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H(A) (87) 3rd 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
TUESDAY 24 FEBRUARY 1987 at 9.30 am

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 Douglas Hurd MP
Secretary of State for the
Home Department

The Rt Hon George Younger MP
Secretary of State for Defence

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 Kenneth Baker MP
Secretary of State for Education
and Science
(for Items 1 and 2 only)

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

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

Sir Robert Armstrong
Secretary of the Cabinet

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

SECRETARIAT

Mr A J Langdon
Mr M J Eland
Dr H Pickles
Miss R A Mulligan

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1. AIDS RESEARCH

The Sub-Committee considered a Memorandum by the Secretary of State for Education and Science (H(A)(87) 6) on the Medical Research Council's (MRC's) proposal for a directed research programme, and a Memorandum by the Secretary of State for Social Services (H(A)(87) 7) setting out the present state of development of AIDS research.

THE SECRETARY OF STATE FOR EDUCATION AND SCIENCE said that at the meeting of the Sub-Committee on 16 December (H(A)(86) 6th Meeting) Sir James Gowans, the Secretary of the MRC, had put forward proposals for a directed research programme and the Sub-Committee had invited him, in consultation with Sir James, to bring before them a fully worked up and costed proposal for such a programme. The paper at Annex A to his Memorandum summarised the MRC's proposals. They envisaged two parallel lines of research directed at identifying a vaccine which would prevent infection, and a new anti-viral drugs for treatment of those already infected. The approach proposed was based on careful and thorough discussions with United Kingdom scientists in the relevant fields. The research would be directed by two scientific Steering Committees which would oversee two specifically appointed full-time directors. The MRC were seeking additional funding for the programme of £2.5 million in 1987-88, £5 million in 1988-89 and £7 million in 1989-90. He did not believe that it would be possible for the MRC to find these additional funds from within their current resources. The Council already intended to redirect some £1 million of their own resources towards AIDS research and the overall increase they had received of £5 million for 1987-88 had been largely taken up by the costs of salary increases. The scientific community in the United Kingdom contained considerable relevant expertise and it would be important to make the best use of it. The United Kingdom was now spending less in real terms on research generally than it had formerly, and significantly less on AIDS research than a number of other countries were spending. He did not believe that it was an option for the Government to endorse the programme but ask the MRC to find the funding for it themselves. Neither did he think, against the background he had described, that it would be politically feasible to expect the rest of the science budget to absorb this suddenly-emerging requirement. There had already

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been considerable press speculation about possible Government support for the MRC's proposal and he believed that Ministers would be very severely criticised if they were not now to respond favourably towards the proposal. He recommended therefore that the MRC's proposals for a directed research programme should be approved, and that additions should be made to the Council's grant in aid of £2.5 million in 1987-88, £5 million in 1988-89 and £7 million in 1989-90. The Council, the Department of Education and Science and the Department of Health and Social Security should monitor and review the progress of the programme against its results and should assess further funding needs in the light of that progress.

In discussion, the following points were made -

a. There was clearly a very strong case for providing the additional funding for the first year of the research programme, given that until funding were made available, the programme could not get under way. But the case for Government funding for subsequent years of the programme was less clear cut. The Official Committee had concluded (H(A) (O) (87) 4th Meeting) that there was no good reason to absolve medical research, or scientific research generally, from the discipline of accommodating newly emerging priorities within existing levels of provision. There were sound reasons for asking the MRC to consider reallocating its own resources towards the second and subsequent years of the programme, making use, for example, of the £4 million which they normally allocated to project grants.

b. Against this, the spread of the AIDS virus represented a wholly exceptional threat to public health with very large long term cost implications for the health service. Public and Parliamentary opinion was fully conscious of the exceptional nature of the problem and was most unlikely to be receptive to the argument that medical and scientific research into AIDS should be subject to the discipline of accommodating emerging priorities within existing provisions.

