

Written Submission

Petition of Open Forum for Health Information: Healthy Food and Drink in Schools on proposed changes to the promotion and provision of healthy drinks in schools

On April 7th 2022 The Ministry of Education launched a public consultation on the proposed changes to the promotion and provision of healthy food and drink in schools in New Zealand.

The consultation had three options for feedback

- Option 1: replace the existing NAG 5b with a duty in Regulations for all schools and kura to promote healthy food and nutrition, and a duty on all schools with students in years 1-8 to only supply healthy drinks to year 1-8 students.
- 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.
- Option 3: replace the existing NAG 5b with a duty in Regulations to promote healthy food and nutrition with no additional duties on school boards regarding the provision of healthy drinks.

Currently

- **New Zealand has the second highest prevalence of childhood obesity in the OECD,¹ and this is largely caused by a high intake of ultra-processed foods and drinks.**
- **New Zealand has the lowest youth mental health scores in the OECD, ² and unhealthy diets are significantly associated with poor mental health scores, while healthy diets are associated with high scores.**

We identified three major problems with this consultation which lead us to instigate a petition in addition to presenting a submission to the consultation.

1. We have a health crisis in New Zealand in our young people which is related to our nutrition and there was no option which put a duty on all schools to only provide healthy drinks **and food**.
2. The consultation is being run by the Ministry of Education yet the outcomes of the consultation should also be considered by the Ministry of Health as food is a determinant of both health and health equity.
3. Māori and Pacific children are overrepresented in health problems relating to poor diet and this is an inequity in our society that needs to be addressed as soon as possible.

We respectfully request:

That the House of Representatives replace the existing nutrition guidelines for schools with a requirement that all schools and kura kaupapa Māori supply healthy, nutritious food, and create a duty on all schools (primary and secondary) to only provide healthy drinks and food.

Petition reason:

We believe that every child and young person in New Zealand deserves the best start to life and that what they eat and drink is vital for optimal physical and mental health.

We think that education is key to improving health outcomes in our community and that schools need to lead the way. We hope the Health Committee and Education and Workforce Committee will consider this petition.

We would like to acknowledge the work of the HCA Food Policy Expert Panel in creating this submission.

¹ UNICEF. The State of the World's Children. Children, Food and Nutrition. 2019

² UNICEF. Worlds of influence. Understanding what shapes child wellbeing in rich countries. 2020

Who are we?

Open Forum for Health Information was formed in the early eighties by a group of physicians and academics, pharmacists and health workers who believed the public deserves access to good health information.

One of our primary concerns has been the quality of our food supply and the link between what we eat and our health and well-being. Over the past forty years we have been advocating for more responsibility and accountability for what is in our food supply, how it is marketed to the population and the resulting health problems.

We are petitioning parliament with the support of:

- Health Coalition Aotearoa (HCA), an umbrella group of over 70 organisational and over 400 individual members of health professional associations, public health providers, not-for-profit NGOs and academics.
- The Royal New Zealand College of General Practitioners
- The New Zealand Dental Association
- The New Zealand Beverage Guidance Panel
- The New Zealand Cancer Society
- Te Puna Toiora, Mental Health and Nutrition Research Lab, University of Canterbury
- Along with over 1300 signatures from all over New Zealand

What we want

- Nutrition guidelines for all New Zealand schools with a requirement that all schools and kura kaupapa Māori supply healthy, nutritious food, and create a duty on all schools (primary and secondary) to only provide healthy drinks and food.
- A joint policy between the Ministry of Education and the Ministry of Health. The impact on health budgets provides the economic justification for prioritising healthy food and drink in schools and providing the amount of support necessary to implement an effective policy.
- For schools to be supported in creating a healthy food environment. There are inherent inequalities in our communities in knowledge of what is healthy food and drink. Schools need to be provided with good, scientific information presented in a way that is easily communicated to create understanding of what healthy food and drink is and why the school is implementing that policy. They should not all have to do this individually; it should be a nationwide programme that ensures equality.
- Acknowledging that there are different dietary requirements for different children does not exclude the capacity for providing a generic healthy diet for all children. If we make the base line a healthy nutritious diet, then that is far more adaptable for all children.
- All children deserve to get the benefits of a healthy food environment. There is no good rationale for excluding children younger or older than primary school age from these benefits. Most children and young people will spend a third of their life at an educational facility. During this time there should be a provision of care from the Ministry of Education that all children in New Zealand are given the same opportunity to be provided with healthy food and drink.

