

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:	Rachel Nicholls
Email Address:	rachel@cancer.org.nz
Phone Number:	04 4947272
Organisation Name:	The Cancer Society of NZ
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?)	National charity with local divisions 100% community funded Peak cancer prevention and supportive care organisation
Executive Summary: (Please provide a short summary of the key points of your Submission - 200 words)	<ul style="list-style-type: none">• This Strategy defines ‘children’ as all those young people aged under 18 years. Children and adolescents have very different needs and challenges that may not necessarily be best addressed within one strategy. A number of health behaviours that typically begin during adolescence can have a devastating impact on the risk of non-communicable diseases (NCDS) including cancers. This burden disproportionately impacts on our low income, Māori and Pacific communities.• Preventing tobacco initiation and exposure to second-hand tobacco smoke should be included as a priority focus area in this strategy because of the impact tobacco has on young people. It is a significant cause of poor health of our children, absenteeism from school, and exacerbates household poverty. Smoking during and beyond pregnancy is the leading cause of Sudden Unexpected Death in Infancy (SUDI) and foetal exposure to tobacco smoke increases the risk of long-term physical, mental and behavioural problems.

	<ul style="list-style-type: none"> Protecting young people from excessive UVR exposure should also be included as a priority focus area in this strategy. NZ has the highest rate of skin cancer in the world. The risk of developing melanoma is strongly related to a history of sunburns during childhood and adolescence. Yet most skin cancers could be prevented by adequately protecting them from sun exposure. The most effective interventions to modify the risk factors for cancers are those that make healthy choices the easiest choices. Individual factors are not the key determinants. We urge a commitment to creating and expanding supportive environments to reduce the harmful impacts of tobacco and alcohol and excessive UVR exposure (along with unhealthy diets and physical inactivity- already addressed this way in this strategy). Such interventions are outlined below. We appreciate the recognition of the myriad and complex factors that impact on young people’s well-being, but we consider that the 16 potential focus areas are extremely ambitious and addressing the huge number and complexity of these focus areas requires prioritisation, identification of proven interventions and a commitment to evaluation and refinement. <p>Thank you for the opportunity to make this submission, we look forward to providing further input.</p>
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Submission Content

The framing of wellbeing for the initial strategy

The Cancer Society supports the framing of wellbeing for the initial strategy and applauds the DPMC for the inclusion of the broader determinants of health and wellbeing. As a peak cancer prevention and supportive care charity, the Cancer Society advocates for, and creates conditions which contribute to the health and wellbeing of our tamariki and rangitahi. SunSmart schools and tobacco control are probably the most well-known examples of our policy and practices that focuses on building healthy environments for young people. Along with excessive UVR exposure and tobacco control, we advocate to reduce other modifiable risk factors for cancer including an unhealthy diet, overweight and obesity, physical inactivity and the harmful use of alcohol.

We would like to emphasize that the wellbeing domains presented in the proposed outcomes framework also represent modifiable determinants of cancer. For example, ensuring that young people and their families ‘have what they need: a good standard of material well-being’ (domain 2) is essential in preventing cancer. Māori and Pacific, marginalised and socioeconomically deprived populations experience greater levels of premature mortality than their counterparts,

with cancer contributing to a large and increasing proportion of this premature death [1, 2]. Yet many cancers are preventable through the development of supportive conditions including good legislation and access to relevant services [3].

The proposed vision statement for the initial strategy

The Cancer Society supports the vision outlined in the Proposed Outcomes Framework but would appreciate consideration of the broad age group focus of this strategy. The included note states that this strategy defines 'child/children' as all those young people aged under 18 years. While we agree that childhood is a time where the foundation of good health and well-being is laid - children and young people have very different needs that may not necessarily be best addressed within one strategy.

Adolescence (defined by the WHO as people aged between the ages of 10 to 19 years) is a phase of rapid growth and development that is often characterised by developing self-sufficiency, sexual maturity, risk taking and other striking physical, sexual, psychological and social developmental stages [4]. Teens face new challenges as they move from childhood to adulthood that require unique recognition and support for them to flourish. From a cancer prevention perspective, adolescence is a critical period for laying the foundations for preventing non-communicable diseases. A number of health behaviours that typically begin during adolescence may have a devastating impact on the risk of non-communicable diseases during this time and in adulthood [5, 6]. For example:

- Long-term tobacco use typically begins with experimental smoking in adolescence [7]. It is also an age associated with a greater tendency for alcohol use and misuse, and for vulnerable young people experimentation will elevate their risk for serious health and social consequences [8].
- Healthy eating behaviours tend to be less common as rangatahi move through adolescence. For example, national surveys show that fruit and vegetable consumption is often inadequate and sugary drink consumption increases [9]
- Participation in physical activity declines during the transition from childhood to adolescence with physical activity increasingly replaced with sedentary activities [9]
- Sun protective behaviours are low and decrease in adolescence [10, 11]

We therefore propose that consideration is given to separate strategies that recognise the unique development stages of children and adolescents. This will enable targeted interventions to be developed that address their different needs and challenges and support their strengths.

