P.O. Box 1749
Halifax, Nova Scotia
B3J 3A5 Canada

Item No.
Halifax Regional Council
June 29, 2021

TO: Mayor Savage and Members of Halifax Regional Council

SUBMITTED BY: Original Signed by
Jacques Dubé, Chief Administrative Officer

DATE: May 21, 2021

SUBJECT: Alternative Approaches to Public Intoxication: Feasibility of Sobering Centres and Managed Alcohol Programs

ORIGIN

February 25, 2020 Regional Council motion (Item 16.1):

MOVED by Councillor Smith, seconded by Councillor Mancini

THAT Halifax Regional Council request a staff report that investigates the feasibility of implementing or supporting sobering centres and/or managed alcohol programs. This report should include:

1. Jurisdictional scan of other municipalities that have sobering centres and/or managed alcohol programs including Campbell River BC & Port Albany BC models. This should also outline financial contributions or budgetary impacts directly to Police and overall budgets.

2. Stakeholder engagement that includes service providers that support individuals who are experiencing homelessness and/or drug using population, such as Mobile Outreach Street Health (MOSH), Housing & Homelessness Partnership & Direction 180. Also including organizations that support African Nova Scotian, and Indigenous communities.

3. Data that outlines the number of individuals that have been placed in public intoxication cells in HRM, repeat intakes (i.e., the number of placements annually vs. the number of unique individuals placed), number of deaths, serious injuries, or other investigations related to the care of detainees in HRP or RCMP detention, and demographic data (i.e., age, race, gender ,etc. of individuals detained) if collected.

MOTION PUT AND PASSED

RECOMMENDATIONS ON PAGE 2

ATTACHMENT A: CHARTS AND GRAPHS

Adapted from Bedatsova, M. 2021. ***Public intoxication in Halifax Regional Municipality: Alternatives to policing.*** *Policy Analysis Exercise, Harvard Kennedy School Master in Public Policy Candidate 2022, Harvard Kennedy School.*

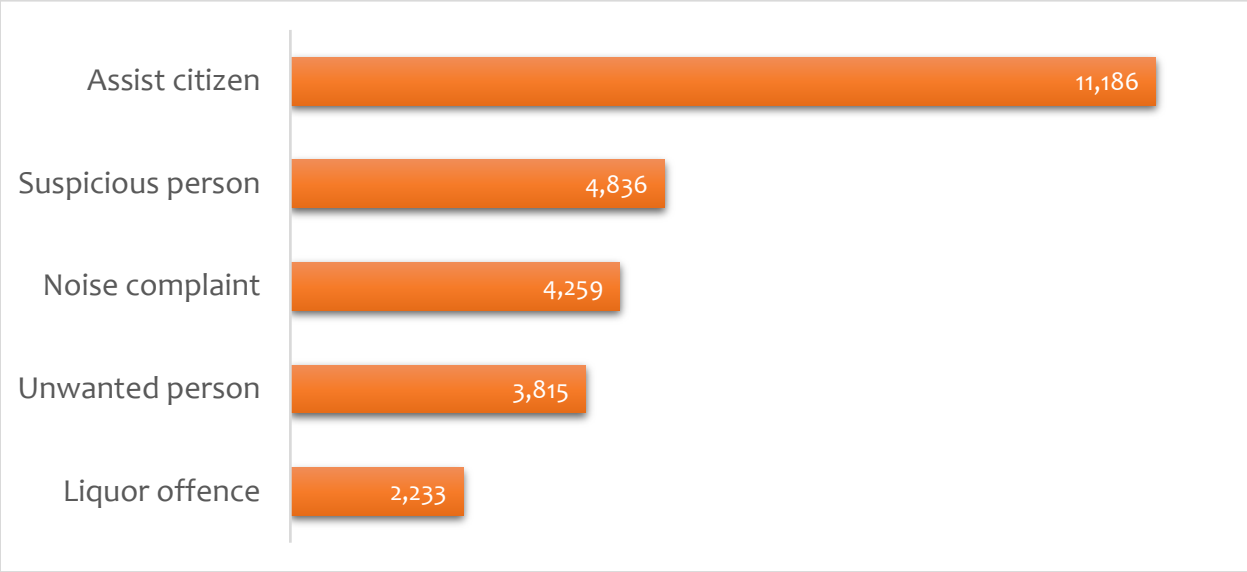

Figure 1: Annual number of calls (in 2018) for some of the most frequent call categories that could result in Section 87 offences (public intoxication). In the same year, the total number of calls resulting in police being dispatched was 123,543. This means these five categories (out of 97 categories) represent ~21% of all calls for police service. Source: Police Service Review 2018, Perivale and Taylor

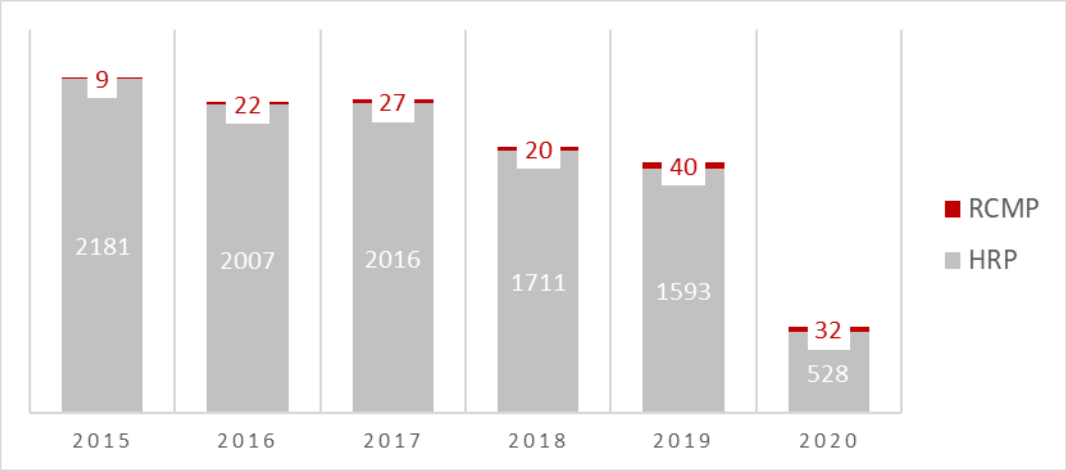

Figure 2: A declining trend of Public Intoxication Intakes to the PCF 2015-2020
Source: HRP and RCMP administrative records

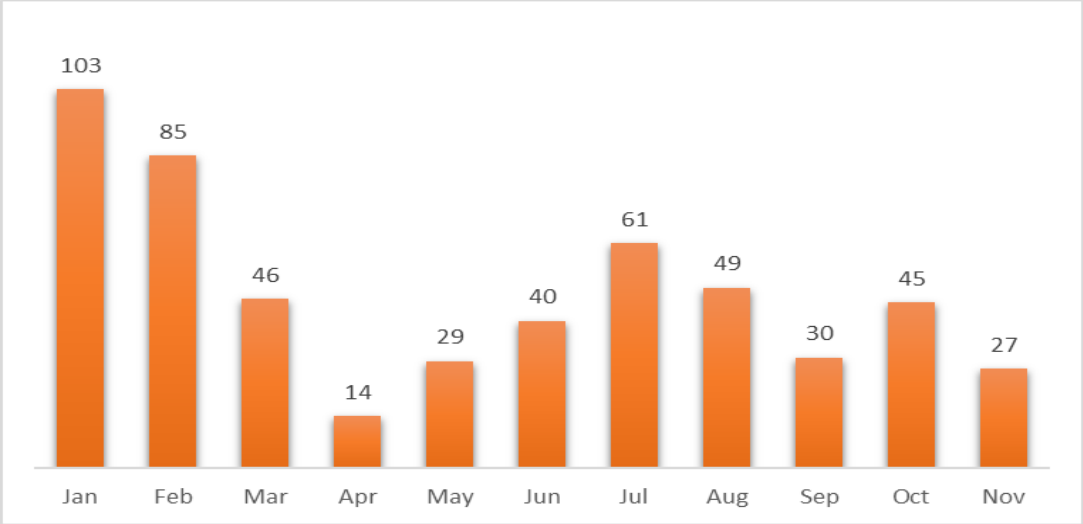

Figure 3: PCF intakes for Public Intoxication in 2020, illustrating a large drop in intakes at the onset of Covid-19
Source: HRP administrative records (excludes RCMP)

