FROM: MS P A BOYS
DATE: 7 OCTOBER 1986

MR F E R BUTLER

cc Mr Anson
Miss Peirson

AIDS: MEETING ON 8 OCTOBER

Sir Robert Armstrong has called a meeting of Permanent Secretaries concerned to consider Sir Kenneth Stowe's letter of 6 October, to which was attached a minute from the Chief Medical Officer expressing deep concern at the lack of action to prevent the spread of AIDS. Sir Robert has drawn up a draft of a minute for him to send to the Prime Minister following the discussion tomorrow (his letter of 7 October refers).

BACKGROUND

Mr Fowler first minuted the Prime Minister about the AIDS problem in September last year. Following that, a Steering Group was set up to co-ordinate work between Departments. Subsequently, action has been taken on several fronts. From within existing public expenditure provision, DHSS have financed educational campaigns designed to change the behaviour of those most at risk so as to minimise their chances of contracting the disease. Screening of blood donors has been introduced; imported blood products are now treated to eliminate the virus; guidance has been drawn up for those travelling or working abroad; health professionals (eg dentists) have been given guidance on procedures to minimise the risk of spreading the virus; counselling has been introduced for those found to be infected with the virus; and general guidance has been issued to schools and to employers.

However, as the CMO notes, these measures have proved insufficient to halt the spread of the disease. There are 500 cases in the UK now (206 cases when Mr Fowler minuted the PM last year). The CMO

then believed that around 10,000 had been exposed to the virus (and thus had the potential to develop the disease). Today the figure is 25,000.

There are two major difficulties in the way of further progress:

(i) identifying measures that will have the effect of containing the disease; and

(ii) persuading Ministers to introduce those measures which would be effective, but which appear to condone behaviour normally regarded as unacceptable.

A third area of difficulty has begun to emerge - the desire by some Ministers to take action (eg screening overseas students from Africa) which is judged by doctors to be both unnecessary and ineffective, but which at least gives the appearance of concern.

The solution favoured by Sir Robert Armstrong and Sir Kenneth Stowe to the difficulty at (ii) above is to distance Ministers by setting up a new QUANGO to take responsibility for a sustained and detailed campaign of public education. This is a classic solution, but I question whether it is necessarily the best one. We already have a Health Education Council - if a QUANGO commends itself, why not use that? But a more fundamental objection is that a public body labelled as the AIDS Prevention and Education Council is unlikely to command the attention of those most at risk. Drug users, the gay community , prostitutes and their clients, and sexual partners of anyone falling within those groups are the target population. This points to funding voluntary bodies to carry out the delicate task of persuading those involved to change their behaviour. DHSS can do this more simply and efficiently than a QUANGO. No estimate is given of the costs of this proposal. Our assumption must of course be that any costs will come from existing provision (CAHPSS programme, from which health education is funded, totals over £2 **billion**; it should clearly be possible to meet costs by re-ordering priorities). Mr Fowler's PES bid for AIDS is for the additional cost of treating those who actually have the disease, not for additional measures to prevent it.

On the other points in Sir Robert Armstrong's draft minute, it should be possible to give a much clearer lead. Supplying drug addicts with clean needles would certainly help to limit the spread of AIDS (an independent advisory committee in Scotland has recently recommended this ; needles would be replaced on a new for old basis, so accusations that this would encourage the practice if injecting illicit drugs can be countered). There is little point in screening recruits to public services since the disease can equally well be contracted after joining. Denying access to jobs for those affected would increase the burden on social security and unfairly discriminate against those suffering and at risk from AIDS. Life insurance offices are already making arrangements for applying higher premia where appropriate and for seeking disclosure of the relevant information (failure to disclose brings its own penalty of invalidating the policy): there is no need for Government action here. Screening arrivals from the USA and sub-Saharan Africa is unlikely to be effective:and besides, w are trying to attract tourists from the USA.

POINTS TO MAKE

1. Agree that effective action to contain AIDS is a priority, but this will best be achieved by asking the Prime Minister to give DHSS Ministers sole responsibility for taking whatever measures they judge to be necessary (eg provision of free needles to registered addicts, explicit advice to groups at risk). Specific proposals should not be cleared with colleagues.

