

ceB1

PERSONAL AND CONFIDENTIAL

Prime Minister

Agree to proceed
as R.T.A. suggests?

Ref. A086/2990

PRIME MINISTER

Yes

AIDS

N.L.W.

22.10

The latest reports about the spread of AIDS are extremely worrying.

2. In this country there have so far been 512 cases of AIDS. For every case of the disease there are perhaps 50 people infected with the virus, most of whom are unaware of the fact, feel and look well, and are capable of spreading the virus sexually. On this basis there may be around 25,000 people in this country already carrying the infection. Of these, at least 25 per cent can be expected to develop AIDS and most of them will die. The proportion who develop AIDS may prove to be much higher. Most of those who die will be young people. If there is no change in habits and practices, particularly but not exclusively among those currently most at risk (homosexual and bisexual men and drug misusers), there could at the end of five years be half a million infected carriers, of whom a substantial number would subsequently develop the disease; and that is a sober estimate.

3. The spread of the infection will not be confined to homosexuals and drug misusers. The infection is already beginning to spread to the general heterosexual population - women as well as men. A pregnant woman who is infected can pass the infection to her child: 20 infected babies have been born in Edinburgh to women who are drug misusers or who are the sexual partners of drug misusers.

4. In the view of the Government's Chief Medical Adviser there is an urgent need for a much more substantial and forceful programme of public education than anything that has so far been undertaken. Annex A outlines some public health and moral issues. Annex B outlines what the Government have so far done or encouraged. Our advisers point out that there is no cure or vaccine in sight and only palliative treatment. The only way we know of slowing down the spread of the infection is by ensuring that the public understand how AIDS is spread and how they can avoid putting themselves or others at risk, and persuading them to act accordingly. In a matter of this gravity and urgency there is a clear and pressing need for a sustained and effective public education campaign, to persuade people, especially those particularly at risk through their behaviour, that they must modify their lifestyle. Any campaign will need to strike a balance so as to avoid appearing on the one hand to be persecuting the afflicted or to be creating the impression of a crusade against homosexuality and promiscuity, and on the other hand to encourage or condone sexual licence or drug misuse.

5. It would be possible for such a public education campaign to be mounted directly and expressly by the Government. But it is arguable that such a campaign could be mounted just as effectively, and with less risk of political embarrassment, either by the existing Health Education Council (which would need to be enhanced for the purpose) or by a new AIDS Public Education Council, consisting of people with suitable qualifications and able to command the respect and confidence both of the general public and of those to whom the campaign would be particularly addressed. Such a Council would need to be publicly financed; but the cost should not be very great, and could probably be met within the DHSS programme.

6. There are other issues of policy which the Government itself has also to consider in connection with AIDS: for example, the question of screening visitors and those returning from certain parts of the world (eg parts of sub-Saharan Africa and the United States) where the infection is especially prevalent, the problem of drug addicts and measures to stop the spread of infection from needles, the question of screening recruits to the public services (including the armed forces), the problems raised by the prospect of an increasing level of infection in the prison population. But these are in a sense secondary to the issue of public education, since other measures will be in themselves less effective unless those most at risk can be persuaded to behave differently.

7. These matters need to be addressed by Ministers urgently; and the existing machinery is not proving to be adequate for the purpose. The issues are now so difficult, urgent and politically sensitive that they need to be driven from the centre. I therefore recommend the appointment of a Committee of senior Ministers - I suggest a sub-Committee of the Home Affairs Committee - to be chaired by the Lord President, to address these issues and to take decisions.

8. The composition of such a Committee might be:

Lord President of the Council (Chairman)
Foreign and Commonwealth Secretary
Home Secretary
Secretary of State for Defence
Secretary of State for Wales
Lord Privy Seal
Secretary of State for Social Services
Secretary of State for Northern Ireland
Secretary of State for Education and Science
Paymaster General

Chief Secretary, Treasury
Secretary of State for Scotland
Minister of State, Privy Council Office

9. Its terms of reference might be:

"To consider and co-ordinate proposals for measures to limit the spread of the AIDS virus in the United Kingdom and to deal with its effects."

