Summary of Evidence-Based Practices and Promising Program Models: Acute Intoxication Core Service Category

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Definition of acute intoxication core service category

- Acute intoxication services, sometimes referred to as "sobering centre", "protective care unit", "brief detox" or "acute sobering unit" provides safe, short-term monitoring and management of symptoms of an episode of heavy alcohol and/or other drug use that cannot be managed at home. A core objective is to minimize Emergency Department (ED) presentations related to acute intoxication and thereby reduce the costs, time constraints, and manpower burden to law enforcement, and judicial infrastructure.
- There are two models of acute intoxication services – one community-based and other hospital based, the latter typically connected to the ED itself. These two models exist along a continuum of what could be described as "medically monitored" to "medically managed".
- Acute intoxication services that are community-based focus exclusively on individuals that do not have an apparent medical or psychiatric condition necessitating emergency interventions. Here the focus is on medical monitoring. Length of stay can be relatively brief, typically less than 24 hours depending on individual circumstances. Typically, services in this category have arrangements in place for quick transfer to the hospital ED if needed. The focus is on low barrier access, individual safety, and harm reduction. Staffing includes nurses at varying levels of training and certification and perhaps other regulated and/or non-regulated health professionals. In some jurisdictions these services include Emergency Medical Technicians (EMT) on staff.
- The hospital-based variation of an acute intoxication service more closely resembles a short-term stabilization unit but with a primary focus being on substance use withdrawal management and stabilization. It is intended to provide people with the help they need in a timely manner and to free up police resources being used to supervise individuals who are under the influence of substances either while waiting to be assessed in the ED, or as an alternative to the ED admission. In contrast to the community-based sobering centres there is much more emphasis on medical management, including provision of medical supports and linkage to additional services as appropriate to the individual circumstances. Staffing is likely to include physicians, psychiatrists, outreach workers, nurses, and security personnel. Length of stay will depend on individual circumstances but may vary depending on the individual circumstances.

Methods

- The following search terms were used to search relevant articles between 2012-2022: "acute intoxication", "sobering center", "protective care unit", "brief detox", "acute sobering unit". The databases searched included: Medline and PubMed. The searches were limited to English language articles.
- The literature search was supplemented with Google searches to identify relevant grey literature. Program documents and related files of these centers, where available were reviewed to infer common practices and operational components, including policies and procedures, mission statement, guidelines for referring parties, intake assessment and monitoring guidelines, and proposed or established evaluation metrics.
- Scope of this search was not intended to be exhaustive, rather a snapshot of innovative models to provide guidance for implementation

- Key stakeholders, including selected advisory committee members were also consulted to get their input on resources and supports needed for implementation, including potential barriers and practical information to consider for implementation.

Examples of models of acute intoxication services

- ***Quibble Creek Sobering and Assessment, in British Columbia***
  - Operated by Fraser Health, it provides short-term medical supervision to support individuals16 years and older and under the influence of alcohol and/or drugs with safely sobering and managing the withdrawal symptoms of discontinued alcohol and or drug use.
  - There are separate sleeping areas for men, women, and vulnerable populations such as youth.
  - Services are provided for a maximum stay of 23 hours. Showers, resource information, and snacks are available.
- ***Sobering and Assessment Centre, in Victoria, in British Columbia***
  - Offered by Island Health, it offers short-term shelter and assessment for inebriated adults and youth age 17 and older who are under the influence of substances and need a temporary place to recover.
  - Provides 20 beds with separate sleeping areas for men and women. Also provides nutrition drinks. Laundry and showers are available. Maximum stay is less than 24 hours.
- ***Campbell River Sobering and Assessment Centre, in British Columbia***
  - Offered by Vancouver Island Mental Health Society, it has 9 sobering beds that provide short-term services (up to 24 hours) for persons of any gender aged 17 and older who are intoxicated due to drug or alcohol use
  - Facility operates 24 hours a day
- ***Canadian Mental Health Association Cowichan Valley Branch - Sobering and Assessment Centre, in British Columbia***
  - Offered by the Canadian Mental Health Association (CMHA) - Cowichan Valley Branch it has 6 emergency beds for those who are too intoxicated to find services elsewhere, have no-where else to go and just need a safe place to sleep.
  - It is a non-judgmental, culturally sensitive, gender neutral and non-coercive sleeping program. Clients can leave at any time.
  - Clients intoxicated with alcohol may sleep for up to 24 hours; those on other substances may stay up to 30 hours.
- ***Acute Medical Sobering Unit, at Health Sciences Centre, in Winnipeg, Manitoba***
  - The Mental Health and Addictions - Acute Medical Sobering Unit is a new initiative with the goal of managing challenging mental health and addictions presentations in the Health Sciences Centre (HSC) Emergency Department (ED). It is intended to provide people with the help they need in a timely manner and to free up police resources currently being used to supervise individuals who are under the influence of substances while they wait to be assessed at the HSC ED.
- ***Main Street Protective Unit, in Winnipeg, Manitoba***
  - A 20-unit facility that provides acute withdrawal management services for people whose primary substance of intoxication is alcohol.