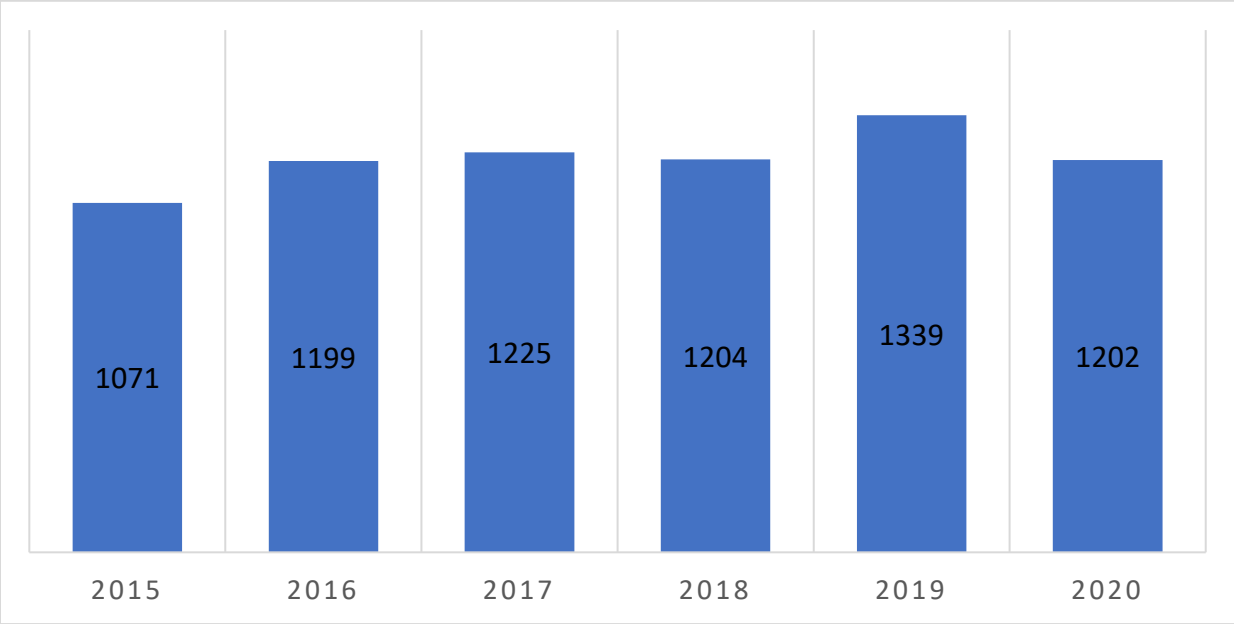

Figure 4: Alcohol-related Emergency Department intakes Visits with alcohol-related discharge diagnosis , four Central Zone hospitals, 2015-2020: includes public intoxication, alcohol withdrawal, alcoholism.
Source: Nova Scotia Health administrative records

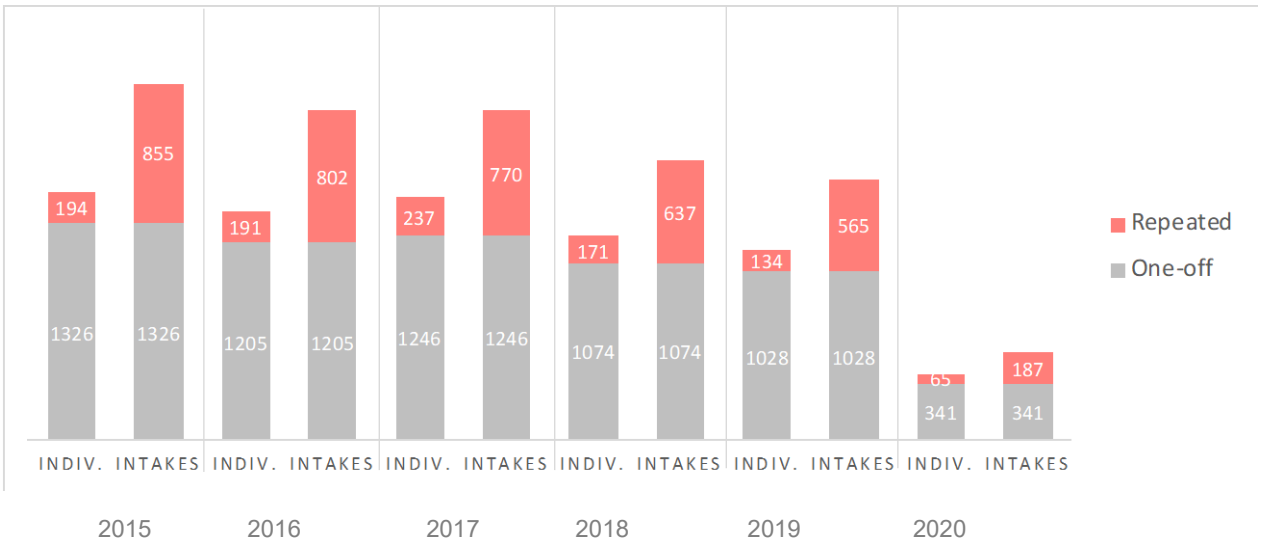

Figure 5: Unique vs Repeat intakes to the PCF: Repeated users form a small share of all individuals but 35-40% of all intakes Source: HRP administrative records (excludes RCMP)

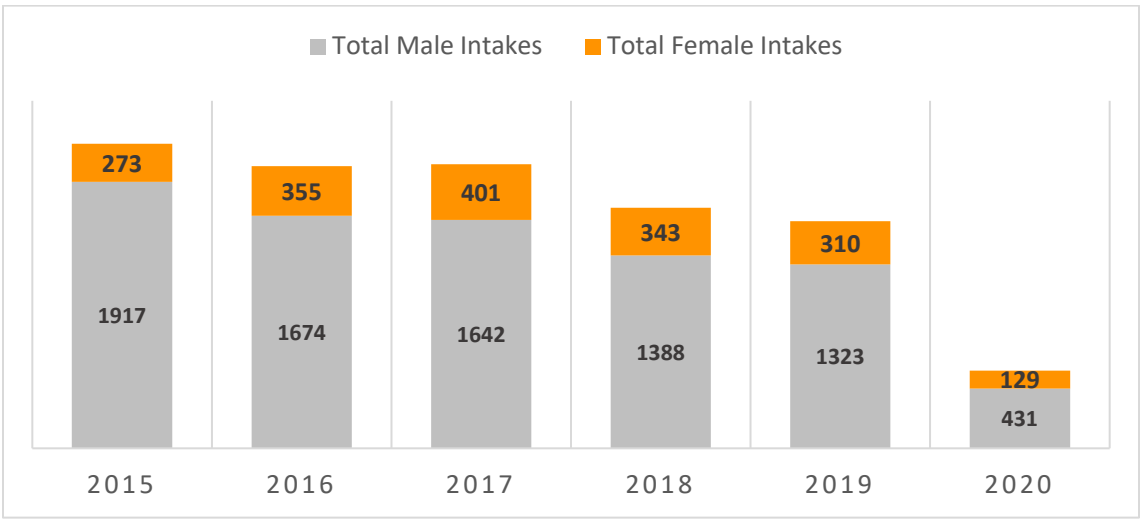

Figure 6: PCF intakes for LCA Section 87 offence, by sex, 2015-2020 illustrates a growing share of female intakes Source: HRP and RCMP administrative data