Why is Nutrition important?

An overwhelming body of research continues to show a direct link between what we eat and our mental and physical health.³

The health and wellbeing benefits which could flow to all children with healthier diets could include:

³ FAB Research, 23 Carlton Road Oxford OX2 7SA, registered charity (No SC034604) and a company limited by guarantee (Co No SC 253448), www.fabresearch.org.nz

- Lower risk of obesity and future chronic diseases, particularly diabetes, cardiovascular disease and some cancers.^{4 5}
- Improved mental health. A growing body of evidence links healthy nutrient-dense diets with more positive mental health in pre-adolescent and adolescent children both globally,^{6 7 8} and in New Zealand.⁹ Similarly, the reverse relationship applies with unhealthy/lower diet quality associated with depression and poor mental health.
- School and educational outcomes. Children with good health and nutrition perform better in school. Nutrition affects behaviour, learning, attendance, concentration and energy as well as physical health.^{10 11 12 13}
- Better sleep quality. High intakes of processed and free-sugar rich foods and caffeinated sugar sweetened beverages are associated with poorer sleep quality.^{14 15}
- Less bullying. Children who are overweight or obese are more likely to be bullied.^{16 17 18}

Why the status quo for nutrition in all schools and kura needs regulation

SchoolFERST10 was a 2016 survey of food policies and environments in 819 New Zealand schools which found

- Only 39.8% of schools reported having a written food and nutrition policy, most of which were not strongly worded or comprehensive.

⁴ Bramante CT, Thornton RLJ, Bennett WL, Zhang A, Wilson RF, Bass EB, et al. Systematic Review of Natural Experiments for Childhood Obesity Prevention and Control. *Am J Prev Med.* 2019;56(1):147–58. Available from: <https://www.sciencedirect.com/science/article/pii/S0749379718322499>

⁵ World Health Organization. Nutrition action in schools: a review of evidence related to the Nutrition-Friendly Schools Initiative. Geneva; 2020.

⁶ O’Neil A, Quirk SE, Housden S, Brennan SL, Williams LJ, Pasco JA, et al. Relationship between diet and mental health in children and adolescents: a systematic review. *Am J Public Health.* 2014 Oct;104(10):e31–42

⁷ Jacka FN, Kremer PJ, Berk M, de Silva-Sanigorski AM, Moodie M, Leslie ER, et al. A prospective study of diet quality and mental health in adolescents. *PLoS One.* 2011/09/21. 2011;6(9):e24805–e24805.

⁸ Hayward J, Jacka FN, Skouteris H, Millar L, Strugnell C, Swinburn BA, et al. Lifestyle factors and adolescent depressive symptomatology: Associations and effect sizes of diet, physical activity and sedentary behaviour. *Aust NZ J Psych.* 2016 Oct 12;50(11):1064–73.

⁹ Kulkarni AA, Swinburn BA, Utter J. Associations between diet quality and mental health in socially disadvantaged New Zealand adolescents. *Eur J Clin Nutr.* 2015;69:79–83

¹⁰ Kesztyüs D, Wirt T, Kobel S, Schreiber A, Kettner S, Dreyhaupt J, et al. Is central obesity associated with poorer health and health-related quality of life in primary school children? Cross-sectional results from the Baden-Württemberg Study. *BMC Public Health.* 2013;13(1):260.

¹¹ Bryan J, Osendarp S, Hughes D, Calvaresi E, Baghurst K, van Klinken J-W. Nutrients for Cognitive Development in School-aged Children. *Nutr Rev.* 2004 Aug 1;62(8):295–306.

¹² Dr Patricia Holborow’s Phd *Studies in Hyperactivity*, 1986

¹³ Rucklidge and Kaplan, “The Better Brain, How Nutrition Will Help You Overcome Anxiety, Depression, ADHD and Stress, Vermillion, 2021

¹⁴ Godos J, Grosso G, Castellano S, Galvano F, Caraci F, Ferri R. Association between diet and sleep quality: A systematic review. *Sleep Med Rev.* 2021;57:101430. 12

¹⁵ Franckle RL, Falbe J, Gortmaker S, Ganter C, Taveras EM, Land T, et al. Insufficient sleep among elementary and middle school students is linked with elevated soda consumption and other unhealthy dietary behaviors. *Prev Med.* 2015;74:36–41.

