

Health equity in Aotearoa has been left unaddressed for far too long. The longer we ignore it, the more urgent the issues will become and the greater the resources which are lost in terms of human potential and lives. The RACP is committed to making health the norm for all, now.

Our members look beyond a three-year election cycle for the resources to make and sustain the changes urgently needed to realise the promises of Te Tiriti o Waitangi – equity, active protection, and tino rangatiratanga for all people of Aotearoa. We recognise that good health is supported by much more than infrastructure or staff: we need to look at the factors that promote healthiness, and work outside our traditional borders to advocate, collaborate and create.

The RACP's vision for health equity in Aotearoa NZ is enduring. We want to see a more fair and just society for the year when Aotearoa commemorates the bicentennial of Te Tiriti o Waitangi in 2040.

Our vision for Aotearoa in 2040: our environments support whānau wellbeing

- All whānau have access to nutritious food which supports health and wellbeing
- Aotearoa NZ has established a harm reduction framework for alcohol in society, including greater regulation of advertising, marketing, sponsorship and availability
- High-cost payday lenders are no longer operating in Aotearoa

RACP recommendations to make whānau wellbeing the norm

Nutrition

- A life course approach to nutrition is emphasised, focusing on key points including parental diet, early childhood and adolescence where diet is an important component of optimal development
- The marketing and advertising of products contributing to unhealthy diets is centrally regulated

Alcohol

- Recommendations of the Law Commission's 2010 Review of alcohol legislation are revisited
- Introduce minimum-unit pricing for alcohol
- People can access support and resources to reduce alcohol use

High-cost loans

- No advertising or marketing of payday and high-cost lenders on TV, radio, print or Internet
- All third-tier lenders have an annualised interest rate for loans of no more than 20 per cent, in line with major financial institutions, such as banks



Nina is 4, and lives with 12 members her whānau. It's crowded and money is tight. The adults are doing shift work and caring for unwell whānau members – food needs to be cheap, easy to prepare and feed a lot of people. Most importantly, food needs to be filling – pasta, hot chips, bread.

Nina's mum and aunts will skip meals so that the children have more to eat. When Nina was born, her mum restricted her food intake so much her breast milk supply was affected. Nina and her siblings all have a few decayed teeth. They share a worn toothbrush and there's not always toothpaste. The tap water isn't fluoridated in the city they live in, and the children have sugary drinks often, which are cheaper than milk.

Food insecurity is a reality for many whānau

Healthy and nutritious diets are resource intense. Healthy foods such as fruits, vegetables, meat and milk products are expensive, and take time, knowledge and equipment to prepare. Whānau on low incomes are less likely to have access to these resources, and this pushes them towards options which are quick, cheap, and unhealthy.

Food insecurity impacts health outcomes

Food insecurity – where whānau have unreliable access to healthy food – is linked to higher risk of tooth decay and childhood obesity, and greater unmet need for health care, including unfilled prescriptions. Advertising has a significant effect on food choices, particularly for children and adolescents. Advertisements for unhealthy foods and drinks are inescapable in Aotearoa NZ on television and digital media platforms, as well as in our communities: there are three times more fast food and convenience stores in the poorest neighbourhoods compared to the wealthiest.

A raft of local and international evidence supports change at the systems level to address the political, social and economic determinants of poor nutrition and unhealthy diets. Aotearoa NZ is a land of plenty: ensuring all whānau have adequate incomes to access nutritious foods which supports healthy child development must be an urgent priority.

Breakfast clubs and lunch programmes are only effective when schools are open. During the COVID-19 lockdown, a child would have missed at least 10 meals a week if they relied on these initiatives regularly. Demand for food bank assistance and government emergency food grants surged during April and May 2020, showing that low household incomes and poor access to food lead to food insecurity.

Mark is 47, and lives in a small town. Mark's father struggled with alcohol addiction and mental health issues during his childhood. His father would spend most of his wages at the pub, leaving little money for rent, bills and food for the family. His dad had trouble holding down a job and had long stretches of unemployment. He became depressed and violent. Mark started drinking in his early teens, following his dad's death from liver cancer. He has used alcohol as a way to cope with stress, numb the memories of his childhood and 'zone out' since this time.



