



Lung Foundation Australia

2022-2023 Pre-Budget Submission

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Key recommendations

The 2022-2023 federal budget presents an exciting opportunity for the Australian Government to invest in Australians health and build back stronger as we move into a new phase of the COVID-19 pandemic.

Lung Foundation Australia's recommendations align with the Australian Government Department of Health's National Strategic Action Plan for Lung Conditions, and can drastically improve the lives of Australians, reduce the burden on the health system, and create a healthier and more productive society.

We recommend:

1. Invest \$15.4million in dedicated specialist lung cancer nurse positions across Australians
2. Increase Lung Foundation Australia's capacity to support Australians through long-COVID with an investment of \$700,000
3. Additional funding to continue piloting and testing the evidence-based and life-saving national targeted lung cancer screening program
4. Funding to target a reduction in occupational lung disease and provide support for workers with an existing condition, at \$4.66million over 3 years
5. Address research inequities through funding a dedicated MRFF Respiratory Health Mission at \$500,000 in this budget
6. Funding for the National Tobacco Strategy
7. Develop a National Strategic Action Plan for Air Quality at \$500,000

Now more than ever we need to support those Australians living with a lung disease, including long-COVID, and take action that will reduce the risk of others developing lung conditions that are having a huge impact on health and wellbeing, and causing a huge strain on our already burdened health system.

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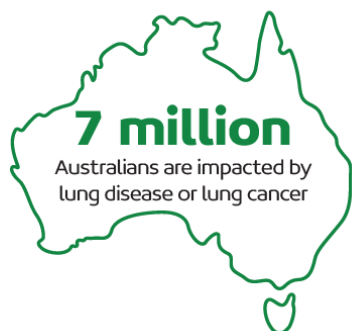
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About Lung Foundation Australia

Lung disease in Australia



What we do

Lung Foundation Australia is the only national charity and leading peak-body dedicated to supporting anyone with a lung disease including lung cancer. For over 31 years, we have been the trusted national point-of-call for patients, their families, carers, health professionals and the general community on lung health.

Our mission is to improve lung health and reduce the impact of lung disease for all Australians. We will continue working to ensure lung health is a priority for all, from promoting lung health and early diagnosis, advocating for policy change and research investment, raising awareness about the symptoms and prevalence of lung disease and championing equitable access to treatment and care.

There are over 30 different types of lung disease currently impacting 1 in 3 Australians. Lung disease is also our nation's second leading cause of death, taking more lives than dementia and diabetes, yet until COVID-19 caused a renewed focus on lung health and the necessity to breathe freely, it has consistently been underfunded compared to other prominent diseases.

In 2020-2021:

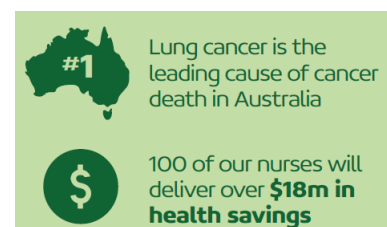
- 902,944 people connected with resources, support services and programs via our website
- 24,484 people accessed our online Lung Health Checklist.
- 3,222 health-related enquiries to our Information and Support Centre.
- 41 new trained consumer advocates.

Priorities for the Australian Government Federal Budget 2022-2023

Priority 1: Invest \$15.4million to fund dedicated specialist lung cancer nurse positions across Australia

These specialised nurses will support the 20,000 Australians who are living with lung cancer and can guide these patients and their families through the health system and their cancer journey.

Specialist Lung Cancer Nurses are desperately needed by the many Australians living with lung cancer currently, who have unmet needs, lower quality of life and poorer outcomes. This investment will fund 100 nurses, and support nearly half of the Australians living with lung cancer.



Why does Australia need specialist lung cancer nurses?

The management of patients with lung cancer is complex, requiring multidisciplinary care to ensure patients receive timely treatment leading to the best outcomes. While a multi-disciplinary team (MDT) review is the gold standard for determining a patient’s diagnosis, cancer staging, and subsequent treatment plan¹, and evidence shows that around 55% of lung cancer patients were reviewed by MDT’s, and none of those MDT’s had a participating specialist lung cancer nurse. This is not acceptable care. Specialist lung cancer nurses, like breast cancer and prostate cancer nurses, are proven to facilitate crucial care and support for people diagnosed with cancer, by ensuring:

- Timely patient access to treatment and navigation of complex needs – by helping patients through avoidable and unavoidable health system delays.
- Increased receipt of anti-cancer therapy – principally through holistic assessment practice.
- Decreased inadvertent and avoidable hospital admissions – through timely accessibility via phone or in-person support and guidance.
- Increased health-related quality of life in the post-treatment to end of life phase.

