



Alcohol & Teenage Pregnancy



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Alcohol and Teenage Pregnancy

'Loads of our friends drink- they get off their faces and do stupid things'

Why this paper has been written

This briefing paper has been written for all those involved in personal, social and health education with young people in schools or youth work settings, such as PSHE co-ordinators and youth workers. It is particularly concerned with sex and relationship education (SRE) and with alcohol education.

It is generally accepted that there is an association between drinking alcohol and having sex, but the nature of this relationship is complex. Many of those working with young people already make links between alcohol and sex through education, yet few programmes and activities have been properly evaluated. This briefing aims to help by:

- providing a clearer picture of the links between alcohol and sexual behaviour
- providing evidence for the value of addressing alcohol and SRE together within a holistic model of personal, social and health education
- offering some examples of practice
- suggesting sources of support, for example, resource material providers, websites and organisations.

NB Sex and Drugs - The Links Explored (SADLE) Project

The Drug Education Forum and the Sex Education Forum are developing a resource to help practitioners explore the links between teenage sex and broader drug taking. Contact details for further information are on page 10)

The examples of practice in this paper have been drawn from a number of sources to illustrate what can be done.

Some definitions

This paper examines the evidence for links between alcohol and teenage pregnancy within the context of risky sex generally. Studies concerned with these links define risky sex in different ways, including sexual intercourse that is:

- without a condom
- with lots of different partners within a specified time-frame
- unintended
- without contraception
- with someone they have just met
- early (under 16).

Risky sex can increase the likelihood of teenage pregnancy, as well as sexually transmitted infections including HIV and cause young people a range of adverse emotional consequences such as regret.

The term **alcohol education** is used here to refer to specific education and prevention interventions with young people concerning alcohol, but it is understood that these will often happen as part of a broader drug education programme that includes a range of substances. Alcohol and drug education often occurs within the context of personal, social and health education, drawing on the development of generic skills, attitudes and knowledge.

Young people and alcohol, young people and sex

'I was a bit scared before anything, but when I first met her I was a bit drunk and she was a bit drunk and we'd just gone back from a party to her place and it just happened'
(Social Exclusion Unit 1999)

The UK has the highest rate of teenage pregnancy in Western Europe as well as one of the highest levels of alcohol use among teenagers in Europe. Both cause concern because of the risks associated with them, including social exclusion in many different forms such as unemployment and poverty.

- There were 98,700 conceptions to teenagers in England and Wales in 1999; 7,900 of those were to under 16s. This is a fall from 1998 figures and early results suggest the fall continues into 2000. For all teenage conceptions 39% end in terminations and for those under 16 over half end this way (Office for National Statistics 2001).
- Teenagers are having sex from a younger age. The average age for first sexual intercourse is 16. Twenty six per cent of women and 30% of men aged 16-19 had intercourse under 16 (Wellings et al 2001). The likelihood of teenage pregnancy is significantly associated with early age of first intercourse.
- There has been an increase in the number of young people using condoms the first time they have sex. However, they are less likely to use contraception the younger they are at first intercourse. Eighteen per cent of boys and 22% of girls who first had sex aged 13-14 said they had used no contraception (Wellings et al 2001).
- Between 1995 and 2000 new cases of chlamydia and gonorrhoea in the general population rose by over 100%. The rise has been most significant among young people. Forty one per cent of females with gonorrhoea are under 20 years old (Public Health Laboratory Service 2001).
- New cases of HIV reached a new high in 2001 with over 3,330 diagnoses received before the end of year final figures. The number of people living with HIV is expected to rise by 47% by 2005 (Public Health Laboratory Service 2002).
- The amount of alcohol consumed by 11-15 year olds who drink has doubled since 1990 to 10.4 units a week (Department of Health 2001). A unit is about the equivalent of one pub measure of spirits, half a pint of ordinary strength lager or a small glass of wine at 9% abv.
- UK teenagers have one of the highest rates of binge-drinking (consuming more than five drinks in a row) and getting drunk. Almost a quarter of 15-16 year olds get drunk at least three times a month. Between 1995 and 1999 there was an 8% increase in those who binge-drink more than three times a month (Hibell et al 2001).
- Sixty five per cent of pupils are between 13-14 years old when they have their first whole alcoholic drink without their parents knowing (Boys et al 2001).
- Young people's drinking is linked to alcohol poisoning, accidents, violence, suicide, relationship problems, effects on school performance and crime as well as sexual behaviour.