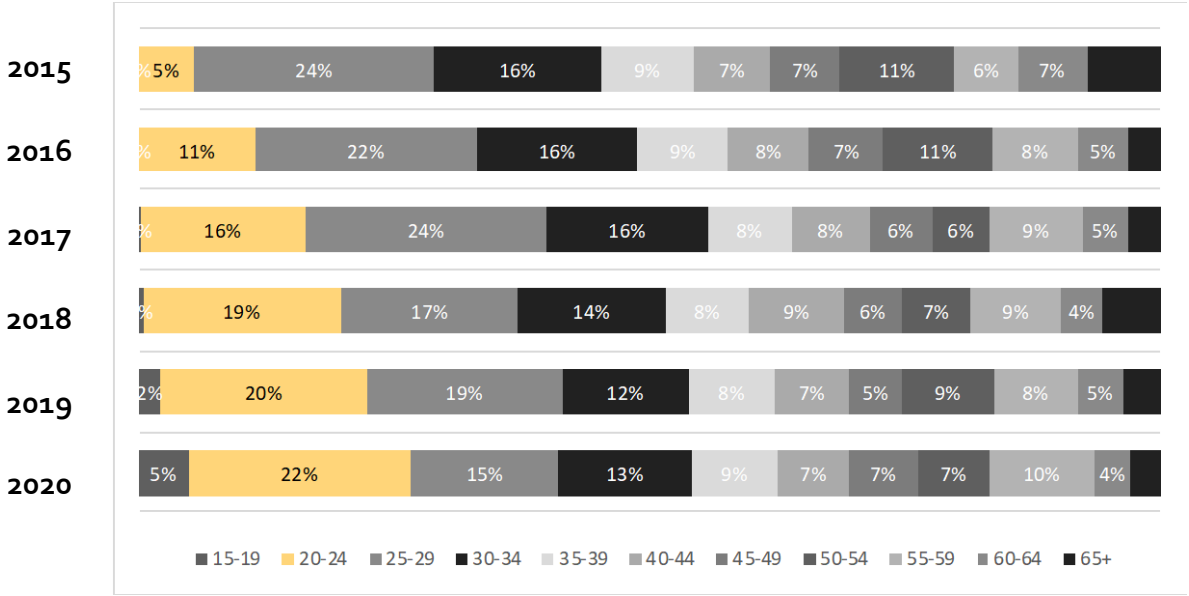

Figure 7: PCF intakes for LCA Section 87 offence, by age range share, 2015-2020. Younger people <24 form a growing share of intakes, ~22% of all intakes in 2019
Source: HRP administrative records (Excludes RCMP)

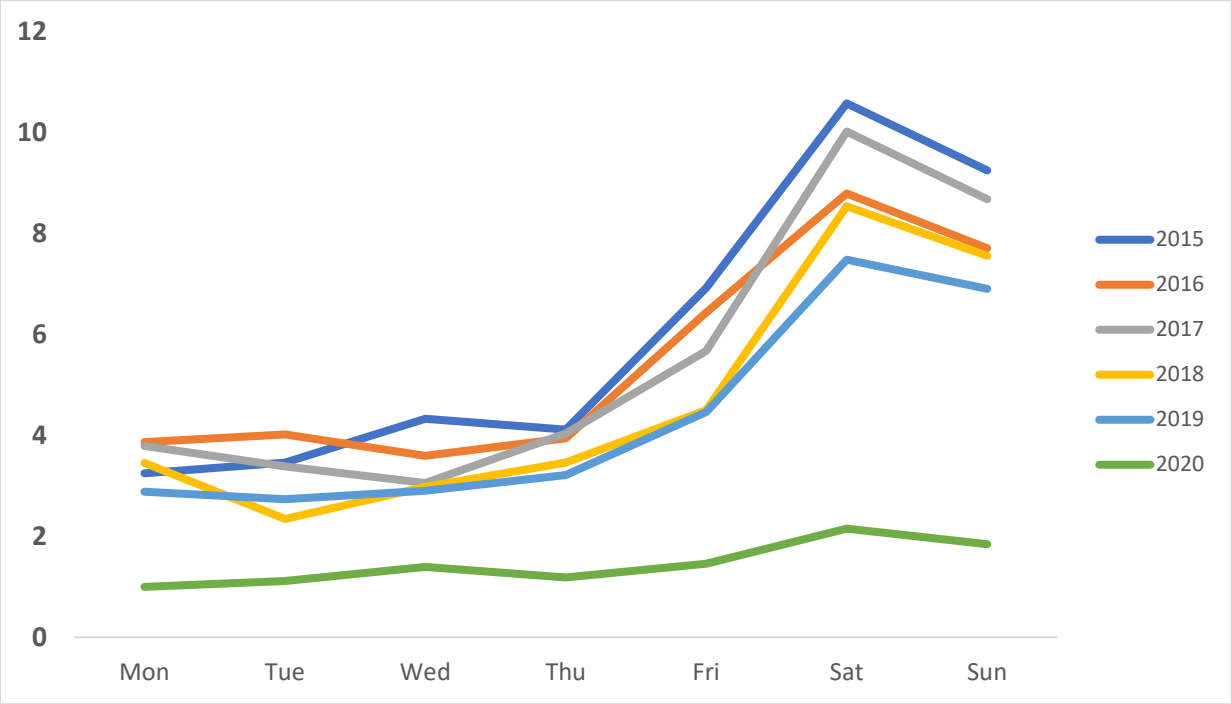

Figure 8: Average number of Intakes to PCF, day of the week
Source: HRP administrative records (RCMP data excluded)

