

# JUVENILE COURT HEALTH SERVICES

Subject: <b>CHEMICAL DEPENDENCY AND ABUSE INCLUDING INTOXICATION AND WITHDRAWAL</b>	Original Issue Date: 9/99	Policy # <b>C-202</b>
	Supersedes: 5/12/18	Effective Date: 6/3/2021
Departments Consulted:	Approved By:  (Signature on File) Health Services Administrator  (Signature on File) Nursing Director	Approved by:  (Signature on File) Medical Director

## PURPOSE

To describe the appropriate interventions for detained youth with a diagnosis of chemical dependency. Also, to describe the management of youth who present under the influence or in the process of physically withdrawing from drugs or alcohol.

## POLICY

All youth who have been diagnosed with or are suspected of chemical dependency will be evaluated and managed for acute medical needs, if indicated. The youth shall be referred to Juvenile Justice Mental Health Programs (JJMHP) for evaluation and management of the identified chemical dependency needs.

If necessary, youth may be referred to a County medical facility to provide a higher level of care ensuring appropriate evaluation, treatment, and monitoring. JCHS does not provide acute drug detoxification or manage any withdrawal syndromes that may have life-threatening consequences.

## PROCEDURE

- All youth are screened at the time of admission for substance use history including risk factors and possible withdrawal symptoms. Screening can also be done any time there is a suspicion of intoxication, chemical dependency or withdrawal.
- Youth suspected to be under the influence of drugs are referred to the physician for immediate evaluation. If no physician is on the premises, the nurse will contact the on-call physician and report an assessment of the youth's condition. Any clinical provider shall use a withdrawal assessment scale (e.g., CIWA-Ar) to document severity of possible withdrawal conditions.
- All youth who are suspected of chemical dependency by a Probation or Nursing staff member and who have signs or symptoms of acute intoxication or withdrawal may be transferred to a licensed acute care facility.

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	Medical Director's Initials:	

- When clinically indicated (e.g., uncontrollable behavior related to substance use, intoxication or overdose, life-threatening withdrawal), youth will be immediately referred to a higher level of care.
- All youth who are suspected of chemical dependency will be referred to Probation and JJMHP staff for evaluation, using the Substance Abuse Referral (SAR) form in PEMRS.
- Pregnant youths who have a history of illicit drug or alcohol use are referred to LAC+USC Medical Center's high-risk prenatal clinic.
- Pregnant youths with a history of substance use and/or undergoing medication-assisted treatment (MAT) will be referred to JJMHP and/or LAC+USC Medical Center Prenatal Clinic for further management.
- If a youth is on methadone or similar substance for opioid dependence treatment, care will be coordinated with JJMHP to continue the treatment as appropriate. This shall include aftercare once the youth is discharged from a probation facility.

## AUTHORITY

California Code of Regulations, Title 15, Article 8, Section 1431

## REFERENCE

NCCHC Standard Y-G-06, Y-G-07  
American Academy of Pediatrics Policy Statement – "Substance Use Screening, Brief Intervention, and Referral to Treatment for Pediatricians", 2011.  
Clinical Institute Withdrawal Assessment of Alcohol Scale, Revised (CIWA-Ar)

## REVIEW DATES

June 11, 2011; December 27, 2012; May 12, 2018; June 3, 2021