What are the links between drinking alcohol, risky sex and teenage pregnancy?

'When you don't use them (condoms), you're just so pissed out of your brains you don't know what you're doing so you just forget about it'

'I had my first drink when I was 14. I had five drinks, went to a party and snogged a boy I fancied. I also threw up.'

Anecdotal evidence suggests alcohol is often involved in teenage pregnancy and can continue to be a part of a pregnant teenage mother's life. However, few studies have examined the direct links between alcohol and pregnancy. Most have looked more generally at the links between alcohol and risky sex. The reasons for teenage pregnancy are multifaceted and alcohol can be one part of this.

The relationship between alcohol and risky sex is complex for adults as well as young people. On one hand, alcohol is used to positively enhance sex and sexuality while on the other hand it can be associated with sex that is regretted, exploitative, abusive or violent.

The association between alcohol and risky sex is not as straightforward as cause and effect. There are two ways we could describe the association, both of which could be addressed through SRE and alcohol education:

1. Young people are more likely to have risky sex when they are under the influence of alcohol
2. Young people who drink are generally more likely to take other risks, including engaging in risky sex, but these don't necessarily happen at the same time or link directly with each other.

1. Young people report having more risky sex when they are under the influence of alcohol.

Some studies in the UK and elsewhere suggest that when young people have been drinking they are less likely to use contraception.

- Three quarters of 16-20 year olds use contraception while sober, compared to 59% who are moderately intoxicated and just 13% of those who are strongly intoxicated (Traeen and Kvaem 1996).
- Among 15-16 year olds one in 14 said they had unprotected sex after drinking, and one in seven 16-24 year olds said they had done so (Hibell et al 2001 and HEA 1998).
- One study in the US found that almost a third of pregnant 14-21 year olds had been drinking when they became pregnant (Flanigan et al 1990).

Young people say alcohol is a main reason why they had sex, especially early sex or sex with someone they had not known very long.

- When asked why they had sex the first time 20% of men and 13% of women aged 15 to 19 said alcohol was a main reason (Ingham 2001).
- Forty per cent of sexually active 13 and 14 year olds were "drunk or stoned" at first intercourse (Wight et al 2000).
- Of 15 to 19 year olds who have had sex with someone they knew for less than one day, 61% of females and 48% of males gave alcohol or drugs as a reason (Ingham 2001).

Young people say they are more likely to have sex they regret when they have been drinking.

- After drinking, 10% of 15-16 year olds said they had sex they later regretted (Hibell et al 2001).
- A third of 15-19 year old girls and over a quarter of boys regretted having sex that happened when they had been drinking (Ingham 2001).

Some of the reasons for this link between alcohol and risky sex might be that:

- alcohol lowers inhibitions. It can give the 'confidence' to have sex which otherwise would not happen (Plant, Bagnall and Forster 1990). It also reduces the sense of self-control. Young people say this is worse after drinking alcohol than after taking other drugs (Rhodes and Quirk 1995).
- alcohol affects judgement. It can make one less likely to be accurate in assessing risks, like those attached to having sex with someone new. This, along with the way alcohol can affect dexterity, could make the already difficult task of negotiating the use of condoms even harder, especially when the partner is someone who is not well known.
- being drunk provides a legitimate excuse for behaviour that might otherwise seem unacceptable. It can be more acceptable to claim risky sex happened because someone was drunk than because they wanted it to (Rhodes and Quirk 1995).
- young people believe drinking alcohol can lead to risky sex and that both men and women were more likely to have sex if they have drunk alcohol. This in itself could influence behaviour (Brook / Alcohol Concern 2001).
- people drink in contexts where it is likely they will meet potential sexual partners, for example parties, pubs and clubs.



'I didn't want sex but I was too drunk to stop'

2. Young people who drink are generally more likely to take other risks, including engaging in risky sex, but these don't necessarily happen at the same time or link directly with each other.