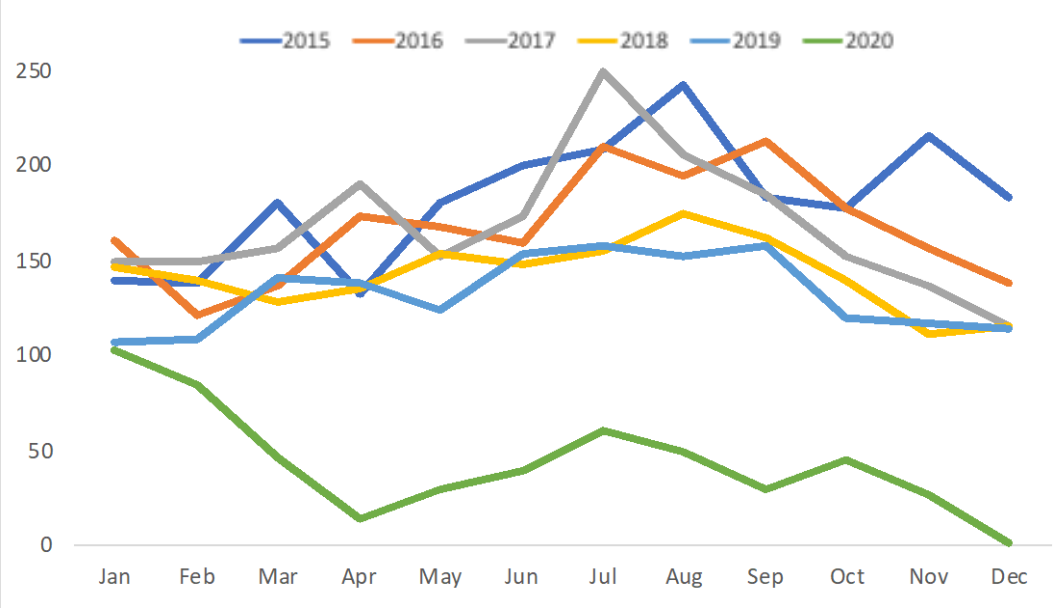

Figure 9:Average number of intakes, by month 2015-2020
Source: HRP administrative records (RCMP excluded)

Year	Date	# of intakes	Day
2015	14 Mar	24	Sat
2015	28 Nov	23	Sat
2015	30 Aug	21	Sun
2015	1 Nov	19	Sun
2015	28 Feb	18	Sat
2016	18 Mar	23	Fri
2016	1 Jan	22	Fri
2016	20 Aug	22	Sat
2016	2 Apr	20	Sat
2016	3 Apr	18	Sun
2017	1 Jan	23	Sun
2017	1 Jul	23	Sat
2017	30 Jul	20	Sun
2017	25 Feb	19	Sat
2017	6 Aug	19	Sun

Year	Date	# of intakes	Day
2018	30 Jun	17	Sat
2018	1 Dec	16	Sat
2018	18 Mar	14	Sun
2018	10 Nov	14	Sat
2018	19 May	13	Sat
2019	14 Sep	16	Sat
2019	17 Mar	14	Sun
2019	7 Apr	14	Sun
2019	26 May	14	Sun
2019	13 Jan	13	Sun
2020	11 Jan	9	Sat
2020	29 Feb	8	Sat
2020	25 Jan	7	Sat
2020	30 Jan	7	Thu
2020	26 Feb	7	Wed

Figure 10: Top five days for PCF intakes yearly 2015-2020
Source: HRP administrative records

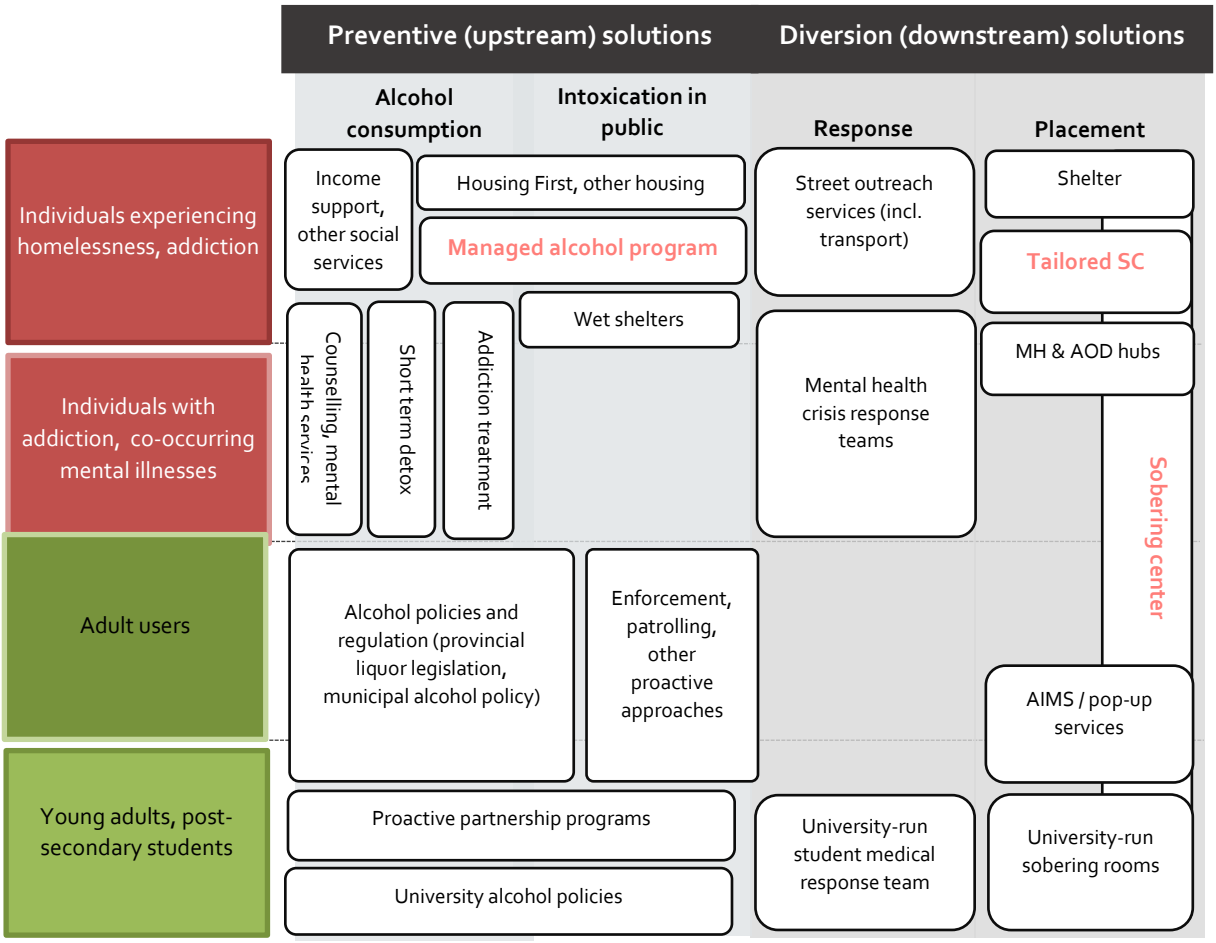

Figure 11: Range of existing and potential prevention and diversion solutions to public intoxication

Adapted from Bedatsova, M. 2021. ***Public intoxication in Halifax Regional Municipality: Alternatives to policing.*** *Policy Analysis Exercise, Harvard Kennedy School Master in Public Policy Candidate 2022, Harvard Kennedy School.*

Managed alcohol programs (MAPs)

The Canadian Institute for Substance Use Research at the University of Victoria runs a national study that is dedicated solely to researching MAPs and provides extensive resources on the topic. Managed alcohol programs (MAPs) are a harm reduction approaches, alternative to abstinence-based approaches, focused on supporting people experiencing chronic homelessness or housing instability and alcohol dependence. The key feature of a MAP is the provision of tailored amounts of alcohol to admitted program participants on a regular, controlled basis. MAPs are commonly implemented in residential settings but can also take on other forms (detailed below).

Purpose: The main goal of managed alcohol programs is to "decrease or prevent alcohol-related harms by reducing heavy episodic drinking, use of non-beverage alcohol, public intoxication, drinking in unsafe settings and high costs associated with police and emergency services while increasing access to primary care and other health and social services".[1] MAPs aim to stabilize clients and help them manage their alcohol consumption, which enables them to take better control of their well-being and address other needs, such as health care and financial stability. MAPs are a tailored intervention to support vulnerable clients for whom abstinence goals are difficult to achieve (and the eligibility criteria to enter the MAP are tailored accordingly). Most of the MAPs can also be thought of as enhanced shelter or housing programs, helping clients obtain or retain housing.

