Foundation for Alcohol Research & Education

31 August 2018

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Research Australia
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Dear Mr Mullins

SUBMISSION TO RESEARCH AUSTRALIA IN RELATION TO THE MEDICAL RESEARCH FUTURE FUND

The Foundation for Alcohol Research and Education (FARE) welcomes the opportunity to share our ideas to Research Australia in relation to the Medical Research Future Fund (MRFF).

Alcohol is a harmful product, responsible for nearly 6,000 deaths and 157,000 hospitalisations each year.[i] It is associated with more than 200 health conditions from heart disease to cancer and other chronic health conditions. Alcohol contributes to short term harms such as injury and falls, and is implicated in large numbers of suicides and alcohol poisonings.[ii]

Alcohol also contributes to significant harm to people other than the drinker. These harms include acts of violence on our streets and in our homes, road traffic accidents, homicides, child maltreatment and neglect and lost productivity. As a result of other people's drinking, there are more than 360 deaths, 14,000 hospitalisations and 70,000 victims of alcohol-related assault each year.[iii] More than one million Australian children are affected in some way by others' drinking, 140,000 are substantially affected and more than 10,000 are in the child protection system because of a carer's drinking.[iv]

FARE is an independent not-for profit organisation working to stop the harm from alcohol. As an organisation committed to the development of evidence-based policy, high quality research and evaluation is fundamental to the way that FARE operates. Under our strategic plan FARE has committed to undertake and communicate strategic research that leads to evidence-based alcohol policy change, in order to stop alcohol harm. FARE funds and partners with university researchers and government research councils and provides financial support to the Centre for Alcohol Policy Research.

We, hereunder, provide a response to two of the questions posed by Research Australia in relation to the MRFF:

Is the current balance in spending between the different Strategic Platforms right? If not, how can the next Priorities be used to influence this balance?

A greater proportion of funding should be allocated to public and preventive health, including implementation research and high quality evaluation efforts for public and preventive health.

Treating chronic diseases costs the Australian community an estimated $27 billion annually, accounting for more than a third of our national health budget. Cost-effective preventive health interventions based on high quality research would have a significant impact on the rates of chronic disease in the country and realise savings in the health budget. Yet only $10 million of research funding from the MRFF is quarantined for "Boosting Preventative Health research", vastly disproportionate to the potential benefit of improvements in the area.

Last year, a La Trobe University and Prevention 1st report, *Preventive health: How much does Australia spend and is it enough?*, was released. This report showed that Australia currently only spends around $2 billion or $89 per person per year on prevention, representing 1.34 per cent of all health spending and 0.13 per cent of gross domestic product (GDP).[v] Our commitment to preventive health expenditure lags behind Canada, New Zealand and the United Kingdom, with Australia ranked 16th out of 31 OECD countries by per capita expenditure.

There is clear evidence that many preventive health interventions are cost-effective. This is because the cost of the intervention is offset by savings resulting from a reduced need to treat disease.[vi]

However, Australia needs better structures and more investment to successfully implement preventive health interventions and monitor their outcomes.[vii] Some well-placed strategic investment in implementation research in this field could not only maximise return on investment for the government, but also leverage other Australian Research Council and National Health and Medical Research Council investments in chronic disease research (such as cancer, heart disease, obesity and diabetes).

There is a strong economic imperative to move away from a purely curative framework towards preventing diseases from occurring in the first place. The Australian Government is missing an opportunity to increase return on research investment by not investing in implementation research for public and preventive health. FARE recommends that a defined proportion of the MRFF should be set aside for public and preventive health research, implementation research, and evaluation in preventive health.

Does research into Public and Preventive Health have a place in the MRFF? If so, what does this look like, and what should it fund?

For decades, Australia has been a leader in preventive health introducing measures such as seat belts in cars, improving road safety, ceasing asbestos use, implementing vaccination schedules and abolishing tobacco advertising. However, this bold leadership of previous decades has stalled.

Australia's health budget is being overwhelmed by the costs of managing chronic diseases. These long term, debilitating conditions include cardiovascular diseases, cancers, diabetes, musculoskeletal conditions and mental health conditions. They are the leading cause of illness, disability and death in Australia, accounting for 90 per cent of all deaths.[viii] Yet a third of chronic disease is preventable through four modifiable risk factors: tobacco use, alcohol consumption, physical inactivity and an unhealthy diet.[ix]

Action to address these risk factors as part of the MRFF will lead to a reduction in chronic disease and prevent the conditions from occurring entirely. FARE advocates wholeheartedly for Public and Preventive Health to have a significant place in the MRFF.

Please do not hesitate to contact me or my research manager Dr Melanie Pescud on 02 6122 8600 or melanie.pescud@fare.org.au if you would like further information about this submission.

Yours sincerely

MICHAEL THORN
CHIEF EXECUTIVE

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