Risk taking is a normal part of adolescence, but some are more prone to taking a range of risks than others, resulting in a clustering of risky behaviours. In one study nearly half of a sample group did not engage in any risk taking behaviours but over a quarter engaged in two or more. More than 90% of regular drinkers and nearly 80% of those who had unprotected sex engaged in at least one other risky behaviour (Lindberg et al 2000). Early alcohol use is associated with risky sex and sex at a younger age (Tubman, Windle and Windle 1996) but this does not necessarily mean there is a causal link between them. For example one study found that young people who start smoking early are the most likely group to go on to have risky sex (Duncan, Strycker and Duncan 1999).

Risk takers are less likely to take positive steps to enhance their health, such as healthy eating or positive dental care. One study found that those who engaged in risk taking behaviours like smoking and drinking were more likely to miss breakfast (Hasleden, Angle and Hickman 1999).

More research is needed to gain a clearer picture of whether there are common antecedents that lead some people to be risk takers and what these might be. The factors leading someone to take risks with their drinking may be very different from those leading to risky sex, or those factors that lead to teenage pregnancy.

Making the links between alcohol education and sex and relationships education

'You have to have a drink to have a laugh. I'm in control, and I know when to stop. I always stop before I puke.'

Those working with young people in a range of contexts can valuably make links between alcohol and sex both:

- directly, by providing opportunities to look at situations where drinking and risky sex happen together and to develop the knowledge, attitudes, values and skills to be prepared for them and
- indirectly, through a holistic programme that addresses risk taking per se, helping young people understand positive and negative consequences of risk taking, and promoting the acquisition of knowledge, attitudes, skills and real opportunities for making healthy choices in general.

The structures are already in place for schools and youth workers to make these links.

Current Guidance

Making direct links

Current guidance clearly calls for making explicit links between sex and alcohol:

- **The Teenage Pregnancy Report** (Social Exclusion Unit 1999) recommends that sex education should 'make the links between education about sex and other related issues such as alcohol, smoking and drugs' (page 94) as part of the strategy to reduce the rate of teenage conceptions, get more teenage parents into education, training or employment and reduce their risk of long-term social exclusion. It acknowledges the association between alcohol and teenage pregnancy: 'Sex among teenagers is often opportunistic, unplanned, affected by alcohol, and takes place outside of any long term commitment.' (Social Exclusion Unit 1999, page 42).
- **Sex and Relationship Education (SRE) Guidance** recommends that secondary schools should 'link sex and relationship education with issues of peer pressure and other risk taking behaviour, such as drugs, smoking and alcohol' (Department for Education and Employment (DfEE) 2000 page 10). Key messages for all sex educators, including schools, are that:
 - young people need skills to enable them to avoid being pressured into unwanted or unprotected sex (this should link with issues of peer pressure and other risk taking behaviour such as drugs and alcohol)
 - young people need factual information about safer sex and skills to enable them to negotiate it (DfEE 2000 page 17).
- **Alcohol: Support and Guidance for Schools** also makes the case for linking alcohol education with SRE, and that alcohol education can contribute towards tackling social exclusion and reducing teenage pregnancy (Alcohol Concern/DrugScope 2001, page 13).

The National Healthy School Standard Guidance criteria for a whole school approach provide a context for taking forward all personal, social and health education within a supportive school culture and environment. Specific criteria for drug (including alcohol and tobacco) education and sex and relationships education call for programmes to be planned according to, among other things, an assessment of pupils' needs (DfEE 1999, pages12-16).

Young people say they want to learn about alcohol alongside other issues in sex education (Seal et

al 2000) and for their sex education to provide opportunities to explore real life dilemmas (Sex Education Forum 2000). They say their drug education needs to be 'realistic' in acknowledging that some people choose to use substances and focus on harm minimisation information (Drug Education Forum 2001). Sexual situations involving drinking will be familiar to young people, through their own or others' experiences, and this familiarity can provide a good access point for talking about drinking and about sex as well as the links between them.

Early results from one study show that alcohol education with a harm minimisation message may be effective in changing behaviour and reducing the problems young people face as a result of drinking, including, to a small extent, having risky sex (McBride et al 2000). This programme encompasses knowledge, attitudes and skills relating to drinking itself as well as looking at strategies to avoid or reduce harm in drinking situations.

There is substantial crossover between the knowledge, skills, attitudes and values in alcohol education and in SRE. Practitioners addressing them together can reinforce these in what is often a tight time-scale in either the school curriculum or youth work.