  - An individual staying in Protective Care must be considered intoxicated to the point that it is not safe for them to be where they are, either for themselves or other people. The individual would need some time to withdrawal in a safe and secure environment where they are assessed upon intake, assessed throughout their stay and assessed upon release, with the possibility of also being connected to other resources as required, such as a caseworker.

- ***Alpha House Sobering Center, in Calgary, Alberta***
  - Alpha House operates a 120-bed sobering centre facility. It also administers the Downtown Outreach Addiction Partnership, which provides mobile outreach support, and a Housing First initiative.
  - Through its Downtown Outreach Addiction Partnership (DOAP), Alpha House actively works to divert publicly intoxicated people from law-enforcement responses by bringing them into the shelter, or finding other alternatives to incarceration. Once clients have been taken into Alpha House, workers are available and motivated to help clients address any addiction or mental health issues they might be struggling with and, if appropriate, to assist them in finding secure housing.
  - In 2013-2014, Alpha House clients (n=141) experienced: 50.1% decrease in days hospitalized, 62.6% decrease in times hospitalized, 50% decrease in times EHS were accessed, 42.4% decrease in visits to an emergency room, 92.7% decrease in days spent in jail, 70.8% decrease in interactions with police, and 44.4% decrease in court appearances[1].
- ***San Francisco Sobering Centre (previously known as McMillan Stabilization Program), in San Francisco, California, United States***
  - It is a 24/7 nurse-managed program providing support to individuals who are actively intoxicated on alcohol. Individuals must have no apparent medical or psychiatric conditions necessitating emergency interventions. Nearly 40% of clients arrive via ambulance with another 10% from emergency department referrals. Those arriving by ambulance are direct diversions from emergency departments, providing relief to overcrowding and unnecessary admissions.
  - Working in a team including registered nurses, medical assistants, health workers and respite workers, staff offer specialized, targeted care to those with active addiction.
  - Throughout a typical client encounter of 6 to 12 hours, staff monitor vital signs; provide nutrition and oral fluids; manage ADLs and hygiene needs, including delousing; engage clients regarding shelter and detoxification needs; perform wound care and other urgent care needs; provide withdrawal management to bridge to detoxification services. Additionally with daytime support of nurse practitioners and physician assistants from the co-located Medical Respite, the staff provide for higher-level urgent care needs and referrals to medical detoxification.
  - Cost analysis compared direct actual costs of the ED to the per-encounter costs for the Sobering Center and found the Sobering Center was significantly less costly ($274.00) than the ED ($517.85) for care of acute intoxication.[2]

- ***Hooper Detoxification Stabilization Center, in Portland, Oregon, United States***
  - Offered by the Hooper Centre, it has three components: outreach van, sobering centre and detox.

- *A van* responds to calls from citizens to public inebriates but only intervenes if the individual is incapacitated. It stops cruising at midnight and police services pick up inebriates from midnight to 8 am. 70% of clients are brought in by the police.
- In *sobering centre*, people generally only stay for a few hours, so beds are not an issue, *detox centre* though, does have 54 beds.
- Staff observes clients during stay in sobering centre, and tries to motivate them when they are sober, to enter detox.
- If medical emergencies arise, ambulance is called. Centre has 4 "safety rooms" for securing acting out clients. Police are called only when the person becomes too dangerous.

