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## DON'T IGNORE THE EVIDENCE

Further evidence of the benefits of support and counselling in conjunction with the taking of nicotine replacement therapy comes from a study from the United States (p349). The researchers suggest that when NRT was only available on prescription the long-term prospects for people remaining permanently off tobacco were much better than when the products became available for general purchase. The researchers argue that when the products were prescription-only doctors and pharmacists offered support and encouragement — a dimension missing from an over-the-counter sale in the US.

This was also a concern raised by the Royal Pharmaceutical Society and the National Pharmaceutical Association when they wrote separately in February 2001 to the Medicines Control Agency to oppose the proposal to make nicotine patches, lozenges and gum GSL products. The evidence existed then that if pharmacists give relevant information and advice to potential quitters, their chances of stopping are increased.

A year ago there was some doubt that funding for smoking cessation clinics would continue in England after March 2002, although in December the then Health Minister announced that £20m would be invested in 2002–03. The Government may be tempted to pull the plug on this funding for 2003–04, but this temptation must be strenuously resisted. In fact, even more money should be made available and every primary care organisation should be forced to establish a smoking cessation clinic if they do not already have one. The Government ignores the evidence at its peril.

## BACK TO SCHOOL

Does it matter that many children cannot spell "Jane Austen" or "playwright", but can write "Hogwarts" or "Beckham" correctly? As well as these facts, a recent study of children's spelling abilities also revealed that more 10- to 12-year-olds could handle "metatarsal" than "millennium". No parent will be remotely surprised — if you capture children's imagination and interest they will listen and take note. There is a lesson here for health educators.

Three weeks ago, *The Journal* reported that Dr Brian Curwain, chief pharmacist at New Forest Primary Care Trust, had been visiting a primary school to teach the pupils about medicines and asthma (24 August, p241). Last week (p338), we reported from the International Pharmaceutical Federation congress that Dr Andrew Herxheimer, of the UK Cochrane Centre, had suggested that basic concepts about medicines should be taught in schools. This week we carry a letter from Dennis Fallon (p360) arguing for effective teaching of health education in schools so that children grow up to understand how to keep in good health.

Apart from sex education, children seem to receive little health education, although it is highly relevant to their present as well as their future. Just think what a difference it could make if children became interested in medicines and health at an early age. *The Journal* would be interested to hear from any pharmacist who has been back to school about what kind of reception they received.