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# Update

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FAMILY PLANNING SALES LIMITED

DECEMBER 1986

## SPECIAL AIDS ISSUE

"It's not just homosexuals and junkies . . ."

### Barriers Against AIDS

At the International Conference on AIDS in Paris, 23-25 June 1986, a paper by Dr M.A. Fischl and others reported on a 3-year study on 32 heterosexual couples, each with one partner an HIV carrier.

There were no cases of HIV transfer among 8 who abstained from sex, and only one case (where ejaculate was swallowed) among 10 consistent users of a barrier method.

12 of the 14 who were inconsistent users or non-users of barrier methods infected their partners. (AIDS and the Condom: *BMJ* 293:1259-60,15. Nov 1986; full details to be published in *JAMA* early in 1987).

Condoms may also have additional benefits for people infected with HIV. Condom use may slow the progression of disease in an infected person by reducing exposure to semen, to additional doses of the virus, and to other sexually transmitted diseases. Avoiding such exposure prevents stimulation of an immune response, which might increase viral reproduction.

(With acknowledgments to Population Reports, Series L, No. 6, June-August 1986, L211, published by Johns Hopkins University, Baltimore).



### Free Forget-me-not in Liverpool University "Gazette"

To dramatise the need for personal protection against AIDS, the editors of the student newspaper included a Forget-me-not sheath as a free insert in the 4.12.86 issue. Students were referred to health centres and the local FPA branch for further information and supplies.

The sheaths — from FPS, naturally — were provided under the auspices of the Health Promotion Unit of Mersey RHA.

### Basic Information About AIDS

1. AIDS is a fatal disease that cannot now be cured.
2. AIDS is **not** spread by casual contact.
3. AIDS is spread by sexual intercourse, by contaminated blood, and by contaminated hypodermic needles.
4. An infected woman can give AIDS to her child during pregnancy.
5. A stable, faithful relationship with another uninfected person is safest. In any case, reducing the number of sexual partners reduces the chances of getting AIDS.
6. For the sexually active, always using condoms is good protection against AIDS.
7. A person can look and feel healthy and still be able to spread the infection that causes AIDS.

### FPS RECOMMENDATIONS



- for security, use a sheath as a barrier against HIV.
- beware of claims about 'strong' sheaths which have not passed the BSI test; standard thickness kitemarked sheaths are more consistently reliable. Look for the kitemark or the words 'Approved to British Standard 3704'.
- for concerned users, a standard-weight BSI-tested sheath (Forget-me-not, Gossamer, Two's Company) may be more reassuring than the lighter-weight brands.
- for even further reassurance, add a spermicide. Pessaries, creams, gels and foams will all contain a spermicidal agent such as nonoxynol-9, which has been shown *in vitro* to inactivate the AIDS-linked virus. (The Two's Company twin pack, of course, already contains its own nonoxynol-based pessary.)

### . . . not just AIDS — Dr John Guillebaud

The sheath and spermicide combination is still a sound choice as a contraceptive, too. As John Guillebaud puts it in his most recent book, *Contraception — Your Questions and Answers*:

"If you have ever had a sheath slip off or break, it is safer if your partner inserts a dose of spermicide first. And certainly if you ever 'cheat' — if there is some penetration before you actually put on the sheath — a spermicide is extremely important in case of an early leak of sperm. Spermicidally lubricated sheaths will not help this problem but may otherwise be slightly more effective."

"For maximum effectiveness, your partner should use a spermicide (foam, pessary or equivalent)."

\*Published by Churchill Livingstone, available from FPS mail order books at £5.40 post paid.

## Family Planning Viewpoint

The following FPA guidelines are quoted from the policy paper on AIDS approved by the Medical Advisory Panel in November, 1986.

### On sexual relationships for safer sex

Since the AIDS virus is primarily transmitted by vaginal and anal sexual intercourse and oral sex and because the disease is present in homosexual and heterosexual communities, the FPA believes that all men and women who are sexually active must now consider themselves potentially at risk. These risks may be lessened by modifying sexual behaviour and practising safer sex.