Sensitive issues are dealt with in sex and relationship education and drug, alcohol and tobacco education for which facilitators need to plan carefully. Protocols must be in place for dealing with disclosure and where confidentiality becomes an issue. Any outside visitors contributing to a programme need to be aware of these policies and their contribution should be carefully planned to add an extra dimension to the rest of the programme.

Peer education

As part of a broader peer education project young people were trained to deliver a workshop on reducing risks around drinking alcohol and having sex. The session aimed to help prepare for situations that might occur on a night out. The activities allowed single and mixed gender groups to explore knowledge, skills and attitudes around drinking and sexual relationships. They considered what they needed to know, understand and have the skills to do before they went out, and they discussed some attitudes and values about sex and drinking. These had to be applied to given scenarios during the night, such as situations where drugs were added to a drink, getting involved with someone else's partner and finding the confidence to finally ask someone out. Potential consequences of their decisions were decided by the rest of the group, and participants then had to discuss what they would do following the events.

Top ten tips

There were concerns about a growing number of cases locally of young women who had been sexually assaulted when drugs had been added to their drinks. As part of their planned sex and relationships education year 9 pupils identified a range of situations that could put them at risk of sexual exploitation or being pressurised into sex they didn't want. Through drama they explored emotions and how relationships with others could be affected as a consequence of these situations. Subsequent discussions helped the pupils to clarify their attitudes to sex. Pupils then identified tips for reducing risks concerning sexual exploitation and pressure. They used their IT skills to produce a card outlining the tips which were then given out to other pupils.

Theatre in education

A theatre company developed a production exploring the way alcohol misuse can affect family relationships. It showed how a parent's drinking and a sibling's drinking can impact on children's lives. It depicted the way drinking can loosen tongues and lead to ill-considered risk taking, including unsafe sex. The company ensured the production was shown as part of a whole programme looking at these issues and provided follow-up materials for the young people to explore through their own drama workshops.

Making indirect links

Current guidance also clearly states that neither alcohol education nor SRE should be treated in isolation (DfEE 2000 / DfEE 1998) but should both be firmly rooted within personal, social and health education programmes. These broader programmes should convey factual information within a framework of developing a range of personal and social skills, attitudes and values to support young people in making their transition to adulthood and in facing the opportunities and responsibilities of life (DfEE 2000). The PSHE and Citizenship Frameworks support schools in doing this and should be used to enhance young people's opportunities to become involved in community and voluntary work as well as a range of activities in and out of the school curriculum for their personal and social development. The National Healthy Schools programme supports this holistic approach to health (DfEE 1999).

Few programmes that address risk taking behaviours in combination, such as drinking and having sex, have been evaluated but they have the potential to promote positive health choice messages that can be applied to a range of risk taking situations (Coleman 2001). Evidence from the USA suggests that youth development programmes promoting positive development through specific health education within a context of volunteer work and learning general life skills, have reduced teenage pregnancy rates as well as exclusion and school drop-out rates. It is suggested that these programmes reduced opportunities for and provided alternatives to engaging in risk behaviours, as well as improving self-esteem (Kirby and Coyle 1997). These programmes also have the potential to reduce risk taking behaviour related to drinking.

Sex, drugs and ... Garage?

A summer holiday workshop was held for 13-19 year olds focusing on general risk taking and promoting safer sex and harm reduction messages. The planning group, (including young people, the Drug Action Team co-ordinator, youth worker, teenage pregnancy co-ordinator and school drug, alcohol and tobacco advisor) gained the support of a local club DJ who was able to offer active workshops where young people learned to mix. They used these skills at their local club. Activities focused on providing accurate information and exploring attitudes and behaviours that are potentially risky involving drugs, alcohol and sex.

Ready access support

A school nurse developed a drop-in centre for pupils held during lunch times in an area where young people did not and could not access health, contraception and support services. She worked in partnership with Connexions advisors, local GPs and the youth service to develop the service and had the support of the local Primary Care Trust. Staff, pupils and parents were consulted through questionnaires to local schools and youth clubs during its development. Concerns, particularly about confidentiality and the issue of contraception, were addressed through letters and discussion evenings to allay fears and explain the aims of the service. The service offered included:

- drop in or appointment service
- information and advice about a range of health related topics, including sex, drugs and alcohol, healthy eating and mental health
- someone to talk to about worries
- referral to a local GP under special arrangements where it was agreed pupils would get an appointment within 48 hours, depending on need. A special immediate appointment could be made for emergency contraception
- referral to the Connexions advisor if they needed longer term support or had a range of problems
- directing pupils to local youth projects where appropriate.

