



## Proactive Release

### Submissions on the Child and Youth Wellbeing Strategy

August 2019

The Department of the Prime Minister and Cabinet has released the following submission received during its public consultation on the child and youth wellbeing strategy.

Some of the information contained within this release is considered to not be appropriate to release and, if requested, would be withheld under the Official Information Act 1982 (the Act).

- Where this is the case, the information has been withheld, and the relevant section of the Act that would apply, has been identified.
- Where information has been withheld, no public interest has been identified that would outweigh the reasons for withholding it.

#### Key to redaction codes and their reference to sections of the Act:

- **9(2)a** – Section 9(2)(a): to protect the privacy of natural persons, including deceased people.

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## Child and Youth Wellbeing Strategy – Submission Template

This document is intended for individuals or groups who wish to make a formal submission on the child and youth wellbeing strategy.

Please complete this template and email it to: [childandyouthwellbeing@dpmc.govt.nz](mailto:childandyouthwellbeing@dpmc.govt.nz)

A guide to making a submission is available on the DPMC website <https://dpmc.govt.nz/our-programmes/child-and-youth-wellbeing-strategy>

Submissions will close on **Wednesday 5 December**.

**Please provide details for a contact person in case we have some follow up questions.**

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<b>Organisation Name:</b>	New Zealand Drug Foundation
<b>Organisation description:</b> (tell us about your organisation – i.e. who do you represent? How many members do you have? Are you a local or national organisation?)	The Drug Foundation is a charitable trust. We have been at the forefront of major alcohol and other drug debates for 28 years, promoting healthy approaches to alcohol and other drugs for all New Zealanders.
<b>Executive Summary:</b> (Please provide a short summary of the key points of your Submission - 200 words)	<p>We endorse the proposed outcomes framework and focus areas of the Child and Youth Wellbeing Strategy. But we fear the vision can't be achieved for many until we address the needs of children and young people affected by drug-related harm.</p> <p>Alcohol and other drugs affect the wellbeing of many children and young people. New Zealand currently has a system which puts up barriers to getting help for those struggling with their drug use, continues to enforce punitive drug laws and does not always prioritise keeping young people facing difficulties in school. Children and young people will continue to be harmed while this approach continues. And our most vulnerable are the worst affected.</p> <p>In this submission, we have provided concrete actions that support the Wellbeing Strategy. These actions will improve the safety, welfare and overall wellbeing of young people, and children in a whānau facing addiction issues. We also provide</p>

	<p>details on how to strengthen the school system and health curriculum. These changes will help young people make safer decisions about drugs and alcohol.</p> <p>Thank you for considering our submission. Please be in touch if you would like to discuss anything.</p>
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## Submission Content

### **PART ONE – TACKLING BROADER SOCIAL ISSUES WILL HELP ALLEVIATE THE NEGATIVE IMPACTS ON CHILD AND YOUTH WELLBEING FROM HARMFUL DRUG USE. AND VICE VERSA.**

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#### **New Zealand has high rates of drug use**

1. Young people in New Zealand have high rates of drug use<sup>1</sup>. In 2016/17<sup>2</sup>:
  - 84% of young adults (18-24 years), and 56% of adolescents (15-17 years) consumed alcohol
  - 22% of young people (15-24 years) consumed cannabis.
2. Most drug use is not harmful, but drugs do cause a lot of harm to some people. Māori, Pacific, and those who are most disadvantaged are usually the worst affected.
  - Māori are 1.7 times more likely to drink hazardously than non-Māori<sup>3</sup>.
  - The most deprived are almost twice as likely to drink hazardously than the least deprived<sup>4</sup>.
  - Māori, Pacific people and those living in deprived neighbourhoods are more likely to experience harm from their own or others' alcohol or drug use<sup>5</sup>.

