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HA (87) 1st Meeting

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CABINET

HOME AND SOCIAL AFFAIRS COMMITTEE

SUB-COMMITTEE ON AIDS

MINUTES of a Meeting held in
Conference Room A, Cabinet Office on
WEDNESDAY 14 JANUARY 1987 at 10.45 am

PRESENT

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

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 John Biffen MP
Lord Privy Seal

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

The Rt Hon Tom King MP
Secretary of State for
Northern Ireland

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

The Rt Hon Kenneth Clarke QC MP
Paymaster General

The Rt Hon John McGregor MP
Chief Secretary, Treasury

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

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THE FOLLOWING WERE ALSO PRESENT

The Rt Hon John Stanley MP
Minister of State for the
Armed Forces, Ministry of Defence

Sir Robert Armstrong
Secretary of the Cabinet

Miss R Christopher
Department of Health and
Social Security
(for Item 1)

Mr Timothy Eggar MP
Permanent Under-Secretary of State,
Foreign and Commonwealth Office

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

Mr S Harari
Tragos Bonnage Wiesendanger Ajroldi
(for Item 1)

SECRETARIAT

Mr A J Langdon
Miss R A Mulligan
Dr H Pickles

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1. NEXT STAGE OF PUBLIC EDUCATION CAMPAIGN

The Sub-Committee considered a Memorandum by the Secretary of State for Social Services (H(A) (87) 3) reviewing the Government's AIDS public education campaign to date and considering what the next stages might be.

THE SECRETARY OF STATE FOR SOCIAL SERVICES said that the delivery of the AIDS leaflet to all households had begun that week, with supporting advertisements on television from the previous week, and this was the right moment to take stock of the campaign's tone and direction. The campaign might be thought of as having three phases. First, it was necessary to raise the public's awareness about AIDS, and communicate the essential information. Second, attitudes needed to be changed, especially in respect of sexual behaviour. Third, actual behaviour needed to be changed. So far, the campaign had concentrated on the first of these objectives, which had been completed in a generally very satisfactory way. It was now moving more deeply into the second phase, and the difficulties would undoubtedly increase. In conveying the essential information, the Government had tried to occupy the middle ground, and this had won very widespread support. It would be important to maintain that position, but this would become progressively harder as the campaign was forced to deliver much more specific advice and to find ways of reaching high risk groups of the population in a way that they would understand and to which they would respond. The monitoring of the newspaper advertisements which had formed the very first stage of the campaign had shown that it appeared to be achieving its object. It was too early for much reliable feedback on the television advertisement that had been put out to support the leaflet drop, but there had been some comment in the media to the effect that it should have been of a more explicit nature. While that comment misunderstood the status of the advertisement, which was simply to support the leaflet drop, it might be interpreted as expressing a general readiness - in media circles, at least - for more explicit visual advertising than had yet been thought appropriate. This would need to be judged very carefully, and he would

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bring proposals to the Sub-Committee within a few weeks. In the meantime, however, the British Broadcasting Corporation (BBC) and Independent Broadcasting Authority (IBA) had offered public service broadcasting time from the end of February and it was important that they should be provided with something new. Subject to the Sub-Committee's agreement, he proposed that for this purpose it would be best to use the version of the advertisement in support of the leaflet that had been produced for use in cinemas, but modified so as to incorporate a voice-over advocating the limitation of sexual partners to one only or, failing that, the use of a condom.

The Sub-Committee then heard a sound recording of the spoken commentary that might accompany a new advertisement under development. The theme of the advertisement - that anyone who disregarded the health warnings was at risk of AIDS - would be illustrated by a montage of faces progressively displaying disfiguring skin conditions characteristic of AIDS.

The following main points were made in discussion -

a. There was general agreement that the shape and tone of the education programme so far had been very accurately judged to attract the widest measure of support and that this object had been successfully achieved. That had, however, been in the context of what had been rightly seen as an urgent response to deal with a suddenly emerging situation. As the campaign inevitably had to evolve into a longer term strategy to change behaviour, the underlying divergence of moral judgements was bound to become more apparent. In particular, there was an inescapable tension between the message that the Government had to deliver and the teachings of the Roman Catholic Church.

b. On the other hand, the leaders of the main churches, including the Roman Catholic Church, had been very understanding in discussion with the Social Services Secretary and had accepted that their

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responsibilities were different from those of the Government. The problem was not so much with establishing the necessary understanding at the top of the church hierarchies as ensuring that it was widely reflected in church circles as a whole.