Each year over 13,000 Australians are diagnosed with lung cancer, and they need support to navigate the healthcare system and throughout their cancer journey². Our nurses will ultimately aid in improving health outcomes for patients with lung cancer, including smoking cessation, and will be an invaluable part of the health system.

Table 1: Lung, breast, and prostate cancer comparison^{3 4 5 6 7 8}

	Disease burden (of all disease)	Cancer related disease burden	Number of DALYs	5-year survivorship	Cause of death (of all disease)	Cancer related cause of death	Number of deaths	Number of specialist nurses	Commonwealth funding for nurses since 2019
Lung Cancer	#5	#1	159,723	20%	#4	#1	8,739	Approx. 12	\$900,000
Breast Cancer	#17	#3	71, 248	92%	#12	#4	3,243	440+	\$30 million
Prostate Cancer	#23	#5	51,305	95%	#9	#3	3,582	80+	\$23 million

Priority 2: Increase Lung Foundation Australia's capacity to support Australians through long-COVID with an investment of \$700,000.

Australians understand, now more than ever, that our respiratory health determines how we live and work. As Australia transitions to the new 'COVID normal' there is a growing population of Australians who will experience long-COVID and ongoing respiratory health impacts. We are the peak lung health organisation and are best placed to deliver a comprehensive program of work and research to support Australians over these challenging years.

An investment of \$700,000 per year for three years which will fund a range of activities to support Australians experiencing long-COVID, and Australians who have concerns or need support managing their pre-existing lung disease in a COVID-19 world.

Why should Lung Foundation Australia deliver this work?

- We are the national peak body for lung health, and COVID-19 is a disease that attacks the lungs
- Over 200,000 Australians have had COVID-19, and the extent and severity of the long-term respiratory complications from COVID-19 infection remain to be seen, but emerging data indicates that many patients experience persistent respiratory symptoms months after their initial illness.
- 1 in 3 Australians have a respiratory disease, and evidence shows that people with a pre-existing condition may experience worse symptoms if they contract COVID-19.
- We are trusted by the community and have already been a source of evidence-based and reliable information
 - Lung Foundation Australia saw a 62% increase in website traffic during the peak of the pandemic
 - Lung Foundation Australia had over 134,000 visits to our digital COVID-19 resources and information
- We have seen an increase in calls to our free national phone service by Australians with pre-existing conditions who are concerned about what COVID-19 means for their lung health, as well as both patients and carers who are reporting distress
- We have an already established COVID-19 support group which is integrated to our long-established best-practice network of peer support – this was as a result of increased demand
- We are already supporting the community through COVID and have bolstered our digital modalities to ensure that we can connect and support people all across Australia.

COVID-19 has presented a significant challenge for all Australians, and it is vital that Lung Foundation Australia is enabled to provide a broad range of information and support to the growing number of Australians who will experience lung health issues.

Priority 3: Additional funding to continue piloting and developing the evidence-based and life-saving national targeted lung cancer screening program

Lung cancer is the leading cause of cancer death in Australia, and the key to improving survival and quality of life is to diagnose lung cancer early, where more treatment options are available. A targeted lung cancer screening program will not only position Australia as a world leader in lung cancer, but the benefits are far reaching. As the leading lung health organisation in Australia, we are committed to improving outcomes for the many Australians who experience lung disease and lung cancer, and firmly believe there is a significant need to implement an evidence-based, cost-effective national targeted screening program.

Following the 2021-2022 budget commitment of \$6.9million for early scoping, we urge the Australian Government to continue to scale up this investment for further piloting and development, with the aim of reaching full implementation^a by 2025. Our community of passionate lung cancer advocates are excited at the prospect of seeing this to fruition.

What is the burden of lung cancer?

- Lung cancer is the leading cause of cancer death in Australia
- In 2015-2016, lung cancer alone cost the health system \$448.4million⁹
- Each year over 13,000 Australians are diagnosed with lung cancer
- Lung cancer has the lowest five-year survivorship out of the top cancers¹⁰
 - ❖ Lung cancer – 20%
 - ❖ Bowel cancer – 70%
 - ❖ Cervical cancer – 74%
 - ❖ Breast cancer – 92%
 - ❖ Melanoma skin cancer – 92%
 - ❖ Prostate cancer – 95%

