

The State of Men's Health in Canterbury and New Zealand 2009: Identifying Trends and Opportunities

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Executive Summary

This research report has been completed to establish a better understanding of the current state of men's health in the Canterbury district and New Zealand as a whole. The issues facing men's health in Canterbury and New Zealand, and the opportunities that may be available to address some of the issues were explored. The information used was gathered through various sources including internet websites, journals, recent studies, local authorities and a number of people within the specific health fields.

Research was condensed into several different key health issues affecting men, with key statistics and hospitalisation rates identified. An overview of the key highlights and a conclusion for each reported issue completes each report. The key health issues reported on were Accidental Death and Suicide, Cancer, Emotional and Mental Health, Heart Disease and Injury Prevention and Treatment, Maori and Pacific Island Male Health, Sexual Health, Smoking, Drugs and Alcohol Abuse, Sport, Physical Activity and Nutrition, and Violence.

From the individual health issue reports, an overall conclusion and key recommendations was completed. The three major areas identified within this report are very similar to those that have been identified in other men's health reports, both nationally and internationally. This re-enforces the areas that need to be addressed as being vital to improving the health of men in Canterbury and New Zealand.

The three areas that require the implementation of projects and initiatives to improve the health of Canterbury and New Zealand men are; raising the awareness of men's health and the health risks that men of all ages face; improving the access to health services and making the pathways to these services more 'male-appropriate'; and removing myths and stereotypes held by men about men's health, therefore effecting behaviour change in men.

The order in which these outcomes are achieved will also be key to the success, with awareness needing to come first, the correct pathways to access services in place once this awareness is achieved, which in turn will lead to the behaviour change over time.

It is hoped that this report, along with the support of other reports already completed and anecdotal evidence and support from relevant stakeholders, will encourage the development of interventions to address these consistently identified areas of need. Funding to support the implementation of these projects and initiatives will need to be a key focus in advancing the work around men's health beyond that of just research. Men's Health is a topic that has little evidence-based intervention results to research in the first place; and one for which the research continues to identify the same issues and the same strategies to overcome these issues.

1. Summary on Accidental Deaths and Suicide in Canterbury Men

Accidental death and suicide is a significant contributor to injury, hospitalisation and death in New Zealand men. Young men are disproportionately represented in these statistics. Suicide rates in New Zealand are high with male youths, again, being the prominent age group.

Many of the key influences and factors around this area appear to lie in the psyche of New Zealand men.

Statistics and Breakdown

Research in this area tended to follow a similar pattern of young men being more susceptible than any other group to both accidental deaths and suicide.

Accidental Deaths

- In 2007, 76% of the 110 drownings were men (In New Zealand).(New Zealand Health Survey 2007)
- Forty one (80%) of the drowning victims this year have been male. The five year average is 43 (73%). (Water Safety New Zealand 2009)
- Young men are nearly four times as likely to die of injury and poisoning (37 deaths) compared to young women (10 deaths). This is due to the high rate of traffic injuries amongst young men. (CDHB Youth Mortality 1999-2001)
- 26,723 deaths in New Zealand in 2000. Of this 13,817 were male deaths. Of the 13,817 male deaths, 2.9% were accident related, 2.7% were by intentional self harm. (Mortality and Demographic data 2000)
- Males had 55.2% higher age-standardised rate of deaths than females
- In Canterbury in the past five years 156 males have been killed on the roads. At the same time, 986 men were seriously injured in road crashes in the region. In the 15-24 age group in the last five years 1,693 males were in reported injury crashes in Canterbury compared with 1,221 females.
- (Subject is trends of Mortality) Young people from 15-24 years have shown the least relative improvements (prominent cause of death is by accident) (Mortality and Demographic data 2000)
- Rangatahi Maori (young Maori) are at more risk of dying than are non-Maori young people

Suicide

- Since 1995 youth suicide rates have declined. The most recent data (provisional for the year 2000) shows that the youth suicide rate has now decreased for five consecutive years. The 15 to 24 age group now has the second highest rate. (Ministry of Youth Development 2003)

- Substance use disorders are associated with a three fold increase in suicide behaviour.
- In 2001, the all-ages sex ratio for suicide in New Zealand was 3.3 male suicides to every female suicide. The youth Suicide (15-24years) ratio was 3.7 male suicides to every female suicide.
- Fifteen is the most common age for thinking about suicide. 20.2% of the male 15 year old students had thought about killing themselves in the past 12 months. 6.2% had attempted to kill themselves. A worrying number of students (5.7% males) think it is unlikely or very unlikely to live to the age of 25 year old. (Youth Health Survey 2001)
- People aged 15-24 years have the highest rates of hospitalisation for self-inflicted injury. (Ministry of Health 2002)

Conclusion and Highlights

Research and statistics continually show young men aged 15-24 years as being the most prolific contributors towards accidental deaths and suicide in Canterbury men. After speaking to various stakeholders in the health sector, it would appear that this is due to the “untouchable” or “bullet proof” attitude a lot of young men tend to possess.

According to the Ministry of Youth Development in 2003, Motor Vehicle crashes are the main cause of death to 15-24 year olds. Suicide is second, followed by transport injuries and drowning. With this in mind, an increase in awareness and understanding of one’s emotional wellbeing as well as one’s physical and mental limits and restrictions needs to be implemented via the various projects targeting this age group.

On top of supporting current projects delivered by other organisations, additional access to information and greater understanding of the subject areas may help to reduce this attitude, thus reducing the levels of accidents and suicide. Again, these projects need to be targeted and relevant to the demographic and age group they are aimed at. This will mean delivery via different mediums at different times, with targeted messages, call to actions, stimuli for these diverse demographic and age group sectors.

This area of men’s health not only shows a strong bias towards young males, but it also shows a significantly strong bias towards men over women. As with many health statistics, men are considerably more at risk and are over-represented, and the area of accidental death and suicide is an excellent example of this.

