

29 June 2018

House Standing Committee on Employment, Education and Training
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To the House Standing Committee on Employment, Education and Training

SUBMISSION TO THE INQUIRY INTO THE EFFICIENCY, EFFECTIVENESS AND COHERENCY OF AUSTRALIAN GOVERNMENT FUNDING FOR RESEARCH.

The Foundation for Alcohol Research and Education (FARE) and the Centre for Alcohol Policy Research (CAPR) at La Trobe University welcome the opportunity to provide a submission to the inquiry into the efficiency, effectiveness and coherency of Australian Government funding for research.

Alcohol is a harmful product, responsible for nearly 6,000 deaths and 157,000 hospitalisations each year.¹ 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.²

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.³ 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.⁴

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, research 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.

The Centre for Alcohol Policy Research at La Trobe University is an innovative, world-class public health research centre at the forefront of informed alcohol policy development. The Centre examines alcohol-related harm and the effectiveness of alcohol-related policies. It receives funding from FARE and La Trobe University.

1. Research funding should not be allocated by government outside of the peer review process

FARE's position is that research funding should be allocated only after a rigorous and formal peer review process.

At present, alongside the dual funding system for university research, discretionary research grants are given, often by government ministers at budget time, bypassing the peer review process.

While not perfect, peer review processes have been established to ensure research excellence, transparency and fairness. Bypassing the system risks public money being spent on research, which is methodologically flawed and/or ethically unsound. There is also a significant risk that it will duplicate research or infrastructure that is already underway, rather than leveraging current research and infrastructure to advance the existing knowledge base. It is crucial that this situation is avoided, including for the Medical Research Future Fund.⁵

The review process undertaken by the National Health and Medical Research Council (NHMRC) and the Australian Research Council (ARC) can be drawn upon in terms of best practice for rigorous peer review processes.

Recommendation: Australian Government funding for research should only be allocated after a rigorous and formal peer review process.

2. There are opportunities to reduce inefficiency in research grant application processes

The success rate for research grant applications in Australia has declined significantly since the 1980s, and is now estimated to be less than 15 per cent.⁶ This has led to frustration within the research community due to the low return on investment for the time spent developing and reviewing grant applications.⁷

FARE's position is that there is an opportunity to modify the method of assessing research grant applications in order to reduce this inefficiency so that researchers can spend more time producing high quality research.

One option would be to introduce a preliminary expression of interest round to the ARC National Competitive Grants Program, and similar programs, in which brief research proposals are triaged, and a much smaller pool of applicants are then invited to submit fully fledged proposals.

The expression of interest round would still need to be peer reviewed, but this should not create extra burden upon peer reviewers because full applications would subsequently be reviewed in much lower volumes.

Recommendation: That the Australian Government to modifies the ARC National Competitive Grants Program, and any other similar programs, by introducing a two-stage process consisting of a preliminary “expression of interest” round prior to full applications being invited from successful applicants. Both stages should be peer reviewed.

3. The Australian Government is missing an opportunity to increase return on research investment

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.⁸

However, Australia needs better structures and more investment to successfully implement preventive health interventions and monitor their outcomes.⁹ Some well-placed strategic investment in implementation research (including policy implementation and implementation science) in this field could not only maximise return on investment for the government, but also leverage other ARC and NHMRC 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 preventive health.

FARE notes that NHMRC is out of scope for this inquiry, but that the ARC also funds disease prevention research.

Recommendation: A defined proportion of federal research funding should be set aside for implementation research and evaluation in preventive health.

4. Financial reward for collaborating with industry risks deprioritising preventive health

FARE is concerned about the tendency for the government to prioritise collaboration with ‘industry’ and the commercial potential of research in its research funding processes.

While collaborating with industry and commercialisation of research can be very effective and desirable in some research sectors, an undue focus on industry collaboration runs the risk of deprioritising preventive health research, and worse fostering inappropriate relationships with vested interests.

The nature of preventive health research is to study how the social, economic and natural environment affect health outcomes and behaviours, and to work with governments to use this information in public policy. This means that it is often unsuitable for commercialisation.

In preventive health, the industry sector does not provide many natural collaborators; conflicts of interest usually prevent collaboration with relevant industries. This position is supported by the World Health Organization (WHO). WHO has stated in the clearest possible terms, that alcohol policy development should be free from industry influence. In 2013, Dr Margaret Chan, then Director General of the WHO, stated that “In WHO’s view, the alcohol industry has no role in formulating policies, which must be protected from distortion by commercial or vested interests”¹⁰.

Recommendation: The Australian Government should ensure that preventive health research is not negatively impacted by a prioritisation of industry collaboration or the potential for commercialisation of research.

Both FARE and CAPR would welcome the opportunity to provide further information to the committee.

If you would like further information about this submission or the matter raised, in the first instance, please contact FARE's Research Manager, Dr Melanie Pescud on 02 6122 8600 or melanie.pescud@fare.org.au.

Yours sincerely



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¹ Gao, C., Ogeil, R.P., & Lloyd, B. (2014). Alcohol's burden of disease in Australia. Canberra: FARE and VicHealth in collaboration with Turning Point.

² World Health Organization (WHO). (2010). *Global strategy to reduce the harmful use of alcohol*. Geneva: WHO. Retrieved from: http://www.who.int/substance_abuse/alcstratenglishfinal.pdf?ua=1

³ Laslett, A-M., Catalano, P., Chikritzhs, T., Dale, C., Dora, C., Ferris, J., Jainullabudeen, T., Livingston, M., Matthews, S., Mugavin, J., Room, R., Schlotterlein, M. & Wilkinson, C. (2010). *The range and magnitude of alcohol's harm to others*. Fitzroy, Victoria: Centre for Alcohol Policy Research, Turning Point Alcohol and Drug Centre, Eastern Health, and the Foundation for Alcohol Research and Education.

⁴ Laslett, A. M., Mugavin, J., Jiang, H., Manton, E., Callinan, S., MacLean, S., & Room, R. (2015). The hidden harm: Alcohol's impact on children and families.

⁵ See associated commentary from Professor Anthony Jorm of the University of Melbourne: Jorm, A. F. (2018). The other source of government funding for medical research that needs reform. *The Medical journal of Australia*, 208(3), 104-105.

⁶ This figure relates to NHMRC applications. FARE notes that NHMRC funding is not in scope for this consultation, but nevertheless this figure gives a useful indication of application success rates. Jorm, A. F. (2018). The other source of government funding for medical research that needs reform. *The Medical journal of Australia*, 208(3), 104-105.

⁷ See Herbert, D.L., Barnett, A.G., Clarke, P. et al (2013). On the time spent preparing grant proposals: an observational study of Australian researchers. *BMJ Open* 3. doi: 10.1136/bmjopen-2013-002800; Herbert, D.L., Barnett, A.G., & Graves, N. (2013). Funding: Australia's grant system wastes time. *Nature* 495, 314. Retrieved 27/06/2018 from: <https://www.nature.com/articles/495314d>

⁸ Vos, T., Carter, R., Barendregt, J., Mihalopoulos, C., Veerman, L., Magnus, A. et al (2010). *Assessing cost-effectiveness in prevention (ACE-Prevention): Final Report*. Brisbane: University of Queensland; Melbourne: Deakin University.

⁹ Jackson, H. & Shiell, A. (2017). *Preventive health: How much does Australia spend and is it enough?* Melbourne: La Trobe University & the Australian Prevention Partnership Centre.

¹⁰ Chan, M. (2013). WHO's response to article on doctors and the alcohol industry: an unhealthy mix? *BMJ* 346:f2647.