RACP
Specialists. Together
EDUCATE ADVOCATE INNOVATE

The Royal Australasian College of Physicians' submission to Ministry of Education on promotion and provision of healthy drinks in schools

Introduction

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to submit feedback on the Ministry of Education's consultation on the promotion and provision of healthy drinks in schools.

The RACP works across more than 40 medical specialties to educate, innovate and advocate for excellence in health and medical care. Working with our senior members, the RACP trains the next generation of specialists, while playing a lead role in developing world best practice models of care. We also draw on the skills of our members, to develop policies that promote a healthier society. By working together, our members advance the interest of our profession, our patients and the broader community.

The RACP strongly supports the Ministry of Education's proposed changes to the promotion and provision of healthy drinks in schools in Aotearoa New Zealand. We are delighted that the Ministry is willing to work cross-sectorally to implement a policy that will protect whānau from the significant harm caused by the "free sugars" in sugary drinks. This proposal aligns to the themes of the RACP's campaign for health equity, #MakeItTheNorm, notably the call for policies for food environments that are promoting and supporting of health to reduce inequities in nutrition and improve health outcomes for whānau of all ages[1]. The RACP has identified evidence around the wider harm reduction potential of this proposal that is not covered in the Ministry's discussion document. While our preferred option is a healthy drinks policy in both primary and secondary schools, effective implementation will depend on partnership with young people in decision making to the greatest extent that is possible.

Key points

RACP view of the problem

The RACP agrees with the Ministry of Education's (MoE) view of the problem but wishes to add additional points to bolster the case for change. We agree with the problems identified: the tremendous impact of "free sugars" on poor health outcomes (including oral decay, cardiovascular disease, type 2 diabetes and cancer); the alarming rates of sugary drink consumption and the disproportionate effect on Māori and Pasifika children.

Unless these grim statistics can be reversed, rising numbers of young people will be at greater risk of preventable illness that extend into adulthood and continued pain and anxiety associated with multiple tooth extractions[2]. Maintaining status quo will allow poor health outcomes to remain pressing issues for Aotearoa New Zealand and do nothing to make health equity the norm.

We wish to highlight additional evidence around the wider harm reduction potential of a national-level policy to reduce sugary drink intake in schools. This evidence is not highlighted in the Ministry's discussion document but further reinforces the need for the policy proposal and is as discussed below.

[1] Royal Australasian College of Physicians. Make It The Norm. Equity through the social determinants of health. [Internet] Wellington: Royal Australasian College of Physicians; 2017. Available from https://www.racp.edu.au/docs/default-source/policy-and-adv/aotearoa-new-zealand/make-it-the-norm-equity-through-the-social-determinants-of-health.pdf?sfvrsn=10ea011a_8 Downloaded on 23 May 2022.

[2] Sundborn, G, Thornley S, Veatupu L, Lang B. If soft drink companies can do it, why can't government? Sugary drink sales policies in schools must be tightened. [Internet]. Aust N Z J Public Health 2022; Feb 17. Available from: https://onlinelibrary.wiley.com/doi/epdf/10.1111/1753-6405.13218 Downloaded on 15 May 2022.

a) Inequitable impact on Māori

While the MoE acknowledges that Māori are disproportionately affected by the health impacts of sugary drink consumption in Aotearoa New Zealand, the framing of this policy initiative needs to go further and acknowledge accountability of the Crown. Tamariki and rangatahi have unique rights as Treaty partners and as citizens to enjoy good health. However, this has not been the case.
The WAI2575 Health Services and Outcomes Kaupapa Inquiry identified consistent failures of the Crown in its commitment to achieve equity of health outcomes for Māori[3]. Placing equity and equity of outcomes at the heart of this proposal presents an opportunity to better implement the partnership established in Te Tiriti and to bring about the fundamental transformative change that is needed to achieve Pae Ora – healthy futures.

b) Impact of school food environments on choice, future habits and risk of disease

Lifelong eating habits are established during childhood and adolescence. Childhood is a critical period to influence future risk of obesity and cardiometabolic diseases[4,5,6]. Adolescent obesity predicts the future health and weight of the population; around 80% obese adolescents will become obese adults[5,7].