2. Summary of Cancers in Canterbury Men

Cancer is a disease which involves a number of cells which can grow uncontrollably, invade or completely destroy nearby tissues, and can also spread to other parts of the body via lymph or the blood. The majority of cancers begin with a tumor, which can grow at a rapid rate, causing more health implications. Cancer can affect anyone, however; different cancers are more prominent in certain ethnicities, genders and age groups.

The main way of controlling and detecting cancerous growths is by having regular check ups. It is suggested men get prostate cancer checks annually once they reach 50 years of age. However, if there is a history of prostate cancer present in a person's family, screening from 40 years of age is suggested by Prostate Cancer Foundation of New Zealand. As for testicular cancer, self examination is suggested from a young age.

Cancer has been identified as being one of the primary players in Men's health and while advances in cancer treatments and diagnoses are progressing, cancer is still a leading killer among New Zealand men.

Hospitalisation Rates in Canterbury

When all of the forms of cancer are grouped together, they contribute to be the second largest cause of death and a major cause of hospitalisation in Canterbury. Over the past 3 years, there have been 1931 men hospitalised in Canterbury for Oncology reasons. The highest age group admitted was 65+ years with 54.89%. In specialist paediatric oncology, there were 1130 hospitalisations and of this, 66.11% were aged 5-14 years.

Statistics and Breakdown

There are three main cancers which affect men more frequently than women. These are prostate cancer, testicular cancer and skin cancer. Other cancers are present in men, but are not as common.

Prostate Cancer

- Prostate cancer is largely a disease of older men and is rare in men below the age of 50 (2004, National Health Committee)
- There were 594 deaths from prostate cancer in 2000, accounting for 14.4 % of male cancer deaths. (2000, Mortality and Demographic Data) By comparison, in 2000 there were 622 deaths from breast cancer (of which 1% are male) and each year about 80 New Zealand women die from cervical cancer. (Stats.co.nz 2009)

- Prostate cancer occurs mainly in men over 60, and is the most commonly diagnosed cancer in New Zealand men, aged 45 and over. Around 2,500 men are diagnosed annually. (Cancer Society 2008)
- Prostate cancers range from slow growing tumours to very aggressive tumours. Slow growing tumours are common and may not cause any symptoms or shorten a man's life. (National Health Committee 2004)
- From men registering with prostate cancer in Canterbury between 2003-05 (per 100,000 people) 125.7 Maori, 44.2 Asian and 180.2 European/Other men registered. Of this, 33.8 European/Other men died from this. (Canterbury DHB Health Needs Assessment 2008)

Testicular Cancer

- Testicular cancer is rare but is a cancer that occurs most in younger men 18-39 years. (Cancer Society 2008)
- Research suggests young men with undescended testis or a single testicle are more likely to get testicular cancer. (Source Unknown)

Skin Cancer

- Non melanoma skin cancers are the most common cancers in New Zealand. The most serious skin cancer is melanoma with over 900 men diagnosed each year. (Cancer Society 2008)

Other Cancer Statistics

- Around 1300 men are diagnosed with bowel cancer each year. (Cancer Society 2008)
- Of the 4,000 chemicals present in cigarette smoke, more than 60 have been identified as cancer causing chemicals. (Ministry of Health 2008)
- Of common cancers that effect both men and women, men have higher rates for many of them including lung, colorectal, pancreatic, melanoma and bladder cancer (NZHIS)
- Between 2003-05, per 100,000 people there were 194.7 Maori, 272.9 Pacific, 113.3 Asian and 156.2 European/Other male mortalities due to Cancer in Canterbury. (Canterbury DHB Health Needs Assessment 2008)

Conclusion and Highlights

Cancer continues to be one of the leading causes of illness and death in all New Zealanders with males having higher rates for many of the common cancers. While cancer can affect anyone, many cancers are significantly influenced by social, behavioural, environmental and genetic reasons.

While prostate cancer is receiving a significant growth in awareness and understanding, it is the single male specific cancer receiving such prominent attention. Comparatively, those cancers more specific to women, such as breast cancer and cervical cancer continue to receive significant investment and

support. While this awareness and support is to be commended, there seems to be a lack of acknowledgement that men, on average, are more affected by cancer than women.

Projects developed around early detection and social and lifestyle habits need to be considered when addressing improving cancer awareness and control in New Zealand men. These projects need to also be tailored to the different age groups and ethnicities to ensure the messages are efficiently and effectively delivered for maximum impact.

Cancer is often perceived as an “old person’s disease”. However, choices made and habits formed in early lifetime years, can drastically reduce the risks of many cancers. How to create this change in behaviour will be a major barrier to overcome.

3. Summary on Cardiovascular Disease in Canterbury Men

Cardiovascular disease include; Ischaemic Heart Disease, Stroke, Heart Attacks, Cerebrovascular Disease, Angina, and any other diseases relating to the vascular system.

Cardiovascular Disease can occur due to a number of different factors. These may be genetic or due to lifestyle behaviours. Some factors that contribute to cardiovascular disease include lack of physical exercise, poor diet, smoking and other drug use. While New Zealand is a relatively active nation, as explained in Physical Activity Report (SPARC 2008), diet is also another key variable contributor towards the levels of cardiovascular disease.

Hospitalisation Rates in Canterbury

Cardiovascular related hospitalisations can be broken into groups of Cardiology, Cardiothoracic surgery and Vascular surgery. Ischaemic heart disease is far and away the highest contributor to disability life years lost in both Maori and European New Zealand males according to the Ministry of Health.

90.27% of all male cardiovascular related hospitalisation (Cardiology, Cardiothoracic Surgery and Vascular Surgery) was for men 45 years and over.

Statistics and Breakdown

The following statistics were collected from a variety of sources. They present a number of issues relating to cardiovascular disease and the vascular system within New Zealand men.

