seen in the light of the fact that lottery tickets now include instant scratch cards, which have many features of hard gaming, with large jackpots and "heart stoppers" giving the illusion that the person has almost won a big prize.[3]

The availability and promotion of gambling facilities are important in the causation of pathological gambling.[4] Before the introduction of the National Lottery, public policy under successive governments, including the present one, allowed gambling only to the extent needed to meet unstimulated demand. However, the lottery has been promoted vigorously, and this has involved children. In particular, the weekly draw is broadcast well before the 9 pm watershed, before which programmes are deemed to be suitable for children. Consequently, the National Lottery draw is the second most popular television programme among 10 to 15 year old children, with 38% watching.[5]

Gambling is adult entertainment and not a reliable way of making money for the punter. The only sure way of accumulating riches from gambling is to join the gambling industry. Punters who do not recognise this tend to "chase losses" with disastrous consequences. The most destructive effect of the National Lottery has therefore been the heavily promoted idea that it—and by implication gambling in general—is only about winning money. In fact, the vast majority of those who buy lottery tickets are losers. Nevertheless, intermittent small payouts and huge publicity about the few large ones reinforce the activity. Since this sequence can lead to gambling dependence,[4] it is potentially dangerous for children.

EMANUEL MORAN
Consultant psychiatrist

Grovelands Priory Hospital,
London N14 6RA

1 McKee M, Sassi F. Gambling with the nation's health? *BMJ* 1995;311:521-2. (26 August.)
2 Shopkeepers break ban on child gamblers. *Independent* 1995 May 25:3.
3 Moran E. Health risks of National Lottery heartstoppers. *Independent* 1995 Apr 18:14.
4 Moran E. Gambling as a form of dependence. *Br J Addict* 1970;64:419-27.
5 Independent Television Commission. Child's-eye view. *Spectrum* 1995;17:24.

Doctors should concentrate on more serious issues

EDITOR,—I read Martin McKee and Franco Sassi's editorial on the National Lottery with surprise and some concern.[1] While I have no argument with the editorial's scientific content, I have some worries about the priority given to the National Lottery as a health issue. Lotteries are nothing new in society: the football pools are similar, as is betting on horse and greyhound racing. It may well be that some people are spending their money "unwisely" in the hope of improving their lifestyles and that some of the people who find themselves winners have problems in coping with this new state. Most of those who participate, however, are responsible people who are knowingly taking a risk. In a society that values empowerment are we now saying that people should take only risks that are good for them? And, if so, what is the risk?

A society in which people no longer have the opportunity to take risks is not a healthy society. Public health practitioners should understand this and should focus their attention on more serious issues. For a start, how about the misery and isolation of elderly people and the hopelessness of young people who are unemployed long term?

FRADA ESKIN
Consultant in public health medicine

Sheffield Health,
Sheffield S10

1 McKee M, Sassi F. Gambling with the nation's health? *BMJ* 1995;311:521-2. (26 August.)

On sex education at school

Articles neglect the needs of young gay men

EDITOR,—Douglas Kirby[1] discusses the papers on sex education by K Wellings and colleagues[2] and Alex R Mellanby and colleagues[3] and concludes that the findings of both studies suggest that the education programmes did not hasten the onset of intercourse. Since Kirby includes "HIV/AIDS education" in the title of his editorial I find it surprising that he does not mention homosexual adolescents. Although these make up a small proportion of the whole school population, there are still large numbers of such young people, who, I suspect, are receiving inadequate information on sexual matters. This is particularly important in relation to teaching about the use of condoms when practising safer sex.

I accept that the remit of the two studies did not include this group. It would be helpful, however, if a separate study could examine the attitudes and needs of this neglected, and largely invisible, group of young people.

MICHAEL BLACK
Retired consultant child and adolescent psychiatrist

London NW3 1TX

1 Kirby D. Sex and HIV/AIDS education in schools. *BMJ* 1995;311:403. (12 August.)
2 Wellings K, Wadsworth J, Johnson AM, Field J, Whitaker L, Field B. Provision of sex education and early sexual experi ence: the relation examined. *BMJ* 1995;311:417-20. (12 August.)
3 Mellanby AR, Phelps FA, Crichton NJ, Tripp JH. School sex education: an experimental programme with educational and medical benefit. *BMJ* 1995;311:414-7. (12 August.)

Dutch surprise at British question

EDITOR,—The studies by Alex R Mellanby and colleagues[1] and K Wellings and colleagues[2] on the effect of sex education on adolescent sexual activity and the conclusions drawn raise the question why lessons learnt in other countries—particularly those in northern Europe, which have similar religious and cultural backgrounds—do not reach Britain and vice versa. This is probably true for many other fields in research and may be due to a language barrier, although much of the research done in the Netherlands, for instance, is written in English and easily accessible.