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c. A refusal to meet the costs of the second and subsequent years of the programme would thus be very difficult to defend publicly. That difficulty would be aggravated by the Autumn Statement's acceptance of additional expenditure, and current political commentary about the room for manoeuvre in the forthcoming Budget.

d. The MRC's proposal represented a wise investment of relatively modest amounts of public expenditure. While its ultimate success could not be guaranteed, it was strongly supported by medical/scientific opinion and there was little doubt that the United Kingdom scientific community contained valuable expertise in the appropriate fields.

THE LORD PRESIDENT OF THE COUNCIL, summing up the discussion, said that the Sub-Committee fully endorsed the MRC's proposals for a directed research programme as set out in the annex to the Memorandum by the Secretary of State for Education and Science. While they fully understood the concerns which had been expressed about the need for new funding to be subject to proper discipline, the Sub-Committee agreed that there was an exceptional case for the Government providing additional funding for the first three years of this research programme. They therefore agreed that provision should be made of £2.5 million in 1987-88, £5 million in 1988-89 and £7 million in 1989-90 additional to the existing planned provision. The announcement of the Government's decision should however emphasise that the research programme would be closely monitored by the MRC, the Department of Education and Science and the Department of Health and Social Security, and that progress would be reviewed against results. It would also be important to ensure that the announcement was not interpreted as an open-ended commitment to provide further additional resources for AIDS research without such proposals being subject to the fullest critical scrutiny. The announcement should be incorporated into the statement to be made the following day in the House of Commons by the Secretary of State for Social Services. In conveying their decision to the MRC the Sub-Committee would wish to express their gratitude to Sir James Gowans and the Council for bringing forward their developed proposals with such expedition and clarity. The Sub-Committee also agreed that the Social Services Select Committee's request for a copy of the MRC's proposals should now be acceded to and that the document should be accompanied by a covering letter conveying the Government's decision, at the same time as the Social Services Secretary's

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announcement. Finally, the Committee took note of the Memorandum by the Social Services Secretary H(A) (87) 7 setting out the present state of AIDS research more generally.

The Committee

1. Took note with approval of the Lord President of the Council's summing up of their discussion.
2. Invited the Secretary of State for Social Services to announce their decision the following day in accordance with the Lord President of the Council's summing up.

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AIDS EDUCATION AND THE EDUCATION SERVICE

The Sub-Committee considered a Memorandum by the Secretary of State for Education and Science (H(A) (87) 10) on education on AIDS in schools and elsewhere in the education system.

THE SECRETARY OF STATE FOR EDUCATION AND SCIENCE said that he had now agreed with the Secretaries of State for Wales, Scotland, Northern Ireland and Social Services the text of a booklet of questions and answers on AIDS for use by teachers. The booklet would be published in March and distributed throughout the United Kingdom to both primary and secondary schoolteachers, in the public and independent sector, to lecturers in further and higher education and to youth workers. Under the Education (No 2) Act 1986, Governors of schools would be responsible for deciding what sex education should be provided. The Department of Education and Science would therefore be issuing a circular to make clear that, whatever view Governors took about sex education in general, providing pupils with information about AIDS would be essential in preventing the spread of the disease. This was clearly a sensitive area, particularly for the Roman Catholic Church, and he might wish to return to the Sub-Committee on this in due course. In addition to the booklet, he had commissioned the production of a video film by the Education Broadcasting Production Unit of the BBC for use in schools. The video film would cover not only the medical and scientific facts but would be frank and explicit about the implications for personal behaviour. It would be available in the autumn and would be linked to British Broadcasting Corporation (BBC) school broadcasts and be accompanied by notes for teachers giving guidance on how it should be used.

In discussion the following points were made -

- a. AIDS education in primary schools would require particularly careful handling. If not dealt with sensitively it could give cause for serious concern amongst the parents of young children. It would be helpful if the Secretary of State for Education and Science could consider whether any special measures needed to be taken to prevent young children from being exposed to unsuitably explicit material on AIDS.