- Men are significantly more likely to be taking medication for high Cholesterol than women. (New Zealand Health Survey 2006)
- Men are significantly more likely to be diagnosed with ischaemic heart disease than women and it occurs earlier in men than women. (New Zealand Health Survey 2006)
- There were 5973 deaths from ischemic heart disease in 2000 (3269 male and 2704 female). That's 54.7% male. (Mortality and Demographic Data 2000)
- In males the prevalence of heart disease is highest in Maori, followed by European/other, Pacific and Asian ethnic groups. (Eileen McKinlay 2005)
- Amongst Adults diagnosed with heart disease males were significantly more likely than females to receive medical treatment (aspirin, other medication, bypass surgery or angioplasty. (Eileen McKinlay 2005)
- In Rural Canterbury, of the 1198 men surveyed, 929 had high blood pressure. That's 77.5% - Breakdown in ethnic minorities, 4% were Maori, 0.08% were Pacific Islander and 95.9% were other. (Rural Canterbury PHO 2009)

Conclusion and Highlights

The statistics and research show cardiovascular disease to be the major contributor to disability life years lost, hospitalisation and death of New Zealand males. Proactive and reactive measures towards men's cardiovascular health need to be implemented given the extremely high representation that cardiovascular disease has in men's health statistics.

Many of the factors contributing to cardiovascular disease in men have the potential to be mitigated at a much earlier stage in a man's life. It is a change in behaviour as a result of a greater understanding and awareness that will, over time, achieve this.

Greater access to cardiac related health information and services, particularly for the "at risk" age group (45 years and over), will also help ensure greater awareness, early detection, decrease in health dollars spent and, inevitably, a decrease in loss of lives.

Projects and tools need to be developed that accurately and efficiently target different age groups and demographics at different stages of the cardiovascular disease prevention and detection life cycle.

4. Summary on Emotional/Mental Health in Canterbury Men

Emotional/mental health in New Zealand men has slowly achieved an increase in support and awareness. The John Kirwan depression campaign stands out as a key success in raising the awareness and accessing of emotional/mental health services. Emotional/mental health still plays a major part in the general health of all New Zealanders. It appears that all too often New Zealand men see mental health as a completely separate health concern despite the obvious and proven relationship that mental well-being has with general well being. Understanding this connection will go a long way towards tackling the issue of emotional/mental health in New Zealand males.

Hospitalisation Rates in Canterbury

Across all emotional/mental health hospitalisation rates in Canterbury, men in the age range of 25-44 years have consistently higher rates of admittance. In each area, more than 50% of total patients admitted come from this age group. The areas reported include adult mental health acute and patient services, adult mental health individual treatment services, forensic mental health medium secure, intensive care mental health services and psychiatric disability rehabilitation (inpatient - long term).

Statistics and Breakdown

The following statistics were collected from various sources, mainly from documents produced by the Ministry of Health. Emotional health is an area which is vital to a person's level of health, by sustaining a healthy mind, people are more likely to have a healthy lifestyle.

- Mental Illness becomes more common as young people move through adolescence (12-19yrs) (Ministry of Health, 2002)
- Common mental health issues among young people include anxiety, depression, conduct disorders and alcohol and substance misuse. These are risk factors of suicidal behaviour and self harm. (The Ministry of Youth Development 2003)
- Of people with substance use disorders in the past 12 months, 40% experienced an anxiety disorder and 29% experienced mood disorder (Oakley Browne et al. 2006)
- 74% of people with a substance abuse disorder attending outpatient treatment in two New Zealand clinics were diagnosed as having another co-existing mental health disorder (Adamson et al, 2006).

Conclusion and Highlights

Emotional/mental health in New Zealand men will continue to play a major role in the overall health of our society until such time as the relationships between many other health influences are better recognised and understood as key contributors to emotional/mental health.

Steps are being made towards this understanding with the Green Prescription (Grx) programme as an example. A number of Grx patients are now being referred for emotional/mental health conditions. However, the majority of Grx patients do tend to be female.

Emotional and mental health has such a long and varying continuum of levels of illness. While hospitalisation statistics cover those at the extreme end of the continuum, it is believed that the majority of men requiring emotional/mental health support and services, do not make it to the hospitalisation stage. While data on emotional and mental health can only be collected on those accessing services, the ideal outcome is that New Zealand males get to a healthy state of mental well-being where medical intervention and support is not required. In essence, this means that good emotional/mental health comes as a natural by-product of general health and well-being.

Projects focusing on general health, as well as addressing key influences in emotional/mental health (drug and alcohol use, physical activity and nutrition and sexual health) rather than specific emotional/mental health projects appear to be a better way of overcoming the growing problem of emotional/mental health in New Zealand men.

As with many of the influencing health issues, young and middle aged men (15 to 44 years) appear to be the largest at risk group. Given the correlation between the other influencing health issues is not surprising. This combined with the dramatic changes in social and physiological dynamics of a young mans life indicates a greater need for education, myth busting and pathways to services.

5. Summary on ACC Covered Injury and Treatment in Canterbury Men

New Zealand is an active nation, having a wide variety of sports and physical activities from surfing to snowboarding, rugby to golf and road running to mountain biking. With an active lifestyle come injuries, many due to accidents.

The Accident Compensation Corporation (ACC) are providers of compensation costs for injuries for New Zealanders and visitors to New Zealand. They cover costs for:

- An accident
- A condition which comes on gradually due to work (gradual process)
- Medical treatment.

Work place and sport injuries make up the majority of ACC claims and men, across nearly all age groups, have more claims than women. Male behaviour, including sport, and male dominated industries are key contributors to the bias of these statistics.

