



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

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.

Contact Name:	Dr Taisia Huckle
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Phone Number:	9(2)(a)
Organisation Name:	SHORE & Whariki Research Centre, Massey University
Organisation description: (tell us about your organisation – i.e. who do you represent? How many members do you have? Are you a local or national organisation?)	SHORE & Whariki Research Centre We are two multidisciplinary academic research groups working in a Treaty of Waitangi partnership model to produce excellent research with the aim of improving health and wellbeing in Aotearoa, New Zealand and globally. We are situated within the College of Health, Massey University with around 25 research staff.
Executive Summary: (Please provide a short summary of the key points of your Submission - 200 words)	The definition of outcome 13 should include a statement on building health-promoting environments around young people, where healthy choices about e.g. alcohol are easier to make. The wording at present does not leave room to address the large impact that commercial determinants of health such as alcohol marketing , high levels of availability and products that appeal to children and young people such as ready to drinks have on alcohol consumption choices.

Submission Content

(13) Children and young people are supported to make positive decisions about alcohol

Comments on Outcome 13:

- We note the **wording of Outcome 13** focuses mainly on informed choice and individual responsibility.

We strongly recommend it should include a statement on **building health-promoting environments around young people, where healthy choices about e.g. alcohol are easier to make.**

The wording at present does not leave room to address the large impact that **commercial determinants** of health such as **alcohol marketing**, high levels of **availability** and products that appeal to children and young people such as **ready to drinks** have on consumption choices. Conversely, there is no evidence that expensive mass media campaigns to inform people of healthy choices around alcohol lead to changes in behaviour.

Key points:

Alcohol marketing

- There is a strong argument that alcohol marketing is unethical because children do not have the cognitive ability to determine the persuasive intent of advertising (Brucks et al 1988, Todd 2010).
- This means that children believe the messages portrayed by advertising and are therefore vulnerable to manipulation by alcohol industry messages about alcohol.
- In New Zealand among a sample of 13-14 year olds (Lin et al 2011),
 - Engagement with web-based marketing increased the odds of being a drinker by 98%
 - Engagement with traditional marketing channels increased the odds of being a drinker by 51%.
 - Brand allegiance increased the odds of being a drinker by 356% and increased the likelihood of non-drinkers reporting future drinking intentions (by 73%).
 - Brand allegiance was also associated with more frequent alcohol consumption (1.65 times more drinking occasions per year) and 86% more alcohol consumed on a typical occasion.
- The highest exposure rates of alcohol marketing among children ages 11-13 years in New Zealand are found among Māori (5.4 times higher than New Zealand European) and Pacific (3.0 times higher than New Zealand European) (Chambers 2018).
- In New Zealand, children encounter alcohol marketing on 85% of their visits to alcohol retailing supermarkets (Chambers et al 2017).

Availability

Children in New Zealand are exposed to alcohol in supermarkets and many children travel past alcohol outlets on the way to and from school. The regular exposure to alcohol outlets normalises alcohol consumption among children in New Zealand.

Availability and disadvantage

Alcohol also remains very cheap and highly accessible, more so in poorer communities, which adds to health inequities. Those living in poverty are likely to experience compounding associations such as exposure to more adverse environmental settings related to alcohol e.g. with higher density of alcohol outlets found in areas of high deprivation likely also resulting in exposure to more advertising via shop fronts (Huckle et al 2018). Higher density of alcohol outlets is associated with heavier drinking among 12-17 year olds (Huckle et al 2008).

Alcohol products that appeal to children

The availability of products such as ready to drinks, which are sweet and palatable to children and young people, can encourage drinking. By age 14-17 in NZ, ready to drinks are associated with heavier drinking among females (Huckle et al 2008).

Recommended approaches and strategies:

- The World Health Organisation and [international literature on alcohol](#) highlight that increasing prices and reducing exposure to marketing are among the most cost-effective measures to reduce harmful consumption of alcohol, particularly by young people. We (and a majority of the public) strongly support implementing the Law Commission’s recommendations to reduce young people’s exposure to alcohol and alcohol marketing by
 - placing strict legal restrictions on alcohol advertising and marketing (this must now include advertising online as a rapidly growing marketing stream)
 - progressively removing alcohol sponsorship of sports, recreational and cultural events

Also,

- Increasing tax on alcohol
 - Restricting availability of alcohol
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- We suggest continued support for programmes and services like CAYAD which address local community norms, practices and policy around alcohol and other drug use, and increase positive opportunities for young people in education, recreation and employment.

Refs

The ethics of marketing to children. S, Todd in Understanding Children as Consumer’s. Sage publications limited 2010.

Brucks, M., Armstrong, G., and Goldberg M. Children's use of cognitive defences against television advertising: A cognitive response approach. *Journal of Consumer Research* 14 (March): 471-482.

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Huckle, T., Romeo, J.S., Wall, M., Callinan, S., Holmes, J., Meier, P., Mackintosh, AM., Piazza, M., Chaiyasong, S., Cuong, P., and Casswell, S. Socio-economic disadvantage is associated with heavier drinking in high but not middle-income countries participating in the International Alcohol Control Study. *Drug Alcohol Rev.* 2018 Aug; 37(Suppl Suppl 2): S63–S71.

Huckle, T., Huakau, J., Sweetsur, P., Huisman, O., and Casswell, S.

Density of alcohol outlets and teenage drinking: living in an alcogenic environment is associated with higher consumption in a metropolitan setting. *Volume 103, Issue 10.* October 2008. Pages 1614-1621.

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Chambers, T., Pearson A.L., Stanley, J., Smith, M., Barr, M., Ni Mhurchuc, C and Signal, L. Children's exposure to alcohol marketing within supermarkets: An objective analysis using GPS technology and wearable cameras. *Health & Place* Volume 46, July 2017, Pages 274-280.

Chambers, T., Stanley, J., Signal, L., Pearson, A.L., Smith, M., Barr, M., Ni Mhurchu, C. Quantifying the Nature and Extent of Children's Real-time Exposure to Alcohol Marketing in Their Everyday Lives Using Wearable Cameras: Children's Exposure via a Range of Media in a Range of Key Places, *Alcohol and Alcoholism*, Volume 53, Issue 5, 1 September 2018, Pages 626–633.

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.