As with all STDs, heterosexuals and homosexuals are best protected if they have sex with one partner who also acts in the same way. Those who have more than one partner, or whose partner has multiple partners, greatly increase their risk of contracting AIDS. Casual sex with strangers provides obvious and extra risks.

Unless an exclusive relationship exists, all those who are sexually active and who could be at risk would be well advised to adopt guidelines for safer sex including the correct use of a condom during every act of intercourse. Those starting a new relationship will be acting caringly and responsibly to each other if they share information of previous sexual contact that could give cause for concern and seek advice if necessary.

Anyone who has good reason to believe they have contracted the AIDS virus would be acting caringly and responsibly by informing his or her partner or partners. Avoidance of vaginal, anal or oral intercourse reduces the risk of transmission. If sexual intercourse takes place despite the risk, correct use of a condom, avoiding any exchange of body fluids, is essential.

### On use of condoms for safer sex

Very careful use of good quality (British Standards Institution) condoms may provide some protection against the sexual transmission (man to woman and woman to man) of the AIDS virus during vaginal intercourse. Make sure the condom completely prevents the man's semen from coming into contact with any part of the woman's body, before, during or after sex.

The condom may possibly provide some protection during homosexual or heterosexual anal intercourse with the same proviso although the ability of condoms not to break during anal intercourse has not been adequately tested.

### On use of spermicides for safer sex

The active ingredient in several widely-used spermicides, nonoxonyl 9, has been shown to destroy the AIDS virus in laboratory conditions and may afford a degree of protection during intercourse if used as part of a spermicidally lubricated sheath or as a separate pessary (cream, foam, gel etc.) used with a sheath.

### On AIDS and contraception

The FPA believes that the risk of contracting AIDS during intercourse is best dealt with as a separate issue from the risk of getting pregnant. The FPA recommends that women continue to use their chosen method of birth control, whether Pill, IUD, cap, natural methods etc., and use the condom as a measure to help protect against the possible transmission of AIDS if they or their partner have sex with more than one person. If the chosen method is the condom anyway, then no additional method need be used. (Unless an individual actually wants to change methods, using the chosen method of contraception with which they are familiar and usually rely on will ensure that they feel confident concerning birth control.)

All methods of contraception should be used correctly to be effective. Correct use of the condom for contraceptive and/or prophylactic purposes means using it for every act of intercourse and putting it on before there is any contact between the penis and the vagina.

It is particularly important that a woman who has HIV or who is at high risk of contracting the virus does not become pregnant, since her risks of developing full AIDS increase with pregnancy and the virus is also transmitted to the child. The most effective methods of birth control are recommended for these women.

## Transmission by casual contact — unlikely

Casual contact or even close family contact has not been shown to spread HIV. To transmit the virus, infected cells or viral particles must pass into the tissue or bloodstream or another person. More than 10 studies involving some 600 family members of people with AIDS in the US, Europe, and Africa show no evidence of transmission of the virus except to sexual partners or to children born to an infected mother. Living in very crowded conditions and sharing bathrooms, kitchens, eating utensils, plates, drinking glasses, and personal items such as combs, towels, and even razors and toothbrushes with infected people before and after they developed AIDS have not led to infection. There also is no evidence that the virus can be spread in food or beverages.

Health workers also face little risk of infection even if they have extensive contact with people with AIDS. Only three to six cases of job-related infection have been reported, and researchers disagree about which of these cases truly resulted from occupational exposure. Among more than 2,000 health care workers tested in the US and Europe, including more than 400 with needlesticks (accidental puncture wounds with a hypodermic needle) or other exposure to patients with HIV infection, no more than four had HIV antibodies and apparently were not infected through intravenous drug use or homosexual intercourse. This amounts to at most 0.25 percent of all these workers and 1.25 percent of those with needlestick injuries. This is considerably lower than the risk of infection with hepatitis B virus. After being stuck with a needle contaminated with hepatitis B, 6 to 30 percent of persons become infected. A deep intramuscular wound with a contaminated needle or accidental self-injection of contaminated blood may be necessary to cause infection with HIV. Even workers bitten repeatedly by an AIDS patient suffering from dementia have not developed HIV antibodies.

