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# **Practice Tips**

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## Better safe than sorry

## Providing condoms in a family practice

ondom use by our patients is less than consis-✓ tent. A recent Canadian survey has found that about 30% of unmarried women younger than 35 do not use them during their first act of intercourse.<sup>2</sup> As well, evidence shows that starting to take birth control pills is associated with a decrease in use of condoms3 because condoms are no longer required for contraception.

Public health and teen clinics make condoms freely available and encourage their clients to take samples. Some people at risk, however, might not attend clinics. As family physicians, we see teenagers and young adults for reasons other than contraception, and we might be able to reach them proactively. I have decided to make condoms available in my office. I could not find any reports on this approach in MEDLINE.

A pharmaceutical representative has agreed to supply me with jars containing condom samples. The jars sit on the desk in each of my examining rooms; I have put a label on them stating, "Better safe than sorry; please help yourself." After 4 months of use, the jars are gradually emptying, through a combination of condoms being handed out, demonstrations of how to use them, and patients helping themselves. Being handed a condom, along with the first sample package of the pill, sends a dramatic message about prevention of sexually transmitted diseases.

Average age for first intercourse in Canada is between 16 and 19 years.1 Introducing the topic of contraception and safer sex to young people is recommended by both the Canadian and United States'

task forces on preventive health examination.4,5

I have found that most teenagers do not mind a frank discussion of the use of condoms, and in fact, often exhibit a

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healthy curiosity. An opening statement I use frequently is, "Have you had sex education at school? Do they talk about condoms? Here are some; if you decide to become sexually active, please make sure your partner uses one. Please talk to me ahead of time, so we can plan some birth control as well." I will stress that confidentiality is absolute.

The oldest person to use my jar is an 84-year-old widower who is contemplating a new relationship. I gave him the condoms along with a prescription for sildenafil.

My practice is community-based in suburban Toronto; it includes patients of all ages. To date, I have not had any negative comments about having jars of condoms on the desks in my examining rooms. I think that providing condoms in this manner is feasible for most practices, and it might help decrease the incidence of sexually transmitted diseases in our communities.

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