MYPAS Drug and Alcohol Support for Young People in East Lothian

1. One to one support for young people

who want harm reduction advice, information and support about drug and alcohol use and risk-taking.

The type of one to one support provided with young people will be directed by their needs.

Young people can:

- learn about the impact of drugs and alcohol
 receive harm reduction information enabling more informed and safer decisions.
- develop and carry out plans to cut down or stop using drugs and alcohol and/or reduce risk-taking.

2. Group work programmes

with East Lothian secondary school pupils.

3. Staff training

exploring current trends, relevant harm reduction messages and approaches.

4. Support for families

affected by the drug or alcohol use of a teenage relative.

How to access MYPAS one to one support

Young people can access MYPAS either:

- By contacting us themselves or,
- Being referred (through a GP, teacher, social worker, parent or other supportive adult)

This can be done in any of the following ways:

- 1. Contact us by phone, letter or email.
- 2. Fill out and send in a MYPAS referral form.

What happens when we receive a referral?

- We will contact the young person directly to arrange an initial meeting.
- MYPAS aims to meet young people within a week of receiving the referral.

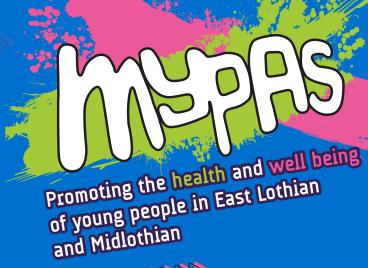
For more information on any of the services provided please contact us:

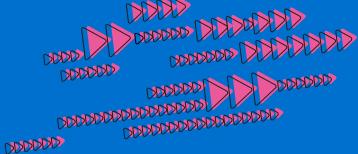


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Promoting the health and well being of young people in East Lothian and Midlothian
We are LGBTQ inclusive

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Drug and Alcohol Support for Young People (ages 12 to 19) in East Lothian

Referral Form

MYPAS services are free and confidential

To access the MYPAS East Lothian service, please complete this form

*Please note that referrals can also be made by phoning, emailing or sending a letter If you are a young person please fill in boxes 1 to 3. Referrers please fill in boxes 1 to 5.

1. Details of Young Person		
Name:	Date of Birth:	
Address:	Is it ok to contact yo	Is it ok to contact you by? Please tick all that apply
Postrode	By Letter	Yes No
t Telephone:	By Phone	Yes No
Mobile: Email:	By Email	Yes No
*if possible, a mobile number is preferred	Is it ok to leave a message?	ssage? Yes 🔲 No 🔲
2. Any known Medical/Health conditions:		
Prescribed medication:		
3. Reasons for referral -if you can, please tell us why you are contacting MYPAS:	contacting MYPAS:	
4. Name of referrer:	Name and address of	Name and address of agency (if appropriate)
Contact Tel:		
Mobile:		
5. Is the young person aware of and consents to this referral?	? Yes	No
For internal use only:		
Date referral received:Refe	Referral received by:	
Promoting the health of young people In East Lothian and Midlothian	young people lothian	Gaossmithtine IMPACT Awards Winner