10. It would probably be sensible to set up a Committee of officials under Cabinet Office chairmanship to co-ordinate and expedite the preparation of proposals for consideration by the Ministerial Committee.

11. I should be grateful to know whether you are content to authorise me to proceed accordingly. In that event I will take steps to set up the Committees and to prepare to circulate as soon as possible a note of issues requiring urgent consideration, so that Ministers can give instructions for a programme of work to be undertaken without delay.



ROBERT ARMSTRONG

21 October 1986

The Mode of Spread of the AIDS Virus (HIV): Some Public Health and Moral Issue Relating to its Control

In the vast majority of instances HIV⁺ infection is transmitted from person to person in the UK in the following ways:

1. as a result of penetrative sexual intercourse (homosexual or heterosexual);
2. by blood or blood products from an infected person entering the body of another person. Since the introduction of screening of blood donations and heat treatment of Factor VIII* the principal circumstances in the UK where this happens is as a result of sharing infected syringes, needles and other equipment between drug abusers;
3. from mother to baby before or during birth.

Heterosexual Intercourse

2. HIV infection is known to pass from infected men to women as a result of sexual intercourse. For example some of the female partners of haemophiliac men who are infected as a result of therapy with Factor VIII have also become infected, as have a number of the female partners of infected drug abusers and of bisexual men. Although in Europe and the USA documented examples of transmission in the opposite direction (from female to male) have been less common they have also occurred and are likely to increase as more women become infected. In some areas of Africa, 10 to 20 per cent of both men and women in sexually

* Factor VIII is the blood clotting factor deficient in haemophiliacs

+ HIV (human immunodeficiency virus) is the AIDS virus

active age groups are infected with a virus similar to that in the UK. Spread is thought to have occurred there largely through heterosexual intercourse.

3. As in other sexually transmitted diseases, there is a clear moral aspect which can and does arouse much anxiety. Thus if a person is faithful to one sexual partner and his or her partner is also faithful to him throughout life and neither has become infected by drug abuse both will remain free of infection. To that extent, the general public can be reassured. But as from time immemorial a substantial fraction of the population has been unable to sustain mutual monogamous partnerships for life, the advice "stick to one partner", although sound from the public health point of view, is insufficient to cover all needs. It is therefore essential that there should be a second line of defence. This advice is that a condom should be used where there is any doubt whether the partner may be infected or where the partner (eg in the case of a married haemophiliac) is known to be infected.

4. It has been known for many years that a condom properly used reduces the risk of transmission of sexually transmitted diseases. It has been standard practice in the Armed Forces during and since the Second World War to make condoms freely available to personnel at least outside the UK.

Homosexual Intercourse

5. Penetrative intercourse between men is an effective means of transmission of HIV. Although such behaviour is regarded as reprehensible by many and immoral by a number of religious groups, in the UK homosexual intercourse between consenting adults (over 21) in private is lawful. As in relation to heterosexual intercourse, if a mutual monogamous relationship can be sustained throughout life there is no risk of infection. However as such relationships are currently unusual and in view

of the high prevalence of infection in this group and uncertainty about the effectiveness of condoms in these circumstances, the next line of defence is for advice that anal intercourse should be avoided. Such advice is more likely to be followed if information is also given about alternative safer sexual practices which do not involve penetrative intercourse. Such advice is being given for restricted use directed exclusively at homosexual men by the Terence Higgins Trust. When men are not prepared to abstain from anal intercourse, the use of condoms is recommended as a further line of defence. According to a recent survey, a substantial fraction of homosexual men also have sexual relations with women. Such women may become infected with HIV as may subsequent children born to them.

Drug Abusers who Inject

6. Although their use of narcotics other than on prescription is illegal, narcotics and other psycholeptic drugs are widely used and injected. The use of infected syringes and needles is probably the most dangerous of the current risky practices that lead to transmission of the virus. A single experiment with someone else's needle may be sufficient to transmit infection.

7. The deplorable situation that has to be faced from the public health point of view is that there is now a substantial reservoir of infection among drug abusers of both sexes, notably but not exclusively in Scotland, and that this infection is spreading to sexual partners and babies. HIV infection is more often fatal than most types of drug abuse and a greater risk to the health of the public at large.

