

Ministry of Education

Discussion document:

Proposed changes to the

promotion and provision of

healthy drinks in schools

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For more information please contact:
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Submitter details

1. Nelson Marlborough Health (Nelson Marlborough District Health Board) (NMH) is a key organisation involved in the health and wellbeing of the people within Te Tau Ihu. NMH appreciates the opportunity to comment from a public health perspective on the Ministry of Education's *Discussion document: Proposed changes to the promotion and provision of healthy drinks in schools*.
2. NMH makes this submission in recognition of its responsibilities to improve, promote and protect the health of people and communities under the New Zealand Public Health and Disability Act 2000 and the Health Act 1956.
3. This submission sets out particular matters of interest and concern to NMH.

Specific Comments

Q1: In what capacity are you providing feedback? For example, are you responding as a parent, student, organisation, principal, teacher, or other interested person? Please specify your role and, if applicable, the type of school you work in.

This is the submission of the district health board of Nelson Marlborough. A priority goal for Nelson Marlborough Health is reducing childhood obesity. Being overweight or obese in childhood is associated with a variety of physical, social and mental health problems. In addition, overweight or obese children are more likely to become obese adults and develop non-communicable diseases such as type 2 diabetes, cancer and cardiovascular diseases.

Q2: Do you agree with our view of the problem? If not, why not?

A: NMH agrees that there is a problem with tooth decay, obesity and type 2 diabetes in this country, and that sugary drinks play a leading role in these conditions. The prevalence of obesity, diabetes and tooth decay are unequally distributed within populations with rates being higher among Māori and Pacific children, and those who live in the most deprived areas.

The vision of the Child and Youth Wellbeing Strategy, introduced in 2019 is to ensure "New Zealand, Aotearoa is the best place in the world for children and young people¹" and its outcome include children having the best possible health. Sadly, New Zealand obesity rates in children have increased, as about one in eight children aged 2–14 years (12.7%) were classified as obese in 2020/21 (up from 9.5% in 2019/20). New Zealand needs stronger mechanisms to reduce childhood obesity, diabetes and tooth decay.

¹ [Outcome: Happy and healthy | Child and Youth Wellbeing \(childyouthwellbeing.govt.nz\)](https://childyouthwellbeing.govt.nz)

2nd part of Q2: What other problems, if any, do you think should be taken into consideration in assessing options?

A: In order to achieve the outcomes outlines in the Child & Youth Wellbeing Strategy, NMH strongly recommends that sugar-laden food is included, as this also is also a contributor to dental caries and excess weight gain in children. Last year (2021) over 8,400 children had decayed teeth extracted under general anaesthesia in New Zealand, at a cost of around \$33 million.

Q3: Are these the right objectives? Can you think of any others to add?

A: Yes, NMH strongly supports the proposed objective 1 that all students must continue to receive positive education on healthy food and nutrition. NMH also supports objective 2 that schools must model healthy drink consumption behaviours for children at a young age but NMH contends that this should be extended to healthy food and drink whereby restrictions are placed on the sale of sugary commercial food on school sites. This would not restrict the ability of schools to have bake sales and sausage sizzles as fundraisers however consideration should also be given to providing guidance about healthy fundraising activities².

Healthy Food and Drink Guidance states that *healthy eating is important, good nutrition is essential for the healthy growth and development of children and young people. Children and young people eat much of their food each weekday at school*³. Therefore it is important that these regulations are extended to include food to create a supportive environment where the healthy choice is the easy choice. This will help to improve the wellbeing of students, staff and the school community. This also supports the Ka Ora, Ka Ako Healthy School Lunches programme.

Q4: Are there any other options that you think should be considered?

NMH strongly supports Option 2: *Replace the existing NAG 5B with a duty in regulations and place an additional duty on all schools*. NMH notes that the Ministry's preferred option is Option One which restricts the regulations to only Year 1-8 students. This will not seek the desired outcomes. Only a small proportion of primary and intermediate schools have tuck shops that provide sugary drinks, whereas many primary schools have already adopted 'water only' policies, which evidence has shown has led to improved health outcomes in some regions. It would be most useful to include all schools, including secondary

² [Healthy Fundraising Ideas For Schools - Heart Foundation](#)

³ [guidance-schools_june2021.pdf \(health.govt.nz\)](#)

schools. From a dental perspective decay doesn't limit itself to a certain school type or age-group. The World Health Organization recommends that children have a maximum of 3 teaspoons (tsp) of sugar a day. Many drinks currently sold in schools contain upwards of 16 tsp of sugar – the equivalent of over 5 days' worth of sugar in one drink.

According to the WHO, the role of schools is essential to promoting healthy dietary habits⁴. The food policies present in schools determine the environment where the young population develops its habits. Since, secondary school is obligatory for everybody in New Zealand, schools have the potential to greatly influence dietary choices throughout adolescence. Healthy drink policy in secondary schools supports this idea whereas allowing sugar sweetened beverages provides inconsistent messages. It is worth noting that the European Soft Drink Industry have voluntarily ceased sales of drinks containing added sugars to secondary schools across the European Union since 2018⁵.

