Q: What is the Sobering Station?
A: For the past 40 years, Central City Concern (CCC) has helped the Portland community with housing, health care, recovery treatment and employment services for people impacted by homelessness. In a related service, CCC operated the CHIERS van and Sobering Station program since 1985. Over the past three decades, our CHIERS staff has had hundreds of thousands of safe and humane encounters with people incapacitated by alcohol or drugs who need to go to a safe place: CCC's Sobering Station.

Q: Did the Sobering Station close?
A: Yes. CCC decided months ago to not renew the sobering contract with the City of Portland, which ends June 30, 2020. We told PPB and other jurisdictions that we were willing to stay open, accepting people screened in with our new criteria. On December 23, during ongoing conversations together about how to best care for the needs of vulnerable, intoxicated individuals, PPB told us they recognized our safety concerns and would no longer bring individuals to the Sobering Station. They let us know that they would transport people to area hospitals for care. While some jurisdictions continued to use the Sobering Station, CCC worked with them to determine the facility would permanently close on January 3, 2020.

Q: Who should people call if they see an incapacitated inebriated person on the sidewalk?
A: In Portland, people should call the non-emergency police number 503-823-3333 to request a welfare check.

Q: Who did the Sobering Station serve?
A: The Sobering Station served about 10 people a day, who were brought involuntarily from the greater Portland metro area. Historically, 8 of these 10 were admitted. These individuals fell into two categories:

- People who are affected by alcohol or drugs who don't present a risk of violence to themselves or others and need a safe place to rest until they are sober. This group of participants was the group Sobering was originally designed to serve.

- People who are affected by alcohol or drugs who did present a risk of violence to themselves or others, and needed to be held involuntarily to keep themselves and the community safe. Due to significant changes in the population requiring involuntary holds, this group represented the majority of the 10 participants per day arriving at the Sobering Station.

Q: How has the Sobering Station changed?
A: CCC is constantly assessing and improving our programs to meet the needs of the community. Since July 2019, CCC scrutinized and assessed CHIERS and the Sobering Station's operations and made several changes to improve safety including:

- Additional staff training
- Changing the criteria for admission to the Sobering Station
- Studying best practices and successful sobering programs across the country
- Restricting use of isolation rooms

(Continued on next page)
Sobering Station Closure: Frequently Asked Questions
Closed as of January 3, 2020

Q: How has the Sobering Station changed?
(Continued) The current standard of medical care for agitated patients is to receive oral or injectable medications and be monitored medically in a hospital or hospital-like setting. Due to structure and license, CCC’s Sobering program couldn’t provide the level of medical care required by the majority of people arriving at the Sobering Station. This program was 32 years old and hadn’t changed significantly in that time. It was an outdated model of law enforcement intervention. The health complexity of the people brought to the Sobering Station required a new solution.

Q: How many people affected by alcohol and drugs were admitted to the Sobering Station each day?
A: In 2019, police and other responders brought about 10 people per day to the Sobering Station, which admitted about 8 people per day. Around 2 people per day had medical or psychiatric issues in addition to being affected by alcohol or drugs and were sent on to hospitals.

Q: What is the difference between sobering and detox? I’ve heard them used interchangeably.
A: Sobering and Detox are two different things. Increasingly, we are calling the process of supporting folks through the symptoms of withdrawal just that: “medical withdrawal management” instead of the term “detox,” which is both medically imprecise and also adds to the stigmatizing language used to describe folks who use substances or have substance use disorders. Sobering centers care for participants who require assessment, observation, support and a safe place to shelter while they are sobering up. While most national sobering centers or shelters are places where folks are admitted voluntarily, there are a very few that admit some patients on involuntary holds—including ours. There is a nationwide collaboration of sobering centers that work together to create and disseminate best practices in this area. More information about this can be found here: https://nationalsobering.org/.

Medical withdrawal management is largely accomplished at subacute centers like Hooper that admit patients voluntarily for medical treatment of their withdrawal symptoms. Patients tend to stay there for days and receive medications that require the care of registered nursing staff and licensed independent practitioners such as physicians, nurse practitioners and physician assistants. If folks have particularly severe withdrawal symptoms or complications of withdrawal, they may require hospital care. Sometimes folks may decide to enter treatment for withdrawal management soon after being cared for at a sobering center, but there are different care models that focus on different aspects of care for individuals who use intoxicating substances.

PLEASE NOTE:
Hooper Detoxification Stabilization Center is NOT closing. Hooper is a completely different facility, which offers medically monitored withdrawal management (not “sobering”). It is located on N. Williams near the Rose Quarter. Hooper moved from the Sobering building about 10 years ago. Hooper Detoxification Stabilization Center is an important program for our community and is going strong serving between 35-60 patients on any given day.