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b. There would be advantage in having the video film available earlier than the autumn and the film's producers should be asked whether it would be possible to complete it more quickly.

Both the booklet and the video might be of interest overseas and it would be helpful if the Department of Education and Science could make advance copies available to the Foreign and Commonwealth Office for possible demonstrations abroad.

THE LORD PRESIDENT OF THE COUNCIL, summing up the discussion, said that the Sub-Committee endorsed the Education Secretary's proposals on providing education on AIDS in schools and other educational establishments, subject to the points made in discussion.

The 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 Education and Science to consider what special measures might be necessary to protect primary school children from unnecessarily explicit material on AIDS; to determine whether the completion of the AIDS video could be brought forward; and to provide the Foreign and Commonwealth Office with advance copies of the booklet and the video for possible demonstration overseas.

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PROVISION OF CONDOMS

The Sub-Committee considered a Memorandum by the Secretary of State for Social Services (H(A) (87) 8) about possible further Government action to extend the availability of condoms and the Government's attitude towards a British Standards Institute initiative to devise a standard for a condom designed for homosexual use.

THE SECRETARY OF STATE FOR SOCIAL SERVICES said that the use of condoms was a vital part of the Government's health education message and thought now needed to be given to possible action to make them more easily available. At present condoms were supplied free through family planning clinics for contraceptive purposes and about 20 per cent of the couples thought to use condoms obtained them from that source. The retail price of a packet of 12 condoms, was about £2.50 and they were widely and easily available. Although there was a certain amount of lobbying for wider free provision as a prophylactic against AIDS, he did not believe that there was any evidence that, in general, those who understood the value of condoms in that connection were deterred from using them because of difficulties about cost or availability. He did not, therefore, believe that there was any justification for very widespread supply of free condoms, which would be costly and generate much controversy. Instead, he proposed that the supply of condoms in family planning clinics should be encouraged for prophylactic as well as contraceptive purposes; that all National Health Service genito-urinary (GUM) clinics should be asked to provide an initial supply of condoms for each new patient; that health authorities should be asked to ensure that their drug misuse services had access to free condoms; and that general practitioners should be enabled to provide an initial supply if they considered it desirable in particular cases. Since it had been argued that the commercial availability of condoms outside normal shop hours needed to be improved and that more effort should be made to sell them to women, he proposed to discuss these matters with the main manufacturer of condoms in the United Kingdom. In the light of the Sub-Committee's reactions to all these proposals, he would work up a more detailed set of propositions, which he would bring back to the Sub-Committee in due course.

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There was a separate issue to do with condoms that was of exceptional political sensitivity. Condoms were designed for use as contraceptives in normal heterosexual intercourse. They might not be sufficiently robust to provide reliable protection against HIV infection in homosexual use. The British Standards Institute (BSI) had approached the Chief Medical Officer seeking his view on their intention to begin work on a specification for a tougher condom designed for homosexuals. In his view, it would have been quite wrong for the Government to be directly involved in initiating a proposal of that kind, but there was certainly no need for the Government to attempt to block it. He therefore proposed that the Government's attitude should be that their primary concern was to dissuade people from the dangerous homosexual practices in question, but that they understood why the BSI had taken their initiative. No further comment on the matter would then be required until the outcome of the BSI's work was known.

In discussion the following main points were made -

a. The British Medical Association (BMA) had given evidence to the Select Committee on Social Services the previous week in which they had recommended the substantially increased free supply of condoms across the board. It need not be assumed that the Select Committee would be likely to adopt such an extreme position in their report, though they might well recommend more limited initiatives, focussed on particular target groups. The Social Services Secretary's proposals, which were partly designed to focus any extensions of free supply on high risk groups, should therefore go a long way to defuse the issue. The Social Services Secretary should, however, put further work in hand to refine the identification of further high risk groups and the possible costs of channelling free supplies of condoms to them. The costs indicated in paragraph 9 of his paper were based on a number of assumptions and were not necessarily reliable.