The RACP supports the view that schools are a key setting to improve dietary behaviours among children and young people, shaping the choices available and the options they choose. Longitudinal research has shown an association between healthy school food environments and lower rates of obesity[8].

Given that almost all children obtain some years of schooling, this policy is likely to have a considerable impact on sugary drink consumption and future disease risk. Students typically bring drinks from home or purchase them from schools, with research showing a large proportion of students (58%) patronise school canteens in Aotearoa New Zealand[9]. It is about creating health promoting environments that enable all whānau members to live healthy lives by making the healthy choice the easy choice[1]. Children and young people themselves cannot be held responsible for their obesity[7].

---

[3] Waitangi Tribunal. Hauora Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry Wai 2575. [Internet]. Wellington: Waitangi Tribunal, 2019. Available from: Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry (justice.govt.nz) Downloaded on 23 May 2022.
[4] Birch L, Savage J, Ventura A. Influences on the development of children's eating behaviours: From infancy to adolescence. [Internet]. Can J Diet Pract Res. 2007;68(1):s1-s56. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2678872/pdf/nihms-62775.pdf Downloaded on 23 May 2022.
[5] Simmonds M, Llewellyn A, Owen C, Woolacott N. Predicting adult obesity from childhood obesity: A systematic review and metaanalysis. [Internet]. Obes Rev. 2016; 2016;17(2):95-107. Available from: https://pubmed.ncbi.nlm.nih.gov/26696565/ Downloaded on 23 May 2022.
[6] Mikkila V, Rasanen L, Raitakari OT, Pietinen P, Viikari J. Consistent dietary patterns identified from childhood to adulthood: the cardiovascular risk in Young Finns Study. [Internet]. Br J Nutr 2005;93: 923–931. Available from: Consistent dietary patterns identified from childhood to adulthood: The Cardiovascular Risk in Young Finns Study (cambridge.org) Downloaded on 23 May 2022.
[7] Anderson, Y, Cave T, Cunningham V, Pereira N, Woolerton D, Grant C, Cutfield W, Derraik J, Hofman, P. Effectiveness of current interventions in obese New Zealand children and adolescents. [Internet]. NZMJ. 2015;128(1417):8-15. Available from: https://assets-global.website-files.com/5e332a62c703f653182faf47/5e332a62c703f6deb32fd754_NZMJ-1417.pdf Downloaded on 23 May 2022.
[8] Gray H, Buro A, Ikan J, Wang W, Stern M. School-level factors associated with obesity. A systematic review of longitudinal studies. [Internet]. Obes Rev. 2019;20:1016-32. Available from: https://pubmed.ncbi.nlm.nih.gov/31013544/#:~:text=Higher%20parental%20education%2C%20longer%20minutes,rates%20of%20obesity%20or%20obesity Downloaded on 23 May 2022.
[9] Utter J, Schaaf D, Mhurchu C, Scragg R, Food choices among students using the school food service in New Zealand. NZMJ. [Internet]. 2007:120(1248):U2389. Available from: https://www.proquest.com/openview/0922ac5a0723d406d9e9fb5c42d5af94/1?pq-origsite=gscholar&cbl=1056335\ Downloaded on 23 May 2022.

c) Impact on wider society

Tackling the consumption of sugary drinks among children in a school environment has the potential to not only impact on health outcomes and inequalities for whānau but also have far reaching long-term benefits for wider society: the health system, communities and taxpayers. Currently, more than 8,400 children require a general anaesthetic for multiple tooth extractions each year. This is costing our health system over $32 million for the general anaesthetic costs alone[2]. The cost of not tackling the obesity epidemic will impact the viability of the public health service due to the escalating costs of treating obesity related diseases, especially diabetes[10].

