

# CHRONIC PUBLIC INEBRIATES

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A Comprehensive Solution to a  
Community Problem

# WHAT DO WE KNOW?

## Co-Occurring - Homelessness/Substance Abuse/Mental Illness

- Factors personal/public policy failures
- Consumption of community resources
- Effect?

Rarely *voluntarily* enroll in treatment, illness persists, revolving door...emergency rooms, shelters, jails, detoxification centers

- We can do better, so they can do better...

# 2013 SOUTHERN NEVADA HOMELESS CENSUS & SURVEY COMPREHENSIVE REPORT

## Medical

- 32.3% ER for medical
  - higher incidences of untreated mental illness and/or substance abuse

## Substance Abuse

- 11.4% alcohol every day

## Mental Health

- 24% are/have received treatment

## Observation, observable signs of:

- 13.9% serious physical health conditions
- 14.2% alcohol or drug abuse
- 12.4% severe persistent mental illness

## Incarceration...

# AT WHAT COST?

Annual Estimate: 33,882

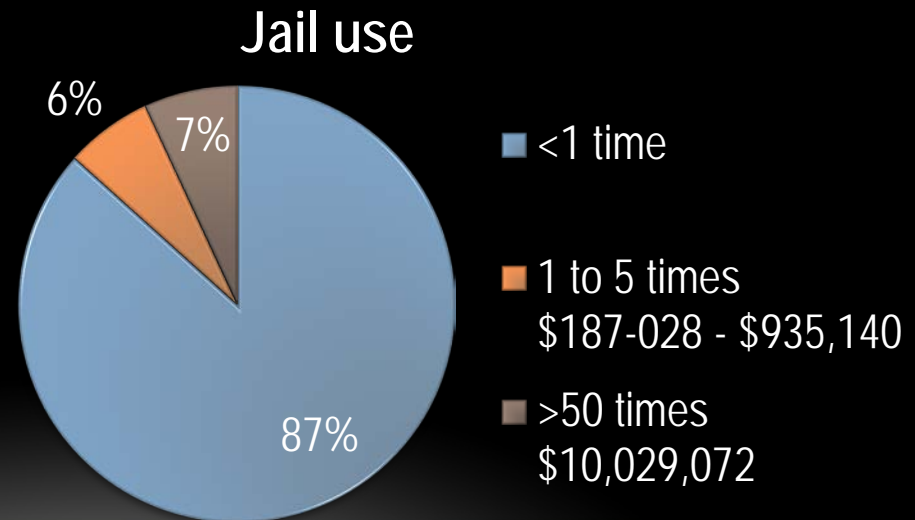
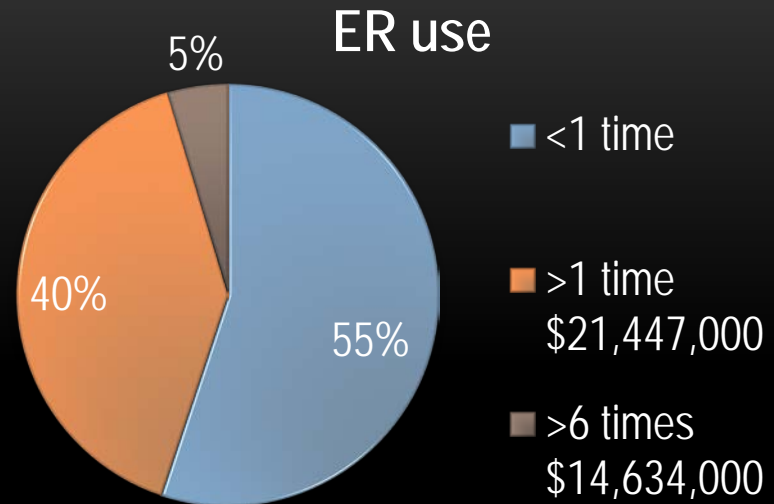
Last 12 Months

