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H/A/96) 1st Meeting

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CABINET

HOME AND SOCIAL AFFAIRS COMMITTEE

SUB-COMMITTEE ON AIDS

MINUTES of a Meeting held in the Large
Ministerial Conference Room, House of Commons
on TUESDAY 11 NOVEMBER 1986 at 3.30 pm

PRESENT

The Rt Hon Viscount Whitelaw
Lord President of the Council
(In the Chair)

The Rt Hon Sir Geoffrey Howe QC MP
Secretary of State for Foreign
and Commonwealth Affairs

The Rt Hon George Younger MP
Secretary of State for Defence

The Rt Hon John Biffen MP
Lord Privy Seal

The Rt Hon Kenneth Baker MP
Secretary of State for Education
and Science

The Rt Hon Malcolm Rifkind QC MP
Secretary of State for Scotland

The Rt Hon Douglas Hurd MP
Secretary of State for the
Home Department

The Rt Hon Nicholas Edwards MP
Secretary of State for Wales

The Rt Hon Norman Fowler MP
Secretary of State for Social
Services

The Rt Hon John McGregor MP
Chief Secretary, Treasury

The Rt Hon Richard Luce MP
Minister of State, Privy Council
Office (Minister for the Arts)

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THE FOLLOWING WERE ALSO PRESENT

Mr Antony Newton MP
Minister of State
Department of Health and Social
Security (Minister for Health)

Mr Nicholas Scott MP
Minister of State
Northern Ireland Office

Sir Robert Armstrong
Secretary of the Cabinet

Sir Donald Acheson
Chief Medical Officer
Department of Health and Social
Security

Mr D Willetts
Prime Minister's Office

SECRETARIAT

Mr A J Langdon
Mr M J Eland
Miss R A Mulligan

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RELATIONS WITH THE MEDIA

THE LORD PRESIDENT OF THE COUNCIL said that the publicity surrounding the Sub-Committee was causing a number of problems, and it was important to establish at the outset how to handle future dealings with the media. In accordance with the normal conventions governing the work of Cabinet Committees, he himself, as the Sub-Committee's Chairman, would give no public or private briefings to the Press nor make any announcements of the Sub-Committee's conclusions. Once the Sub-Committee had considered issues and reached conclusions, their announcement should be for the Minister with departmental responsibility, with guidance on presentation from the Sub-Committee as appropriate. In most cases the responsible Ministers would be the Secretary of State for Social Services and the territorial health Ministers. Inevitably a Press statement would have to be made after the present meeting, and he had agreed that this should be done by the Social Services Secretary. It was most important for the Sub-Committee's future working, however, that there should be no expectation of Press statements after each meeting, and that the dates of meetings should therefore not be made known in advance.

The Sub-Committee -

Took note, with approval, of the Lord President of the Council's comments and agreed that relations with the media should be handled as he had indicated.

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2. RESPONSE TO AIDS

The Sub-Committee considered a note by the Chairman of the Official Committee (H(A) (86) 4) covering a note by the Department of Health and Social Security and the Secretariat setting out the main issues which the Sub-Committee would have to address in the course of their work.

THE SECRETARY OF STATE FOR SOCIAL SERVICES said that the problem was serious and urgent. The number of AIDS cases was increasing rapidly and a medical solution was unlikely in the foreseeable future. The issues which the Sub-Committee would need to address were now emerging clearly but it would not be easy to articulate and co-ordinate an effective response. He saw three priority issues to which the Sub-Committee needed to pay early attention - how best to carry forward an effective public education campaign about which he had made proposals; whether changes of policy were required in relation to misuse of drugs by injection; and the issue of screening.

THE CHIEF MEDICAL OFFICER, DEPARTMENT OF HEALTH AND SOCIAL SECURITY, said that the statistics now available on the spread of the disease and virus presented a most disturbing picture. There were now well over 500 AIDS cases and an estimated 25,000 people infected with the HIV virus. The latter group were usually otherwise healthy and without symptoms; only 1 in 10 knew they were infected; their numbers were estimated to be increasing by some 20-50 per day; at least 25 per cent would die from AIDS. All those with the virus - both men and women - could infect others either through sexual intercourse or through sharing needles in drugs misuse. Pregnant women could transmit the infection to the foetus; 26 children in the United Kingdom has been infected in this way. It was necessary to set these figures in context particularly in relation to some of the alarmist stories in the Press about the risk of a rapid spread of the disease amongst the general population. For a year all blood donations had been tested (some 2.6 million donations in 1986) and only 3 people identified out of this sample as carrying the virus had claimed that they were neither homosexual nor drug misusers. This suggested that only a slow leakage was likely into the heterosexual population. But these contrasting statistics also demonstrated the tension within any public

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education campaign on the subject. On the one hand, public alarm about a runaway epidemic throughout society had to be allayed: on the other hand, it had to be made clear that such an epidemic could only be prevented by changes in behaviour now.

