Whereas, Public intoxication related charges were among the top ten reasons for arrest in the United States (US) in 2019, with over 450,000 arrests; and

Whereas, In the US, Black, American Indian, and Alaska Native people are arrested at greater annual rates per capita for public intoxication charges than those who are White; and

Whereas, Several sobering centers are led by Alaska Native tribal organizations and have led to reduced incarceration rates per capita for public intoxication among Alaska Natives; and

Whereas, Specialty and hospital-based treatments for acute alcohol intoxication account for $24.6 billion in healthcare costs, with most patients seeking care in emergency departments; and

Whereas, The number of acute alcohol-related emergency department visits increased from 1,801,006 in 2006 to 2,728,313 in 2014, indicating a growing need for substance use disorder resources and interventions; and

Whereas, The US has the highest incarceration rate in the world and incarceration can result in a series of social sequelae affecting a person’s ability to maintain housing, personal health, employment, and other necessities; and

Whereas, A growing number of local jurisdictions within the US and nations around the globe are shifting towards a health-based response to public intoxication, as opposed to criminalization; and

Whereas, At least 35 sobering centers across 14 US states currently function to safely lead those acutely intoxicated by various substances to recover under medical observation and to connect them with substance use disorder recovery programs; and

Whereas, Sobering centers are able to treat patients with substance use disorders and are well positioned to provide services to those disadvantaged by other social barriers, including persons experiencing homelessness; and

Whereas, Houston Recovery Center in Houston, Texas is a nationally recognized sobering center model, serving the largest metropolitan population among all sobering centers in the United States; and

Whereas, Jail admissions for public intoxication in Harris County, Texas decreased by 95 percent (from 15,357 to 835) from 2012 to 2017 following the opening of the Houston Recovery Center; and
Whereas, A jail admission in Harris County was reported to cost $286 per day while the sobering center at full capacity would cost $127 per admission, allowing Harris County to view the program as a cost-offset; and

Whereas, The primary workforce of the Houston Recovery Center consists of Texas state-certified peer recovery support specialists who work alongside nurses, licensed chemical dependency counselors, emergency medical technicians, social workers, and civilians with institution-specific training who provide comprehensive services; and

Whereas, Sobering centers accept clients through multiple referral sources including ambulatory and vehicular outreach teams, walk-ins, police, emergency medical services, and emergency departments; and

Whereas, Forty-eight percent of the 25,282 clients admitted to the Houston Recovery Center over 5 years accepted referral to additional services, requested housing assistance, or enrolled in treatment upon discharge; and

Whereas, In 2014 the Houston Recovery Center launched the Partners in Recovery (PIR) program designed to address substance use among low-income, uninsured clients with complex needs and more than two admissions to the sobering center; and

Whereas, The PIR Houston Recovery Center is able to practice a proactive intervention strategy by working with individuals with active substance use disorders in criminal justice and street outreach settings; and

Whereas, A modeling study with a sobering center diversion rate of 50 percent resulted in an estimated annual national savings ranging from $230 million to $1.0 billion; and

Whereas, The City of Houston reported a $2.9 million positive fiscal impact in the first 20 months after sobering center operation; and

Whereas, Estimated national savings range from $230 million to $1.0 billion annually based on Monte Carlo modeling with a sobering center diversion rate of 50%; and

Whereas, Cost analysis of the San Francisco Sobering Center comparing direct costs of emergency department to per-encounter costs at the Sobering Center found significantly less cost for care of acute intoxication than in the emergency department, leading to savings of $243 per patient; and

Whereas, A review done by Santa Cruz Recovery Center in 2018 reported a 86% decline in time spent by law enforcement processing public inebriates, with a 53% decline from 2014 to 2017 in average monthly jail bookings translating into $83,290 savings in officer costs; therefore be it

RESOLVED, That our American Medical Association recognize the utility, cost effectiveness, and racial justice impact of sobering centers (New HOD Policy); and be it further

RESOLVED, That our AMA support the maintenance and expansion of sobering centers (New HOD Policy); and be it further

RESOLVED, That our AMA support ongoing research of the sobering center public health model (New HOD Policy); and be it further
RESOLVED, That our AMA support the use of state and national funding for the development and maintenance of sobering centers. (New HOD Policy)

Fiscal Note: Not yet determined

Received: 10/05/22

REFERENCES:

