

## Understanding the current and potential role of ‘sobering up’ facilities: a systematic review of models of care

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**Issue:** ‘Sobering up’ facilities are alternatives to hospitals and gaols which offer a safe place for an acutely intoxicated person. They have existed across the Western world since the mid-20th Century, but despite their longevity, there has been limited academic attention paid to them, their effects, and the best model(s) of care. This has slowly been changing over the last decade. In this presentation we will answer three key questions: 1) *What evidence do we have of sobering up facility effectiveness?*; 2) *What do we know about sobering up facilities models of care?*; and 3) *What do we know about where sobering up facilities fit in levels of care?*

**Methods:** We undertook a systematic search per PRISMA guidelines of three academic databases (500 results returned, 61 duplicates; 439 abstracts screened), with a subsequent review of references and grey literature. 35 documents were included.

**Key Findings:** ‘Sobering up’ facilities are typically initiated locally through the city or local council and so even within countries there is little consistency in the model of care. While some facilities have been evaluated there are diverse methodologies and outcome measures. Important service elements include accessibility (opening hours, location, threshold to entry), flexibility to client needs, and a harm reduction focus. There is inconsistent evidence of how and when people should be triaged to ‘sobering up’ facilities, despite modelled cost savings of diverting from Emergency Departments. The majority of recent evidence is from the United States, and despite most Australian jurisdictions having sobering up facilities, local evidence is limited.

**Discussion and Conclusions:** Emerging evidence indicates that ‘sobering up’ facilities may be an effective and cost-effective alternate to Emergency Department use. Strengthening the evidence base regarding models of care and triage factors is required.