- ***Sobering Center, in Midwestern Connecticut, United States***
  - Offered by the Midwestern Connecticut Council of Alcoholism, Inc., this program offers low-tech, low-cost alternative to ineffective practice of using hospital Emergency Department. Its main objective is quick transfer of clients from Emergency Department following medical clearance.
  - Program attempts to prepare clients for treatment & has access to medical and psychiatric consultation as needed, discreet HIV/AIDS testing, continuing care & referral services, assistance in getting state aid and utilizes a motivational counseling framework as well the inclusion of several 12 step, daily activities and groups.
- ***Cherry Hill Sobering Center, in United States***
  - This sobering unit was specifically designed to assist those needing immediate sobering services for a brief visit of 23 hours or less. It is a 50-bed, co-ed facility—staffed 24 hours a day, 7 days a week. Referrals accepted from law enforcement, mental health facilities, emergency department, community organizations, clinics. Walk-ins and self-referrals accepted.
  - There is a central telephone screening process for both detox and sobering services. The central telephone screening process is designed to allow trained staff to assess appropriate placement of individuals to sobering or detox services.
  - Services offered: Food (meals, snacks), oral rehydration, hygiene; direct referral and transfer to medical detoxification. Assist with medication refills.
- ***Cardiff Alcohol Treatment Centre, in United Kingdom***
  - The Cardiff Alcohol Treatment Centre (ATC) aims to provide additional capacity to offset the high volume of acutely intoxicated individuals attending University Hospital of Wales Emergency Department and who, in consequence, reduce service capacity across ambulance, police and health services with broader implications for the Cardiff community. The ATC is open two evenings each week, targeted at times when attendance for alcohol-related harm is expected to be high.
  - The service is run from a building in Cardiff city centre and is led by a senior nurse practitioner from the University Hospital of Wales emergency department, supported by other nurse practitioners, an urgent care service assistant, a paramedic and police officer. The space includes a large clinical treatment room (partial partitions if needed), treatment room with additional diagnostic and treatment resources if required, separate triage assessment and friend/relative waiting area.
  - The bulk of referrals are brought in by ambulance, followed by those escorted to the ATC by police. ATC users are followed up by a phone call from a local substance use support service

that offers advice and support around alcohol use and can provide one-to-one counselling, brief interventions and semi structured group work.
    - A recent evaluation of this facility found that when the centre is open, there are statistically fewer alcohol and assault-related attendances in EDs, suggesting that the pilot successfully diverted health-service use.[3]

- **Resources and supports needed for implementation and sustainability (as identified by stakeholders)**
    - Should the acute intoxication service be planned for a location in the community, engagement work will need to be conducted with community members where the program will be physically located. Engagement activities need to inclusive of groups such as residents, businesses, and schools in the area.
    - Should the acute intoxication service be planned for a location in (or in close proximity to) the ED, consideration needs to be given to what will be the full nature and scope of involvement of the Emergency Department (and related medical departments) in the provision of short-term services for individuals who are presenting with acute intoxication. Further, strong care pathways from the Emergency Department to appropriate community services needs to be well thought through.

- **Potential barriers for implementation (as identified by stakeholders)**
    - Should the acute intoxication service be planned for a location in the community, the location of the community based acute intoxication service has to be chosen carefully, some factors to consider include: proximity to liquor store, schools, residential neighbourhoods, and public transportation.
    - Should the acute intoxication service be planned for a location in (or in close proximity to) the ED, physician and staff training, knowledge and comfort level of how to provide treatment to those who are acutely intoxicated will also need to be considered.

- **Practical information to consider for implementation (as identified by stakeholders)**
    - Evidence-based practices for the treatment of those who are acutely intoxicated ought to guide location, operational processes, and clinical treatment.
    - Cultural considerations, including the needs of different equity-seeking population groups needs to be considered and planned for.
    - Regardless of location, clients, including vulnerable clients, need to be provided with an environment that allows them to feel safe, respected and dignified.
    - Consideration needs to be given to how the organization will work with a wide variety of clients – those who are experiencing symptoms that may put themselves or others at risk (e.g.: a safe space); how they will work with clients who may live in homelessness (e.g.: may require storage facilities for belongings); and how they will work with someone who presents with a pet (e.g., allowing the animal to be present for the duration of their stay).

[1] Turner, A. (2015). Alternatives to criminalizing public intoxication: Case study of a sobering centre in calgary, AB. SPP Research Paper, 8(27).

[2] Smith-Bernardin, S. M. (2016). Evaluation and Comparative Cost Analysis of the San Francisco Sobering Center as an Alternative to the Emergency Department for Individuals with Acute Alcohol Intoxication. University of California, San Francisco.

[3] Irving, A., Goodacre, S., Blake, J., Allen, D., & Moore, S. C. (2018). Managing alcohol-related attendances in emergency care: can diversion to bespoke services lessen the burden?. Emergency Medicine Journal, 35(2), 79-82.