Sobering Centers as an Alternative to Public Intoxication Arrest
Practical Implementation Guidelines

More than 80% of police agencies reported in a recent survey that their agency’s use of a sobering center had substantial benefits. Benefits include saving resources in both police departments and hospitals, offering a better alternative than jail to intoxicated individuals in the community, and connecting individuals to additional services.

Using sobering centers as an alternative to arrest for public intoxication can reduce costs. Sobering centers are an investment that can help save lives and support healthier, safer communities. They benefit individuals by diverting them from the criminal justice system, avoiding the collateral consequences of arrest, and connecting them to treatment services. Police agencies also benefit because diverting individuals from jail requires less of police employee time and resources and prevents the costs associated with further involvement of individuals in the criminal justice system.

An assessment of community needs and available resources is necessary before establishing a sobering center. This assessment should help to define the goals of a sobering center and how success will be measured against those goals. It will also help to identify how any unique characteristics of the community or jurisdiction will affect implementation. For example, in some communities, it might be more effective to combine the services of a sobering center into a single facility that also treats substance use disorders and mental health. The best implementation approach may be different across communities.

Establish policies and procedures. Agency policy should provide parameters for officer discretion and offer guidance on how to best determine when someone would benefit from the sobering center versus another outcome. Some jurisdictions might be governed by state or local statute that limit parameters of officer discretion, and identifying any such constraints during the needs assessment is critical to implementing policy. Mutual agreements and formalized memoranda of understanding with external agencies will also be necessary.

Consider the location of your sobering center. It might be prudent to locate the sobering center in close proximity to the jail so that travel time is not a factor in this discretionary decision. If the decision to leverage a sobering center is not discretionary, locating the sobering center in places with the greatest need for service might be more appropriate.

Police officers should understand the cycle of addiction. It may be necessary for some individuals to visit the sobering center repeatedly. Each visit is an opportunity for police to build trust with the individual, while saving jail and hospital resources as well as taxpayer money. Consider educational materials such as fact sheets, roll-call videos, and regular training for officers to reinforce the benefits of sobering centers. In conjunction with policy, education on the cycle of addiction can help inform police officers’ discretionary decisions as to when an individual might benefit from the services of the sobering center.

Incorporate use of the sobering center into the culture of the police department. Consider including metrics on use of the sobering center and alternatives to arrest into both officer performance measures and department reports and metrics of success. Compare these metrics to the goals and metrics identified in the initial needs assessment, and identify areas for potential improvement in meeting those goals. A department “champion” of the sobering center can help communicate the purpose of the sobering center and its intended benefits, but this message should be reinforced from all supervisors.

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The guidance provided here is the result of survey research and discussions among police and sobering center representatives. In 2021, 46 U.S. municipalities were identified as having operational sobering centers. Within each of these jurisdictions, the sobering center facility and the primary municipal police agency were invited to participate in separate surveys. Results were analyzed from the responses of 29 police agencies (63% response rate) and 18 sobering centers (39% response rate). To supplement these survey findings, five sites participated in an in-depth discussion of their operations during an in-person forum hosted at the IACP in Spring of 2022.

Survey responses from police departments indicated:

- 92% allowed officers to transport individuals to sobering centers. These drop-offs typically take 20 minutes or less.
- 80% believed their use of the sobering center was beneficial.
- 65% allowed officers to use discretion on whether to use a sobering center for a non-violent intoxicated person or not.
- 65% of police agencies indicated there were specific areas within their jurisdictions where officers are more likely to use sobering centers, such as locations with a large population of persons experiencing homelessness.

Responses from sobering centers indicated:

- 94% of responding facilities are open 24/7.
- 92% of responding sobering centers accepted clients intoxicated by drugs, as well as alcohol.
- About 75% of sobering centers reported having a partnership with law enforcement agencies. This partnership was formalized in about two-thirds of respondents.
- Sobering centers highlighted regular meetings with law enforcement, memorandums of understanding (MOUs), and formal protocols for using the sobering centers at key elements of a successful partnership.
- Police were the most commonly reported referral source, followed by hospital emergency departments, and self-referrals. Informally, sobering centers serve as a resource to law enforcement, and law enforcement serves as a referral source for sobering centers.

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