

About DrinkWise Australia and its interest in the McKeon Review

DrinkWise Australia is a public not-for-profit company limited by guarantee. It was established in 2005 to effect a generational change in the way Australians drink by challenging current social norms and patterns of drinking which lead to alcohol associated harms, and developing new, positive norms that encourage the adoption of a healthier and safer drinking culture.

Our vision is to improve the drinking culture so that consuming alcohol too young and to excess is not considered desirable. We do this through national information and education campaigns and through the provision of practical resources that inform and support the community about alcohol use. We realise however, that this vision will not be achieved through our interventions alone; DrinkWise is committed to working with partners to raise awareness about the patterns of drinking that lead to harm.

At present DrinkWise is wholly and voluntarily funded by industry, although between 2007 and 2010 a significant proportion of its funding was contributed by the Commonwealth Department of Health and Ageing.

DrinkWise Australia has a robust governance structure in keeping with Australian Institute of Company Directors standards. Its Board brings diversity and skills that include public health policy, psychiatry, law enforcement, education, communications and industry. The Chair is selected from the pool of broader community members; with industry members being CEO's and Managing Directors selected from across the producer, retail and licensed venue sectors. This Board structure ensures that DrinkWise's policies and programs reflect the best available evidence, and that industry understands and supports the outcomes achieved through its investment. The Research Committee of the Board is chaired by Emeritus Professor Robert Goldney MD, FRANZCP, FRCPsych along with committee members Emeritus Professor Richard Smallwood AO, MBBS, MD, FRACP, FRCP, FACP (Hon) and Mr Terry Slater, BSc, Bsc, MPH, FAIM. The committee is very active and is expertly supported by researcher Liz Furler.

DrinkWise Australia has unparalleled access to and influence within all sectors of the industry which is essential for ensuring the industry-wide cooperation and effort required to achieve the outcomes we are seeking. However, DrinkWise is a health promotion agency and does not:

- represent the opinions and interests of the alcohol industry, nor
- operate as a mouthpiece for the industry in any public policy debates.

DrinkWise Australia has a four-fold interest in the potential strategic directions for health and medical research over the next ten years:

1. As an end-user. As an evidence-based health promotion organisation, DrinkWise relies on robust research and clinical advice in the fields of public health, health promotion, neuroscience, epidemiology, child and adolescent psychology, and health economics. In addition, it relies on Australia's capability for multidisciplinary applied research which is increasingly necessary if we are to effectively tackle complex public health problems such

as how to change patterns of drinking among population sub-groups which lead to alcohol associated harms;

2. As a potential “live” test-bed. DrinkWise is a national purchaser and/or manager of strategies and interventions that, with careful planning and coordination lend themselves to rigorous independent evaluation and applied policy-driven research in partnership with academics and government;
3. As a data-collector. DrinkWise commissions the collection of data as part of its strategic and business planning, product development and evaluation. It is keen to see these data contribute wherever possible to the broader public good and national health research effort; and
4. As a funder of research and data analysis. Since 2005, as part of its core business, DrinkWise has provided a number of unencumbered grants to the academic and research community that have produced peer-reviewed published articles and key monographs. This investment will continue under the current DrinkWise strategic plan. Wherever possible DrinkWise is keen to ensure that its investments complement national priorities, add value and fill gaps.

This submission from DrinkWise Australia does not summarise the evidence pointing to the fact that, in Australia alcohol is a major contributor to preventable illness and death; there is enduring and widespread social harm associated with excessive alcohol consumption, and the financial costs to the health system and to Australia’s social fabric and productivity is significant. This submission takes as a given that, over the next ten years it is critical that we delay the age at which young people commence drinking in Australia and that we make sustainable changes to the patterns of drinking which lead to alcohol associated harms. To achieve these outcomes will require inter-sectoral action, partnerships that include *inter alia* industry and business, multiple strategies and highly customised interventions targeting particular segments and subgroups in the Australian population.