Targeting interventions

Interventions should be driven by a needs assessment that includes the active involvement of young people. Data from Drug Action Teams, the teenage pregnancy co-ordinator, local surveys, consultations and discussions can be used to plan and target programmes to help young people manage risks effectively. The Health Related Behaviour Questionnaire can be used to gain an anonymous overview of the risk taking behaviour profile of a cohort of pupils in schools. Contact the Schools Health Education Unit for more details (www.sheu.org.uk).

Vulnerable young people

Teenage pregnancy and alcohol misuse can be both the cause and result of social exclusion and practitioners need to ensure those most at risk are particularly targeted. Some of the groups most vulnerable to both teenage pregnancy and alcohol misuse include young people who:

- are looked-after
- are excluded from school
- have been sexually abused
- have mental health problems
- have been in contact with the criminal justice system.

Further similar risk factors include low educational achievement or having a poor socio-economic background. Parental behaviour patterns are also factors because children of teenage mothers are more likely to become teenage mothers themselves, and those of problem drinking parents are more likely to develop their own drink problems (Social Exclusion Unit 1999, Zeitlin 1994).

Alcohol may be only one of a variety of reasons for teenage pregnancy but making both the explicit links between alcohol and sex and providing a holistic approach to addressing risk taking will contribute to a wider programme to support those who are most vulnerable.

Young people with special educational needs

Those with special educational needs are entitled to sex and relationship education and alcohol education. It is particularly important to ensure that those who are more vulnerable to abuse and exploitation, or who are less clear about acceptable behaviour be equipped with the skills to reduce risks.

Young people from ethnic minorities

Teenage pregnancy rates are particularly high among Bangladeshis, African Caribbeans and Pakistanis (Social Exclusion Unit 1999). More research is needed into the reasons for this, and it may be because these young people have multiple risk factors. With Bangladeshis and Pakistanis high rates may be driven by traditions of early child birth within marriage. There are rising concerns about increases in drinking among young people from some ethnic minority communities (Denscombe and Drucquer 2000). In order for interventions to be culturally sensitive and inclusive it is important that young people and, as far as possible, parents be consulted.

Risk takers

Young people who are 'risk takers' may need particular interventions to help develop knowledge, attitudes and skills to manage their risk taking. Interventions need to be delivered in a way that motivates and engages them.

Establishing the general risk taking behaviours of a group of young people should be part of the needs assessment carried out to plan programmes. The evidence that there are links between apparently unrelated risk taking behaviours could be used to plan the timing and content of interventions. For example, the evidence that those who smoke from an early age are more likely to go on to have risky sex could be used to plan sex and relationships education early, before sexual risk taking starts.

Targeting Boys

Boys and young men drink more than girls and report more sexual risk taking (Poppen 1995). They are less likely than girls to perceive their behaviour as risky (Smith and Rosenthal 1995), and to use sexual health services. The Teenage Pregnancy Report acknowledges that young men are half of the solution, yet they have often been over-looked in education (Social Exclusion Unit 1999). Particular care should be taken to ensure boys have opportunities for learning about these links between alcohol

and risky sex using learning styles that engage them.
See the Sex Education Forum Factsheet 11 (contact details on page 10).

Outreach work

Two detached youth workers targeted hard-to-reach groups to provide accurate information and opportunities to discuss safer sex and harm reduction messages around drug and alcohol use. They initially focused on visiting young people in local authority care and on going to areas where young people gathered to drink alcohol in the evenings. They extended these visits to day times to specifically target school refusers and excludées. Young people were able to talk about issues they wanted to raise, and the youth workers carried leaflets and other information about sexual health and drugs and alcohol. The young people expressed frustration at the lack of facilities available to them and the youth workers supported a group of them to lobby local government to provide a skateboard park.

Football Crazy

A Football Study Support Group, funded by the Single Regeneration Budget, had been set up to help motivate pupils. The PSHE co-ordinator worked with the co-ordinator of this group to design a drug, alcohol and tobacco education programme within PSHE in the school that drew on the local passion for football. This included:

- mini-quizzes where correct answers were converted into moves to score goals. Individual scores contributed to teams run on a league basis. Other forms of assessment including teacher and pupil self-assessment accompanied this.
- a board game with players becoming football team managers making decisions about their players that affected their training, lifestyle and performance on the pitch. Scenario cards, dilemma cards and match discipline cards promoted discussions of attitudes to drinking and risks associated with it. These included situations where alcohol could affect relationships, including sexual ones, alongside a range of other risks.