RELEVANT AMA POLICY

Substance Use and Substance Use Disorders H-95.922

Our AMA:
(1) will continue to seek and participate in partnerships designed to foster awareness and to promote screening, diagnosis, and appropriate treatment of substance misuse and substance use disorders; (2) will renew efforts to: (a) have substance use disorders addressed across the continuum of medical education; (b) provide tools to assist physicians in screening, diagnosing, intervening, and/or referring patients with substance use disorders so that they have access to treatment; (c) develop partnerships with other organizations to promote national policies to prevent and treat these illnesses, particularly in adolescents and young adults; and (d) assist physicians in becoming valuable resources for the general public, in order to reduce the stigma and enhance knowledge about substance use disorders and to...
communicate the fact that substance use disorder is a treatable disease; and (3) will support appropriate federal and state legislation that would enhance the prevention, diagnosis, and treatment of substance use disorders.

Citation: CSAPH Rep. 01, A-18; Reaffirmed: BOT Rep. 14, I-20

**Harmful Substance Use H-95.967**

Our AMA encourages every physician to make a commitment to join his/her community in attempting to reduce harmful substance use and that said commitment encourage involvement in at least one of the following roles: (1) donation of time to talk to local civic groups, schools, religious institutions, and other appropriate groups about harmful substance use; (2) join or organize local groups dedicated to the prevention of harmful substance use; (3) talk to youth groups about brain damage and other deleterious effects of harmful substance use; and (4) educate and support legislators, office holders and local leaders about ways to end harmful substance use and providing adequate treatment to patients with substance use disorder.

Citation: Sub. Res. 36, I-90; Modified: Sunset Report, I-00; Reaffirmed: CSAPH Rep. 1, A-10; Modified: CSAPH Rep. 01, A-20

**Increased Funding for Substance Use Disorder Treatment H-95.973**

Our AMA (1) urges Congress to substantially increase its funding for substance use disorder treatment programs; (2) urges Congress to increase funding for the expansion and creation of new staff training programs; and (3) urges state medical societies to press for greater commitment of funds by state and local government to expand the quantity and improve the quality of the substance use disorder treatment system.

Citation: Res. 116, I-89; Reaffirmed: Sunset Report, A-00; Reaffirmed: CSAPH Rep. 1, A-10; Modified: CSAPH Rep. 01, A-20

**Involuntary Civic Commitment for Substance Use Disorder H-95.912**

Our AMA opposes civil commitment proceedings for patients with a substance use disorder unless: a) a physician or mental health professional determines that civil commitment is in the patient’s best interest consistent with the AMA Code of Medical Ethics; b) judicial oversight is present to ensure that the patient can exercise his or her right to oppose the civil commitment; c) the patient will be treated in a medical or other health care facility that is staffed with medical professionals with training in mental illness and addiction, including medications to help with withdrawal and other symptoms as prescribed by his or her physician; and d) the facility is separate and distinct from a correctional facility.

Citation: BOT Rep. 7, I-20

**Addiction and Unhealthy Substance Use H-95.976**

Our AMA is committed to efforts that can help the national problem of addiction and unhealthy substance use from becoming a chronic burden. The AMA pledges its continuing involvement in programs to alert physicians and the public to the dimensions of the problem and the most promising solutions. The AMA, therefore:

(1) supports cooperation in activities of organizations in fostering education, research, prevention, and treatment of addiction;
(2) encourages the development of addiction treatment programs, complete with an evaluation component that is designed to meet the special needs of pregnant women and women with infant children through a comprehensive array of essential services;
(3) urges physicians to routinely provide, at a minimum, a historical screen for all pregnant women, and those of childbearing age for substance abuse and to follow up positive screens with appropriate counseling, interventions and referrals;
(4) supports pursuing the development of educational materials for physicians, physicians in training, other health care providers, and the public on prevention, diagnosis, and treatment of perinatal addiction. In this regard, the AMA encourages further collaboration in delivering appropriate messages to health professionals and the public on the risks and ramifications of perinatal drug and alcohol use;
(5) urges the National Institute on Drug Abuse, the National Institute on Alcohol Abuse and Alcoholism, and the Substance Abuse and Mental Health Services Administration to continue to support research and demonstration projects around effective prevention and intervention strategies;
(6) urges that public policy be predicated on the understanding that alcoholism and drug dependence, including tobacco use disorder as indicated by the Surgeon General's report, are diseases characterized by compulsive use in the face of adverse consequences; (7) affirms the concept that addiction is a disease and supports developing model legislation to appropriately address perinatal addiction as a disease, bearing in mind physicians' concern for the health of the mother, the fetus and resultant offspring; and (8) calls for better coordination of research, prevention, and intervention services for women and infants at risk for both HIV infection and perinatal addiction. 