In particular, we would make the point that the highest priority in the research area DrinkWise is concerned with is not research to discover what we must do; there is widespread agreement about what needs to be done. The highest priority is for applied policy-driven research that helps us understand what interventions work best, for which population sub-groups and under what conditions in our quest to delay the age at which young people commence drinking in Australia and make sustainable changes to the patterns of drinking which lead to alcohol associated harms.

This is the context for DrinkWise Australia’s comments against three of the questions posed by the McKeon Review Panel in its call for submissions:

- How might health and medical research be best managed and funded in Australia?
(Terms of Reference 2, 3 and 7)

- What are the health and medical research strategic directions and priorities and how might we meet them?
(Terms of Reference 5, 12 and 13)
- How can we optimise translation of health and medical research into better health and wellbeing?
(Terms of Reference 4, 8, 9, 10 and 11)

Please note that DrinkWise Australia's submission focuses on these two questions as they relate to strategic or applied policy-driven research rather than investigator-driven research.

How might health and medical research be best managed and funded in Australia (Terms of Reference 2, 3 and 7) and how can we optimise translation of health and medical research into better health and wellbeing (Terms of Reference 4, 8, 9, 10 and 11)

It may be inappropriate to propose a "one size fits all" approach to the funding and management of all health and medical research in Australia. Ideally structure and form follows function and it may be useful to specify principles and standards that should inform a variety of national arrangements for the management and funding of health and medical research in specific areas or sectors, which can be designed and implemented once it is clear what needs to be achieved over the next ten years. Innovative sector specific arrangements can themselves be trialled and evaluated to inform future strategic planning.

From the perspective of DrinkWise Australia, there is great potential to leverage the excellent national architecture that already exists in the area of alcohol and health outcomes (e.g. NCETA and NDARC) to:

- Establish consensus about the key questions which, if we had answers to (through research) would make the greatest contribution to successfully delaying the age at which young people commence drinking in Australia and making sustainable changes to the patterns of drinking which lead to alcohol associated harms;
- Augment government funding for research in this area by leveraging investment from relevant industry groups and business. This has the potential to create a significantly larger pool of funding to support research linked to the agreed priority questions, and for building capacity for multidisciplinary research;
- Assist with the specification of financial and non-financial incentives to encourage industry and business to invest in this area. The incentives should be designed in consultation with industry and business, as should the method of evaluating and reporting on the return on their investment;
- Establish and promulgate best-practice guidelines for entering into partnerships with industry and business for the purposes of applied, policy-driven research in the area of alcohol and health outcomes. These should be developed in consultation with all stakeholders (health and business/industry) to protect the primacy of the focus on health and social outcomes. This is necessary because at present in Australia there exists, among some key

public health advocates antipathy towards members of the academic and practitioner communities who work with bodies such as DrinkWise which are funded wholly or in part from industry. To both attract funding from industry for research purposes, and to ensure industry and business play an effective and realistic role in minimising risks to health from early and excessive consumption of alcohol, this antipathy and suspicion must be overcome in much the same way as the Australian Government is currently approaching the challenge of building an alliance of industry and business groups willing to invest in schooling at a systemic level

<http://www.deewr.gov.au/Schooling/Documents/RoundtableReport.pdf>

- The first step is the development of shared best-practice guidelines through an important process of consultation and involvement of all stakeholders;
- Identify and support multidisciplinary capacity to undertake applied policy-driven research in this sector that cuts across old institutional and jurisdictional divides;
- Drive partnerships between government, government agencies and non-government bodies such as DrinkWise Australia which are focused on reducing harm;
- Provide the basic building blocks for national governance structures and processes that are inclusive, and keep “bench and field” together at the table focused on the questions which the research is seeking answers to over the next ten years. Brendan Gibson’s 2004 PhD thesis *From Transfer to Transformation: Rethinking the Relationship between Research and Policy* <https://digitalcollections.anu.edu.au/handle/1885/47083> identifies the critical role played by inclusive national structures and processes that keep “bench and field” together for the long haul, for fostering relevant policy-driven research and maximising the impact which the findings have on policy and practice in relatively short time frames;
- Provide a “home” for the researchers who win funding through competitive investigator-driven grant processes for proposals that are potentially relevant to the research questions being pursued through applied policy-driven research programs. This would help ensure that the implications for current policy and practice of any promising research are considered rather than lost from sight;
- Ensure that the strategies and community interventions being planned and rolled out by bodies such as DrinkWise Australia are considered for their potential to support the collection of data, robust independent research and evaluation funded through other sources;
- Ensure that the quality, relevance and usefulness of applied policy-driven research funded over these next ten years is evaluated in consultation with end users, and reported on in the public domain; and
- Explore, as a matter of priority how the new population health data linkage capacity in Australia, seed funded by NCRIS can be leveraged to monitor and report on the effects of exposure to alcohol and patterns of drinking on health and social outcomes, provide a platform for more cost effective evaluation of strategies and interventions, and support both a stronger policy-driven applied and investigator-driven research effort in the next ten years.