THE SECRETARY OF THE CABINET said that the Official Committee which had met under his chairmanship the previous week had concluded that there were three objectives in dealing with this problem; to find a cure for the disease through research, until that was done to halt and if possible reverse its spread; and to care for those afflicted. It was with the second of these objectives that the Sub-Committee were immediately concerned. The first measure that could be taken in pursuit of this objective was a high level public education campaign sustained for perhaps 5-10 years. This would involve not only a general campaign addressed to the population at large but also specific campaigns directed at particular groups. In view of the need for a campaign to transcend more than one Parliament the Official Committee had thought that the Sub-Committee would wish to consider the idea of an AIDS public education council, which would also have the advantage of insulating Ministers to a degree from some potentially difficult political decisions. They had been clear, however, that consideration of the possibility of a council should not delay in any way a decision on the planned leaflet drop or other similar publicity proposals immediately in prospect. Another issue to address soon was that of television advertising where it might be possible to secure co-operation from the British Broadcasting Corporation (BBC) and Independent Broadcasting Authority (IBA) to mount free public service broadcasts. A related issue was that of the television promotion of condoms, except by way of brand advertising. At a later stage the Sub-Committee would need to consider the particular questions raised by drugs misusers and the issue of screening. The demand in some quarters for general screening was based on ill-considered premises, but the issue of screening particular groups was more difficult to judge.

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In discussion the following points were made -

- a. The estimate of people infected with the virus had largely been made by applying the results of United States research to the United Kingdom figures. Large scale testing in the United States had enabled a ratio to be derived of AIDS cases to those carrying the virus. This produced an admittedly rough estimate but a conservative one. In the United Kingdom a ratio of 1 case of AIDS to 50 virus carriers had been used; in the United States a more common usage was 1:100.
- b. The percentage of those infected with the virus who would later contract the disease was to some degree speculative because AIDS was a new disease. In the seven years since the first case was recorded the known proportion had increased to reach 25 per cent, and there was no sign of the increase stopping. The assumption should be that the proportion would increase further to reach at least 50 per cent.
- c. Although new facts were being discovered about the disease all the time, medical opinion in both the United States and the United Kingdom was virtually unanimous that the only means of transmission of the disease was through sexual intercourse or the virus getting into the blood and that it was not transmitted through normal social contact. It was possible for the ^{virus} blood to be transmitted in the context of an accident but only if the blood of one person passed into the body of another - for example through a sore or a cut but it was some comfort to note that in these circumstances the virus was less infectious than hepatitis B.
- d. There would need to be early consideration of methods of limiting transfer of the virus amongst drugs abusers and of screening. General screening appeared an impractical option of little benefit to public health. Screening of visitors to the United Kingdom was another alternative which had been suggested in the media. However the very large number of visitors including a particularly high proportion from the United States, which must be viewed as amongst the high risk countries, made the practicality of such an option questionable. Moreover such a programme would almost certainly need to include British citizens returning from visits abroad.

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- e. It would be useful to have material both on the extent of the problem in other countries and the methods adopted by other Governments to counter the disease.

THE LORD PRESIDENT OF THE COUNCIL, summing up the discussion, said that the Sub-Committee were agreed that AIDS was a most serious and urgent problem. Whilst various aspects such as research might require the Sub-Committee's later attention, the immediate issues were health education, the treatment of injecting drugs misusers and screening. The Sub-Committee would wish to consider drugs misusers and screening at early meetings, but the most urgent matters was clearly public education, which the meeting should now go on to consider. The Secretaries should set the necessary preparations in hand for early meetings and should also arrange for the circulation of information on the disease as it affected other countries and the measures that other Governments were taking to counteract its spread.

The Sub-Committee -

1. Took note, with approval, of the Lord President of the Council's summing up of their discussion.
2. Instructed the Secretaries to arrange for the issues of screening and of measures to counter the spread of infection amongst drugs misusers to be considered at early forthcoming meetings, and for the circulation of material on AIDS in the international context.

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3. PUBLIC EDUCATION CAMPAIGN

The Sub-Committee considered those parts of a memorandum by the Secretary of State for Social Services (H(A)(S6) 3) that proposed action on public education about AIDS, other than the establishment of a specialised education council.

THE SECRETARY OF STATE FOR SOCIAL SERVICES said that the education campaign already authorised had been going ahead as planned. The presentation had been factual, sober and authoritative. There had been four rounds of general advertising between March and October during which over 140 million copies of the advertisements had appeared. There had also been separate arrangements through voluntary bodies to make more explicit advice and information available to those in particularly high risk groups - homosexual/bisexual men and drug misusers. A general booklet on AIDS had been produced by the Health Education Council and widely published - ~~several hundred thousand copies had been produced by the Health Education Council and widely publicised.~~ *have already been issued and it is intended that copies should be on display and available from pharmacies.* The advertising campaign was being researched to assess public response, together with a parallel study of attitudes to AIDS and sexual behaviour. Early results had highlighted criticisms that the campaign was too low-key, should be made more explicit and extend to television and radio. He thought there was force in these criticisms and he accordingly sought the Sub-Committee's agreement to step up the campaign. It was vital to move quickly. The current plan was for a further round of Press advertising in the following week. At the end of the month a poster campaign would be launched. In December publicity aimed specifically at young people would be issued. The leaflet drop was currently planned for early February which was apparently the earliest date by which the Post Office could deliver the leaflets; he intended to speak to the Chairman of the Post Office to see if this date could be advanced.

