Policy influential research: setting, informing and decoding our national health and social policy agenda and activities

The *MJA* aims to prioritise studies that will "advance knowledge or practice with respect to medical problems of significance for Australia". This is particularly inclusive of studies that not only have the potential to affect clinical practice, but also to help set, inform and improve our national health and social policies. In this issue of the *MJA*, we showcase several studies that have and will continue to inform national policy, help us understand how evidence can be used to best effect in the health policy process, and remind us of how and what is being done about other important national policy priorities.

Australia's journey in regulating vaping, a relatively recent yet significant public health threat, especially to younger people, has taken a positive turn this year. The *Therapeutic Goods and Other Legislation Amendment (Vaping Reforms) Act 2024* took effect in July 2024 and significant more regulation to access, packaging, and formulations of vapes was introduced nationally (https://www.aph.gov.au/Parliamentary_Business/Bills_Legislation/bd/bd2324a/24bd061a). These changes are internationally recognised as bold attempts at curbing vaping among younger people and have been influenced by an enormous body of work and advocacy. It is work such as Jenkins and colleagues' (https://doi.org/10.5694/mja2.52423) in this issue, which identified a synthetic nicotine analogue (6-methylnicotine) in "non-nicotine" vapes and accompanying inconsistent chemical reporting, that are the pillars of evidence required to inform our national legislative journey. As noted by Larcombe and Hunter (https://doi.org/10.5694/mja2.52422) in an accompanying editorial, loopholes in legislation will continue to be used by vape manufacturers and our regulatory bodies must keep up, or ideally get in front of their attempts at circumventing them using evidence like that presented by Jenkins and colleagues.

This issue of the *MJA* also includes a compendium piece for readers of modelled economic evaluations by Chen and colleagues (https://doi.org/10.5694/mja2.52409). Economic evaluations are ubiquitous and critical to how Australia makes decisions about medicines, devices, and other health care services (https://www.sciencedirect.com/science/article/pii/S221210992030666X), yet not always clearly accessible to non-health economist readers. Chen et al remind us that with more complex questions, interventions, heterogenous populations, and luckily more computational power, more sophisticated model-based economic evaluations are required, unavoidable, and our understanding of them must evolve. Using two recent *MJA* studies as examples (https://doi.org/10.5694/mja2.51825, https://doi.org/10.5694/mja2.51860), Chen et al describe how model-based evaluations compare to study-based evaluation,

major modelling choices with powerful visual representations of these models and advice on what to look out for when determining model robustness.

In Engel and Mihalopoulos' perspective (https://doi.org/10.5694/mja2.52414), we read about loneliness and its economic impact, an area of increasing national recognition and evolving health and social policies. Loneliness, affecting almost one-third of adults over 60 years of age and two-thirds of older adults living in residential care, needs cost-effective national strategies. Although a bidirectional relationship between loneliness and chronic health problems is not surprising, the magnitude of its potential health effects (eg, 26% higher risk of death), and the increasingly obvious impact that it has on our health system ($2.7 billion annually) that Engel and Mihalopoulos cite is alarming. However, it is not all doom and gloom. Engel and Mihalopoulos suggest that research has identified some critical elements of successful loneliness intervention strategies, including holistic community-based and -led health and social care, and several promising intervention types. Interestingly, one such proposed strategy to address loneliness is "social prescribing", which Yadav and colleagues' (https://doi.org/10.5694/mja2.52413) letter to the editor introduces as the "core business" of Aboriginal and Torres Strait Islander community-controlled health organisations. Yadav et al's call to action that we should learn more from Indigenous models of social prescribing could not have come at a more pertinent time. ■

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