¹⁶ Rupp K, McCoy SM. Bullying Perpetration and Victimization among Adolescents with Overweight and Obesity in a Nationally Representative Sample. *Child Obes.* 2019 May 7;15(5):323–30.

¹⁷ Thompson I, Hong JS, Lee JM, Prys NA, Morgan JT, Udo-Inyang I. A review of the empirical research on weight-based bullying and peer victimisation published between 2006 and 2016. *Educ Rev.* 2020 Jan 2;72(1):88–110.

¹⁸ Farrant B, Utter J, Ameratunga S, Clark T, Fleming T, Denny S. Prevalence of Severe Obesity among New Zealand Adolescents and Associations with Health Risk Behaviors and Emotional Well-Being. *J Pediatr.* 2013;163(1):143–9.

- The majority of schools were found to operate a mainly unhealthy food service, with most menus containing <40% of everyday healthy items.
- Secondary schools were more likely than primary schools to sell food at school, have vending machines, not have a food policy, and face more barriers to providing healthier foods and were less likely to have a Water and Milk only policy compared to primary schools.
- Primary and secondary schools had equally high (~80% of schools) levels of using foods (mostly unhealthy foods) as a fundraiser and high proportions of unhealthy foods and beverages on the menus.¹⁹

As noted by the Ministry of Health, it is important to create an education environment for children and young people where healthy choices are easy and normalised.²⁰

Secondary schools need to be included in regulations as adolescents generally have unhealthier diets than primary school children (including much higher sugary drink consumption) and a high prevalence of nutrition-related health problems such as obesity, dental caries, and poor mental health.^{21 22}

The Crown's Te Tiriti obligations

The reason for specifically considering the Te Tiriti obligations is that there is a very high risk that the Crown will perpetuate its ongoing breaches of Te Tiriti by allowing its schools to feed tamariki Māori the types of food and drinks that are creating obesity, dental decay and mental health problems, thereby, limiting the ability of students to achieve mauri ora and pae ora.²³

Inequities in the population

Long-standing inaction on healthy foods and drinks in schools by successive governments has contributed to structural inequities.

Māori and Pacific children are overrepresented in health problems relating to poor diet and this is an inequity in our society that needs to be addressed as soon as possible. Disruption of access to traditional food resources and the marketing of a diet poor in nutrition, high in sugar and salt and with flavour and colour additives is part of the history of colonisation and the damage caused is intergenerational. The latest data from the New Zealand Health Survey 2020/21 shows that 21% of Pacific children aged 2-14 consume three or more fizzy drinks per week, Māori (20%), New Zealand European and other (9%) and Asian (6%) kids.

¹⁹ D'Souza E, Vandevijvere S, Swinburn B. The healthiness of New Zealand school food environments: a national survey. *Aust N Z J Public Health*. 2022 Mar 17. doi: 10.1111/1753-6405.13210.

²⁰ Ministry of Health. *Healthy Food and Drink Guidance – Schools*. Wellington; 2020

²¹ Ministry of Health, New Zealand Health Survey 2020-2021. *Annual Update of Key Results 2020/21: New Zealand Health Survey | Ministry of Health NZ 2021*

²² 9 Kulkarni AA, Swinburn BA, Utter J. Associations between diet quality and mental health in socially disadvantaged New Zealand adolescents. *Eur J Clin Nutr*. 2015;69:79-83 10D'Souza E, Vandevijvere S, Swinburn B. The healthiness of New Zealand school food environments: a national survey. *Aust N Z J Public Health*. 2022 Mar 17. doi: 10.1111/1753-6405.13210

²³ Ministry of Health (2022). He Korowai Oranga. <https://www.health.govt.nz/our-work/populations/maorihealth/he-korowai-oranga>

Will changing nutrition regulations in schools impact health?

An overwhelming body of evidence globally has found mandatory school food policies which improve the school food environment can improve dietary patterns and reduce BMI in children. ^{24 25 26 27 28 29 30 31 32 33 34}

- Mandatory regulations on the foods sold in schools has led to reductions in sugar sweetened beverages, energy and saturated fat intakes and increases in fruit and vegetables intakes.
- A review of 26 studies found that government-led mandatory policies were more effective than voluntary policies in reducing intakes of unhealthy foods and beverages and reducing the prevalence of overweight/obesity.
- A mandatory school food policy will be pro-equity and evidence in other countries supports favourable outcomes in low-income minority populations and high-income populations.
- Whole school approaches, where environmental and behaviour change are embedded within school policy alongside food and nutrition education, hold the most promise in improving dietary intakes of young people.