#### **Young people can be harmed by their own or others drug use**

3. Young people are more likely to engage in hazardous consumption and experience harm from their drug use.
  - In 2016/17, 2 out of 5 young adults and 1 in 8 adolescents drank hazardously<sup>6</sup>.
  - In the most recent Health Survey on the harm caused by drug use (2007/8), one in five young people reported harmful effects from their drug use in the past 12 months<sup>7</sup>.
4. Children and young people are also directly harmed by other people's alcohol and other drug use. These harms include (but are not limited to) damage to friendships, home life or finances, being assaulted or being in a vehicle accident. Someone else's

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<sup>1</sup> Alcohol and other drugs

<sup>2</sup> Ministry of Health. (2018). Annual Update of Key Results 2016/17: New Zealand Health Survey. Online data tables. Retrieved from <https://minhealthnz.shinyapps.io/nz-health-survey-2016-17-tier-1/>

<sup>3</sup> Ibid

<sup>4</sup> Ibid

<sup>5</sup> Mental Health Commission. (2012). National Indicators 2012. Measuring mental health and addiction in New Zealand. Mental Health Commission: Wellington. Retrieved from <https://www.hdc.org.nz/media/2769/national-indicators-2012.pdf>

<sup>6</sup> Ministry of Health. (2018). Annual Update of Key Results 2016/17: New Zealand Health Survey. Online data tables. Retrieved from <https://minhealthnz.shinyapps.io/nz-health-survey-2016-17-tier-1/>

<sup>7</sup> Ministry of Health. (2010). Drug Use in New Zealand: Key Results of the 2007/08 New Zealand Alcohol and Drug Use Survey. Wellington: Ministry of Health. Retrieved from <https://www.health.govt.nz/publication/2007-08-new-zealand-alcohol-and-drug-use-survey-online-data-tables>

drinking had harmed 24% of adolescents and 31% of young people in the past year according to the 2007/8 survey<sup>8</sup>. These rates were higher than all other age groups.

5. Many children live with whānau who are facing addiction issues. Being in this environment can cause a range of psychological and interpersonal problems. Other children face harm, even before they are born. For example, up to 3,000 children are born with Foetal Alcohol Spectrum Disorder (FASD) in New Zealand every year. FASD can cause a lifetime of physical, behavioural or cognitive issues<sup>9</sup>.

### **Tackle broader societal issues to help reduce drug harm**

6. Societal issues are interconnected with drug harm<sup>10</sup>. Young people, or children in a whānau facing addiction issues, are often caught up in the vicious cycle between adverse social outcomes and drug harm. These factors include (but are not limited to) income, employment, housing, education and Māori inequality.
7. For example:
  - Alcohol is clearly linked with child maltreatment and inter-partner violence<sup>11</sup>
  - Young people coping with homelessness might be using alcohol and other drugs to cope with their situation<sup>12</sup>
  - Individuals and whānau in the most deprived areas are almost twice as likely to drink hazardously than the least deprived<sup>13</sup>
  - Stigma puts barriers in the way of people accessing addiction support<sup>14</sup>.
8. New Zealand needs to keep tackling these social issues, to improve overall child and youth wellbeing and reduce the harm caused by drugs.
9. We also need dedicated support and treatment options that can address addiction issues for young people and their wider whānau. This support is detailed in part 2.

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<sup>8</sup> ibid

<sup>9</sup> <http://www.scoop.co.nz/stories/GE1505/S00117/foetal-alcohol-spectrum-disorder-statistics-on-the-rise.htm>

<sup>10</sup> Inter-Agency Committee on Drugs (2015). *National Drug Policy 2015 to 2020*. Wellington: Ministry of Health. Retrieved from <https://www.health.govt.nz/publication/national-drug-policy-2015-2020>

<sup>11</sup> Social Policy Evaluation and Research Unit. (2015). What works: Reducing the impact of alcohol on family violence. Wellington: SUPERU. Retrieved from [http://www.superu.govt.nz/sites/default/files/What\\_works\\_Alcohol\\_%26\\_Violence.pdf](http://www.superu.govt.nz/sites/default/files/What_works_Alcohol_%26_Violence.pdf)

<sup>12</sup> Beaton, S., Cain, T., Robinson, H., Hearn, V. & ThinkPlace. (2015). An insight into the experience of rough sleeping in central Auckland. Retrieved from <https://www.lifewise.org.nz/about-us/resources/rough-sleeping-central-aki/>