The 16 potential focus areas proposed for the initial Strategy.

Tobacco:

We consider that preventing **tobacco** initiation and exposure to second hand smoke should be included as priority focus areas in this strategy for the following reasons:

- Tobacco use continues to have a devastating impact on our communities through direct use or second-hand smoke exposure. Smoking is a leading cause of preventable illness and premature death in New Zealand [12].
- Tobacco use is a significant cause of poor health of Māori and Pacific children and those living in poverty [13]
- Tobacco use is started and established primarily during adolescence and young adulthood in NZ [14]. Although tobacco use among adolescents is declining [15], **continued efforts are needed to prevent the use of tobacco among young people.**
- The financial hardships faced by many of our whanau is exacerbated by parental tobacco addiction. Spending on tobacco significantly reduces the income available for basic necessities for children living in low income families [16]
- Smoking caused illnesses result in absenteeism from school and work and loss of breadwinner's income [17, 18].
- Smoking during and beyond pregnancy is the leading cause of Sudden Unexpected Death in Infancy (SUDI). Foetal exposure to tobacco smoke increases the risk of long-term physical, mental and behavioural problems [19].

As the Ministry of Health states, reducing the harm from smoking remains the **single most effective method of improving public health and reducing health inequalities [18].**

UVR exposure

We consider that protecting young people from excessive **UVR exposure** should also be included as a priority focus area in this strategy. NZ has the highest incidence and mortality rates of melanoma skin cancer in the world [20].

The risk of developing melanoma is strongly related to a history of sunburns during childhood and adolescence [21]. Yet most skin cancers could be prevented by adequately protecting them from sun exposure, highlighting the importance of protecting New Zealanders from an early age [22].

Prioritisation and evaluation

We appreciate the recognition of the myriad and complex factors that impact on rangatahi well-being and the attempt to identify all factors in one coherent strategy. However, we consider that the sixteen potential focus areas are extremely ambitious and addressing the huge number and complexity of these focus areas requires prioritisation, identification of proven interventions and a commitment to evaluation and refinement. We look forward to contributing to this and have included some suggestions in the section following.

Your ideas for improving the wellbeing of children and young people and underpinning principles

The following interventions that we consider a priority address the development of supportive environments in which rangatahi live and play (with a focus on reducing the impact of harmful products – tobacco, alcohol and unhealthy food and beverages). This approach is addressed in this Strategy in relation to promoting healthy food and physical activity. However, we note that the

proposed strategy promotes a focus on individual behaviour for preventing alcohol harm: 'children and young people make considered and informed choices about alcohol, drugs...' (and preventing tobacco use and UV protection is absent).

We would like to emphasise that the most effective interventions to reduce the impact of harmful products and promote healthy behaviours are those that make healthy choices the easiest choices. Interventions that focus on individuals, including health education, while important, tend not to make a large and sustainable impact on behaviour [23].

Therefore, we urge that this strategy is also underpinned by a commitment to **creating supportive environments** to reduce the impact of harmful products and conditions and include the following interventions:

- Continue to reduce the affordability of tobacco and dedicate additional taxation revenue to support smokers to quit
- Reduce the number of tobacco outlets that can sell tobacco and prevent tobacco companies from targeting low income and Māori and Pacific communities
- Investment in comprehensive social marketing programmes
- Expand smokefree settings
- Regulate to restrict alcohol and unhealthy food marketing to young people
- Ban alcohol sponsorship of public events, including sports
- Increase alcohol taxation to reduce affordability
- A health levy on sweetened drinks
- Government mandated healthier food reformulation
- Healthy food and physical activity policies in schools and workplaces
- Enabling safe and convenient active transportation e.g. bike and walking paths.
- Attractive, affordable and convenient sports and recreation facilities that provide opportunities for young people to be physically active.

We support the commitment in this strategy to take young people's voices and views in to account and recognise that we could all do more to support this goal.

Thank you for this opportunity to make this submission and we hope to contribute further in the development of this important Strategy.

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.

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