What are the health and medical research strategic directions and priorities and how might we meet them? (Terms of Reference 5, 12 and 13)

The above comments make it clear that DrinkWise Australia advocates funding and management structures and processes that are tailored to actively support and drive the research agenda, and encourage investment from non-government sources such as industry and philanthropy.

At the same time it will be very important that, over these next ten years Australia implements a research agenda and builds multidisciplinary research capability that cuts across the orthodox “silo’d” approached characterised by much research focused on specific risk factors such as alcohol, tobacco and obesity.

It is becoming increasingly clear that the same communities and sub-population groups in Australia bear a disproportionate burden of disease and disability, and that low socio-economic status (however measured) plays an important role in this picture

<http://www.publichealth.gov.au/inequality-graphs/monitoring-inequality-in-australia-introduction.html>

In addition, evidence is emerging that this must be taken into account when planning effective intervention strategies to tackle exposure to risk factors such as early onset of drinking among children and young people. For example, in 2011 a Cochrane Review found that school programs that work best at preventing youth drinking problems are not specifically about alcohol at all, but instead target problem behaviour more generally (Foxcroft, D. R. and Tsertsvadze A. Universal school based prevention programs for alcohol misuse in young people. Cochrane Database of Systematic Reviews: 2011, 5, Art. No.: CD009113).

In 2011 NHMRC funded Prof John Wiggers and his team (School of Medicine and Public Health, University of Newcastle) to conduct a cluster randomised controlled trial commencing in 2012 to examine the effectiveness of a resilience intervention in reducing smoking and alcohol consumption in a cohort of adolescents attending high schools located in disadvantaged areas. This will build on the conclusion of reviews such as the aforementioned, that school-based programs that promote the mental well-being of young people offer the most promise. In particular, a resilience-focused approach is suggested to have merit.

In line with this evidence such as this, DrinkWise Australia supports a ten year strategic plan for health and medical research in Australia that drives a concerted national effort to apply the SES lens wherever appropriate. More granular detail in the knowledge produced about “what works best, for which groups and under what conditions” is essential if we are to make a breakthrough in achieving improved health and social outcomes for all Australians.

Historically, Drinkwise has been aware of the need and circumstances for improved outcomes within Indigenous communities.

Drinkwise understands the need for partnerships with Indigenous communities for early intervention to tackle inappropriate drinking patterns. We understand this is a separate health issue in its own right and requires research and action accordingly. Drinkwise has developed practical and efficient multi-group partnerships specifically designed to this end and is willing to discuss this with you further.

Conclusion

In summary,

DrinkWise Australia submits that in the next ten years, for health and medical research that relates to early and excessive consumption of alcohol and health outcomes there are significant opportunities to:

- Implement partnerships between government, government agencies, industry and business that have the potential to strengthen applied policy-driven research;
- Trial innovative and inclusive governance structures and processes that drive a relevant research agenda and optimise the translation and uptake of findings into policy and practice; and
- Systematically apply the SES lens wherever possible to produce the more precise information needed if we are to improve health outcomes for all Australians.

Mike McKay

Chief Executive Officer
DrinkWise Australia
www.drinkwise.org.au