“*Drinking for me is a way to disconnect from my ex, from my childhood and from my Dad. It's a way to stay out of the world for a while*”

MARK ON WHY HE DRINKS

Action on alcohol in Aotearoa NZ

Alcohol use was characterised at the Mental Health and Addiction Inquiry hearings as “Our national love affair”.

Alcohol was introduced to Aotearoa NZ through colonisation and was accompanied by the progressive loss of land, language and culture for tangata whenua. The intergenerational trauma of colonisation and compounding of inequities has contributed to tāne and wāhine Māori being over-represented in alcohol-related harm, including being more than twice as likely to die from an alcohol-related cause.

Aotearoa NZ does not have a healthy relationship with alcohol. We have all the evidence and the recommendations. Aotearoa NZ must take action to reduce alcohol harm, and this must start by reforming our alcohol laws.

The Law Commission made extensive recommendations in 2010 to regulate how alcohol is marketed, where it can be sold and lifting the purchasing age to 20. In 2014, the Ministerial Forum on Alcohol Advertising and Sponsorship called for alcohol advertising to be banned for sports events, sports broadcasting, and music events where 10 per cent of the audience is under 18. In 2020, no action has been taken on either report's recommendations.

\$7b

The estimated cost of
alcohol-related harm per year
in Aotearoa NZ

Improving access to support

We support system reform that sets how and where alcohol is purchased, promoted and accessed. We support improved access to alcohol and drug addiction treatments. We need to shift resources to ensure that people can easily access help, including at their local general practitioner. Evidence shows that even brief interventions in primary care can do a lot of good.

Increasing access to kaupapa Māori services is also essential. Most Māori access mainstream alcohol treatment services in Aotearoa NZ and questions have been raised about the cultural safety of these services, and how successful they are in providing treatment to whānau living with addiction. This must change if we are to reduce alcohol related harm.

The Level 4 COVID-19 lockdown saw 19 per cent of New Zealanders have an alcoholic drink every day. At Level 1, this returned to pre-COVID levels for most people, with 11 per cent reporting drinking every day. Importantly, the proportion of respondents reporting concern or harm from their own or someone else's drinking remained unchanged at one in eight.

Health Promotion Agency, [Post-lockdown Survey](#), 2020

Maria is 21 and works part-time as a cleaner at a large hotel. The hotel where Maria works applied for the wage subsidy, and although she was out of a job, she had enough to cover her immediate expenses, including her board.

She could also continue to make payments on a loan she had taken out the previous year before she had moved to the city. Maria was working part time, but her wages didn't go far enough. Although the loan was small (\$2000) the interest was high, and it grew quickly.



“I needed money when I moved here. With all this COVID stuff happening, money is tight – I could only pay for some bills, so I chose to keep paying the loan back. I'm still worried about debt collectors, because I've missed some payments”

MARIA ON HER PAYDAY LOAN

Strengthening regulation of Third-Tier Lenders

Household income is a key determinant of health. Household income determines the housing affordability, access to healthcare, the types of food available to eat, and funds left over to cover utilities, clothing, footwear, petrol and transport, and cover debt payments.

Many people are working multiple low-paid jobs which don't cover the cost of living for their whānau. If a big expense comes in, like car repairs, or school uniforms – people often turn to Third-Tier lenders, including payday and high-cost loans, who offer them a way to access what they need, but at a very steep price. Many whānau are often desperate, having few financial resources and poor credit histories making them vulnerable and at risk of exploitation.

While some action has been taken in this area, we believe the Credit Contracts Legislation Amendment Act did not go far enough, as it covered only the extreme end of non-banking financial lenders. There should be no advertising or marketing of Third Tier lenders on radio, print or the internet, as these companies use coercive techniques to target people at risk of financial harm. Further, all Third-Tier lenders should have an annualised interest rate for loans of no more than 20 per cent – this would bring all lenders more into line with retail banks, reducing inequity of access caused by poor credit history. Strengthening regulation will protect vulnerable whānau from becoming trapped in debt spirals, which cause undue hardship, deepen poverty and lead to ongoing mental distress.