## Medical

- ER visit = \$1500

## Incarceration

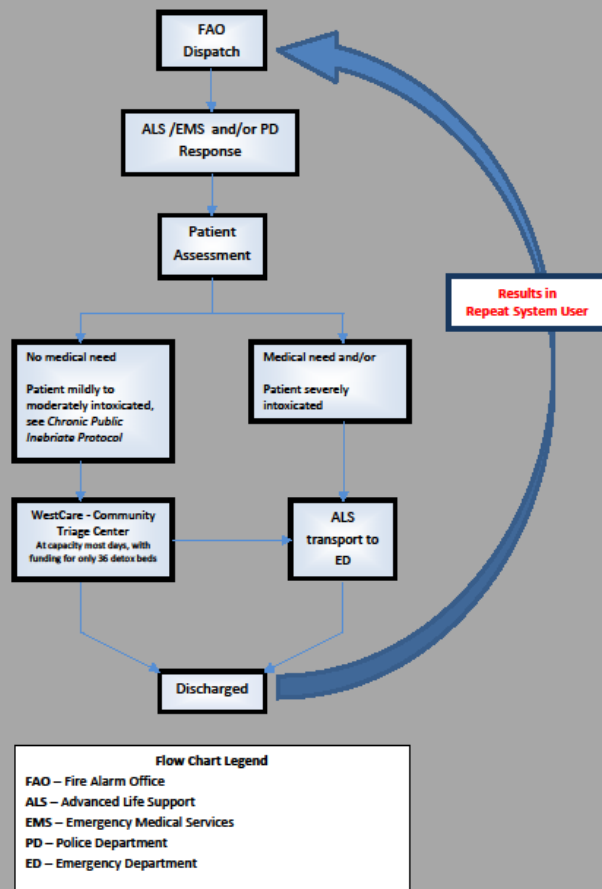
- One night in jail = \$80



## CHRONIC PUBLIC INEBRIATE

1. A person who is suspected to be under the influence of alcohol and has no other emergent medical need may be transported to an approved alcohol and drug abuse facility rather than a hospital's emergency department *IF* the patient meets **ALL** of the following criteria:
    - a. Patient is able to stand with minimal assistance of one or two people
    - b. Vitals as follows:
      - 1) Blood Pressure: Systolic: 90 – 180  
Diastolic: 60 – 100
      - 2) Pulse rate of 60 – 120
      - 3) Respiratory rate of 16 – 28
      - 4) Glucose between 50 – 250
      - 5) Glasgow Coma Score  $\geq 14$
    - c. No acute medical complications
    - d. No signs of trauma
    - e. No suspected head injury
    - f. Approval of the physician or medical staff upon assessment of the patient after he/she arrives at the alternative facility.
- ALERT** All of the above parameters must be met and the patient must be clinically stable other than signs and symptoms of withdrawal from alcohol and/or substance abuse.
2. If there is **ANY** doubt whether the person is in need of emergency medical care, they should be transported to the **CLOSEST** hospital's emergency department.

REVISED AND ENDORSED BY EMS MEDICAL ADVISORY BOARD 8/05/09  
71 SOUTHERN NEVADA HEALTH DISTRICT



# WHAT DO WE DO?

## What works? ...Evidence-Based Research

- San Diego's Serial Inebriate Program
  - 50% reduction in use of ED
  - 25% completed treatment goals
- Sutter Medical Center, Sacramento
  - 38% decrease in chronic substance abuse of unsheltered people
  - 90% decrease in number of publicly intoxicated individuals referred to police
  - 73% reduction in average cost of services per person

# IMPORTANT STEPS:

- Individuals must be arrested for being “intoxicated in public”
- Define a “chronic inebriate” (ex: 5 times within 30 days...)
- A guilty verdict with custody time imposed
  - completion of a treatment program offered in lieu of time

# ORDINANCE LANGUAGE

*"(f) who is found in any public place under the influence of intoxicating liquor, any drug, controlled substance, toluene, or any combination of any intoxicating liquor, drug, controlled substance, or toluene, in a condition that he or she is unable to exercise care for his or her own safety or the safety of others, or by reason of his or her being under the influence of intoxicating liquor, drug, or toluene, interferes with or obstructs or prevents the free use of any street, sidewalk, or other public way"*



# CALIFORNIA 4<sup>TH</sup> DISTRICT COURT OF APPEALS

- “the state may incarcerate intoxicated individuals because it has a legitimate need to control public drunkenness when such behavior creates a safety hazard”
- “state law does not punish the mere condition of being a homeless, chronic alcoholic but rather the associated conduct that poses a public safety risk”

Support a comprehensive  
chronic/serial inebriate program for  
Southern Nevada!

First steps:

- Ordinance Change
- Sobering Center

# REFERENCES

- 2013 Southern Nevada Homeless Census & Survey Comprehensive Report, [http://www.helphopehome.org/2013-Southern\\_Nevada\\_Census-FINAL-FULL.pdf](http://www.helphopehome.org/2013-Southern_Nevada_Census-FINAL-FULL.pdf)
- City of Las Vegas, Neighborhood Services Department, 10-Year Planning Committee (2006). Homes for Homeless Nevadans 10 Year Plan to Reduce Homelessness.
- Institute for Public Health, "An Evaluation of the Impact of San Diego's Serial Inebriate Program", November 2005, <http://www.sandiego.gov/sip/pdf/Institute%20for%20Public%20Health%20-%20Graduate%20School%20of%20Public%20Health%20at%20SDSUUCSD.pdf>
- McClure, C, Mello, M, & Zink, B. (2009). Community Based Programs for Chronic Inebriates as an Alternative to the Emergency Department, *Medicine & Health/Rhode Island*, 92:6, 204-206.
- Southern Nevada Health District, EMS Protocol Manual, March 2014.
- Sutter Medical Center, Sacramento. Serial Inebriate Program 2012 Statement of Impact, [http://www.sacselfhelp.org/images/SIP-Sutter\\_ACR\\_2.pdf](http://www.sacselfhelp.org/images/SIP-Sutter_ACR_2.pdf)