Changes to ACC

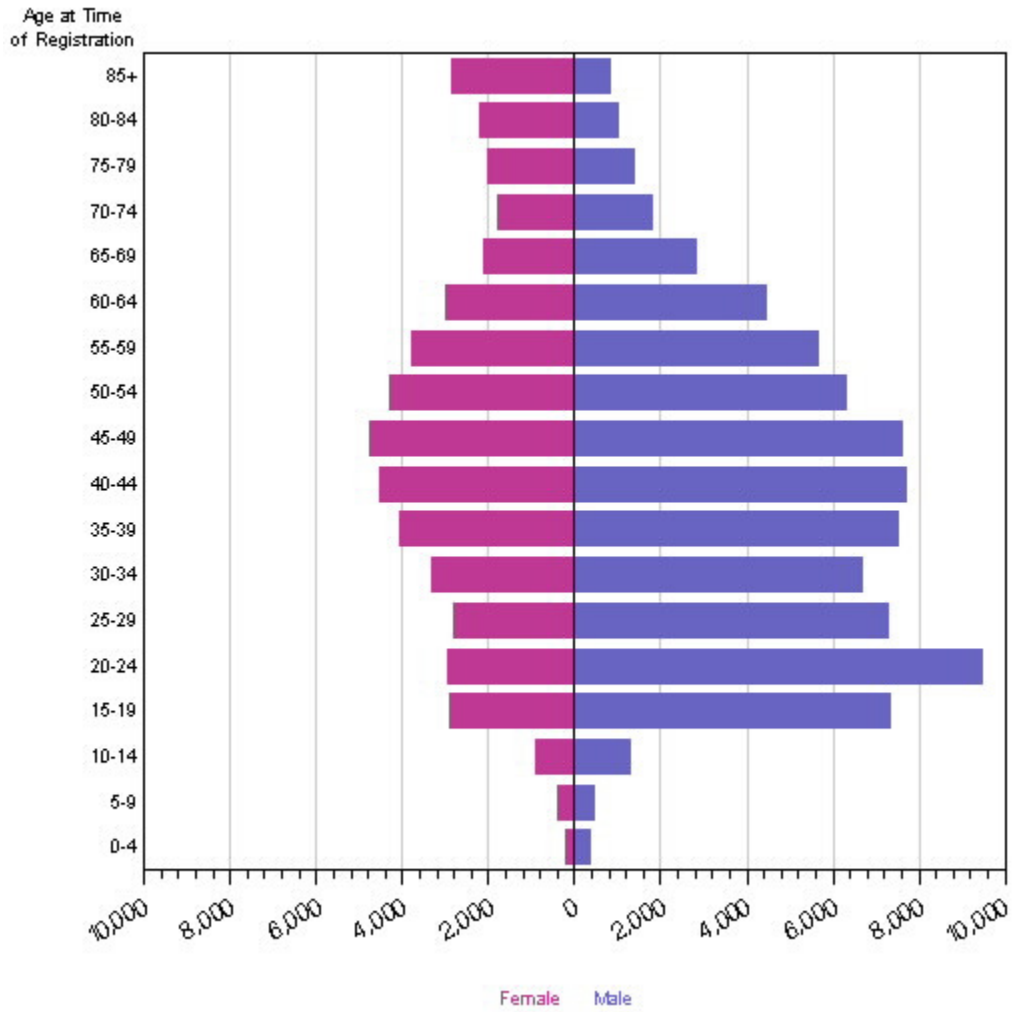
Looking at the research gathered, ACC have provided thousands of people with support for injuries sustained on the sports field and through work. From November 2009, ACC will no longer provide support for physiotherapy for these injuries. People will be less inclined to see a physiotherapist due to the cost that will be incurred.

The average cost for physiotherapy once ACC pulls their funding in November is likely to be \$50 for a first consultation, and \$40 per treatment thereafter. Physiotherapists believe this will have a big impact on their patient numbers; it is thought sports people will still come regardless however, work place injuries may go untreated for longer.

Statistics and Breakdown

- Men are far more likely to die from injuries than females, both work and non-worked related (IPRU) (2007 NZ Health Survey)
- The male hospitalisation rate for intentional self-harm was 84.2 per 100,000 population (1682 hospitalisations). (2003 New Zealand Health information Service)

Table from ACC Webpage Showing the Male to Female Entitlement Claims.



- This graph shows that more men are being injured than women in nearly all age groups and all aspects of life.
- 20-24 year old males make nearly 2000 more claims than the next nearest age group.
- The highest disproportion of men compared to women for ACC claims is within the 20-24 years age group closely followed by the 10-14 years age group and the 20-29 years age group.

Conclusion and Highlights

Men continually appear to receive injuries throughout life more frequently than women. This is particularly evident within the younger age range. For the long term health of males, this is an area that needs concerted efforts to reduce.

In general, male lifestyles, work habits and social pursuits put men at risk of injury more repeatedly than women and this exposure to risk is not likely to change. Therefore projects need to focus on making men safer in their work and social lives through greater education about perceived stereotype of male invincibility particularly among younger men.

6. Summary on Maori and Pacific Health Findings in Canterbury Men

Over the last few years Maori and Pacific people have regularly been identified as having higher health risk rates than other ethnicities, as a result there have been a number of services and organisations established to cater specifically for Maori and Pacific people. Maori and Pacific Island men are genetically more susceptible than Pakeha men for some health risks. And no more susceptible for some others. Social, cultural and behavioural influences are also where many of the differences occur and where many of the health risks become heightened among this demographic.

Cultural views and beliefs mean there are unique challenges to consider when developing projects to help improve the health and well-being of Maori and Pacific men.

Factors which can affect these differences are lifestyle, upbringing, attitude and general way of life. The argument could be that these are all factors present in everyone; however, once Maori and Pacific Islander people reach 40 years of age, they are stereotypically known for living a sedentary life. This in turn, contributes to health issues which include obesity, heart and respiratory problems, and general wellbeing.

From the research conducted, young Maori are the most active of all ethnicities in New Zealand. How they then become one of the least active as adults is a problem which requires a solution.