Prevalence: MAPs have originated in and are largely implemented in Canada but other countries such as Australia[2], the US[3] and UK[4] are beginning to investigate or replicate the model. There were at least 23 MAPs operating across Canada as of March 2020[5] and many new MAPs have been stood up as a crisis response during the COVID-19 pandemic[6], including a scattered-site in HRM operated by MOSH (the first MAP in Nova Scotia).

Outcomes and evidence: The available evidence, mostly from the University of Victoria's MAP study, highlights that MAPs are generally successful in achieving the stated outcomes of improving the

[1]Pauly, B., M. Brown, J. Evans, E. Gray, R. Schiff, A. Ivsins, B. Krysowaty, K. Vallance, and T. Stockwell. "'There Is a Place': Impacts of Managed Alcohol Programs for People Experiencing Severe Alcohol Dependence and Homelessness." *Harm Reduction Journal* 16, no. 1 (December 2019): 70. https://doi.org/10.1186/s12954-019-0332-4.

[2]"A Novel Service for Homeless People with Severe and Intractable Alcohol Dependence | NDARC - National Drug and Alcohol Research Centre." Accessed March 29, 2021. https://ndarc.med.unsw.edu.au/blog/novel-service-homeless-people-severe-and-intractable-alcohol-dependence-0

[3] California Health Care Foundation. "Homelessness and COVID-19: Innovation Snapshot — Alcohol Management Program Pilots," n.d., 5.

[4] Carver et al., "Investigating the Need for Alcohol Harm Reduction and Managed Alcohol Programs for People Experiencing Homelessness and Alcohol Use Disorders in Scotland."

[5] University of Victoria, CISUR. "Alcohol Harm Reduction Is Saving Lives - University of Victoria." Accessed March 29, 2021. https://www.uvic.ca/news/topics/2020+covid-managed-alcohol-programs+news

[6] University of Victoria, CISUR, CMAPS. "Overview of Managed Alcohol Program (MAP) Sites in Canada," 2020. https://www.uvic.ca/research/centres/cisur/assets/docs/resource-overview-of-MAP-sites-in-Canada.pdf

physical and mental well-being of participants[7]. The one potentially mixed outcome has to do with how MAPs manage alcohol consumption outside of the program (i.e. what are the rules about consuming alcohol beyond the served amounts and how are these enforced).[8] This can affect the results about the impact of MAPs on overall alcohol consumption (though overall reduction of alcohol consumed is not necessarily one of the explicit goals of the programs). The studies also document the cost-effectiveness of MAPs.[9]

Models of MAPs

CMAPS study identifies three main models of managed alcohol programs:

1) MAPs as enhanced residential / housing programs

In this most frequently employed model, when entering the MAP, participants are also provided housing, either in a shelter setting or as a more long-term oriented supportive housing type. Providing the managed alcohol is a crucial component of these programs that helps the people who may have the most complex combinations of vulnerabilities access and retain housing. The most prominent example is perhaps Ottawa's Shepherds of Good Hope's model of shorter-term shelter service combined with a long-term supportive housing model for people who 'graduate' from the shelter program. While residential MAPs are in many ways similar to the Housing First approach, they provide a distinct service and do not necessarily share all the same features and principles.[10]

2) Non-residential MAPs as stand-alone alcohol-serving programs

These programs are not as common, but the new MAP started in HRM could be classified under this model. In this model, the MAP is not associated with a specific housing program but could instead serve a range of clients in different settings during the day (including people who are unsheltered, or people staying in different housing units, as in the case of HRM). The major goal of this model would be to maintain individual's freedom – which was perceived as a major benefit by people with lived experience of homelessness and AUD (in Vancouver).[11] However, this type of MAP, if provided to people staying on the streets, fails to ensure physical safety and protection from criminalization and victimization – which the affected individuals report to be another crucial need.

3) Hospital-based MAPs

Hospital-based MAPs are also not as frequent a model, but they can provide important support to people who require intensive medical care for other reasons and for whom detoxing from alcohol while

[7] Pauly et al., "Finding Safety"; Pauly et al., "'There Is a Place'"; Stockwell et al., "Does Managing the Consumption of People with Severe Alcohol Dependence Reduce Harm?"

[8] Chow, Clifton et al. 2018. "Counting the Cold Ones: A Comparison of Methods Measuring Total Alcohol Consumption of Managed Alcohol Program Participants: Counting the Cold Ones." *Drug and Alcohol Review* 37: S167–73.

[9] Hammond, Kendall HLTH:EX. "A COST-BENEFIT ANALYSIS OF A CANADIAN MANAGED ALCOHOL PROGRAM." : 24.

[10] Schiff, Rebecca et al. 2019. "Managed Alcohol Programs in the Context of Housing First." *Housing, Care and Support* 22(4): 207–15.

[11] Crabtree, Alexis et al. 2018. "Perceived Harms and Harm Reduction Strategies among People Who Drink Non-Beverage Alcohol: Community-Based Qualitative Research in Vancouver, Canada." *International Journal of Drug Policy* 59: 85–93.

residential housing program were provided by the City of Ottawa within its Affordable Housing Program, which also continues to provide per diem operating funding.[14]

Kwae Kii Win MAP, Thunder Bay, ON

City population: 110,172

This Managed Alcohol Program has been operating in Thunder Bay's Shelter House since 2012. The program serves clients of all genders out of which 100% identify as Indigenous. Clients are served administered doses of alcohol every 90 minutes between 8 am and 11 pm and are provided supportive housing as part of the program. **Municipal funding from the City of Thunder Bay accounts for ~15% of operating costs,** with federal (HPS) and provincial (Trillium) funding accounting for ~15%, client contributions from social assistance for ~20% and additional federal and provincial grants for remaining ~50%.

[14] University of Victoria, CISUR, CMAPS, "Overview of Managed Alcohol Program (MAP) Sites in Canada"; McMaster Health Forum, "Rapid Synthesis: Determining the Features of Managed Alcohol Programs"; Ontario Non-Profit Housing Association, "The Oaks. Innovations In Housing Stability."

Sobering centers

A sobering center can be broadly characterized as a place where intoxicated individuals can sleep off the effects of intoxication. A study by Warren et al (2016) mapping the sobering centers in the United States defines them as "a facility where actively alcohol-intoxicated clients can safely recover from acute intoxication, including alternatives to jail and emergency departments, as well as drop-in centers. This excludes long-term (>2 nights) housing, medical detoxification, and residential substance use treatment centers….".[15]

Purpose: The main goal of sobering centers is to provide an alternative to jail and/or emergency departments as a place to stay for intoxicated individuals. They often have a dual purpose – to further the health and well-being of intoxicated people by providing a more appropriate destination than police cells and to realize financial savings by diverting individuals away from more costly alternatives[16]. In many cases, the explicit or implicit goal is also to connect individuals to appropriate resources, including detox and treatment and thus function as an important entry point to the system of care.