Why do we need a targeted lung cancer screening program?¹¹

- The program outlined would be cost effective with an incremental cost-effectiveness ratio of \$83,545 per quality adjusted life year (QALY) gained.
- It is estimated that in the first 10 years of a lung cancer screening program in Australia, over 70% of all screen detected lung cancers would be diagnosed at an early stage, over 12,000 deaths would be prevented and up to 50,000 QALYs would be gained.
- A targeted lung cancer screening program would save lives, reduce lung cancer mortality in Australia by 20% in the screened population, and improve the survival, quality of life and productivity of Australians affected by lung cancer.
- Based on the national and international evidence, a screening program using biennial low dose computed tomography in asymptomatic high-risk Australians could detect cancers in their early stages when treatment is most likely to be successful.
- Lung cancer has a greater proportional impact on Aboriginal and Torres Strait Islander people, people in regional and rural areas, and those of lower socioeconomic status. Through research, analysis and consultation with key stakeholders, Cancer Australia has defined the elements and framework for delivery of a cost-effective and equitable national lung cancer screening program in Australia.

^a Indicative budget for full implementation can be found in Cancer Australia's report, reference 11

Priority 4: Funding to target a reduction in occupational lung disease and provide support for workers with an existing condition, at \$4.66million over 3 years

All Australians should be able to work in an environment free from harm. With over 13 million workers in Australia, and occupational lung disease typically under-recognised, we need to ensure that those at risk are protected and supported. The resurgence of silicosis, an entirely preventable and life limiting lung condition, has shone a light on occupational disease and the importance of effective prevention, early detection, monitoring and reporting. In addition, it is important to provide support to workers, and their families, through their occupational lung disease journey.

The report from the National Dust Disease Taskforce¹² provides evidence-based recommendations, and Lung Foundation Australia encourage the Australian Government to implement the recommendations as a matter of urgency and commit to a ban on high content silica products within 2 years.

Lung Foundation Australia has been leading this important work in occupational lung disease resources and information, which was supported by the Department of Health's Priority Populations Grant. To expand on this important work and fill a clear gap in current service provision, we request \$4.66million over 3 years to fund:

- Tailored support services for workers who are diagnosed with an occupational lung disease, and their families. This will include a dedicated occupational lung disease social worker or clinical psychologist and a dedicated occupational health nurse.
- An expansion of our successful and impactful National Safe Work Month Campaign which in 2021 reached 621,000 Australians.
- Increased protection of workers through targeted policy and prevention efforts of tackle these debilitating diseases.
- The development of a Silicosis Action Plan which is necessary in supporting patients to manage their disease in collaboration with their treating healthcare team.
- Engagement and development of resources for culturally and linguistically diverse Australians, who represent a key segment of at-risk workers who are currently not serviced.

Priority 5: Address research inequities through funding a dedicated MRFF Respiratory Health Mission at \$500,000 in this budget

Respiratory diseases have a major impact in Australia, both in terms of healthcare utilisation, and lost quality of life and productivity for individuals, communities and governments. As part of the Lung Health Alliance, alongside The Thoracic Society of Australia and New Zealand, National Asthma Council Australia, Cystic Fibrosis Australia and Asthma Australia, we urge funding of a dedicated MRFF Respiratory Health Mission, with establishment costs amounting to \$500,000.

Why does Australia need a dedicated MRFF Respiratory Health Mission?

- Lung disease accounts for 9% of total disease burden in Australia , yet only receives 2% of research investment
- The NGO sector has been trying to fill this gap in Government funding by supporting Fellowships and other research positions where possible, but this cannot continue.
- 1 in 3 Australians are impacted by lung disease, with research being critical if we are to reduce disease burden, mortality rate as well as social and economic costs.

Lung conditions pose a substantial burden on individuals, their families, the healthcare system, and the broader economy. Not being able to breathe is a health challenge that is without parallel. Recent catastrophic bushfires and pandemics have forced Australians to turn towards respiratory experts for their research and clinical care. We need to respond to this momentum and invest in discoveries in medical research and innovations, in optimising health service delivery, in supporting our people in their holistic form, in their community and family unit, by ensuring robust evidence translation. The most impactful approach will be through a Respiratory Health Mission, which will result in world class collaborations from across sector and industry to extract answers and solutions to these real challenges. The goal of the mission would be to reduce the avoidable burden of respiratory disease in Australia: reduce deaths, reduce hospital presentations, increase quality of life and reduce the burden, and reduce the onset of respiratory disease.

In order to ensure no further delays to the funding and effectiveness of this vital MRFF mission, we suggest an initial investment of \$500,000 which would be used to complete pre-requisite steps, including:

- Establishment of the governance structures to support this initiative
- Appointment of the project implementing team to execute this 'startup' phase and establish the base for the remainder of the 10 year mission
- Coordination of the local and international consultation processes to validate and establish the pillars and phases of the Respiratory Health research mission
- Establishment of the platforms, databases, tools and resources necessary for the effective collaboration of stakeholders engagement in the mission.