c. In considering the priorities for future phases of the campaign it should be recognised that injecting drug misusers represented a greater threat for the spread of AIDS into the general population than did the homosexual community. Among homosexuals it was only those who were bisexual who represented a likely route for the transmission of the disease into the heterosexual population, but injecting drug misusers were as heterosexual as the rest of the population. The Sub-Committee had already noted the particular threat posed by female drug misusers turning to prostitution to finance their addiction, and the tragic transmission of AIDS to the babies of infected mothers. While it was welcome that homosexuals in the USA were apparently changing their lifestyle in response to the threat of AIDS, and homosexuals in this country might well do the same, drug addicts were locked into a situation that was far less readily under their control. Furthermore, injection with infected needles was a far more effective way of transmitting the virus than were sexual encounters. Of the two high risk groups, then, the one that represented the greater threat from the general public health point of view was the less likely to respond to conventional public health education. Some very specific means would have to be found for reaching drug misusers effectively.

d. As to the style of further advertisements, it was noted that surveys of comparable health education programmes had shown that people responded more vividly to the threat of disfigurement than to that of death. On the other hand, a number of AIDS sufferers were clearly highly articulate and willing to co-operate in the campaign by speaking about their approaching death, and their contribution should not be dismissed. It would be useful to know more about the

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style of what was being done abroad. Cartoons had been adopted in some countries, but the Sub-Committee considered that anything smacking of levity would be quite inappropriate.

e. The campaign hitherto had been moulded around a reasonably simple core of essential information. In the future phases it would need to be split up into a variety of somewhat different messages and the balance between the central national advice and the more specialist messages would need to be judged with particular care.

f. Neither the message to restrict the number of sexual partnerships to one nor the advice to use a condom were likely to be received with much enthusiasm or assent by large numbers of people - especially young people - who regarded their sex lives involving more than one partner as perfectly normal and within social convention. That line of thought led to the proposition that the general population might be reassured that a normal amount of sexual activity involving more than one partnership carried only a minimal health risk. But such a message would undermine the whole force of the campaign. The Sub-Committee would need to ponder further on the epidemiological, political and moral issues that these questions posed.

THE LORD PRESIDENT OF THE COUNCIL, summing up the discussion, said that the Sub-Committee were agreed that the public education campaign to date had been pitched at the right level and they had had a useful exchange of views about the issues that would need to be faced as the campaign moved into its next phases. It seemed inescapable that these issues would grow progressively more difficult as the campaign focussed on particular target groups. The campaign needed to maintain momentum, and some early changes to the national advertisements would be required. The Sub-Committee were not, however, yet agreed on such matters as the degree to which material aimed at the general population had to be in very explicit terms. The Secretary of State for Social Services should

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therefore give the Sub-Committee the chance to comment on any proposed new advertisements or other material before they were issued. In view of the pressure of time, it would be sufficient for the Secretary of State to show the proposed adaptation of the advertisement currently used in cinemas to an ad hoc meeting of those members of the Sub-Committee who were available at the time.

The Sub-Committee -

1. Took note, with approval, of the Lord President of the Council's summing up of the discussion.
2. Invited the Secretary of State for Social Services to prepare proposals for the next stages of the public education campaign, in the light of the discussion, and to bring them forward to a meeting of the Sub-Committee within the next few weeks.
3. Invited the Secretary of State for Social Services to ensure that the Sub-Committee had a chance to comment on any significant new material in the campaign before it was issued.
4. Noted that the advertisement now used in cinemas was being revised for use on television and that the members available at the time would be invited to see it before it was used.

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OTHER CURRENT ISSUES

THE SECRETARY OF STATE FOR SOCIAL SERVICES, said that he was putting in hand a number of initiatives to do with caring for AIDS sufferers. He and the Secretary of State for Scotland were both apportioning money in respect of AIDS to those National Health Service (NHS) regions that had the greatest number of AIDS cases. He also aimed to organise a conference in the next 8 weeks to discuss the possibilities for caring for AIDS sufferers outside the hospital service. In particular, he wished to explore what might be done in the hospice movement for terminally ill AIDS sufferers. This was an idea that was particularly close to the heart of Cardinal Hume.

In a short discussion it was noted that establishing a partnership with the hospice movement might have a lot to offer in the context of AIDS, but that those presently working in hospices were not necessarily motivated towards caring for AIDS sufferers. Wide ranging discussions, of the kind the Social Services Secretary proposed, would be needed to open up this ground.