²⁴ Bramante CT, Thornton RLJ, Bennett WL, Zhang A, Wilson RF, Bass EB, et al. Systematic Review of Natural Experiments for Childhood Obesity Prevention and Control. *Am J Prev Med* [Internet]. 2019;56(1):147–58. Available from: <https://www.sciencedirect.com/science/article/pii/S0749379718322499>

²⁵ World Health Organization. Nutrition action in schools: a review of evidence related to the Nutrition-Friendly Schools Initiative. Geneva; 2020.

²⁶ Rose K, O'Malley C, Eskandari F, Lake AA, Brown L, Ells LJ. The impact of, and views on, school food intervention and policy in young people aged 11–18 years in Europe: A mixed methods systematic review. *Obes Rev* [Internet]. 2021 May 1;22(5):e13186. Available from: <https://doi.org/10.1111/obr.13186>

²⁷ Williams AJ, Henley WE, Williams CA, Hurst AJ, Logan S, Wyatt KM. Systematic review and meta-analysis of the association between childhood overweight and obesity and primary school diet and physical activity policies. *Int J Behav Nutr Phys Act* [Internet]. 2013 Aug 22;10:101. Available from: <https://pubmed.ncbi.nlm.nih.gov/23965018>

²⁸ Pineda E, Bascunan J, Sassi F. Improving the school food environment for the prevention of childhood obesity: What works and what doesn't. *Obes Rev* [Internet]. 2021 Feb 1;22(2):e13176. Available from: <https://doi.org/10.1111/obr.13176>

²⁹ Micha R, Karageorgou D, Bakogianni I, Trichia E, Whitsel LP, Story M, et al. Effectiveness of school food environment policies on children's dietary behaviors: A systematic review and meta-analysis. *PLoS One* [Internet]. 2018 Mar 29;13(3):e0194555–e0194555. Available from: <https://pubmed.ncbi.nlm.nih.gov/29596440>

³⁰ Afshin A, Penalvo J, Del Gobbo L, Kashaf M, Micha R, Morrish K, et al. CVD Prevention Through Policy: a Review of Mass Media, Food/Menu Labeling, Taxation/Subsidies, Built Environment, School Procurement, Worksite Wellness, and Marketing Standards to Improve Diet. *Curr Cardiol Rep* [Internet]. 2015 Nov;17(11):98. Available from: <https://pubmed.ncbi.nlm.nih.gov/26370554>

³¹ Chriqui JF, Pickel M, Story M. Influence of School Competitive Food and Beverage Policies on Obesity, Consumption, and Availability: A Systematic Review. *JAMA Pediatr* [Internet]. 2014 Mar 1;168(3):279–86. Available from: <https://doi.org/10.1001/jamapediatrics.2013.4457>

³² von Philipsborn P, Stratil JM, Burns J, Busert LK, Pfadenhauer LM, Polus S, et al. Environmental interventions to reduce the consumption of sugar-sweetened beverages and their effects on health. *Cochrane Database Syst Rev* [Internet]. 2019 Jun 12 [cited 2021 Apr 23];(6). Available from: <http://doi.wiley.com/10.1002/14651858.CD012292.pub2>

³³ Vézina-Im L-A, Beaulieu D, Bélanger-Gravel A, Boucher D, Sirois C, Dugas M, et al. Efficacy of school-based interventions aimed at decreasing sugar-sweetened beverage consumption among adolescents: a systematic review. *Public Health Nutr* [Internet]. 2017/02/08. 2017;20(13):2416–31. Available from: <https://www.cambridge.org/core/article/efficacy-of-schoolbased-interventions-aimed-at-decreasing-sugarsweetened-beverage-consumption-among-adolescents-a-systematicreview/73345A3DF8BB7102F7D45174CEA68914>

³⁴ Johnson T, Weed LD, Touger-Decker R. School-Based Interventions for Overweight and Obesity in Minority School Children. *J Sch Nurs* [Internet]. 2011 Oct 24;28(2):116–23. Available from: <https://doi.org/10.1177/1059840511426147>

In Summary

We want parliament to insist that a strong policy for Healthy Schools is adopted in New Zealand

