

Sobering Centres: Their Use, Efficacy, and Feasibility for the HRM

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Halifax Board of Police Commissioners

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Outline

- Criminal responses to public intoxication
 - Introduction to Sobering Centres (SCs)
 - SCs in Canada and Abroad
 - Case study re: the use and efficacy of SCs
 - Requested outcome from the HPBC
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Criminal responses to public intoxication

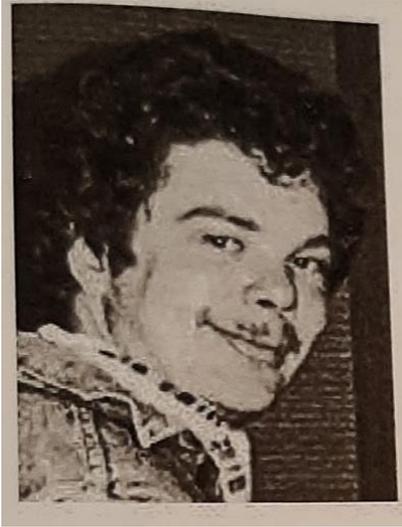
- The *Liquor Control Act* states that an officer can take someone into custody if they have "**reasonable and probable grounds to believe a person is in an intoxicated condition in a public place**"
 - From January to November 2017, 1,894 people were detained by HRP for public intoxication (**~6 placements daily**)
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Corey Rogers: A preventable death



“Although Rogers wanted to go home to sober up, [Const. Donna Lee Paris] told him it was in his “best interest” to go with them since no one was at his house to look after him.”

... but unfortunately not a unique one



John Burke: Detained for public intoxication in September 2013. Six hours later, Burke was found breathing but unresponsive in his cell. Prior to his arrest, Burke had fallen, hit his head, and sustained a brain bleed. Burke died three days later in hospital.

Burke had a long history of chronic alcohol use disorder and was well known to HRP.

SiRT found that no rousability checks per policy were carried out:
“earlier recognition that [Burke] was unresponsive may have allowed for medical treatment ... [and] may have prevented his death.”

Peter LaFitte: Arrested for public intoxication in Dartmouth in August 2016. After being placed in cells, LaFitte tried to hang himself.

LaFitte was motionless by 10:33 PM, but officers did not respond until 10:42 PM when they made their next round of checks.

LaFitte suffered a serious brain injury as a result and now requires 24/7 care.

LaFitte had previously tried to hang himself after being detained for public intoxication in 2015. No file notation alerted officers to this prior incident.



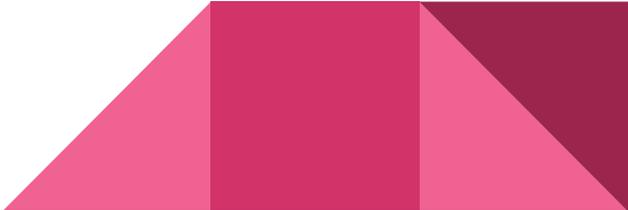
What are sobering centres?

- SCs aim to ensure that those experiencing the effects of alcohol and/or drugs have access to a safe place to “sleep it off”
 - Generally, SCs employ healthcare providers to conduct intake assessments. Many also make use of the Brøset violence checklist, a 6-item prediction tool for imminent violent behaviour
 - Many SCs are co-located with emergency shelters or other detox facilities
 - Where individuals are too dangerous to themselves or staff, they are generally held in cells instead. Where facilities are not suited to meet the immediate health needs of a client, staff triage to local ERs.
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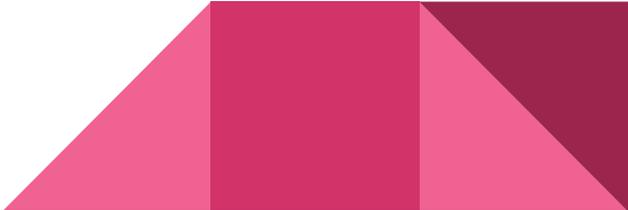
The primary goals for SCs are:

- To provide evidence based care for substance dependent persons and improve health outcomes
 - To decrease the number of inappropriate emergency department visits for intoxicated individuals
 - To create an alternative to placing individuals arrested for public intoxication in cells
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Where are sobering centres in Canada?