b. The provision of condoms to members of the Armed Forces serving abroad was well understood and should continue. On the other hand, the free provision of condoms to prisoners, implicitly for homosexual use, would provoke an out-

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THE LORD PRESIDENT OF THE COUNCIL, summing up the discussion, said that the Sub-Committee approved the generally cautious approach that the Secretary of State for Social Services proposed to adopt, and especially his circumspect attitude towards the development of condoms for homosexual use. The Secretary of State should now proceed to discuss commercial availability of condoms with the main manufacturer, as he had proposed, and should refine the costings of the other proposals in his paper. He should then report his conclusions to the Sub-Committee, perhaps in correspondence. In order to prepare a defensive position against possible pressure from the Select Committee on Social Services, the Secretary of State should also put in hand further work to refine the identification of the high risk groups to whom the free supply of condoms might be argued to be justifiable as a measure against the spread of AIDS, and the cost of such a supply.

The Sub-Committee -

Took note, with approval, of the Lord President of the Council's summing up of the discussion and invited the Secretary of State for Social Services to proceed accordingly.

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4. AIDS: CARRIERS VISITING UNITED KINGDOM

The Sub-Committee considered a Memorandum by the Secretary of State for Social Services (H(A) (87) 9) dealing with the question of how to treat visitors to the United Kingdom who were either suffering from AIDS or infected with the HIV virus.

THE SECRETARY OF STATE FOR SOCIAL SERVICES said that all passengers who were subject to control under the Immigration Acts could be medically examined on arrival. Under the Immigration Rules immigration officers were empowered to refuse entry to a passengers who might endanger the health or safety of other persons in the country or who if admitted might be unable, for medical reasons, to support himself or his dependents in the United Kingdom, or require medical treatment other than for minor ailments. Considerable publicity had been given to a recent case where an airline steward arriving at a United Kingdom airport had been declared by the captain of the aircraft to be HIV positive and on these grounds refused entry, and this had drawn attention to the need for immigration officers and port medical inspectors to be given clear guidance on the action to be taken in such cases. The matter had been considered by Department of Health and Social Security and Home Office officials who had recommended that passengers should be refused entry where there was firm information that the passenger was infected with the AIDS virus or where the Port Medical Inspector's diagnosis of the condition of the passenger indicated that he was suffering from a significant and serious illness where AIDS was a possible diagnosis. He had some doubts whether such a position was sustainable. There was firm medical advice that such action would not make a significant contribution on public health grounds. The Government had issued general advice that HIV carriers were not a risk to the public, for example, in the work place. If passengers known to be HIV positive were excluded from entry to the country the rationale on which this policy was based would be undermined. An additional factor was that reporting in the national press of the incident involving the airline steward had stimulated considerable anti-British comment in the European and overseas press. With these factors in mind he therefore proposed a slightly different approach. First he believed that it was important to consult both European

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Community and Commonwealth partners and the United States about the proposed approach. In the meantime, each case should be considered individually and his department consulted about any visitor who was either identified as HIV positive or as a full-blown AIDS sufferer. In practice, he would not advise the exclusion of anybody, unless it was confirmed they were suffering from full-blown AIDS, and he would base such a refusal on grounds of refusing additional burdens on the National Health Service rather than risk to public health. He thought such a way of proceeding would provide the Government with a defensible position and he sought his colleagues' agreement to it.

In discussion the following points were made -

a. There was strong support for the Social Services Secretary's analysis of the situation. Exclusion of virus carriers on public health grounds would run completely counter to the Government's stance to date and risk serious confusion amongst the public about the dangers from virus carriers. Exclusion of AIDS sufferers who did not intend to pay for their own treatment was more defensible, but on cost rather than public health grounds. Even so the exclusion would need to be applied sensitively.

b. The international reaction to the earlier incident had been uniformly hostile and extraordinarily virulent, particularly in the French press. A preliminary inquiry showed no consistency of approach in other countries. Ironically, France was the only other EC Member State which appeared to have powers to exclude AIDS sufferers. Amongst other countries, Canada and Australia had powers to exclude both virus carriers and AIDS sufferers; the United States could exclude AIDS sufferers unless they showed ability to pay for medical treatment. In the circumstances it might be premature to consult on the basis of present proposals. A better course might be simply to seek the views of other countries on what would undoubtedly be a problem for them as well.