- Healthy foods and drinks in schools is the expectation of the Ministry of Health as outlined in their Healthy Food and Drink Guidance for Schools.
- Many schools, often in more disadvantaged areas, have managed to successfully implement healthy foods and drinks policies and have seen the benefits for the children's health and education.
- Many countries mandate healthy foods and drinks in schools.
- Healthy foods and drinks requirements are already being implemented in the Ka Ora, Ka Ako programme across 25 % of schools nationally³⁰ and early benefits are being seen.
- A NZ-based 2015 survey found over 90% of parents and caregivers supported schools limiting children's access to sugary drinks and foods and high fat foods. There was greater support from parents and caregivers living in the most deprived neighbourhoods.
- The magnitude of the nutrition-related health burden and health inequities among children warrant a strong response – a light touch approach in areas where it is least problematic has already been trialled and been shown to fail tamariki.
- A strong policy is the only appropriate way of fulfilling the Crown's obligations under Te Tiriti.

This petition has the support of:

Health Coalition Aotearoa

Health Coalition Aotearoa is an umbrella group of over 70 organisational and over 400 individual members of health professional associations, public health providers, not-for-profit NGOs and academics committed to improving health and health equity through the reduction of harm caused by tobacco, alcohol and unhealthy food. HCA members are committed to ensuring healthy food environments for children and believe that the Ministry of Education's preferred option for the new Regulations on food and drink is far too weak because it excludes secondary school children and it excludes food - focussing only on healthy drinks in primary schools, which is the least of the problems. HCA strongly supports the Open Forum for Health Information NZ's call for the new Regulations to cover: ALL schools (not just primary); ALL food and drinks (not just drinks), and; ALL aspects of school food (including classroom rewards, school events and fundraising as well as school food and drinks sales or provision).

The Royal New Zealand College of General Practitioners

The Royal New Zealand College of General Practitioners (The College) is the largest medical college in New Zealand. Our membership of 5,748 general practitioners comprises almost 40 percent of New Zealand's specialist medical workforce. The Rural Division of Hospital Medicine also sits within the College's academic remit of vocational training of doctors working in rural hospitals. Our members work in both urban and rural settings, are funded through capitation and co-payment in a variety of primary and community settings. The College kāupapa is to set and maintain education and quality standards for general practice, and to support our members to provide competent and equitable patient care.

Specialist General Practitioners encourage patients and their whānau to achieve or maintain a healthy weight by providing healthy living advice to patients, and engaging whānau in the management of the long-term health consequences of obesity. We respond to the obesity epidemic by making a concerted effort to engage with patients and their whānau on achieving or maintaining a healthy weight, and support evidence-based population health strategies which impact positively on health.³⁵

The College is an active member of the Health Coalition Aotearoa³⁶ and the Council of Medical Colleges. Both play a key role in leading collective action on the obesity epidemic. We note that the long-term consequences of obesity on children throughout their life-course is the cause of unprecedented increases in long-term preventable illnesses obesity, and it is a cost to whānau, populations and the health system. Obesity is also an equity issue.³⁷

The government's proposed changes to the promotion and provision of healthy drinks in schools and provides three options, but none address the food provided in schools and only one suggests including secondary schools in the supply of healthy drinks.

We support the Open Forum on Health Information petition which advocates for replacement of the existing nutrition guidelines in schools and requires that:

³⁵ Council of Medical Colleges. Obesity in New Zealand. Statement by the Council of Medical Colleges in New Zealand. 2015.

³⁶ Health Coalition Aotearoa. A collective of health, consumer, community organisations, and academic leaders with expertise in many aspects of health including, tobacco, alcohol, and unhealthy food.

³⁷ The Royal New Zealand College of General Practitioners. Tackling the growing obesity epidemic: a general practice perspective. 2014. Wellington. Available at: <https://www.rnzcgp.org.nz/assets/documents/Standards--Policy/16DecFINALPolicyBriefDecember2014.pdf>.

1. All schools provide a healthy food environment that encourages healthy eating and supports the health, well-being and learning abilities of children and young people in their care.
2. The existing Nutrition guidelines for schools are replaced with a regulation that all schools and kura kaupapa Māori supply healthy, nutritious food, and a duty on all schools (primary and secondary) to only provide healthy drinks and food.