Statistics and Breakdown

- In 1999, 33 Maori young people (15-24 years) died by suicide. 23 male and 10 female.
- In 1999, there were 10 suicides between Pacific youths, 5 male and 5 female.
- Pakeha men live about 8 years longer than Maori men. (Eileen McKinlay 2005)
- Maori men can expect to live to 68 years and Maori women 72 years. (Eileen McKinlay 2005)
- Maori Males had an age-standardised cerebrovascular disease mortality rate that was 7.1% higher than the non-Maori rate. (Mortality and Demographic Data, 2000)
- The suicide rate for Maori males was 20.7 deaths per 100,000 population, compared to the non-Maori rate of 17.7 per 100,000 population. (Mortality and Demographic Data, 2000)
- The prevalence of diabetes was significantly lower in European/Other group than in Maori and Pacific Ethnic groups (Eileen McKinlay, 2002).

Conclusion

The increasing multi-cultural blend that defines New Zealand men, means that cultural boundaries are continually being merged and stretched, and with this comes a new set of challenges as genetic dispositions to various health risks also become merged and stretched. This, combined with the fact that health and wellbeing are influenced by societal factors such as nutrition, exercise, smoking, alcohol, drug use, sexual health and mental health means that trying to accommodate differing cultures and beliefs for different aspects of lifestyle choices becomes increasingly difficult.

Health issues do not take culture, beliefs or tradition into consideration. They do not differentiate based on ethnicity, however, projects and services to cater for these health issues do have to cater for these cultural difference.

Projects need to consider these cultural differences while at the same time maintaining a holistic approach to improving the health and wellbeing of New Zealand Maori and Pacific men.

Interventions should potentially use behaviour change to address health risks, as opposed to targeting different cultures and cultural believes. How these behaviour changes are addressed will need to firstly consider the differing cultural values and beliefs in order to develop effective campaigns, projects and initiatives. At the same time, Maori and Pacific men, particularly younger Maori and Pacific, should be encouraged to engage in other health intervention strategies, not just those with a Maori and Pacific Island focus. This should be done without over stepping cultural boundaries.

There are still many genetic and social factors that place Maori and Pacific men at higher risk of many health issues, and specific, targeted interventions could be developed to reduce these risks.

7. Summary on Sexual Health Issue Findings in Canterbury Men

There is a distinct lack of information in regards to men's sexual health in New Zealand. Internet search engines reveal few options, limiting potential knowledge men can gain from this highly accessible and confidential source.

Family Planning New Zealand has numerous systems in place for young mothers and only one or two for young fathers and men respectively. A previously produced booklet for young fathers to be was extremely popular with young fathers to be. Funding for the second print was not forthcoming however, and as a result, this popular project/booklet came to an abrupt end despite continued demand.

Social expectations and acceptance potentially play a large role in the access of primary health services by young men compared to that of young women.

Statistics and Breakdown

Despite a lack of research in this specific topic area, there were some statistics which seemed applicable to the state of men's health in New Zealand. Many of the statistics found were for youth; it seems to be the only area which is being targeting for the promotion of safer sex and sex education.

- 10-30% of New Zealanders have had sexual intercourse by the time they reach 15 years of age, and about half have had intercourse by the time they are 16 or 17 years old. (Ministry of Youth Development 2003)
- 38% of young males (school ages) have engaged in sexual intercourse, compared to 35% of women.
- Compared to other age groups, young people (15-24) are over represented in the rates of STI's. (Ministry of Youth Development 2003)
- Males have a higher representation with Chlamydia with 15-19 year olds having the highest rate. This is the same for Gonorrhoea, Genital Herpes and genital warts. This suggests that more young men are having unprotected sex. (New Zealand Youth Health Status Report, 2002)

Conclusion and Highlights

While information and access for sexual health services for men are readily available, there are many barriers preventing men accessing them.

Pathways and access to relevant, timely and easily accessible information and support for men with sexual health issues has been identified as a key success factor in improving the sexual health and well being of New Zealand men. These projects and pathways may look very different from those used in women's health as the relationship women have with primary health providers concerning sexual health generally start at a much younger age and are more regularly accessed due to social acceptance and expectations.

A greater knowledge and understanding of sexual health issues will also help breakdown the barriers by removing many of the fears, doubts, concerns and myths surrounding sexual health. How this information is obtained and made available will be another critical factor in improving the long-term sexual health of New Zealand males.

8. Summary of Smoking, Alcohol and Drug Issues in Canterbury Men

Substance abuse is a growing problem in the modern world. Solvent abuse is seen to be one of the main issues in the under 25 year's age group. Youth workers have reported numerous cases of "Huffing" solvents and smoking cannabis. 13.8% of the New Zealand population is predicted to meet the criteria of having some level of substance abuse according to the New Zealand Mental Health Survey. Reports have shown that people who have some level of substance use disorders have a higher chance of getting chronic physical diseases and have higher chronic disease risk factors.

The main substance groups being abused are cigarettes, alcohol and drugs. These are potential building blocks towards a rise in violence, sexual abuse and crime as well as the obvious increase in health issues. Males' rates of substance use are double those for females, according to the New Zealand Mental health Survey 2006. Along with this 24% of 18 year olds fall into a category of substance abuse disorder at varying levels. It could be suggested that men, and particularly young men, have a higher addiction level due to lack will power, peer pressure, societal pressure and lack of education in this area.

Hospitalisation Rates in Canterbury

Hospitalisation rates provided by the Canterbury District Health Board for the past 3 years show 151 men were hospitalised and received a substance abuse detoxification service. Of these, 47.68% were aged 25-44 years of age, 41.72% were 45 to 64 years with 5.96% aged 15-24 years and the smallest group being 65+ with only 4.64%. The high percentages between 25 and 64 years old would suggest these are the highest areas of substance abuse, to the extent they become intoxicated.

Statistics and Breakdown

This research focused on three key areas; smoking, alcohol and drugs. Whilst there was vast data collated, the key findings are based on their relevance to New Zealand men's health, and more specifically Canterbury men's health where possible.