*With acknowledgments to Population Reports, Series L, No 6, July-August 1986, p.205. Published by Johns Hopkins University, Baltimore.*

## ... not just AIDS — Claire Rayner

On 29th November 1986 a British mass-circulation women's weekly magazine, *Woman's Own*, contained an unusual free offer: 3 contraceptive sheaths to any reader who asked for them.

The reason? A crusade by problems page advisor Claire Rayner to alert women to the dangers of cervical cancer, which is showing a significant increase among younger women. Claire Rayner and the Women's National Cancer Control Campaign are campaigning for more frequent cervical screening to detect the faster-growing versions of the disease, and are recommending the prophylactic use of the sheath to help prevent it developing in the first place.



## CERVICAL CANCER: HOW MANY MORE WOMEN HAVE TO DIE?

**NEED TO KNOW FACTS?**  
As you know, about ten million will die from cancer every year. The fact that a single test could reduce the risk of dying from cervical cancer is not widely known. This is why the Women's National Cancer Control Campaign is campaigning for more frequent cervical screening to detect the faster-growing versions of the disease, and are recommending the prophylactic use of the sheath to help prevent it developing in the first place.

**TO HELP STOP THIS TRAGEDY, WE'VE GOT TO KNOW HOW MANY MORE WOMEN HAVE TO DIE?**  
We've got to know how many more women have to die from cervical cancer. We've got to know how many more women have to die from cervical cancer. We've got to know how many more women have to die from cervical cancer.

**PREVENTION**  
The best way to prevent cervical cancer is to have regular cervical smears. This can detect any abnormal cells before they become cancerous. The Women's National Cancer Control Campaign is campaigning for more frequent cervical screening to detect the faster-growing versions of the disease, and are recommending the prophylactic use of the sheath to help prevent it developing in the first place.

**THE CAUSES**  
The main cause of cervical cancer is infection with the human papillomavirus (HPV). This virus is spread through sexual contact. Other factors that can increase the risk of cervical cancer include smoking, long-term use of oral contraceptives, and having multiple sexual partners.

**YOUR MA**

**ACT EA**

## The Role of FP Sales Brands in the Fight Against AIDS

### FORGET-ME-NOT

No stronger kitemarked sheath available — Full BSI standard!

**NEW EXTRA TESTED**  
Double the strength of the new international draft standard.

### PROTECTION THROUGH STRENGTH

Packed in 10s and in a special clinic pack of 100 — with illustrated instructions.

Your best choice in a strong sheath.

### TWO'S COMPANY

A strong condom made to British Standard specification and carrying the kitemark . . . combined with a spermicidal pessary.

The nonoxynol-9 contained in Two's Company is not only a highly effective spermicide but also may be very effective in inhibiting the AIDS virus.

### DOUBLE CHECK

Pessaries designed for use with sheaths and diaphragms; can also be used with the IUD and POP. A nonoxynol-9 pessary for safer sex at an economical price.

### U & THE SHEATH

A patient's guide to the method and a review of different brands.

### GETTING IT ON

A light-hearted leaflet, ideal for teaching young people about the sheath.

*Joint Statement from:  
THE FAMILY PLANNING ASSOCIATION AND  
THE NATIONAL ASSOCIATION OF FAMILY  
PLANNING DOCTORS*

### **FPA and NAFPD regret cut in IUDs**

The FPA and NAFPD strongly regret the decision by G.D. Searle to cease production of its intrauterine contraceptive devices, since this will undoubtedly reduce the choice of IUDs available for consumers.

The withdrawal will leave some half a dozen other IUDs available, which the associations hope will increase in use to fill the gap in the market.