- Campbell River, BC (Sobering and Assessment Centre)
 - Port Alberni, BC (The Sobering Site)
 - Victoria, BC (The Sobering and Assessment Centre)
 - Surrey, BC (Quibble Creek Sobering and Assessment Centre)
 - Calgary, AB (Alpha House)
 - Edmonton, AB (George Spady Centre)
 - Inuvik, NWT (Inuvik Wet Shelter)
 - Yellowknife, NWT (Combined Day Shelter and Sobering Centre)
 - Winnipeg, MB (Main Street Project)
 - Saskatoon, SK (Lighthouse Stabilization Unit)
 - Toronto, ON (Seaton House)
 - Ottawa, ON (Ottawa Inner City Health)
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The Use of SCs Internationally

- In San Francisco, since 2003, **29,000 emergency service encounters were avoided** by diverting care away from the ER into a SC.
 - “The SC operating costs are ~\$1 million dollars annually. **The daily operating cost is \$2,700: comparable to the cost of one ambulance ride and ER visit.** With an average of 10-14 clients a day, the cost avoidance to the City is substantial.”
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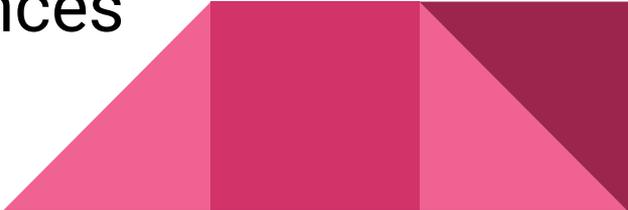
- Between 1992-2005, the number of police detentions of intoxicated persons in Western Australia declined 84% from 12,346 to 1,972.
 - SCs resulted in reduced:
 - (i) police time and resources
 - (ii) use of court time and resources
 - (iii) domestic violence and other disturbances
 - (iv) hospitalizations for alcohol-related illnesses and accidents
 - SCs were found to be overall cost-effective, with an annual average cost per centre of \$253,370 AUD or \$183 per admission.
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Case Study: Alpha House (Calgary, AB)

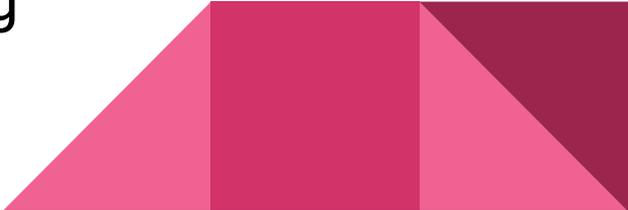
- 2911 people experiencing homeless per 2018 PiT count
- Alpha House operates a 120 bed sobering centre facility, a 30 bed detox, 12 transitional housing beds, and a health clinic
- Also administers the Downtown Outreach Addiction Partnership, which provides mobile outreach support, and a Housing First initiative which supports 161 clients in scattered-site housing and 75 clients in Alpha-operated supportive-housing buildings

- SC operates 24/7, providing shelter on a 24-hour basis on a **harm reduction, voluntary model**
 - Staff provide supervision to ensure clients are safe, as well as food and liquids to ensure appropriate hydration.
 - Medical services are offered on-site, as well as assistance with obtaining ID, housing, employment, social supports, etc.
 - Clients can self-refer, or be brought in by DOAP outreach workers, police, or ambulance.
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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
 - **44.4% decrease** in court appearances
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Requested outcome from the HBPC

- Forward a motion to Regional Council requesting a **feasibility study regarding the implementation of either/both a sobering centre or managed alcohol program**
 - **Consultation with communities disproportionately impacted by the criminal justice system is imperative**, including African Nova Scotian and Indigenous communities, as well as substance users and persons experiencing homelessness and housing insecurity
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Sources

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- Smith-Bernardin, Shannon & Michelle Schneidermann. 2013. "Safe Sobering: San Francisco's Approach to Chronic Public Inebriation." *Journal of Health Care for the Poor and Underserved* 27(3): 265-270.
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If our goal in criminalizing [public intoxication] has been to reduce harm to the individual and those around him or her, the sobering-centre approach appears to provide a much more effective response. ...

Ultimately, a comprehensive approach is necessary, one including sobering facilities along with a continuum of housing, health, and corrections responses that challenges the criminalization of addiction.

- Dr. Alina Turner, University of Calgary School of Public Policy, “Alternatives to Criminalizing Intoxication: Case Study of a Sobering Centre in Calgary, AB”