

Children and Young People's Overview and Scrutiny Board

Young People's Drug and Alcohol Service (YDAS)

1. How is access to Young People's Drug and Alcohol Services promoted?

The Young People's Drug and Alcohol Service (YDAS) was launched on 1st October 2025 under Torbay Council's Family Help model, integrated within the Youth Hub to ensure early intervention and holistic support. Access is promoted through:

- **Communications plan:** Developed to ensure young people, families and professionals received relevant and targeted information about the service pre and post launch. An example of planned activity, a 'YDAS on tour' during launch week, reaching out to visit schools across Torbay. Introductory presentations at DSL / DSSL, Wellbeing and Personal Development Professionals Networks.
- **Centralised Referral System:** A single point of referral with an easy-to-complete e-form situated on a dedicated Family Hub webpage, ensures streamlined access. Referrers must obtain consent from the young person, reinforcing a collaborative approach. Current referral sources are from a broad range including 3 self-referrals. Most referrals have been received from education professionals. We have reached out to the paediatrics team at Torbay Hospital to raise awareness due to lack of referrals received. The number of referrals received have been steady and evenly spread – between 1 and 3 a week since the service launched.
- **Proactive and whole Children's approach:** We reviewed young people on red exploitation tool kits and reached out to lead practitioners with the referral link.
- **Traffic light pathway to reflect continuum of need:** This guides prioritisation based on risk and readiness for treatment. Early concerns are addressed through monitoring and relational practice, while problematic use triggers structured intervention.
- **Relationship Building:** Initial triage conversations focus on trust and consent, setting the foundation for engagement. The service emphasises flexibility, reviewing needs as circumstances change. The current conversion from triage conversation to assessment for those identified as on a green pathway is currently 92%, which shows the value of initial triage conversations.

2. How is drug safety taken into account?

Drug safety is embedded throughout YDAS processes:

- **Harm Reduction Advice:** For young people not ready for treatment, professionals provide harm reduction strategies and signpost to alternative

services. Relational focus supports us to 'keep the door' open if any risks increase.

- **Structured Interventions:** Up to 12 one-to-one sessions incorporate motivational interviewing, CBT techniques, and psycho-social support. These interventions aim to reduce harm and promote safer behaviours. Interventions take place in safe and accessible spaces for both young person and drug and alcohol worker. Current structured treatment session attendance is 88%.
- **Risk Assessment:** Conducted during triage and formal assessment stages, ensuring that any immediate risks are identified and managed. Treatment plans are developed to recognise and meet individual needs. We are responding to an identified link between problematic drug and alcohol use and SEND.
- **Recovery Planning:** Young person-led plans set achievable goals, recognising that recovery may involve reduced use or safer practices rather than complete abstinence.
- **Panel Oversight:** Weekly supervisory panels review caseloads and readiness, ensuring treatment aligns with safety priorities and capacity. We are learning and reflecting on cases together to better understand and define treatment readiness.
- **Attendance to Drug Harm Reduction Panel (DHRP) has commenced.** We continue to work closely with Public Health to identify any trends and new risks.
- **Supporting harm reduction education.** Over the next 12 months we aim to develop resources and training to support positive conversations between young people, parents and professionals regarding harm reduction.

3. How has this impacted on young people's health and wellbeing?

Although the service is newly launched (October 2025), early indicators suggest positive outcomes:

- **Improved Engagement:** The emphasis on consent and relationship building fosters trust, encouraging young people to articulate the impact of substance use on their lives. We have had a steady number of referrals each week since launching the service. The first quarter data shows 28 young people in treatment. The annual target is 130 young people accessing structured treatment, which will be more achievable with an additional team member joining in late June.
- **Holistic Support:** By considering wider factors such as housing and mental health, we support young people to address underlying issues that contribute

to substance misuse and help them prioritise the support they need with the right professionals. No one has waited more than 3 weeks for an introductory meeting with a practitioner.

We are currently developing the following key policies, procedures and protocols to support service governance and effectiveness. Draft policies due to be ready for review by the end of June.

- Injecting equipment provision (needle exchange).
- Opioid substitute treatment (OST) management. Reference to and compliance, with Drug misuse in over 16s: opioid detoxification Clinical guideline [CG52].
- Residential detoxification and rehabilitation.
- Onward referral to other services, including responding to when an individual does not want to be referred to other services.
- Retention and discharge responses to minimise unplanned departures from treatment.
- Transition to adult treatment.
- **Health and Wellbeing Gains:** Structured interventions and harm reduction strategies aim to reduce physical and psychological harm. Positive outcomes include decreased use, improved coping strategies, and enhanced resilience. We are keen to evidence impact with review data on completion of treatment and 6 months after leaving treatment when this becomes available.

We are already seeing Improvement in health and wellbeing measures in that most young people start from a poorer starting position but end up in a better end position than the national average.

Successful exits data including length of time in service is currently confounded by the data from the closedown of the previous service and therefore will only show an accurate picture in the following 6-9 months.

- **Empowerment and Choice:** Recovery planning is collaborative, promoting autonomy and optimism for the future. We are currently developing a training package for lead professional and an aftercare programme which will include peer mentoring to support sustainable outcomes.

Data highlights demonstrating current reach of service and areas for development.