Smoking

- 20% of men smoke compared to 17% of women (New Zealand Health Survey 2007)
- In Christchurch 14% of males and 9% of females smoke daily, compared with 7%of males and 8% of females in Canterbury (Canterbury District Health Board 2007)

Alcohol

- Men are more than twice as likely to have potentially hazardous drinking patterns (27.6% compared with 12.2% of women) (New Zealand Health Survey 2007)
- Alcohol is the main drug choice by young people aged 13 to 18 years (Ministry of Youth Development 2003)
- In the 14 to 24 years age group, more young men drink alcohol than young women. (Ministry of Youth Development 2003)
- Male drinkers are more than twice as likely as female drinkers to have potentially hazardous drinking behaviour, the 15-24 year age group being more at risk. (Eileen McKinley 2005)
- Approximately 90% of 18-24year olds drink alcohol. (Ministry of Health, 2002)

Drugs

- Cannabis use and dependence is more common among young men than women. (Ministry of Youth Development 2003)
- A recent study of secondary students (13 to 18 years) found that regular use of cannabis (weekly or more) peaked in the 15 year old age group, with 10.2% of male students and 8.3% of female students using cannabis. (Ministry of Youth Development 2003)
- Males are significantly more likely than females to have used the following drugs in the last 12 months: Cannabis, amphetamines, ecstasy, LSD, Magic Mushrooms, nitrous oxide and kava. (New Zealand Drug Foundation, 2003)
- The NZ-ADAM survey (Hales and Manser, 2007) of people apprehended and retained in watch houses by NZ police found 37% of all participants reported a dependency on at least one drug.
- Almost 10% of young people are estimated to be dependant on cannabis by the age of 21 years. (Ministry of Health, 2002)

Conclusion and Highlights

Smoking, alcohol and drug abuse and issues play a major role in the societal lifestyle in many New Zealand males, particularly younger males. These issues will influence and affect many areas of the general health and well being of which are covered in this report. These topics are inter-woven and connected, with drugs, smoking and alcohol appearing to be at the centre of these connections far too frequently. Highlighting these connections and how they influence so many different aspects of a males life need to be considered when developing projects addressing the issues associated with drugs, smoking and alcohol.

Research also suggests people under the age of 25 years are involved in substance abuse to a higher degree than those older. It is also evident that men participate in drinking alcohol from a younger age

than women; this is also the case for cannabis and other drugs. Projects targeted at early intervention with a specific male focus need to be considered alongside the current information which is being delivered predominantly through the education sector.

9. Summary on Sport, Physical Activity and Nutrition in Canterbury Men

Sport and Physical activity plays a large role in a New Zealand male's life, whether it be watching, competing or participating socially. Touch rugby is now the largest participation sport in New Zealand with 12 Touch Canterbury Affiliated modules being played across Canterbury. During the winter the rugby, football and hockey fields tend to be the most eventful with numerous teams playing and training weekly. There are numerous recreational activities, such as cycling, running, water sports, tramping and climbing. Canterbury offers a variety of recreation facilities such as Bottle Lake Forest and McLean's Island for mountain biking and running, or Hagley Park with the "Fitness Stations."

All Territorial Authorities in the region offer a number of free or low cost recreational facilities available. However, there is still a good proportion of men who are not considered physically active. This suggests there are perceived and real barriers that prevent or hinder men's physical activity levels.

Sport Canterbury have teamed up with the Ministry of Health and the Canterbury District Health Board to provide a service called "Green Prescription." This is a service which prescribes Physical Activity to patients rather than drugs and has proven to be very successful. Males, however, are heavily outnumbered by females in this programme with 75% of referrals in the last year female, versus 25% male. The most active are young Maori and Pacific people according to the Ministry of Youth Development 2003. The 2008 SPARC Report also indicated similar findings among Maori.

Men's nutritional habits are influenced by many social and behavioural factors, but across the board men's nutritional health appears to be lower than that of women.

Statistics and Breakdown

The following is a list of extrapolated data and statistics pertaining to the activity levels and nutrition intake of New Zealand men.

- 49.5% of Canterbury men eat their recommended serving of fruit per day versus 67.4% of Canterbury women. (New Zealand Health Survey 2006)
- 59.3% of Canterbury men consume the recommended serving of vegetables per day, compared to 72.1% of Canterbury females. (New Zealand Health Survey 2006)
- Males were significantly more likely than females to be physically active. (Eileen McKinlay 2005)
- In a recent survey of physical activity, 61% of young male 16 to 17 years old spent an average 6.5 hours a week playing sport and being active. (Ministry of Youth Development 2003)

- The amount of physical activity that people are involved in each year decreases with age. (SPARC 2009)
- Across all ethnicities (Maori, Pacific, Asian and European/other), 10% fewer Canterbury men eat their recommended fruit and vegetable intake than Canterbury women. (CDHB Health Needs Assessment 2008)
- Men are more likely to participate in an organised sporting competition or event. (44.5% men verses 29.8% women). Maori had the highest percentage of participation in organised sporting competition or events (44.2%) compared to Pacific, Asian and European/other. Asian people were the least likely to participate, at only 21.5%. (SPARC 2009)

Conclusion and Highlights

While physical activity and sport play a large part in New Zealand male's lives, their involvement does vary dramatically between ethnicities and age groups. The decrease in activity levels as people age maybe due more to the social barriers that are both real and perceived. Common barriers include time, family, work, cost and different priorities. Strategies to remove or reduce these barriers and create pathways (perhaps using the barriers as part of this pathway? i.e. incorporating work and/or family in physical activity pursuits) need to be considered when addressing the physical activity levels in New Zealand men.

There are many factors influencing the nutritional habits of New Zealand men. Stereotypical expectations are changing with men taking an increasing role in food purchase and preparation. Education at this early stage of men's involvement in nutrition and dietary decision making both for themselves and their families is paramount to ensure the solid and healthy foundations are laid. Programmes such as Appetite for Life address this, however, this service is for women only.

10. Summary on Violence Issues in Canterbury Men

Violence is a significant problem across New Zealand. 10 children are killed each year in domestic violence cases; one woman is killed by their partner or ex-partner every 5 weeks. Why does this happen? And what can be done to reduce and stop this? The health sector along with other relevant stakeholders such as law enforcement need to continually address this question.