Being Dutch, I am baffled by the hesitance in England to incorporate sex education in schoolchildren's curriculums. A recent article by Visser *et al*, which reviewed the effectiveness of sex education for adolescents in Western countries, confirmed that it increases knowledge about sexuality but does not as a consequence increase sexual activity.[3] Ketting and Visser discussed the reasons for the low abortion rate (as one of the indicators of risky sexual behaviour) in the Netherlands.[4] Although the basis of the Dutch model of family planning was laid in the 1960s, before the era of AIDS, surely the issues are similar, with the proviso that even greater emphasis needs to be placed on barrier contraception. Recent publications have reiterated the lack of sexual and reproductive health care for adolescents.[5] Research is needed into the specific needs of adolescents and to assess whether school based programmes are the most suitable for this purpose. Surely, though, there is no question that information and education are prerequisites for a better start to one's reproductive and sexual life.

ANNETTE DE LA COURT
Shell fellow, women's health group

Liverpool School of Tropical Medicine,
Liverpool L3 5AQ

1 Mellanby AR, Phelps FA, Crichton NJ, Tripp JH. School sex education: an experimental programme with educational and medical benefit. *BMJ* 1995;311:414-7. (12 August.)
2 Wellings K, Wadsworth J, Johnson AM, Field J, Whittaker L, Field B. Provision of sex education and early sexual experience: the relation examined. *BMJ* 1995;311:417-20. (12 August.)
3 Visser AP, Van Bilsen P. Effectiveness of sex education provided to adolescents. *Patient Education and Counselling* 1994;23: 147-60.
4 Ketting E, Visser A. Contraception in the Netherlands: the low abortion rate explained. *Patient Education and Counselling* 1994;23:161-71.
5 Senderowitz J. *Adolescent health. Reassessing the passage to adulthood.* Washington: World Bank, 1995. (Discussion paper 272.)

Early education about contraception is needed

EDITOR,—Alex R Mellanby and colleagues' study highlights the importance of targeted sexual education programmes involving doctors, teachers, and parents in the prevention of unwanted pregnancy in teenagers.[1] The rate of teenage pregnancy in Britain is among the highest in Europe and seven times higher than that in the Netherlands despite the similarity in the rate of teenage sexual activity among industrialised countries. Only 40% of American teenagers are reported to use contraception during their first year of sexual activity.[2]

At the same time, data suggest that it is possible to improve these statistics by introducing new contraceptive methods as well as by continuing to encourage the appropriate use of existing methods, with intensive counselling of users.[3] It is essential, therefore, that appropriate education about contraception is delivered at an early stage by unbiased professionals and is free from public moralising. This should be accompanied by the availability of several choices of contraception to meet a range of lifestyle needs, and in this context long acting reversible methods have much to offer.[4]

It would be sad if the only way of policing effective education about, and provision of, contraception was by obliging professionals to directly fund the unacceptable number of terminations of pregnancy.

LAWRENCE MASCARENHAS
Clinical research fellow

Academic Department of Obstetrics and Gynaecology,
University of Birmingham,
Birmingham Maternity Hospital,
Birmingham B15 2TG

1 Mellanby AR, Phelps FA, Crichton NJ, Tripp M. School sex education: an experimental programme with educational and medical benefit. *BMJ* 1995;311:414-6. (12 August.)
2 Jones EF, Forrest JD, Goldman N. Teenage pregnancy in developed countries: determinants and policy implication. *Fam Plann Pespect* 1985;17:53-63.
3 Westhoff CF. Contraceptive paths towards the reduction of unintended pregnancy and abortion. *Fam Plann Perspect* 1988;20:4-13.
4 Mascarenhas L. Long acting methods of contraception. *BMJ* 1994;308:991-2.

Non-didactic methods are preferable

EDITOR,—Having been a volunteer resource person in the Singapore Planned Parenthood Association, I am encouraged by Alex R Mellanby and colleagues' description of the positive effects of sex education at school.[1] As a result of reticence on the part of policymakers, the Singapore Planned Parenthood Association is a major provider of school sex education in Singapore. Like Mellanby and colleagues, we have found that group discussions, role play, quizzes, and other workshop activities get the message across better than does didactic teaching. The association also has a considerable number of doctors among its members, who give talks or lead panel discussions, often during school assemblies.

I also support the idea of getting young people to teach their peers, an idea that the association has put into practice recently. Some five years ago we identified a dynamic pool of young people aged between 18 and 22. They had participated in our education programmes and volunteered to become facilitators in youth activities. The highlight of their work was to present scenes in local theatres, depicting topical issues in teenage sexuality, which were well received by other young people.