<sup>13</sup> Ministry of Health. (2018). Annual Update of Key Results 2016/17: New Zealand Health Survey. Online data tables. Retrieved from <https://minhealthnz.shinyapps.io/nz-health-survey-2016-17-tier-1/>

<sup>14</sup> Global Commission on Drug Policy. (2017). *The world drug perception problem: Countering prejudice about people who use drugs*. Retrieved from [http://www.globalcommissionondrugs.org/wp-content/uploads/2018/01/GCDP-Report-2017\\_Perceptions-ENGLISH.pdf](http://www.globalcommissionondrugs.org/wp-content/uploads/2018/01/GCDP-Report-2017_Perceptions-ENGLISH.pdf)

## **PART TWO – REFORMING OUR DRUG LAWS AND INVESTING IN HEALTH WILL IMPROVE WELLBEING OUTCOMES FOR GENERATIONS OF YOUNG PEOPLE**

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### **Young people can overcome addiction but not a conviction**

Young people and Māori are disproportionately represented in our criminal justice system

10. The Misuse of Drugs Act (MoDA) 1975 criminalises people who struggle with addiction, instead of supporting them.
11. Young people and Māori are disproportionately represented in conviction and imprisonment rates:
  - Māori make up 15% of our population but 41% of low-level drug convictions<sup>15</sup>
  - almost half of low-level drug convictions are for people under 30 years. 934 of those convicted each year are under the age of 24 years.

Young people and Māori already face many barriers to getting help. The law should not be one of them.

12. Drug convictions make it difficult – if not impossible – for young people to obtain jobs, travel, obtain credit and generally participate in society. Children and young people also have poorer outcomes when their parents are convicted or imprisoned for drug use.

### **Reform our drug laws to treat drug use as a health issue and not a crime**

13. We would like to see the Misuse of Drugs Act 1975 replaced by a law that treats drug use and possession as a health and social issue, not a crime.
14. This will help keep young people in school, supported by their parents, and out of the criminal justice system.

### **Ensure equitable outcomes by investing in a range of drug education, harm reduction and treatment services**

Young people and whānau facing addiction issues need better support

15. Young people and whānau who are struggling with drug use are met with massive, sometimes insurmountable barriers when trying to get help. Strict criteria, long waiting lists, difficult locations and unsuitable services all prevent people from accessing support.

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<sup>15</sup> Ministry of Justice. (2018). Response to an Official Information Request from New Zealand Drug Foundation.

16. Each of these barriers can impact on getting help. Compounding barriers can make seeking treatment impossible for some people, especially those who are socially or economically marginalised.
17. We need to properly resource drug education and prevention, harm reduction and treatment. Services need to be supported to remove barriers to harm reduction and treatment services, and ensure equitable outcomes for everyone.

## **PART THREE – KEEP YOUNG PEOPLE IN SCHOOL AND HELP THEM THRIVE**

### **Schools need to support students to stay engaged in education**

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Alcohol and other drug use is one of the most common reasons students are excluded or expelled from school.

18. Every year over one thousand young people are excluded or expelled from school. The majority are Māori and/or from low income families. In 2017, 1044 people under 16 years were excluded<sup>16</sup>. Alcohol and drugs are cited as one of the most common reasons for exclusion.
19. Removing the opportunity to learn is likely to have a greater impact on a student's future mental wellbeing than drugs and alcohol themselves. Schools are a major protective factor for reducing both alcohol and other drug harms, and overall wellbeing<sup>17</sup>. We need to keep people engaged in education for as long as possible – including those struggling with alcohol and drug issues.

### **Schools and Boards of Trustees should not have the power to exclude students**

20. We recommend removing the power of exclusion of students under the age of sixteen from all schools. We need to make sure that all schools move away from a 'punishment approach' towards an evidence-based learning model where students are supported to stay engaged in education for as long as possible.