Preferred option

The RACP is in favour of a healthy drinks policy in both primary and secondary schools. Of the options proposed in the consultation document, we believe that Option 2, replace the existing NAG 5b with a duty in Regulations and place an additional duty on all schools (primary and secondary) to only provide healthy drinks, is the best approach. The benefits of healthy drink policies are the same for secondary schools as they are for primary schools, as noted in the consultation document. Our members have observed that if secondary schools can have policies around matters of vanity (e.g. hair style) it should be possible to enforce regulations that have long-term health implications for students, whānau and wider society, since by definition this is a higher priority.

While the RACP supports this option, we are nonetheless less certain about the success of this policy in a secondary school setting. Our members believe effective implementation will depend on partnership with young people in decision making to the greatest extent that is possible. Co-design would enable a better understanding of how best to implement regulations, including the practical barriers to implementation and any unintended consequences. Members suggest that the MoE consult with young people and that schools involve young people on health advisory groups that decide on how food and beverage policies should be implemented.

Member sentiment echoes the call in the RACP's position statement on obesity for interventions designed to address obesity to be co-designed with the priority population in mind for greater likelihood of engagement and success. These interventions should include indigenous world views and perspectives[11].

The College also contends that the common claim that older children will purchase drinks elsewhere is an insufficient argument against this policy. Children and young people are competing with obesogenic environments every day; the route to and from school shapes their behaviour and makes it much harder for them to be healthy. The fact that they are constantly being pushed to make unhealthy choices merely reinforces the need for this policy initiative.

Monitoring and compliance

The RACP suggests that the MoE considers scaling up the monitoring and evaluation requirements for this initiative. It is important to be able to evaluate and determine what is working and what does not. We draw your attention to the Healthy Food and Drink in NSW Health Facilities for Staff and

[10] Kelly, S, Swinburn, B. Childhood obesity in New Zealand. [Internet]. NZMJ 2015;128(1417):6-7. Available from: https://assets-global.website-files.com/5e332a62c703f653182faf47/5e332a62c703f646712fd629_1417Kelly.pdf Downloaded on 23 May 2022.

[11] Royal Australasian College of Physicians (RACP). Obesity position statement: Action to prevent obesity and reduce its impact across the life course. [Internet]. Sydney: Royal Australasian College of Physicians, May 2018. Available from: https://www.racp.edu.au//docs/default-source/advocacy-library/racp-obesity-position-statement.pdf?sfvrsn=6e3b0b1a_5 Downloaded on 23 May 2022.

Visitors Framework[12] and accompanying Toolkit[13]. This initiative was designed to assist relevant managers to make healthy food and drink normal in New South Wales health facilities and includes removing sugary drinks with no nutritional value from sale as a key component. The framework provides evidence-based guidance and includes advice on local implementation to achieve the best results, as well as direction for monitoring and evaluation to regularly track achievement and improve results.

Conclusion

While the RACP strongly supports healthy drinks only policy in schools, this initiative will only go so far to reduce consumption of "free sugars" in Aotearoa New Zealand and make health equity the norm. We strongly support the introduction of a tax on sugar-sweetened beverages, mandatory front-of-pack labelling and regulatory restrictions on marketing unhealthy foods and beverages to children in addition to this proposal[11].

The RACP thanks the Ministry of Education for the opportunity to provide feedback on this consultation. To discuss this submission further, please contact the NZ Policy and Advocacy Unit at policy@racp.org.nz.

Nāku noa nā,

Dr Stephen Inns FRACP
President, Aotearoa New Zealand
The Royal Australasian College of Physicians

[12] New South Wales Ministry of Health. Healthy Food and Drink in NSW Health Facilities for Staff and Visitors Framework. [Internet]. Sydney: New South Wales Ministry of Health, 2017. Available from: hfd-framework.pdf (nsw.gov.au) Downloaded on 30 May 2022.
[13] New South Wales Ministry of Health. Healthy Food and Drink in NSW Health Facilities for Staff and Visitors Framework Toolkit. [Internet]. Sydney: New South Wales Ministry of Health, 2017. Available from: hfd-toolkit.pdf (nsw.gov.au) Downloaded on 30 May 2022.