The following points were made in discussion -

- a. The material in the advertisements should be visually striking and hard-hitting. The public were prepared for explicit references to sexual practices where these were necessary and there should be

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no reservations on that score. It was particularly important to adopt the right tone in the material aimed specifically at young people. There should be no inhibition on using fringe media to help put the message across.

b. Public expectations were now so great that a leaflet drop in February would appear dilatory. Unfair but damaging comparisons would be made with the speed with which literature was supplied to households in parliamentary elections. It should be made clear that the leaflet drop would be carried out as soon as the Post Office could manage it and every pressure should be put on the Post Office to bring the date forward.

c. However rapidly a leaflet drop was organised, it was inherently too cumbersome a device for reaching those who did not read newspapers and magazines. Taking the campaign on to television was a matter of urgency.

d. The present situation had not ready parallel in peacetime and much co-operation might well be extended by the media to the government. Talks should be opened as soon as possible with the British Broadcasting Corporation (BBC) and Independent British Authority (IBA) about the possibility of public service broadcasts.

e. The possibility of securing all-party support for the campaign should be further considered. Though the partisan line taken by opposition spokesmen that day, especially in the matter of resources, underlined the difficulties of this.

f. A debate on AIDS in the House of Commons had been provisionally arranged for 21 November.

THE LORD PRESIDENT OF THE COUNCIL, summing up the discussion said that the Sub-Committee approved the Social Services Secretary's plan to step up the advertising campaign in the Press, to launch poster advertisements and mount a campaign aimed specifically at young people. It was important that the material issued should be clear, authoritative and hard-hitting and there should be no inhibition on including explicit references to sexual

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practices where these were considered necessary. It was also important that the advertisements had a visual impact. The Sub-Committee also agreed that the campaign should extend to television and radio. They authorised the Social Services Secretary to approach the IBA and BBC to discuss how best this might be carried forward. They also approved the proposal for a leaflet drop as soon as the Post Office were able to carry it out. The Social Services Secretary could announce these decisions that evening. He should, however, make no reference to his intention to seek co-operation from the BBC and IBA in mounting public service broadcasts in advance of his talks with them. Nor should the Secretary of State make any reference to the possibility of securing all-party support, which he would himself discuss with the Prime Minister. The Secretary of State should not offer any specific comments on the question of new approaches to injecting drug misusers, though he could confirm that the vacant report made to the Scottish Home and Health Department was amongst the range of issues that the government would have under review.

The Sub-Committee -

Took note, with approval, of the Lord President of the Council's summing-up of their discussion and invited the Secretary of State for Social Services to make an announcement that evening as the Lord President had indicated.

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4. AIDS EDUCATION COUNCIL

The Sub-Committee then considered those parts of the Memorandum by the Secretary of State for Social Services (H(A) (86) 7) concerning his proposals for a new national body to carry forward the public education campaign.

THE SECRETARY OF STATE FOR SOCIAL SERVICES said that his memorandum proposed the setting up of a national body which would be established as a statutory health authority founded by and under the direct control of the Government. This body would be charged with responsibility for the public education campaign. The advantages of this approach were that the campaign would have to be sustained for a good number of years. It would therefore be conducted as far as possible outside the political arena. The establishment of a new body was now widely anticipated and the Government would be criticised for doing less. A group of expert advisers from the appropriate fields would be better placed to target publicity and education effectively.

In a brief discussion the following main points were made -

- a. There would be considerable bureaucratic difficulties in establishing a new body as a statutory health authority which would lead to damaging and unwelcome delays.
- b. While there were advantages in the campaign being undertaken outside Government, the Health Education Council already existed to carry out such work and the Government risked criticism for establishing what would be seen as a quango in a field where one already existed.

THE LORD PRESIDENT OF THE COUNCIL, summing up the discussion, said that the Committee had not had sufficient time for proper consideration of the Social Services Secretary's proposals and a further discussion was necessary. He was conscious of a number of disadvantages in the

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proposals as they now stood. The Government could be vulnerable to the criticism that it was shrugging off its responsibilities. The proposed composition with representatives from a range of special interest groups could lead to internal disagreements and lack of cohesion. It was possible, however, that the proposals could be modified to avoid these criticisms. The Committee should return to the proposals at its next meeting.

The Committee

Took note, with approval, of the Lord President's summing up of their discussion.

Cabinet Office

12 November 1986

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