

Examining a stabilization center for patients with alcohol or opioid intoxication transported by paramedics

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DOI: 10.24911/SJEMed.12-2557

Objectives: Emergency departments (EDs) face growing strain from increased health-seeking behavior. To preserve finite ED resources, a non-medical stabilization center (SC) was implemented in Toronto, Canada, as an alternative destination to receive paramedic-transported patients with suspected acute alcohol or opioid intoxication who would otherwise have been taken to an ED. These patients typically require observation and recovery rather than emergency medical intervention. We described the diversion care model, clinical guideline, patient cohort, and its safety.

Methods: We conducted a retrospective study of paramedic-transported patients to a SC in Toronto, Canada, between December 8, 2022, and December 31, 2024. Eligible patients originated from 9-1-1 calls and were transported either directly (from the community to SC) or indirectly (from the community to an ED, then to SC). Descriptive statistics summarized the patient cohort stratified by transport method, and those later transferred from the SC to an ED.

Results: A total of 3,744 patients were transported to the SC, of which 3,066 (80.3%) were transported directly, and 738 (19.7%) indirectly. Most patients were male and between the ages of 16 and 49 years. Paramedics performed no medical interventions for 3,557 patients (95.0%), with naloxone administered to only 60 cases (1.6%). A small subgroup of patients were frequent users of the SC, with 3.7% of all patients accounting for 24.6% of all visits. A total of 322 (8.6%) initially transported to the SC were subsequently transferred to an ED, primarily for medical concerns unrelated to intoxication.

Conclusions: The SC model demonstrated that select intoxicated patients who were unlikely to require paramedic or ED medical care could be safely managed in a non-medical setting, thereby reducing pressure on EDs. These preliminary findings support the integration of paramedic diversion models as part of a broader strategy to optimize emergency care delivery and reduce ED utilization.

Keywords: Paramedic, alcohol, opioid.