2. Serious though the problem is, it does not require additional public expenditure to tackle it effectively. The CMO said last year that limiting the spread of AIDS should be a top priority. Other discretionary expenditure on the CAHPSS programme should therefore be cut back to make room for AIDS related measures.

GRO - C

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NOTE FOR RECORD

c Those Present

AIDS

Sir Robert Armstrong held a meeting on 8 October at 9.15 am to discuss a draft submission to the Prime Minister on recent developments and future action on AIDS. Those present were Sir Kenneth Stowe, Sir Donald Acheson, Sir Patrick Wright, Sir Crispin Tickell, Sir David Hancock, Sir William Fraser, Sir Brian Cubbon, Mr Lloyd Jones and Mr Butler.

2. Sir Kenneth Stowe said that the latest information on the spread of AIDs in the United Kingdom suggested that the campaign of public information of the past year should now be stepped up urgently. Ministers inevitably found it difficult to publish in the Government's name disagreeable and explicit information about the changes in sexual behaviour needed in order to limit the rapid spread of the disease. The Government did provide finance for organisations such as the Terence Higgins Trust which published very explicit material to the homosexual community, but it had so far preferred not to put its own imprimatur on such material. In Sir Kenneth's view, the solution was to establish a council independent of but funded by Government which could take responsibility for an education campaign directed:

a. at the general public;

b. at particular groups at risk either from their calling (eg physicians) or their lifestyle or medical condition (eg homosexuals, prostitutes, drug addicts, haemophiliacs).

Only an extremely vigorous programme directed at both categories could have any effect in constraining the spread of the disease.

3. Sir Donald Acheson said that a "stand-off" public authority such as Sir Kenneth had in mind would be responsible uniquely for the education campaign. Other issues, such as immigration screening, AIDS in prisons, and release of results of screening tests eg to life insurance companies, involved Government much more intimately and could not be dealt with at arm's length in this way. Given the scale of the task, the proposed education council would have to be headed by a steady and experienced man, capable of withstanding strong public and political pressures. On the spread of the disease, we had fewer facts than we would like, and it would be wrong at this stage to be over-alarmist. We knew that the virus was spreading very fast among the drug addict and homosexual population and their sexual partners, and indeed their sexual partners' babies. At this stage, however, the spread to the population at large was relatively slow. Out of 2.14 million blood donations by 1.5 million donors in the most recent period, only 50 had proved HIV positive, and most of these had turned out to be donations from people in one of the "at risk" categories or their sexual partners. We did not yet have enough evidence to explain why the disease was spreading much more rapidly in Africa. There was a difficult balance to be drawn between complacency and over-reaction.

4. In discussion the following points were made:

a. It was wrong to over-emphasise the threat from black Africa; at present the disease was being brought into the country more from California than from Africa. The screening of immigrants was a sensitive issue but one which should not be ducked. It would be easier to take decisions in this area in the context of a major public education campaign, rather than in isolation.

b. Any submission to the Prime Minister should make due reference to action already being undertaken. For example the overseas development budget was contributing to WHO research into the disease. There had also been action on provision of a needle exchange service for drug addicts in England and Wales. At the same time the submission should disabuse Ministers of any belief that there were easy solutions such as screening; at present screening techniques were inadequate, and there was too high a margin of error in the results.

c. It was not surprising that Ministers found this a difficult issue. It was not yet clear whether a campaign against all sexual promiscuity, both homosexual and heterosexual, was required: or only a campaign towards "safe sex". Ministers would have to decide whether to launch a moral crusade against all sexual promiscuity and drug abuse, which could not be wholly successful and might even be counterproductive; to stick to a public information campaign for "safe sex" and "safe drug abuse" (the latter being a difficult concept); or to go further by actively promoting and distributing condoms and needles to drug addicts at Government expense, would be recognised as having the effect only of slowing down rather than preventing the spread of the disease.

5. Summing up the discussion, Sir Robert Armstrong said that he would consider with Sir Kenneth Stowe and the Chief Medical Officer an amended version of the draft submission, to take account of the points made in discussion. He would circulate this to those present, and would hold a further discussion of the group if necessary.

GRO - C

M C STARK

9 October 1986