NMH does not agree with the rationale providing relating to regulating food. Whilst a timeframe of less than one year is difficult, taking a staged approach with water in the first instance then food is included by 2023 could be considered.

Healthy Food and drink standards have been successfully adopted into hospital cafeterias and the same approach could be taken to school tuck shops. The decision to include food does lie with the Ministry and it may be that it is not included within these regulations however NMH does strongly advocate for the Ministry to make a commitment to tightening food regulations within 3 years.

Q5: Do you agree with this definition of healthy drinks? Are there any other drinks you think should be allowed, or any included in this definition that shouldn't be? If so, what are your reasons for including or excluding these drinks?

A: NMH agrees with the definition of healthy drinks. Plain unflavoured water, low-fat unflavoured milk or non-dairy equivalents are acceptable and this aligns with the Healthy Food and Drink Guidance.

Q6: Can you think of any difficulties primary schools might have in only providing healthy drinks? Would a 'lead-in' period be helpful for schools to transition to the new duty?

⁴ . World Health Organization Global Strategy on Diet, Physical Activity & Health. The Role of the Schools. [(accessed on 25 July 2019)]; Available online: https://www.who.int/dietphysicalactivity/childhood_schools/en/

⁵ [European Soft Drinks Industry to Stop Sales of Sugary Drinks in Secondary Schools across the European Union – UNESDA](#)

A: A lead-in might only be required to introduce new stock, this policy would reduce stock, so it is difficult to see why a significant lead-in time could be required.

The discussion document outlines there may be potential difficulties for area or composite schools to manage regulations only pertaining to primary children however adopting Option 2 (All schools) would remove this difficulty entirely.

Q: If you are an area and/or composite school, are there particular difficulties you may face implementing this duty?

A: As above, NMH recommends Option 2 is adopted as this alleviates these difficulties.

Q7: Can you think of any benefits and/or challenges that secondary schools would face in meeting a new legal duty to only provide healthy drinks?

A: There are potentially challenges with sponsorships or co-promotion, e.g. vending machines, or sports teams that may be receiving sponsored products either from schools, or drink manufacturers. However, these challenges are not insurmountable. The main benefit of including secondary schools in the Regulations is that it will benefit the learning outcomes of these students and improve their health. We believe it is a school's duty of care not to be selling unhealthy drinks to students. A school's promotion of healthy nutrition is undermined where the school provides unhealthy food and drinks.

Q8: Do you agree that we should replace the current guidance to promote healthy food and nutrition with Regulations that require school boards to continue doing this? Please explain the reasons for your agreement or disagreement.

A: A largely voluntary code or direction hasn't so far led to expected improvements in oral health and obesity outcomes. A WHO report states, 'an effective school health programme can be one of the most cost effective investments a nation can make to simultaneously improve education and health⁶'. School-based interventions reach almost 100% of school-age children across diverse ethnic and socioeconomic groups⁷. Nutrition regulations can be very effective in improving the school food environment and student's dietary intake at school however to be

⁶ World Health Organization. (2009) Prevention and control of noncommunicable diseases: implementation of the global strategy: Executive Board, 126th Session, Provisional agenda item 4.9; World Health Organization, 26 November 2009.

⁷ Gonzalez-Suarez C, Worley A, Grimmer-Somers K, et al. (2009) School-based interventions on children obesity: a meta-analysis. American Journal of Preventive Medicine. 37: 418-27.

effective regulations must relate to all food consumed on school premises and have the support of school parents and administration.⁸

Q9: What do you think about these circumstances? Are any of them unnecessary? Can you think of any other circumstances where it would be reasonable to not have the duty? If so, why?

A: NMH agrees with the circumstances listed in the Discussion document. Sugary drinks should not be provided or allowed at school discos, fairs and galas as this undermines the promotion of healthy nutrition. The healthy drinks policy needs to be all inclusive. There are many examples of schools having these policies in place for many years with no problems.

Q10: Do you feel that the high-trust light-touch compliance approach is appropriate? If not, why not?

Yes, NMH agrees with the proposed compliance approach. As set out in the consultation document, many school boards have already adopted these policies so rollout throughout primary schools should not provide difficult.

NMH also recommends that additional support is given to Canteen Managers to ensure they can pivot sales to other products as they transition away from sugar sweetened beverages.

COVID has put additional strain on schools, so any changes in regulations should be accompanied by mechanisms and resources for schools to implement changes. For those who are not wishing to engage in these changes, consideration should be given to providing additional public health resource to assist with implementation.

Conclusion

4. NMH thanks the Ministry of Education for the opportunity to comment on the *Discussion document: Proposed changes to the promotion and provision of healthy drinks in schools*
5. NMH wishes to be heard in support of its submission.

Yours sincerely

⁸ Ni Mhurchu, C. (2011) Effects of Healthier Food Choices in the School Setting on Children's Health, Education and Nutrition. A Summary of Evidence. Prepared for the Heart Foundation of New Zealand. Clinical Trials Research Unit, School of Population Health. University of Auckland. 1- 44

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