The resulting MRFF mission amounts to \$200million over 10 years, which would then be ready for funding in the 2023/24 budget. This mission has been developed by the Lung Health Alliance and details have been provided to the Australian Medical Research Advisory Board, with recommended investment at the same level of funding as the current Cardiovascular Health Mission¹³.

Priority 6: Funding for the National Tobacco Strategy

Australia is a signatory to the World Health Organisation Framework Convention on Tobacco Control and has set the goal of reducing smoking rates to under 5% by 2030. Lung Foundation Australia are pleased that the National Tobacco Strategy is being planned for release in March 2022 and support the revitalisation of this previously drafted Strategy which must be amended to include an amplified focus on e-cigarettes and flavoured e-liquid vaping. To support this key strategy, which is related to the National Preventive Health Strategy, we recommend funding is allocated in this budget to begin implementation of activities.

Why do we need a National Tobacco Strategy and what should it include?

- Tobacco is the leading cause of death and disease in Australia.
 - In 2015, tobacco use contributed to approximately 21,000 deaths in Australia (13% of all deaths) and 9.3% of the total burden of disease.
- Smoking costs Australia around \$137 billion annually in direct and indirect costs.¹⁴
- Australia has reduced smoking rates from 23.8% daily smokers in 1995 to 13.8% in 2017/2018.
- Smoking is responsible for a huge disease burden,
 - Smoking remains the leading cause of Chronic Obstructive Pulmonary Disease (COPD), which is responsible for the 4th highest disease burden in Australia¹⁵
 - Smoking remains the leading cause of lung cancer in Australia, which is responsible for the 5th highest disease burden¹⁶.
- Second-hand smoke can significantly impact people with pre-existing respiratory conditions, and with approximately 7 million Australians experiencing a respiratory condition this is a significant issue
- A coordinated multi-strategy and multi-agency approach is needed for Australia to further reduce smoking rates, and the National Tobacco Strategy is an important guiding document for this action, which will be in alignment with the National Preventive Health Strategy.
- E-cigarettes are presenting an emerging challenge in Australia, with use among youth being particularly problematic.
- Evidence has found that in flavoured e-liquids there are a range of chemicals that cause a range of adverse health impacts.¹⁷
- Despite nicotine-containing e-cigarettes being illegal without a prescription we know Australians, including children, are accessing these harmful devices, so a concerted effort is needed to reduce the appeal and monitor and enforce regulations.

While Australia has been successful in reducing smoking rates through implementation of a range of world-leading policy levers, public awareness campaigns and program supports, a renewed focus is needed. We are committed to supporting the Australian Government in this important work.

As stated in the National Preventive Health Strategy¹⁸: *Ending the tobacco epidemic is a priority for all Australian governments and has a high level of continued public support for policy measures to reduce tobacco-related harm. Significantly reducing and eventually eliminating tobacco use in Australia would dramatically reduce illness, increase quality of life, and reduce health, social and economic inequalities for smokers, their families and the wider Australian community. It would prevent hundreds of thousands of premature deaths, reduce the burden of costly tobacco-attributable disease.*

The National Preventive Health Strategy outlines the issue of tobacco smoking in Australia and provides a solid guiding document. We need this to be taken a step further with the revision and launch the next iteration of the National Tobacco Strategy, which must outline significant efforts in curbing the use of e-cigarettes and other novel products by Australian youth and have solid investment to implement recommended actions.

Priority 7: Develop a National Strategic Action Plan for Air Quality at \$500,000

Air pollution is responsible for \$16 billion in costs annually, as well as more than 3000 premature deaths¹⁹. Lung conditions have a marked effect on people's ability to enjoy life, be productive and realise their full potential.

To address the many health risks posed by air quality we encourage the Australian Government to develop a National Strategic Action Plan for Air Quality. This is the first step in addressing air quality issues and will require input from a variety of stakeholders. Lung Foundation Australia is well placed to lead the development of this Action Plan, which will complement the Australian Government's National Strategic Action Plan for Lung Conditions which Lung Foundation Australia lead with funding support from the Department. To deliver this important Action Plan and to support related activities we suggest an investment of \$500,000.

What is air pollution and how is it damaging to health?^{20 21}

Air pollution is the presence of one or more contaminants in the atmosphere, such as dust, fumes, gas, mist, odour, smoke or vapour, in quantities and duration that can damage human health. The main pathway for exposure to air pollution is inhalation.