The established efficacy and safety of the IUD is not in question. However, the legal system operating in the United States has allowed an unprecedented degree of litigation concerning contraceptive and other medical products, with the result that many manufacturers are now leaving the marketplace or are reluctant to launch new products. The IUD is now almost unobtainable in America, and many women who want the method are unable to get it.

European-based companies are unlikely to follow the same pattern. In Great Britain the IUD continues to be a valuable method used by around 600,000 women. It is the fourth most widely-used of the 8 methods of birth control following the pill (2.9 million users), male and female sterilisation (2.1 million) and condoms (1.3 million).

## Medical experts support Intra-Uterine Contraception

The International Planned Parenthood Federation's International Medical Advisory Panel has endorsed IUDs as a safe and effective contraceptive option which should continue to be supplied by the federation on request from its family planning associations in 123 countries.

The panel noted that withdrawal of certain IUDs from the United States market had been for commercial and legal reasons rather than medical reasons, that they still carried the approval of the US Food and Drug Administration, that there were 50 million current users of IUDs worldwide and that the method had been used widely for two decades.

### IUDs: Availability

The following IUDs are still marketed in the UK:

- Multiload
- Multiload short
- Nova T
- Ortho Gyne T 200
- Ortho Gyne T 380 Slimline

Because of the strong medical support indicated above, FPS have taken steps to maintain for as long as possible supplies of the following:

- Gravigard
- Mini Gravigard
- Novagard

The following IUDs have now been withdrawn:

- Lippes Loops

## Terms and Conditions

All prices are subject to VAT at ruling rates.

Carriage paid terms:

Orders under £150: carriage charged at cost.

Orders of £150 and above: carriage paid.

Claims for non-delivery can only be considered if notified within 21 days of date of order. Goods ordered in error may not be returned for credit without prior written authorisation from FPS.

Prices are subject to change and variations will be advised as quickly as possible.

Terms: net 30 days. Overdue accounts may be subject to collection and interest charges.

The profits of Family Planning Sales Ltd. are covenanted to furthering the work of the Family Planning Association. (Registered Charity No. 2501887).

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## FAMILY PLANNING SALES LTD. HOSPITAL PRICE LIST

DEC 1986

Product	List price		Quantity price	
	Minimum order (packs)	Price per pack	Minimum order	Price per pack
<b>FP SALES BRANDS</b>				
Double Check	10 pessaries	£0.65	500	£0.55
Forget-Me-Not Sheaths	10s	£0.75		
Forget-Me-Not*	bags of 100	£6.82		
Two's Company	10s	£1.10		

\*Special Clinic Pack

## CONTRACEPTIVE SPONGE

Today Contraceptive Sponge 3s 6 £1.30

## SPERMICIDES

Double Check (FPS)	10 pessaries	£0.65	500	£0.55
Duracreme economy	100g	£0.90	144	£0.84
Duragel economy	100g	£0.90	144	£0.84
Emko basic unit	40g	£4.44		
Emko refill small	40g	£3.38		
Emko refill large	90g	£4.52		
Staycept Jelly	80g	£1.14		
Staycept Pessaries	10 pess.	£0.83		
Delfen Foam Unit	20g	£2.27		
Delfen Foam Refill	20g	£1.85		
Orthoforms	15 pess.	£0.99		
Ortho-Creme	95g	£0.94		
Ortho-Gynol	110g	£0.94		
Ortho-Gynol II	81g	£0.99		
Delfen Cream	70g	£0.94		

## IUDS

Ortho Gyne T 200	10	£6.96		
Ortho Gyne T 380 Slimline	10	£7.50		
Gravigard/Mini-Gravigard*	10	£7.50		
Multiload/Multiload Short Stem	10	£5.22	50	£4.95
Novogard*	10	£5.40	100	£4.67
Nova-T	10	£5.40		

\*See Page 3

Product	List price		Quantity price	
	Minimum order (packs)	Price per pack	Minimum order	Price per pack