Citation: BOT Rep. Y, I-89; Reaffirmed: Sunset Report, A-00; Reaffirmation A-09; Modified: CSAPH Rep. 01, A-19

Federal Drug Policy in the United States H-95.981
The AMA, in an effort to reduce personal and public health risks of drug abuse, urges the formulation of a comprehensive national policy on drug abuse, specifically advising that the federal government and the nation should: (1) acknowledge that federal efforts to address illicit drug use via supply reduction and enforcement have been ineffective (2) expand the availability and reduce the cost of treatment programs for substance use disorders, including addiction; (3) lead a coordinated approach to adolescent drug education; (4) develop community-based prevention programs for youth at risk; (5) continue to fund the Office of National Drug Control Policy to coordinate federal drug policy; (6) extend greater protection against discrimination in the employment and provision of services to drug abusers; (7) make a long-term commitment to expanded research and data collection; (8) broaden the focus of national and local policy from drug abuse to substance abuse; and (9) recognize the complexity of the problem of substance abuse and oppose drug legalization. 


Community-Based Treatment Centers H-160.963
Our AMA supports the use of community-based treatment centers for substance use disorders, mental health disorders and developmental disabilities. 


Involuntary Civic Commitment for Substance Use Disorder D-95.963
Our AMA will continue its work to advance policy and programmatic efforts to address gaps in voluntary substance use treatment services. 

Citation: BOT Rep. 7, I-20

AMA Support for Justice Reinvestment Initiatives H-95.931
Our AMA supports justice reinvestment initiatives aimed at improving risk assessment tools for screening and assessing individuals for substance use disorders and mental health issues, expanding jail diversion and jail alternative programs, and increasing access to reentry and treatment programs. 

Citation: Res. 205, A-16

Substance Use Disorders as a Public Health Hazard H-95.975
Our AMA: (1) recognizes that substance use disorders are a major public health problem in the United States today and that its solution requires a multifaceted approach; (2) declares substance use disorders are a public health priority; (3) supports taking a positive stance as the leader in matters concerning substance use disorders, including addiction; (4) supports studying innovative approaches to the elimination of substance use disorders and their resultant street crime, including approaches which have been used in other nations; and (5) opposes the manufacture, distribution, and sale of substances created by chemical alteration of illicit substances, herbal remedies, and over-the-counter drugs with the intent of circumventing laws prohibiting possession or use of such substances.

**Enhanced Funding for and Access to Outpatient Addiction Rehabilitation D-95.962**

Our AMA will advocate for: (1) the expansion of federal grants in support of treatment for a substance use disorder to states that are conditioned on that state’s adoption of law and/or regulation that prohibit drug courts, recovery homes, sober houses, correctional settings, and other similar programs from denying entry or ongoing care if a patient is receiving medication for an opioid use disorder or other chronic medical condition; and (2) sustained funding to states in support of evidence-based treatment for patients with a substance use disorder and/or co-occurring mental disorder, such as that put forward by the American Society of Addiction Medicine, American Academy of Addiction Psychiatry, American Psychiatric Association, American Academy of Child and Adolescent Psychiatry and other professional medical organizations.

Citation: BOT Rep.14, I-20

**Increasing Detection of Mental Illness and Encouraging Education D-345.994**

1. Our AMA will work with: (A) mental health organizations, state, specialty, and local medical societies and public health groups to encourage patients to discuss mental health concerns with their physicians; and (B) the Department of Education and state education boards and encourage them to adopt basic mental health education designed specifically for preschool through high school students, as well as for their parents, caregivers and teachers.

2. Our AMA will encourage the National Institute of Mental Health and local health departments to examine national and regional variations in psychiatric illnesses among immigrant, minority, and refugee populations in order to increase access to care and appropriate treatment.

Citation: Res. 412, A-06; Appended: Res. 907, I-12; Reaffirmed in lieu of: Res. 001, I-16; Reaffirmed: Res. 425, A-22