Breathing in air pollution can cause:

- Lung cancer
- Pneumonia
- Chronic Obstructive Pulmonary Disease
- Heart disease
- Stroke
- Worsen asthma and other respiratory conditions
- Linked to diabetes, adverse pregnancy outcomes and neurological diseases
- Evidence continues to emerge on the impact of air quality on these and other diseases

Air quality can be impacted by natural or seasonal events like bushfires, wood fires, road traffic, construction, mining, transportation, agriculture and other occupational and manufacturing processes. Air pollutants are often invisible, so it is important Australia does not become complacent and instead should take a more proactive approach to protecting health and ensuring good air quality.

An evidence-based strategy that outlines a range of actions to address the impacts of air quality is needed, and the development of a National Strategic Action Plan for Air Quality is a pivotal first step.

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- ¹ Cancer Council Australia Lung Cancer Guidelines Working Group. *Clinical practice guidelines for the treatment of lung cancer*. Sydney : Cancer Council Australia, 2017.
- ² Australian Institute of Health and Welfare, 2021. *Cancer data in Australia*. Cat. No: CAN122, Canberra.
- ³ Ibid, *Cancer data in Australia*. 2021.
- ⁴ Australian Institute of Health and Welfare AIHW 2021, *Health System Expenditure on cancer and other neoplasms in Australia, 2015-16*. Cat. No: CAN142. Canberra.
- ⁵ Australian Institute of Health and Welfare 2021, *Australian Burden of Disease Study: Impact and causes of illness and death in Australia 2018*. Cat. No: BOD29, Canberra.
- ⁶ Minister for Health Media Release, 2020. *\$23 million investment for prostate cancer nurse program*. Available at: <https://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/23-million-investment-for-prostate-cancer-nurse-program>
- ⁷ Minister for Health Media Release, 2021. *\$3 million for McGrath Breast Care Nurses*. Available at: <https://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/3-million-for-mcgrath-breast-care-nurses>
- ⁸ Australian Government Budget factsheet, 2019. *Budget 2019-20: Fighting Cancer – McGrath Foundation breast care nurses*. Available at: <https://www.health.gov.au/resources/publications/budget-2019-20-fighting-cancer-mcgrath-foundation-breast-care-nurses>
- ⁹ Australian Institute of Health and Welfare 2021, *Health System Expenditure on cancer and other neoplasms in Australia, 2015-16*. Canberra, AIHW.
- ¹⁰ Ibid, *Cancer data in Australia*. 2021
- ¹¹ Cancer Australia 2020. *Report on the Lung Cancer Screening enquiry*. <https://www.canceraustralia.gov.au/publications-and-resources/cancer-australia-publications/report-lung-cancer-screening-enquiry>
- ¹² Australian Government Department of Health, 2021. *National Dust Disease Taskforce Final Report*.
- ¹³ Australian Government Department of Health, 2021. *Cardiovascular Health Mission*. Available at: <https://www.health.gov.au/initiatives-and-programs/cardiovascular-health-mission>
- ¹⁴ National Drug Research Institute, 2019. *Identifying the Social Costs of Tobacco Use to Australia in 2015/16*. Curtin University.
- ¹⁵ Australian Institute of Health and Welfare, 2021. *Burden of Disease*. <https://www.aihw.gov.au/reports-data/health-conditions-disability-deaths/burden-of-disease/overview>
- ¹⁶ Ibid. *Burden of Disease*. 2021.
- ¹⁷ A Larcombe, S Allard, P Pringle, R Mead-Hunter, N Anderson, B Mullins. *Chemical analysis of fresh and aged Australian e-cigarette*. doi:10.5694/mja2.51280.
- ¹⁸ Australian Government, 2021. *National Preventive Health Strategy 2021-2030*. Pg49.
- ¹⁹ Hanigan, I.C, Broome, R.A., Chaston, T.B., Cope, M., Dennekamp, M., Heyworth, J.S., Heathcote, K., Horsley, J.A., Jalaludin, B., Jegasothy, E., et al. 2021. *Avoidable Mortality Attributable to Anthropogenic Fine Particulate Matter (PM2.5) in Australia*. International Journal of Public Health, 2021, 18, 254.
- ²⁰ World Health Organisation, 2018. *Air Pollution*. Available at: <https://www.who.int/health-topics/air-pollution>
- ²¹ Australian Institute of Health and Welfare, 2020. *Australian bushfires 2019-2020: Exploring the short-term health impacts*. Cat. No: PHE276. Canberra.