THE MINISTER OF STATE FOR THE ARMED FORCES, MINISTRY OF DEFENCE, said that there was complete agreement between the Ministry of Defence (MOD) and the Foreign and Commonwealth Office (FCO) about the handling of matters arising from the suspicion that members of the Queen's Own Highlanders had contracted venereal diseases from prostitutes in Kenya, though there had admittedly been some confusion in the line taken by representatives of the two departments on the spot. In essence, the line taken by the MOD, as the Defence Secretary had explained in a letter to the Lord President, was that servicemen should be counselled and generally treated as regards AIDS in just the same way as the rest of the population. Both the FCO and the MOD, however, were concerned that the tourist and other economic prospects of Kenya should not be damaged, and that good relations should be preserved with the Kenya government, whose facilities were used by the Royal Navy as well as the Army. The criticism expressed in Parliament had been directed at allegedly inadequate warnings given to the soldiers before they were sent to Kenya.

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In a short discussion it was noted that, although the Kenya authorities vehemently claimed that AIDS was not a problem in their country, there was every reason to believe that the majority of Nairobi prostitutes were now infected. Those in the Mombasa area were unlikely to show a different pattern.

THE LORD PRESIDENT OF THE COUNCIL, summing up the discussion, said that the Sub-Committee welcomed the attention that the Social Services Secretary was giving to issues to do with caring for sufferers. The Sub-Committee should have an opportunity to discuss this area of policy reasonably soon, and preferably on a shorter time-scale than the Social Services Secretary proposed for a conference on hospice care. The episode involving the Queen's Own Highlanders in Kenya had been mischievously exploited by the media, but the issues raised by it now needed to be firmly grasped, if the Government was not to risk being pushed on the defensive. A clear set of instructions on AIDS for service personnel serving overseas was required urgently, and the Minister of State for the Armed Forces should report in correspondence to the Sub-Committee as soon as this was devised. This was an example of the kind of issue about which the Sub-Committee needed to be kept up-to-date so that members were not caught out when dealing with the press.

The Sub-Committee -

1. Took note, with approval, of the Lord President of the Council's summing up of the discussion.
2. Invited the Secretary of State for Social Services to bring forward, for early discussion, a paper on his approach to issues on caring for AIDS sufferers.
3. Invited the Minister of State for the Armed Forces to arrange for instructions on AIDS for servicemen serving overseas to be urgently reviewed in the light of the recent incident involving the Queen's Own Highlanders, and for the Sub-Committee to be informed of the outcome in correspondence.

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3. MEASURING THE EFFECT OF THE GOVERNMENT'S STRATEGY

The Sub-Committee considered a Note by the Chairman of the Official Committee (H(A)(87)2), covering a note on how the effectiveness of the Government's strategy could best be measured, which had been discussed and approved by the Official Committee (H(A)(O)).

SIR ROBERT ARMSTRONG said that the note put forward by the Official Committee was closely based on a draft by the Department of Health and Social Security. It summarised how the effectiveness of the Government's public education campaign on public awareness and attitudes was being monitored in conjunction with the Central Office of Information, and how various surveys on behavioural and attitudinal aspects were under consideration. The Official Committee had no particular points to make on these matters. Much of the note, however, was devoted to the question of assessing the prevalence of HIV infection. While it was noted that representative population studies were under discussion between departments, the paper argued that anonymised testing of blood samples given for other purposes raised unacceptable ethical and legal considerations. Since compulsory testing had clearly been ruled out of court, the paper concluded that assessing HIV prevalence could only be done by various indirect measurements and extrapolations, of which it gave some examples. The British Medical Association (BMA) had, however, put in evidence to the Social Services Committee recommending the anonymised testing of blood samples in hospitals, and the Official Committee would therefore wish to draw Ministers' attention to the likelihood that the Select Committee would ask some searching questions about the necessity for relying on indirect routes to measure HIV prevalence.

THE LORD PRESIDENT OF THE COUNCIL, summing up a short discussion, said that Sir Donald Acheson wished the matter that had been raised to be given more thought in the Expert Advisory Group that he chaired. The Sub-Committee would be grateful if that could be done, and they would then wish the question of measuring the effectiveness of the strategy to be brought back to them.

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The Sub-Committee

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

2. Invited the Secretary of State for Social Services to arrange for the
matters raised in H(A)(87)2 to be considered as necessary by the Chief
Medical Officer's Expert Advisory Group, and then brought back to the
Sub-Committee for further consideration.

Cabinet Office

15 January 1987

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