Key points ³⁸

- New Zealand is not on track to meet the WHO targets of no increase in adult obesity and diabetes from 2010 levels.
- While childhood overweight and obesity rates are more stable, they are at a very high level (one in three) with high disparities.
- Expert groups suggest a target of achieving 25% prevalence of childhood overweight and obesity with reduced disparities by 2025 is an appropriate target for Aotearoa/New Zealand. The food and drinks we serve to children and allow on school grounds is a health issue. Setting a national regulation for healthy food and drink in schools will make it easier for school boards and principals to apply best practice.
- We support the Ministry of Education's three key objectives:
 - All students continue to receive positive education on healthy food and nutrition.
 - Schools model healthy drink consumption behaviours for children at a young age.
 - The Regulations are reasonable and fit for purpose in all schools.

These broad objectives underpin the actions that will influence positive behaviours around healthy beverages choices. ³⁹

The proposed changes are important to reframe obesity.

The cause of obesity on an individual scale (imbalance of calorie expenditure to calorie consumption) has resulted in the issue to be framed as a personal responsibility. However, poor diets are a leading cause of preventable disease and while substantial gains can be made by health services, reactive approaches are unsustainable, do not solve issue and may lead to diet-related diseases such as type-2 diabetes, heart disease, stroke, kidney disease and many cancers. ⁴⁰

Government can do more to proactively support schools by creating the policy frameworks to address environmental factors contributing to obesity, and regulate to guide solutions of non-essential, energy dense and nutritionally deficient food that are multi-faceted, comprehensive and involve whole-of-society.

In summary

We support the view that every child and young person deserves the best start to life and that what they eat, and drink is vital for optimal physical and mental health. We suggest that schools have a key role in improving health outcomes in communities and are well positioned to take a lead in preventing obesity by creating the conditions for healthy food environments.

³⁸ Health Coalition Aotearoa. Why only wai? Let's give schools health food alongside drinks. Media Release. 7 April 2022. <https://www.healthcoalition.org.nz/why-only-wai-lets-give-schools-healthy-food-alongside-drinks/>

³⁹ New Zealand College of Public Health Medicine. Submission to the Ministry of Education: Consultation on introducing a healthy drinks only policy into primary schools. June 2022.

⁴⁰ Obesity Policy Coalition. Public health and consumer organisations call for food regulatory reform to put the health of Australians and New Zealanders first. 8 Jun2021. <https://www.opc.org.au/media/media-releases/call-for-food-regulatory-reform-put-health-first.html>

New Zealand Dental Association

The New Zealand Dental Association (NZDA) encourages more schools to show leadership on sugary drinks. The facts are clear - sugary drinks are one of the most significant causes of poor oral health. Sugary drink consumption is associated with problem behaviours, poor diet and nutrition and contributes to lower academic achievement.

NZDA runs public health campaigns encouraging dentists to support schools to become water-only.

The petition aligns with the NZDA *Consensus Statement on Sugary Drinks* which encourages the public to switch to water by working with schools and the Ministry of Education to introduce 'water only' policies in schools.

The New Zealand Beverage Guidance Panel

“It is time for the government to introduce enduring policy that will require all schools to only allow healthy drinks to be sold on school grounds. The adverse health outcomes of high sugary drink intake have long-term health effects such as illness, disability, premature mortality and also contribute to inequity in New Zealand. We believe that a diet high in sugar is a form of malnutrition in which unhealthy weight gain, type-2 diabetes and dental caries are predictable results.”

Dr Gerhard Sundborn

“We are planting positive seeds for the future of our children’s health and well-being. We are providing a coding and way of life that was the norm for our Pacific people historically.”

Lester Mohi, Deputy Principal of Glenview School

Te Puna Toiora, Mental Health and Nutrition Research Lab, University of Canterbury

“Schools play a crucial role in the education of our children. It is essential that they learn that there is a mismatch between our current ultra-processed food environment and their brain’s requirements,” “And sugary drinks provide nothing good for the brain – both in terms of excess sugar and being completely devoid of essential nutrients. These products do not belong in schools.”

Dr Julia Rucklidge, Professor of Clinical Psychology in the Department of Psychology at the University of Canterbury.

Open Forum for Health Information

It is our duty to ensure that we educate the next generation on the importance of healthy food and drink. To continue to allow so many children and parents to go through a health nightmare because our society and schools are reliant on profits from a commercialised food supply is wrong.

Shona Jaunas