8. The first line of advice to the public must be "do not abuse drugs", followed by - "do not abuse drugs by injection", but there is an essential further line of advice - "if you inject, do not share equipment". Further - "if you inject drugs

and know you are infected with HIV, avoid penetrative intercourse, and if that is not possible, use a condom".

9. But there are other dilemmas with legal and moral implications. It has been suggested that one factor in the rapid spread of HIV in Edinburgh's drug misusers as compared with Glasgow's may have been a more strict enforcement of the law by the police in respect of the "small user" in the former city. In order to avoid being found carrying a syringe, misusers are said to have resorted to sharing syringes in groups in houses known as "shooting galleries".

10. A redirection of police activity exclusively to "pushers" and away from the "small user" may therefore be indicated together with (as the Scottish Advisory Committee has recommended to the Secretary of State for Scotland) medical support including the provision of clean equipment on an exchange basis for misusers who cannot abstain.

Stigma and Driving the Infection Underground

11. A double stigma attaches to AIDS and HIV infection. First there is the stigma attached to any sexually transmitted disease and secondly that attached to homosexuality and to drug abuse. When persons who suffer from or are carriers of a communicable disease are stigmatised, control of the spread of infection becomes more difficult. If the groups particularly at risk feel they will be the subject of hostility or discrimination or prosecution they will be less likely to come forward for advice and to co-operate on adopting safer behaviour from the public health point of view and at worst will go underground. This is why strict confidentiality in respect of diagnostic information about HIV is essential and why it is so important that those able to give authoritative advice should maintain good working relationships with the gay community.

12. In the field of drug abuse the majority of injectors are currently rarely if ever in contact with support services and it is difficult to bring advice or hygienic direction home to them. There may be a need to consider providing support for drug misusers who refuse to abstain, and altering police policy on the confiscation of syringes. This "underground" reservoir of infection constitutes a very substantial public health risk which is growing.

Infected Babies and Children

13. About half of the children born to infected mothers are themselves infected. It is not known what proportion will survive puberty, but current experience is that they fail to thrive and mortality is high. So far as is known they are likely to be infectious sexually should they survive until sexual maturity. There are also over a hundred haemophiliac boys infected as a result of contaminated Factor VIII. Many will die of AIDS but some have survived puberty. They are sexually infectious and must be advised not to have children. The predicament of these children illustrates the complexity of the moral and public health issues involved, and the gravity of the implications of the spread of the HIV infection. At present the only means we have to protect children is to use the measures mentioned above to stop the spread of infection among adults of both sexes.

Statutory Notification* and Quarantine

14. In the UK AIDS cases are reported to CDSC on a voluntary basis by doctors on the understanding that the personal

*There is a statutory requirement on all doctors to notify certain specified diseases (about 30 in all) to the "proper officer" of the local authority. Notifications are then passed to the Office of Population Censuses and Surveys for its health statistics and to the Commonwealth Diseases Surveillance Centre.

particulars are strictly confidential. Positive antibody tests are reported on a similar basis. Both systems work well. Statutory notification eg as for cholera and typhoid would confer no advantage: unlike those conditions, in HIV infection and AIDS no means short of compulsory isolation for ever for all infected carriers (see paragraph 15) would control the spread of infection. Indeed, in view of the implications of statutory notification regarding confidentiality, its introduction could result in a decline in the number of cases reported.

15. Quarantine (isolation of those suffering from infectious communicable disease) is used in such conditions as smallpox and African haemorrhagic fevers where relatively brief periods of intense infectivity occur. In HIV infection, where persons remain infectious in sexual terms for many years, perhaps for life, such isolation would clearly be impracticable, even if the majority of "healthy" carriers could be identified by testing. Pressure on people thought to be at risk to come forward for testing in such circumstances would tend to cause the condition "to go underground".

Government Action on AIDS

1. This note sets out (a) the public education measures taken in the UK, (b) criticism made of the UK campaign, and the measures taken in other countries and (c) briefly outlines the Government's programme of action as a whole.

(a) The Public Education Campaign

2. £2½ million has been allocated to the public education campaign (£½ million in 1985/86 and £2 million in 1986/87).