Prevalence*:* Sobering centers exist across Canada and beyond. At least 35 SCs are currently operating in the US[17], in 14 different states[18]. Many of these sobering centers were created relatively recently, suggesting growing prominence of the model. Sobering centers are also common for example in Australia, where they were created in response to recommendations of the Royal Commission into Aboriginal Deaths in Custody.[19] The State of Victoria's new public health response model to public intoxication is predicated on the creation of sobering centers infrastructure across the state.[20]

There is no comprehensive resource or research project that maps the sobering centers operating in Canada. Building on the 2015 study by Turner, this PAE has identified at least 11 centers (in line with the definition above), operating in larger cities like Calgary, Winnipeg or Saskatoon as well as in smaller communities such as Yellowknife, NWT or Campbell River, BC. Of these SCs, most (at least 7) are located in British Columbia and emerged in response to coroner's inquest into deaths in custody and as part of the provincial government's funding to create 500 substance-use treatment and intervention beds across the province.[21]

Outcomes and evidence: Evidence in the academic literature about the impact of sobering centers is limited, but anecdotal evidence from many program sites shows a significant drop in police intakes

[15] Warren, Otis et al. 2016. "Identification and Practice Patterns of Sobering Centers in the United States." *Journal of Health Care for the Poor and Underserved* 27(4): 1843–57

[16] Turner, Alina. 2015. "Alternatives to Criminalizing Public Intoxication: Case Study of a Sobering Centre in Calgary, AB." *SSRN Electronic Journal*. http://www.ssrn.com/abstract=2627799 (March 22, 2021).

[1717] According to a recently published National Directory of Sobering Centers, compiled by the U.S.-based National Sobering Collaborative
[18] The National Sobering Collaborative, "Directory of Sobering Care Programs in the U.S."

[19] Drug and Alcohol Office, and Government of Western Australia, "Utilisation of Sobering Up Centres, 1990 - 2005."

[20] Victoria to Introduce Sobering-up Centres after Review Finds That Police Should Be the Last Resort." 2020. *the Guardian*. http://www.theguardian.com/australia-news/2020/nov/28/victoria-delays-decriminalising-public-drunkenness-until-2022 (March 20, 2021)

[21] "Additional 500 Substance-Use Treatment Beds Now Open in British Columbia | BC Gov News." 2021. https://news.gov.bc.ca/releases/2017HLTH0079-001046 (February 18, 2021).

after the creation of a sobering center (see for example evidence from Houston[22], Calgary[23] or Yellowknife[24]; however, in some cases, the drop may not be as sizable or sustainable, for example, Saskatoon, partly because of capacity constraints[25]). To the best knowledge of the author, evidence about other objectives of the sobering centers, such as improving the sense of safety and well-being of individuals affected by public intoxication is also limited to an even smaller number of anecdotal examples. In terms of cost savings, there is evidence showing SCs could have a potentially sizable impact on U.S. healthcare costs[26] but this compares SC as a diversion away from the ED (which is a more costly alternative than police cells).

On the flip side, concerns about safety and neighborhood disturbance around the location of the sobering center have been raised in some cases[27]. Moreover, incidents that could pose safety risks and require police intervention occasionally arise in the SCs. For most SCs investigated for this report, no major instances of harm have been noted, but recently published evidence from Portland, Oregon raises concerns. According to whistleblower's account, instances of serious harm and injury occurred repeatedly in the sobering center in Portland.[28]This highlights the need for careful implementation of the sobering center, including appropriate triage at intake, presence of trained medical staff on-site and rigorous governance and oversight mechanism.

Models: Marshall et al. (2020) conduct literature review on sobering centers and conclude that they 'vary greatly by practices, capacity, staff, and available resources'.[29] Broadly, there are two models:

<u>1) Sobering centers as centralized, universal alternatives to police cells and/or ED:</u>

The purpose of this type of sobering center is to provide a well-resourced alternative destination for intoxicated individuals that may divert vast majority of cases away from jails or emergency departments. The center thus serves a range of clients, including 'one-offs' as well as 'repeats'. The main purpose is to provide the necessary care and monitoring in a more friendly environment than police cells and in many locations, also to avoid having to charge people with an offence or a crime. Cost savings are frequently major part of the rationale, especially if created as alternative to ED which is extremely costly. Operationally, this type of sobering center was found in larger, urban areas where the demand and number of clients is higher. Medical personnel is generally part of the staff and in some

[22] Jarvis, Suzanne V. et al. 2019. "Public Intoxication: Sobering Centers as an Alternative to Incarceration, Houston, 2010–2017." *American Journal of Public Health* 109(4): 597–99.

[23] Turner, "Alternatives to Criminalizing Public Intoxication."

[24] Northwest Territories Health and Social Services Authority, "The Day and Sobering Centre; Update - Yellowknife City Council."

[25] Northwest Territories Health and Social Services Authority. 2019. *The Day and Sobering Centre; Update - Yellowknife City Council*.

[26] Scheuter et al., "Cost Impact of Sobering Centers on National Health Care Spending in the United States."

[27]Gabriela Panza-Beltrandi. 2021. "Here's How One Sobering Centre Works with Its Neighbours, Community | CBC News." https://www.cbc.ca/news/canada/north/sobering-centre-calgary-yellowknife-neighbours-1.5132238 (April 6, 2021).

[28] Maxine Bernstein, "Whistleblower Reveals Serious Injuries, Lax Oversight at Central City Concern's Sobering Station."

Pauly et al., "Finding Safety"; University of Victoria, CISUR, CMAPS, "Overview of Managed Alcohol Program (MAP) Sites in Canada"; McMaster Health Forum, "Rapid Synthesis: Determining the Features of Managed Alcohol Programs."[29] Marshall, McGlynn, and King, "Sobering Centers, Emergency Medical Services, and Emergency Departments," 38.

- Triage, intake and assessment process and criteria
- Sleeping arrangement (bed vs. mats, female vs. male areas etc.)

What the vast majority of sites have in common is 24/7 opening hours, the need to be intoxicated to enter, no use allowed while on site and the acceptance of clients referred by the police (although the share of clients that are brought in by police differs substantially across sites, especially depending on whether the site accepts walk-ins).

Examples of SCs, incl. role of municipalities: In Canada, it is more common for health authorities to oversee and fund sobering centers but in some cases municipalities also play a role, providing the sobering center's funding. In the United States, City governments play a leading role much more frequently. Examples of the SC models where municipalities play a role include:

Main Street Project's Protective Care facility in Winnipeg, MB

City population: 705,223

Winnipeg has one sobering center – 20-bed Protective Care facility run by non-profit Main Street Project where intoxicated people are taken by the police. **Operations of this facility (except the paramedics permanently stationed on the site) are funded from Winnipeg Police Services grant of ~$700k**[32] (even though the expenses in fiscal year ending March 2020 were in fact almost ~$100k higher, leading to funding deficit which has been an ongoing issue[33]). It is also worth noting that while the funding is allocated by Winnipeg, it comes from a funding pool provided by the Provincial government to deliver services, such as public safety.

Transitional Emergency Shelter Program (TESP) in Ottawa, ON

City population: 934,243

TESP is a program run by the non-profit organizations Shepherds of Good Hope and Ottawa Inner City Health that 'provides specialized supports for chronically homeless individuals who have trauma, physical and/or mental health challenges, and/or addiction issues' (thus, it has other functions beyond the sobering center). According to financial reports, **City of Ottawa funds TESP through a municipal grant, to the amount of ~$800,000 - 900,000 per year**.[34]

The Sobering Center serving Austin and Travis County in Austin, Texas, USA

City population: 950,807

In 2017, the city and county created a nonprofit organization, Austin Travis County Sobriety Center Limited Government Corporation, with board members to oversee the operation of the sobriety center. The center has 24-bed capacity pre-COVID and appr. 25 full-time staff members. City of Austin

[32] Booke & Partners. 2020. "Main Street Project, Inc. Financial Statements; March 31, 2020." http://www.manitoba.mb.ca/asset_library/en/finances/pchs/main_street_project_inc.pdf (April 6, 2021)

[33] "Winnipeg Shelter to Close Intoxicated Persons Unit during Day without Funding Boost." 2021. https://ca.news.yahoo.com/winnipeg-shelter-close-intoxicated-persons-194443074.html (February 23, 2021).