The Women's Refuge is a community based charity which has a vision of "**Liberating women, children, families and whanau from family violence through the provision of quality services and social commentary.**" Annually the Women's Refuge helps in excess of 28,000 women and children in domestic violence cases. Other agencies include Victim Support, Stopping Violence Services and various other emotional health counsellors. From the majority of statistics and information collected, it would seem that men are the main cause of domestic violence. Many of these issues appear to be drug or alcohol related, which has been highlighted in the Drug and Alcohol section of this report.

Hospitalisation Rates in Canterbury

Hospitalisation rates where facial surgery is required over the last 3 years show 577 males were admitted. Not all of these will have been violence related but the majority were as a result of violence. 41.25% of these were male's ages 15-24 years and 28.08% were between 25 and 44.

A recent file study (Lee and Snape, 2008) of 2581 patients reporting to Christchurch hospital over an 11 year period with facial injuries found that 49% were alcohol related; most were young men injured by interpersonal violence.

Statistics and Breakdown

The statistics on violence were predominantly found through court and legal websites and journals. There is a higher percentage of men committing violence than women. And as a repercussion of this, women and children seem to be the victims. Police report more than 70,000 domestic violence cases annually.

- Substance abuse is strongly associated with domestic violence. It has been estimated that between 25% and 50% of men who were physically abusive to their partners have substance abuse problems. (National Drug Research Institute, 2004)
- On average, 14 women, 6 men and 10 children are killed by a member of their family every year. (Families Commission 2007)
- 18% of men can expect to experience partner violence during their lifetime. (Families Commission 2004)

- Half of all Murders in New Zealand are domestic Violence related. (Families Commission 2007)
- 121 family violence related homicides, of this 26 were men. (Families Commission 2004)
- ACC paid out more than \$1.5 million on black eye related claims in 2008. This suggests the eye injuries were received mainly through both sport and violence. (ACC 2009)

Conclusion and Highlights

Having carried out research and collected data from a wide variety of sources, the consensus is that violence is a growing issue in New Zealand. The strong correlation to drugs and alcohol suggest that these regularly go hand in hand. Research on what day of the week these injuries occur would provide further insight into this area.

Hospitalisation statistics, state that 15- 24 and the 25-44 year ages groups have prevalence in both drugs and alcohol. This reinforces the strong correlation between violence and drug and alcohol use. This also identifies the connections between many health issues facing men. How to best educate and help men understand these connections (i.e. the link between mental health, alcohol and drug use, and violence) needs to be considered when developing projects in these areas.

11. Other Key Statistics and Research Pertaining to the Health of Canterbury and New Zealand Men

- Masculine roles and ideologies (including those of male health professionals) are most likely to play a part in discouraging men's help-seeking
- New Zealand men can expect to live 75.2 years and New Zealand women 80.4 years.
- Men are less likely than woman to have seen a primary care doctor in the previous 12 months (76.6% vs 83.4%)
- The mean number of visits to a GP in a year was significantly lower in males (3.5 visits) than females (4.3 visits)
- Both males and females aged over 65 years were significantly more likely than adults aged 15-24 years to have seen a GP in the last 12 months.
- Males were significantly more likely to be charged \$50 when visiting the GP than females.
- Males were significantly less likely than females to have used a telephone helpline.
- Women were more likely than men to have used public hospital services in the past year (20.2% vs 14.5%) (prevalence figures did not isolate visits for maternity care and therefore do not accurately reflect accident/surgery/illness visits.)
- Males were significantly less likely than females to have seen a dentist or dental therapist in the last 12 months.
- Men were less likely than women to have a primary healthcare provider they go to when feeling unwell or injured.

12. Conclusion

Issues relating to Men's Health have been considered in the context of other policy decisions.

“There has never been an overarching frame-work or strategic approach from central government that provides guidance or consistency for decision making about issues that have particular implications for men's health” (Jones and McCreanor, 2009, pg. 47).

The term inequality is often used when discussing health strategies, policies and initiatives. This tends to refer to ethnicity and deprivation and the area of men's health is occasionally picked up as a peripheral. It is very rarely specifically identified as an inequality in its own right (Johnson, Huggard and Goodyear-Smith, 2008).

While men continue to show, on average, poorer health than that of women, there appears to be significantly more health promotion targeted at women. New Zealand, like many other Western countries, appears to have been slow in developing a specific Men's Health policy, despite having a Women's Health policy for many years.

Through research into the area of Men's Health in New Zealand, there are several consistent trends that have reappeared across all the health issues discussed. Many of these findings are backed up anecdotally by numerous health professionals and industry stakeholders that were spoken to during the research period as well as other research work done in the area. As a result, this report will endeavour to highlight these consistent trends, and furthermore, identify gaps and opportunities for projects and interventions to be developed in the future to fill these gaps.

The most consistent area that needs to be addressed is to create realistic, relevant and appropriate pathways to health services for males. What these pathways look like, the mediums and language that are used need to be specifically developed with different age groups and ethnicities in mind. As an example, what will work for 14-19 year old males will look very different to what will work with 45-65 Maori and Pacific Island men.

“No Single programme will cater for the needs of men across all ethnic or social groupings. Rather, programmes need to be developed according the particular ethnic, social or geographical circumstances within which men live” (Johnson et al, 2008, Vol. 121, pg 72).

In order to create successful pathways, the barriers, both real and perceived, and stereotypical beliefs around accessing health services/information need to be removed. For example, men are more likely to be charged for a doctor's visit than women and the ability to access after hours GP health care are real examples of barriers identified by men.

One example of pathways and access to service improvements that has been adopted in Australia is the MARS (Men Accessing Resources and Services) Programme. The MARS initiative supports health providers in their region to be more approachable and accessible to men. It works with organisations to improve their policies and incorporate male-inclusive best practice principles into their work environment and organise forums for local practitioners to hear latest research and discuss current issues relevant to men.