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c. A particular feature that would need to be examined further was whether there were powers under existing law for immigration officers to be required to consult the Department of Health and Social Security.

THE LORD PRESIDENT OF THE COUNCIL, summing up the discussion, said that the Sub-Committee fully shared the Secretary of State for Social Services' anxieties. The Sub-Committee agreed that it would be right to consult the United States and EC and Commonwealth partners but thought this should initially take the form of seeking views on a matter of shared concern rather than testing out a firm proposal. Before such consultation commenced, however, the Home Secretary, in consultation with the Foreign and Commonwealth Secretary and the Secretary of State for Social Services, should give urgent consideration to the guidance to be given to immigration officers on how to act while international consultation was proceeding; in doing so he would need to take account of the points made in discussion, particularly in relation to the powers available under the Immigration Act. The outcome of this further consideration should be brought back to the Sub-Committee, after consideration by the Official Committee (H(A)(O)).

The Sub-Committee -

1. Took note, with approval, of the Lord President of the Council's summing up of their discussion.
2. Invited the Home Secretary, in consultation with the Foreign and Commonwealth Secretary and the Secretary of State for Social Services to proceed as indicated.

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5. PROGRESS WITH SCHEMES FOR DRUG MISUSERS AND OTHER CURRENT ISSUES

THE SECRETARY OF STATE FOR SOCIAL SERVICES said that the Sub Committee's decision to support pilot schemes for the provision of clean needles to drug misusers had been presented in a low key manner and had been given a generally favourable reception. A range of proposals for projects of various kinds had been put forward in response and these were currently being assessed. He would be in a position to make a more substantive report within a few weeks. THE SECRETARY OF STATE FOR SCOTLAND said that such schemes should be operating in Edinburgh, Glasgow and Dundee by April. The medical professions had been more cooperative than had been expected.

THE SECRETARY OF STATE FOR SOCIAL SERVICES said that reports in the press had been misleading in suggesting that the Government had it in mind to introduce AIDS prevalence surveys based on the testing of anonymised samples of blood given for other purposes. This was, in fact, a suggestion made by the BMA in evidence to the Select Committee on Social Services. At their meeting on 14 January (H(A)(87) 1:3) the Sub Committee had invited him to arrange for the matter to be considered by the expert advisory group that the Chief Medical Officer chaired, and that was how the matter still stood. In the USA a number of screening and testing proposals were now current and these were being reviewed that day at a conference in Atlanta, Georgia. Various issues in this field would need to be brought back to the Sub Committee.

THE SECRETARY OF STATE FOR SOCIAL SERVICES said that a good deal of interest was being manifested in the idea of individuals keeping frozen supplies of their own blood against the possibility of requiring transfusions. This idea raised administrative, operational and technical problems, and interest in it was probably attributable to distrust of the blood transfusion service engendered by the BMA's original memorandum to the Select Committee. His Department would do all it could to maintain public confidence in the transfusion service.

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THE LORD PRESIDENT OF THE COUNCIL, summing up the discussion, said that the Sub Committee noted the position on the points that had been raised. It would be useful if the question of anonymised blood testing, and any related issues, could be considered in the official committee (H(A)(O)) before being brought back to the Sub Committee. Bearing in mind the difficulties with the incident involving the Queen's Own Highlanders in Kenya, the Secretary of State for Defence should keep in close touch with the Sub Committee on any issues that arose on AIDS and the Armed Forces.

The Sub Committee -

Took note.

Cabinet Office

25 February 1987

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