[34] Welch LLP. 2020. *Financial Statements for Shepherds of Good Hope*. https://www.sghottawa.com/wp-content/uploads/2020/07/Shepherds-of-Good-Hope-fs20-Signed.pdf (April 6, 2021).

provides grant funding for the operations of the center and Travis County provides the building space (and covered initial refurbishment costs). **City government, through its Public Health department, provides majority of the funding to cover the center's ~$1.8M expenses**.[35]

San Francisco

City population: 874,961

San Francisco Sobering Center is a collaborative program created by the City's Department of Public Health in collaboration with the non-profit Community Awareness and Treatment Services (CATS) and other community partners. It is a 12-bed facility focused on serving people who are alcohol-dependent and experiencing homelessness, with **City and County of San Francisco providing financial support through the General Fund**[36].

[35] Huber, Mary. 2021. "A Year after Launch, Austin's Sobering Center Sees Positive Results — but Also Turbulence." *Austin American-Statesman*. https://www.statesman.com/news/20191101/year-after-launch-austins-sobering-center-sees-positive-results---but-also-turbulence (March 23, 2021)

[36] Smith-Bernardin, Shannon, Adam Carrico, Wendy Max, and Susan Chapman. 2017. "Utilization of a Sobering Center for Acute Alcohol Intoxication" ed. Kennon J. Heard. *Academic Emergency Medicine* 24(9): 1060–71

Adapted from Bedatsova, M. 2021. ***Public intoxication in Halifax Regional Municipality: Alternatives to policing.*** *Policy Analysis Exercise, Harvard Kennedy School Master in Public Policy Candidate 2022, Harvard Kennedy School.*

Managed alcohol programs and two types of sobering centers (universal and tailored) were evaluated along three broad criteria:

- value or usefulness of the solution (including in terms of impact on intakes to Prisoner Care Facility, well-being of the people, public safety and use of resources);
- operational feasibility or realizability of the solution (in terms of financial costs, logistics, other pragmatic constraints); and
- overall level of support for the solution among key stakeholders.

The symbols  the evaluation score based on each three above criteria, capturing the overall attractiveness along that criterion. Fuller circles represent better ratings in terms of higher value, better feasibility, or higher level of support for the solution.

Managed Alcohol Programs (MAPs)

A MAP in Halifax is presently supported by the provincial government together with MOSH, the organization operating the MAP). This section focuses on a broader assessment of MAPs as a solution to public intoxication in HRM.

In terms of key **features,** the most promising model is the residential model, particularly combination of the short-term transitional housing program with a longer-term supportive housing program to which participants can graduate.

Evaluation

Value of the solution

Incorporating a MAP into the range of services will better support people experiencing homelessness and severe alcohol dependence who may be underserved by the current system. MAPs would help **improve health and well-being** of these individuals

- Residential MAPs would also **help house part of the population currently staying unsheltered** and thus contribute to addressing the growing issue of homelessness in HRM
- By helping to stabilize its clients, MAPs could have a **sizable impact on the number of police interactions and PCF intakes** for public intoxication, as well as other situations that may prompt police interaction such as panhandling (access to more detailed data about PCF intakes by repeated users would be helpful to estimate the size of potential diversion).
- The reduced pressure on services could also generate **cost savings** for HRM (particularly in terms of freeing up HRP resources) as well as the province (by reducing the need for intoxication related ED visits and potentially costs associated with courts)

Operational feasibility

MAPs can operate at a small scale (4-10 participants), in conjunction with existing services, which makes them more easily adjustable and scalable. This means in HRM, they could be provided **by different organizations across different sites**

- However, the research has shown that **municipal governments in Canada typically do not play a significant role in creating, administering or operating MAPs**, given their characterization as addiction-related harm reduction programs. The pilot scattered-site MAP run by MOSH is presently being funded by the Department of Health and Wellness.

Stakeholder support

A range of stakeholders expressed support for MAPs. MAPs are seen as a vital program among providers working with target population; police officers also commented on its usefulness and the role the new MAP has likely played in reducing incidents police respond to

- Although MAPs have initially been controversial and public opinion on them may vary, there has **not been instances of significant public pushback** encountered in this research in connection to MAPs operation, whether in HRM or other jurisdictions

Universal sobering center

Evaluation

Public value

The main benefit of any type of sobering center is provision of **more suitable, humane and *potentially* more cost-effective alternative** to PCF (especially for cases diverted from ED and over longer term). In some circumstances, SC can also be a better suited alternative compared to ED, as intoxicated patients are provided with more tailored care and frequent monitoring than may be possible in a busy emergency department. The longer-term cost savings may also potentially accrue if SC successfully helps to stabilize the clients with complex needs and connect them to resources, thus reducing public intoxication and demand for emergency response services

+ Presence of medical staff on site ensures adequate care is provided and **minimizes risk of harm** from medically related conditions that may not be caught by officers in PCF not trained to provide that level of care
+ Having a SC *could* potentially also **prevent escalations** that may arise when intoxicated person learns they are being taken to jail[1]
+ SC would have a crucial role to play in **connecting people to services**
+ Sobering center hand-off process should be designed to enable officers to return to duty efficiently. Having one universal, well-planned out SC where all eligible individuals can go makes this process easier
+ Universal model ensures that **everyone** who needs a place to sleep and is appropriate candidate **can access the service**. In tailored model, people are more likely to fall through the cracks (also, distinction between groups may be blurred and unhelpful in some cases)
- Key concern is that building this type of SC would require significant public investment and it is not clear if it generates the **value for money**, particularly if other preventive measures will already be taken. Question of eligibility is crucial - police officers state that many of the individuals currently taken to PCF for PI would not be suitable for SC due to risk of violence; and those who do not pose risk are better served by being transported home. This leaves relatively

[1] This has been highlighted as a potential benefit by a number of stakeholders but has not been investigated in academic literature about sobering centers

Stakeholder support

Generally, stakeholders were not sure about the suitability of combining different populations in one center; more support for tailored SC expressed

- Universal SC also represents a more radical shift from current police practices, which might be met with more concerns and reservations
- Citizens may have mixed views about the funding requirements and impact on municipal budget. Further consultation of stakeholders, including public, would help ascertain overall level of support

Tailored sobering center (focused on complex needs group)

This type of sobering center would share many of the features, benefits and challenges of the universal SC so this assessment will focus on the differences and contrast between the two models. Compared to the universal model described above, the SC tailored to people experiencing homelessness and/or other complex needs groups may have the following features:

- **Smaller size,** around 10-15 beds; also open 24/7
- Similar staffing model but placing bigger focus on the case management component. Moreover, the medical staff would be more directly prepared to assist with withdrawal management and attend to range of health care needs, such as minor injuries
- Key proposed difference would be **broader range of services** offered in this tailored SC. The specific service model should be designed by working group of stakeholders but could include: basic health care services, separate area with beds to provide supervised medical withdrawal and intensive case management services, incl. referrals to detox, housing etc.
- Level of care, referral policy and hand-off process similar to the ones described above
- **Located in an existing facility,** such as homeless shelter. New Metro Turning Point building could be the best candidate
- Center should be **community-based**—relationships, cultural competencies, and expertise are essential for success. HRM would support as a funding partner, other levels of government should fund medical staff costs