3. The campaign has three main elements:

i. A comprehensive booklet produced by the Health Education Council AIDS: What Everybody Needs to Know. This is available on application from individuals or organisations. About 600,000 copies have so far been printed.

ii. A telephone advisory service, the Health Line, run by the College of Health. In the busiest weeks over 2,500 phone calls have been dealt with.

iii. Press advertising. Four rounds of advertising have been held, the latest in September. The advertisements have been kept factual and low key, the aim being to provide general information rather than to emphasise any specific message. The September advertisements have, however, been more direct in their approach and have focused on the questions of how to avoid AIDS and what constitutes risky behaviour.

Other Measures of Public Education

4. Several other measures to increase public awareness of the problem have been taken, including:

i. Several voluntary bodies funded by the Government, notably the Terence Higgins Trust and the Standing Conference on Drug Abuse, have produced literature aimed at at risk groups: homosexuals and existing and potential drug misusers.

ii. The issue of guidance material for health professionals, local authority staff, civil servants, diplomatic service staff and schools; guidance for employers is being prepared by the Department of Employment.

iii. Leaflets are issued to all blood donors.

iv. The advisory leaflet, SA35, issued to Britons, travelling abroad, is being expanded to include a section on AIDS.

v. The assistance of press and television journalists has been sought on the most effective way of putting the message across.

vi. As part of the anti-drugs campaign, a radio advertisement is being prepared warning of the risks of sharing needles and other equipment.

vii. The Department of Education and Science has issued guidance for LEAs, teachers and schools concerning the care of infected pupils and the teaching to be offered to all pupils. It recommends that the basis of any teaching offered should be the presentation of straightforward

factual information about the virus and about modes of transmission of infection in order to balance the incomplete and inaccurate impression which pupils may have gained from other sources.

5. There have also been separate initiatives in Scotland, Wales and Northern Ireland and at local level in a number of areas.

(b) Adequacy of Present Campaign

6. In July the College of Health published a report criticising the Government campaign for being "too little, too late". It was claimed that £62 million not £2 million was needed for health education. The Government's expert advisers have also criticised the limited nature of the campaign. There has been some public concern on the question of screening overseas students and others travelling to this country from countries where AIDS is especially prevalent.

7. Other activity undertaken in other countries but not yet in the UK:

Universal leaflet drop (to every household)
TV/Cinema Advertising
Posters
Leaflets on Public Display
Condom Advertising

(c) Government Action in the UK

8. In addition to the public education campaign action has been taken on a number of fronts to combat the spread of AIDS:

i. Screening of blood donations, heat treatment of blood products and the provision of testing facilities for individuals.

ii. Allocation of extra funds to the three NHS Regions meeting the bulk of AIDS cases; establishment of counselling courses for NHS staff.

iii. Funding of research projects by the Medical Research Council and direct support for epidemiological research by the Health Departments.

iv. Funding of a number of voluntary bodies.

aids ?
v. Support from the civil budget for the WHO programme for the prevention and control of AIDs.

PERSONAL AND CONFIDENTIAL



file LB
204AHC

10 DOWNING STREET

From the Principal Private Secretary

SIR ROBERT AMRSTRONG

AIDS

The Prime Minister has now studied your minute of 21 October in which you recommend the appointment of a Committee of Senior Ministers, in the form of a Sub-Committee of the Home Affairs Committee, to be chaired by the Lord President to discuss the issues described in your minute and to take decisions. You suggested, too, that a supporting Official Committee under Cabinet Office chairmanship should be established.

The Prime Minister agrees that you should proceed as you suggest and in particular that the Ministerial Committee should be established composed as you propose in paragraph 8 of your minute.

The Prime Minister will want to be kept in the closest touch with the deliberations of the Committee.

N. L. WICKS

23 October 1986

LB



hite.

10 DOWNING STREET
LONDON SW1A 2AA

From the Private Secretary

SIR ROBERT ARMSTRONG

AIDS

The Prime Minister has seen your minute of
21 October and is content with your proposals.

P.A. BEARPARK

23 October 1986

PERSONAL AND CONFIDENTIAL