### **Give schools incentives to use proactive approaches to keep students engaged**

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21. The school system should have equity as a central focus. Unfortunately, the competitive nature of the current system incentivises schools to look after the interests of students who are able over those who are not. This system leads some schools to prioritise their public image of high academic achievement levels over the needs of students who need more support to succeed.

### **Incentivise schools to support student wellbeing to improve learning outcomes and engagement**

22. Drug and alcohol use can reduce student attendance and achievement. Many New Zealand schools are proactive about identifying slipping attendance and achievement, and these signs indicate a great opportunity to provide support. The earlier support can be provided and students are re-engaged with learning and extracurricular activities, the better those students' chances of success.

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<sup>16</sup> Ministry of Education. (2018). Response to an Official Information Request from New Zealand Drug Foundation.

<sup>17</sup> Matua Raki. (2017). Bridging the gap: Young people and substance use. Wellington: Matua Raki. Retrieved from <https://www.matuaraki.org.nz/uploads/files/resource-assets/MR-Youth-AOD-resource-WEB.pdf>



23. Schools can take these actions to improve student wellbeing and reduce the harms caused by alcohol and other drugs:

- Build a positive school environment, where students feel like they belong and that their wellbeing is important.
- Provide several opportunities to engage in outside of class activities throughout the year.
- Provide students with opportunities to develop skills in critical thinking, especially about what the social norms in their community are.
- Identify students with slipping attendance or achievement, and get them support as early as possible.

### **Universalise evidence-based approaches, such as Tūturu, that create school-wide approaches to improve student wellbeing**

24. Tūturu is a pilot programme led by the New Zealand Drug Foundation and supported by Odyssey. The programme helps schools and services work together to improve student wellbeing and prepare students for a world where drugs and alcohol exist. This pilot has included co-created teaching and assessment resources, professional development workshops, and student-led action.

25. Tūturu has oversight from the Ministries of Education and Health, Health Promotion Agency, and NZ Police. It is being evaluated by the New Zealand Council for Educational Research. Tūturu can be used by more schools and can be broadened to cover more wellbeing areas.

### **Strengthening health education will have lifelong benefits**

26. Young people need to be prepared to live in a world where alcohol and other drugs exist and supported to make positive decisions. Schools should be equipping students with self-management skills and knowledge about drugs through the health learning area of the curriculum. However, there is variation on how this part of the curriculum is resourced and taught.

27. Schools prioritise learning in areas such as literacy and numeracy, which has reduced the time available to teach other learning areas like health. The health learning area has a robust curriculum behind it that could have massive benefits for student wellbeing if it was effectively implemented.

28. The health learning area needs to be prioritised. And teachers need to be equipped and resourced to deliver the programme effectively. This curriculum will support all young people to get the self-management, interpersonal, and critical thinking skills they need.

29. School-wide approaches, like Tūturu, and a strengthened health curriculum would support students to stay engaged at school and make safer choices about alcohol and other drugs. We would see significant improvements in their overall wellbeing and reduced harm from drugs.

## **FINAL RECOMMENDATIONS**

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- 1. Tackle social issues, such as housing, employment and income inequality, to reduce the harms to children and young people affected by drug use**
- 2. Treat drug use as a health issue by reforming New Zealand's drug laws so young people won't continue to be criminalised**
- 3. Invest in drug prevention, harm reduction and education**
- 4. Keep young people in school and help them thrive**
  - Remove the right of schools and Boards of Trustees to exclude students under the age of sixteen.
  - Change the incentives that lead to competition between schools.
  - Instead, give schools incentives to use proactive, school-wide approaches to keep students engaged.

Please note that your submission will become official information. This means that the Department of the Prime Minister and Cabinet may be required to release all or part of the information contained in your submission in response to a request under the Official Information Act 1982.

The Department of the Prime Minister and Cabinet may withhold all or parts of your submission if it is necessary to protect your privacy or if it has been supplied subject to an obligation of confidence.

Please tell us if you don't want all or specific parts of your submission released, and the reasons why. Your views will be taken into account in deciding whether to withhold or release any information requested under the Official Information Act and in deciding if, and how, to refer to your submission in any possible subsequent paper prepared by the Department.