encouraging youth to be law-abiding citizens and understanding that juveniles are impulsive and rebellious individuals that are likely to make mistakes along the path to maturity. The legislature must ensure that these split-second decisions not result in the loss of a life. Juveniles cannot feel any apprehension whatsoever when faced with the decision of whether to call 9-1-1 to seek help for a dying peer. The legislature must expand the Lifeline law's immunity to prevent further fatalities.

V. CONCLUSION

Since it was enacted in 2012, the Indiana Lifeline law has effectively combatted preventable, underage, alcohol-related deaths by providing immunity to bystanders and encouraging them to call 9-1-1 to seek medical care for those in need. In light of the Lifeline law's successful application to alcohol-related deaths, the law should be further expanded to encompass opioid-related overdoses- an issue that continues to plague Indiana. Just as a juvenile should not have to hesitate before calling 9-1-1 to help someone experiencing an alcohol-related overdose, he should not have to hesitate when the overdose is opioid-related. Young people should not die preventable deaths due to fear of legal consequence. Indiana must focus on protecting its young people, instead of prosecuting them.

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