## ORAL CONTRACEPTIVES

Binovum 3x21	20	£1.95	600	£0.962
Brevinor 3x21	10	£1.014	1800	£0.91
Conova 30 1x21	50	£0.64		
Femulen 1x28	50	£0.85		
Loestrin 20 1x21	50	£0.47	200	£0.44
Loestrin 30 1x21	50	£0.77	200	£0.67
Marvelon 1x21	50	£0.60		
Marvelon 3x21	10	£1.80		
Micronor 3x28	20	£1.65		
Minilyn 1x22	50	£0.45		
Neocin 3x21	50	£1.25		
Noriday 3x28	10	£1.159	600	£1.097
			1800	£1.045
Norimin 3x21	10	£1.221	600	£1.159
			1800	£1.097
Norinyl 3x21	10	£1.33		
Ortho Novin 3x21	50	£1.73		
Ovysmen 3x21	50	£1.03		
Synphase 1x21	10	£0.621		
TriNovum 3x21	20	£2.23		

## SHEATHS

Forget-Me-Not (FPS)	10s	£ 0.75		
Forget-Me-Not (FPS) bags of 100	1 bag	£ 6.82		
Two's Company (FPS)	10s	£ 1.10		
Elite 3s	Grass	1-24 gross	25 gross +	
Elite 12s	1	£16.19	£15.52	
Nuform Extra Safe 3s	1	£16.19	£15.52	
Nuform Extra Safe 12s	1	£13.88	£13.30	
Nuform Extra Safe 18s	1	£13.88	£13.30	
Fetherlite Extra Fine 3s	1	£13.28	£12.72	
Fetherlite Extra Fine 12s	1	£13.45	£12.90	
Gossamer Teat 3s	1	£12.42	£11.90	
Gossamer Teat 12s	1	£12.42	£11.90	
Arouser 3s	1	£16.61	£15.94	
Black Shadow 3s	1	£16.61	£15.94	
Fiesta 3s	1	£15.78	£15.13	
Atlas 12s	1	£10.88	£10.43	
Allergy 12s	1	£12.42	£11.90	
Durex Dry (1x144)	1	£ 9.29	£ 8.89	

Product	List price		Quantity price	
	Minimum order (packs)	Price per pack	Minimum order	Price per pack

Nuda 12 x 10	Outer	1-19 outer	20+ outer	
Stimula 12 x 10	1	£ 8.26	£ 7.99	

## CAPS

Product	List price		Quantity price	
	Minimum order (packs)	Price per pack	Minimum order	Price per pack
Durex Flat Spring* (55-95 mm in 5 mm steps)	1	£3.80	£3.15	£2.73
Durex Arcing Spring* (60-95 mm in 5 mm steps)	1	£4.13	£3.43	£2.93
Dumas (Size 1-5)	1	£3.00		
Premifit Cavity Rim (22, 25, 28, 31 mm)	1	£3.92		
Vimule Rubber (Sizes 1, 2, 3)	1	£3.00		
Ortho Coil Spring (55-100 mm in 5 mm steps)	1	£3.80		
Ortho-White Flat Spring (55-95 mm in 5 mm steps)	1	£3.80		
Durex practice caps (flat or arcing)	1	£1.01		
Practice caps cabinet (with caps) (flat or arcing)	1	£22.45		
Allflex arcing diaphragm (70-85 in 5 mm steps)	1	£5.24		

\*May be combined for quantity discount

## MISCELLANEOUS PRODUCTS

Cap introducers Ortho	1	£0.55		
Applicators LRC	6	£0.55		
Applicators Ortho	6	£0.55		
Durex Lubricating Jelly 42g	12	£0.71	144	£0.66
Senselle Liquid Lubricant 15 ml	12	£0.60*		
Senselle Liquid Lubricant 30 ml	12	£1.09		
Mi-Mark Helix	1	£1.18		
Emmett IUD thread retriever	5	£2.00		
6-month temperature charts	10	£0.64		

\*42.6p introductory offer while stocks last

## INJECTABLES

Depo-Provera 3 ml	1	£3.79		
Nonsterat 1 ml	1	£2.70		

## DIAGNOSTICS

Clear Blue Pregnancy Test	1	£4.09		
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