Support agencies and Resources

Support agencies for drug, alcohol and tobacco or sex and relationship education:

Drug and Alcohol Education and Prevention Team, Alcohol Concern / DrugScope, Waterbridge House, 32-36 Loman Street, London SE1 0EE tel. 02079287377 / 02079284644
Email ed&prev@drugscope.org.uk
Websites www.alcoholconcern.org.uk
www.drugscope.org.uk

Sex Education Forum,
National Children's Bureau, 8 Wakely Street,
London EC1 7QE
Tel. 020 7843 6000 www.ncb.org.uk/sexed.html
Contact for information about the SADLE project.

Drug Education Forum,
National Children's Bureau, 8 Wakely Street,
London EC1 7QE
Tel. 020 7843 6311 www.drugeducation.org.uk
Contact for further information about the SADLE project.

Family Planning Association,
For details of local centres
Tel. 0845 310 1334
www.fpa.org.uk

The National Healthy School Standard
Health Development Agency, Trevelyan House,
30 Great Peter Street, London
SW1P 2HW
Tel. 020 7413 1865
See www.wiredforhealth.gov.uk
Contact for details of local healthy school support

The National Youth Agency,
17-23 Albion Street Leicester LE1 6GD
Tel. 0116 285 3700 www.nya.org.uk

Brook Advisory Centres,
Details of centres offering free, confidential
advice on sex and contraception to the under 25s
Tel. 0800 018 5023
www.brook.org.uk

Some resources linking alcohol with sex and relationships education

Resources specifically making links between alcohol and sexual health:

From Alcohol Concern / Brook

Drunk in charge of a body

This resource is aimed at 13-19 year olds in formal and youth work settings. It makes direct links between sexual health and the effects of alcohol though illustrated stories supported by active learning activities.

Available from Alcohol Concern, Waterbridge House, 32-36 Loman Street, London SE1 0EE tel. 02079287377

contact@alcoholconcern.org.uk

From Tacade

Tacade is currently developing a resource directly linking sexual health with drug and alcohol use and risk taking. It is aimed at 14-19 year olds inclusive of people with poor literacy skills.

Expected Spring 2003.

Contact Helen Lee for details 0208 257 9406

A range of other resources supporting drug and alcohol education and sex and relationship

education are available from 1 Hulme Place, The Crescent, Salford, Greater Manchester M5 4QA tel. 0161745 8925 www.tacade.com

Many other resources on the market for drug, alcohol and tobacco education, sex and relationship education and general PSHE include activities linking alcohol and sexual risk taking and address risk taking itself. For details see:

- The A-Z Alcohol Education Resource Directory

Available from the Portman Group, this contains a detailed list of alcohol education resources and where to get them. Call 020 7907 3700 for a copy. Also available in electronic form on www.portman-group.org.uk

- Resourcenet (soon to be available on www.doh.gov.uk/drugs)

This contains details of drug, alcohol and tobacco education resources, most of which have been reviewed by an expert panel.

- The Sex Education Forum has a list of resources for sex education.

See www.ncb.org.uk/sexed.htm or call their help line 0207843 6052

Websites for young people:

www.ruthinking.co.uk

UK government teenage sexual health website

www.lovelife.uk.com

Health Promotion England website

www.wiredforhealth.gov.uk,

www.mindbodysoul.gov.uk,

www.lifebytes.gov.uk,

www.galaxy-h.gov.uk,

www.welltown.gov.uk

Department for Education and Skills schools PSHE websites. Wiredforhealth is for pupils and teachers.

www.d-2k.co.uk drug (including alcohol) education website for young people

Further examples of practice can be found through:

- www.doh.gov.uk/drugs See LOCATE for details of drug education interventions, contact details and evaluations
- The Department for Education and Skills Learning and Development website to support PSHE teaching to be launched Spring 2002. This aims to include case studies of classroom practice
- The National Youth Agency for a database of good practice in youth work around the country. Contact tel. 0116 285 3700 or www.nya.org.uk

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