The stereotypical Kiwi male beliefs such as “real men don’t need to go to the doctor” combined with the Kiwi ‘she’ll be right’ are other major barriers that need to be overcome before these pathways will be taken.

“In order to meaningfully address men’s health and reduce gender inequalities in health, it will be necessary to fundamentally transform the nature of dominant male identities, the processes of socialisation into these identities and the markets of masculinity” (Jones and McCreanor, 2009, pg. 51)

How these barriers are removed and broken down will vary depending on the demographic make-up. Therefore a range of strategies and approaches need to be developed and there will be no one ‘fix it all’ approach for all.

Across all the health areas researched, young males (15-24) consistently appeared on the wrong side of the statistics. This may in part be due to the fact that there is specific research on this age group (but not always male specific), and, with ‘youth’ being a favourable word with local and national government at present, appeared in search results more frequently. This aside, the high number of young men being affected by a wide range of health factors raises a need for greater attention to this age group.

Targeting this sector of the male population also presents the opportunity to develop pro-active projects and initiatives, as opposed to re-active ones. Projects that can change the behaviour/thoughts of boys and men at a younger, more influential age *before* beliefs are set and before health issues present themselves will be key. Projects can be more about prevention through greater awareness, understanding and access of health services and information rather than reaction to and treatment of, health issues. Research supports working with younger NZ males to help them develop a reflective understanding of both masculinity and the male role in society (Jones and McCreanor, 2009).

Targeting this sector of the male population would be a key priority for men’s health intervention strategies. How this is achieved would require more research, ideally with the target audience. There are several key objectives that would need to be achieved across all health issues for this age group. Based on the research, areas such as smoking, drugs and alcohol, sexual health, violence, accidental death and suicide, mental health and injury prevention would all be appropriate subject areas. Raising

the awareness of other health issues such as Heart Disease and Cancer could also be considered for a pro-active, long-term intervention.

Two of the greatest risks facing NZ men of all ethnicities are cancer and heart disease. While pro-active education and awareness can be targeted at younger generations to help prevent these diseases in the long term, short-term initiatives need to be developed to help reduce those already 'at risk'; predominately males over the age of 45 and Maori men.

Current projects underway appear to be failing to capture or are simply excluding these high risk men. The Green Prescription programme (a programme where people are introduced to physical activity, most commonly through a GP referral, and are supported both one on one and in group workshops, as opposed to receiving medical intervention for various health issues) is an example of a fantastic service that is available to men, however the pathway or access to this service and possibly the 'delivered product' is not engaging enough for these men, resulting in the programme being used at a rate of three women for every man.

Small changes around how the service is promoted and how it is delivered could significantly increase the number of men accessing this free service and ways to assist this should be considered. This may include onsite/workplace consults, adapting 10 week 'Be Active' programmes to be more male oriented. Different activities such as golf or badminton could be introduced as part of the adapted 'Be Active' programme, as examples. Also, emphasising the self referral option, which removes the barrier of having to see a GP first, would be a key strategy.

Projects such as Appetite For Life is an example of a free service offered to women, but not to men. Appetite For Life is a six-week programme run by the Canterbury District Health Board for women who are motivated to make lifestyle changes. The programme is designed for women who want to lose weight or maintain their current weight. Its focus is on helping women overcome barriers to adopting healthy behaviours, and aims to provide them with the skills, knowledge and confidence to make positive sustainable changes to their food choices and activity levels. General Practitioners refer women to the programme, which is facilitated by practice nurses, who will then be supported by dietitians or registered nutritionists.

Men are becoming increasingly interested and involved in cooking and concerned about their diet and lifestyle. This combined with the number of higher risk men who are not 'family men' and have no female cooking influence in their life is another reason why this 'female only' approach could be reconsidered. Again, strategies to extend or tailor this service, particularly to 'at risk' men, need to be explored if not already being done.

Another key aspect to consider when developing projects and initiatives for men's health is the interconnectedness of many of the areas covered in this report. The link between drugs and alcohol and

violence, or nutrition and physical activity and heart disease and obesity are only a couple of examples of the many interwoven connections between health issues affecting men. Mental or emotional health is often at the centre of many of these and as a result finding ways for men to feel they have a healthy mind and therefore a healthy body will be integral to improving the overall wellness of New Zealand men. In addition, a healthy body helps create a healthy mind.

Many of the key findings and recommendations in this report echo those of other research documents such as the Men's Health Around the World: A Review of Policy and Progress Across 11 Countries (2009) and the Men's Health and Health of the Nation (NZ Medical Journal, 2008) reports. What is required now is for stakeholders to now look to put these recommendations into action, and it may be that local stakeholders need to take a lead in this, rather than waiting for national programmes or initiatives to be rolled out. Johnson et al (2008, vol. 121. pg 74) concluded;

“Only a paucity of interventions have been comprehensively monitored and evaluated and which in turn have shown clear beneficial impact on men's health. However, there is potential for men's health awareness activities to catalyse interest in health and to seek advice or support. Three possible benefits of men's health activities are: raised awareness of health issues, connecting men with health or other support networks and some degree of behaviour change.”

This statement strongly supports the findings and subsequent recommendations of this report as well as those findings of other reports used to form this document.

Key Recommendations

- Research the different demographic and age groups to find out what messages, mediums and promotions will attract and engage them. This should include focus groups with relevant male audiences to ensure messages will be accurate and effective in their approach and delivery.
- Expanding and tailoring existing health services to be more accessible for men.
- Develop policies and strategies through speaking to key stakeholders (primary healthcare providers) to help understand the different needs of men regarding healthcare and to increase the accessibility to health services for men.
- Developing a strategy or series of strategies to effectively target young NZ men to raise their awareness and understanding of health issues and provide clear pathways to access this information as well as services.
- Develop a strategy or link to interventions to break the myths and stereotypes surrounding men's health within the different ethnicity and social groups.
- Implement work and community based Heart Health presentations for men.
- Promote the strong connections between the various health issues for men and help them to understand the impact each has on the other.

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