- i. Referral Sources – this includes all referrals including young people that do not enter structured treatment and therefore not recorded on NDTMS data sets. Our conversion rate from referral into structured treatment is currently 33%

Children's Services	9	17%
Checkpoint	0	0%
Education	20	38%
Family Help	1	2%
GP / Health	2	4%
Paediatrics	0	0%
Parent / Guardian	0	0%
Self	3	6%
Youth Justice	11	21%

- ii. Age and Gender of YP in structured treatment.*

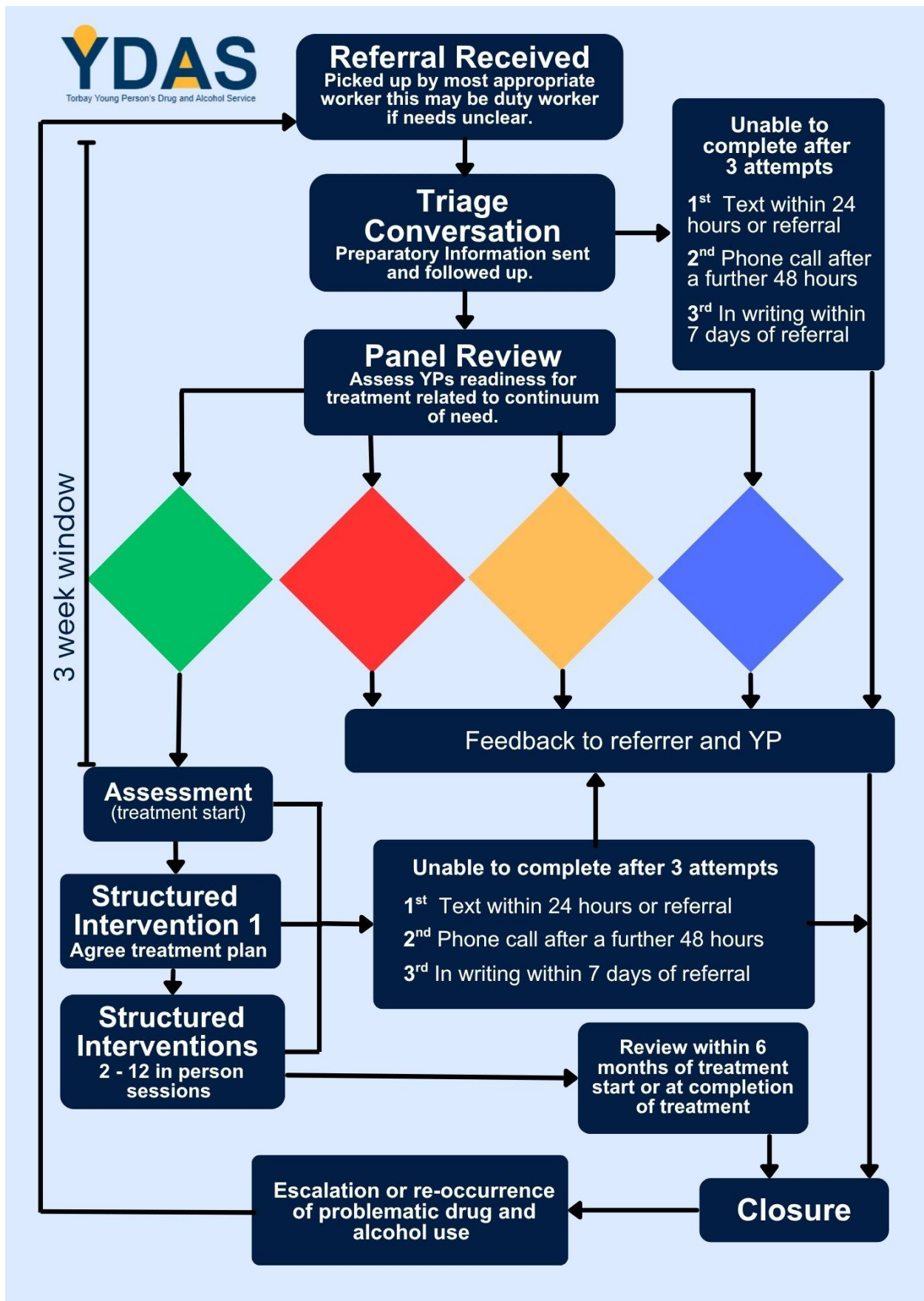
<u>AGE & GENDER (year to date)</u>	Local		Previous Q	Baseline	National	
	Apr - Dec				Apr - Dec	
	(n)	(%)			(n)	(%)
Under 13	0	0%	0%	0%	320	2%
Aged 13 to 14	1	6%	17%	31%	3460	27%
Aged 15	9	56%	50%	29%	3391	26%
Aged 16	5	31%	33%	24%	2953	23%
Aged 17	1	6%	0%	16%	2834	22%
Aged 18	0	0%	0%	0%	0	0%
Aged 19	0	0%	0%	0%	0	0%
Aged 20-21	0	0%	0%	0%	0	0%
Aged 22-24	0	0%	0%	0%	0	0%
Aged 25+	0	0%	0%	0%	0	0%
Female	8	50%	50%	27%	5177	40%
Male	8	50%	50%	73%	7781	60%
Total in treatment	16	100%			12958	100%

- iii. Substance of concern*

<u>SUBSTANCES (year to date)</u>	Local		Previous Q	Baseline	National	
	Apr - Dec				Apr - Dec	
	(n)	(%)			(n)	(%)
Cannabis	14	88%	100%	89%	10767	83%
Alcohol	6	38%	67%	56%	5014	39%
Amphetamines	1	6%	0%	2%	38	0%
Cocaine	1	6%	0%	2%	729	6%
Ecstasy	3	19%	17%	16%	875	7%
Solvents	0	0%	0%	9%	715	6%
Opiates	0	0%	0%	0%	268	2%
Crack	0	0%	0%	0%	48	0%
NPS	0	0%	0%	0%	427	3%
Nicotine	7	44%	17%	22%	2940	23%
Other	3	19%	33%	16%	1602	12%
Total in treatment	16	100%			12958	100%

*Source NDTMS Executive Summary Report Q3 2025 to 2026

Treatment Pathway



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