Evaluation

Public value

Service **tailored to the most vulnerable groups** of people who have addiction. Although HRM already has shelters that accept intoxicated individuals-- SC would divert those going to PCF (when possible)

+ The possibility to **connect the centre with other needed services,** especially medical detox, would provide additional value and ensure more comprehensive level of support. Compared to the jail model, SC would enable people to address underlying needs and help stop the continued cycling through the system
+ The SC would also **help address the recent rise in homelessness** by providing additional shelter space and connecting people to longer-term resources (incl. MAP and housing)
+ The stable pattern of alcohol consumption among this population would ensure **better utilization of resources**

+ Given the substantial overrepresentation of Indigenous and African Nova Scotian population among people experiencing homelessness, the sobering center would also be an important **social justice** policy
+ Additional benefits outlined above (incl. more humane response, reduced risk of harm and potential freeing of police resources) still apply in this case
- **Key disadvantage is that this model would have significantly lower impact on the number of intakes into the Prisoner Care Facility,** but would reduce the number of repeat clients
- Concerns about unintended consequences of encouraging alcohol consumption and safety and public safety in the SC's surrounding area also remain and should be mitigated
  - Unknown how potential expansion of MAPs and other preventive measures may affect the required capacity of a SC. If a share of people currently experiencing absolute homelessness could instead be served by MAP or enter detox, that would be a positive outcome that would reduce the need for creating a new SC

Operational feasibility

Easier to secure logistically – there are clear candidates to run the center in HRM and potential locations available

- **Less costly** option overall, as the upfront investment and the ongoing operating costs would likely be lower due to possibility to use existing space and lower bed capacity of the center
- More flexible model that does not require as much upfront planning and investment and can be **adjusted more easily** to respond to the current needs and changing circumstances
- Procedural and **liability concerns also likely to be less significant** as police officers may already use the practice of driving people experiencing homelessness into local shelters for assistance in case of low levels of intoxication; this model would provide a dedicated place to stay for intoxicated individuals who do not pose safety risk but need more intensive care and monitoring due to higher level of intoxication (and potentially other needs)

Stakeholder support

Stakeholders working with the affected population see SC as valuable service; potentially also higher support among officers due to less radical change of practices and in public due to being a more targeted interventions that helps address homelessness and complex needs group

ATTACHMENT D: External stakeholder and Community Consultation
September 2020-March 2021

Category	Organization	Focus
Halifax context	NECHC/MOSH	needs of patients with mental health, addictions, homelessness, experience with MAP stood up for covid, interest in partnerships
Halifax context	Hospital Emergency Departments HRM	ED perspective - alcohol intoxication visits
Halifax context	members of Overdose Prevention Site Community Advisory Committee	review of harm reduction approaches, needs and gaps in service, feasibility of SC/MAP, potential for co-location of harm reduction services
Halifax context	Shelter Nova Scotia	homelessness and alcohol misuse, needs assessment
Halifax context	People's Clinic	ANS experience with addictions, lived experience, gaps in service, cultural compentency
Halifax context	Doctors Nova Scotia and Efry Society	support, partnerships resourcing from DNS, needs and gaps for HR services
Halifax context	Mik'maw Indigenous Friendshp Centre	Indigenous experience with addictions, cultural competency, decolonized approaches, harm reduction services existing, gaps in service
Halifax context	Street Navigator	Needs of the people experiencing homelessness, alcohol use
Halifax context	MOSH	Discussion about their MAP, outcomes, lessons learnt; other needs of the population, potential for other MAPs
Halifax context	Shelter Nova Scotia	Discussion about the needs of the people experiencing homelessness, gaps in service, interaction with police etc.
Halifax context	Salvation Army Centre of Hope	Needs of people who are homeless, interaction with police, Anchorage Program, their shelter
Halifax context	AHANS	Homelessness in HRM, link to addictions (how many people who don't have stable housing because of alcohol could be helped by a residential MAP) *Note: Jim recommended we talk to EJ from MOSH and Melissa at Shelter NS*

ATTACHMENT D: External stakeholder and Community Consultation
September 2020-March 2021

Halifax context	Dalhousie University research	Dalhousie feasibility research: costs of healthcare, social, police and justice services among chronically homeless men and alcohol use disorder; qualitative data collection from potential MAP participants. Study is ongoing (completed interviews and got data from NSHA, other data still to be collected)
Halifax context	MOSH Housing First	HRM context, HF clients
Halifax context	Hospital Emergency Departments	ED perspective - alcohol intoxication visits
Halifax context	Dalhousie health promoters	Dalhousie alcohol harm reduction framework + views on sobering center
Halifax context	Dalhousie campus security	Dalhousie experience with students alcohol consumption, sobering center, cooperation with HRP
Provincial context	NSHA - harm reduction	harm reduction; Central Zone, public health
Provincial context	Department of Health and Wellness	Provincial approach, interest, experience with MAP
Provincial context	Mental Health and Addictions	alcohol policy HRM, harm reduction, gaps and needs for service; Central Zone, public health
Provincial context	Department of Justice	Sobering centres
Other cities / programs	City of Thunder Bay, Drug Strategy Coordinator	Sobering Centres (4) and MAP, experiences with programs in Tbay, support from city (financial, in kind), role of drug strategy in mobilizing stakeholder support and collaboration among sectors
Other cities / programs	Calgary, DOAP / Alpha House	Questions about DOAP + Calgary's mental health and addictions strategy
Other cities / programs	Cambridge Police Department, MA, USA	General approach to public intoxication in Cambridge; role of social workers in Cambridge Police
Other cities / programs	Retired deputy chief of Winnipeg Police,	Police persepctives of Sobering Centre (Intoxicated Persons Detention Centre); Winnipeg Alliance - collective impact approach to public intoxication

ATTACHMENT D: External stakeholder and Community Consultation
September 2020-March 2021

Other cities / programs	Winnipeg Downtown Community Safety Partnership	Downtown Community Safety Partnership - extended from the work of Alliance (collective impact approach to public intoxication); patrolling and transport service, focused on providing assistance, diverting social calls away from the police
Other cities / programs	Kenora Morningstar Centre	MAPs general information
Other sobering centres	Campbell River Sobering and Assessment Centre, run by Vancouver Island Mental Health Society	Standard questions about their SC, their experience (Campbell River model mentioned in Council request)
Other sobering centres	Quibble Creek Sobering and Assessment Centre (SAC), Surrey, BC	Standard questions about SC, their experience (responded to the CMNCP Information Request, additional details about the center in the document)
Other sobering centres	Main Street Project's IDPA (Intoxicated Person's Detention Area), Winnipeg, MB	Sobering Centre- Main Street Project also provides a range of other addiction services (incl. detox)
Other sobering centres	Duncan / Cowichan SC	Sobering centres
Other sobering centres	Nanaimo SC (Crescent House)	Sobering centres
Other sobering centres (uni)	Queen's University (Campus Observation Room - COR)	Sobering centres - University run
Other sobering centres (uni)	University of Guelph (CARR - Campus Alcohol Recovery Room)	Sobering centres- University run
Other sobering centres (uni)	University of Calgary (PASS - post-alcohol support space)	Sobering centres- University run