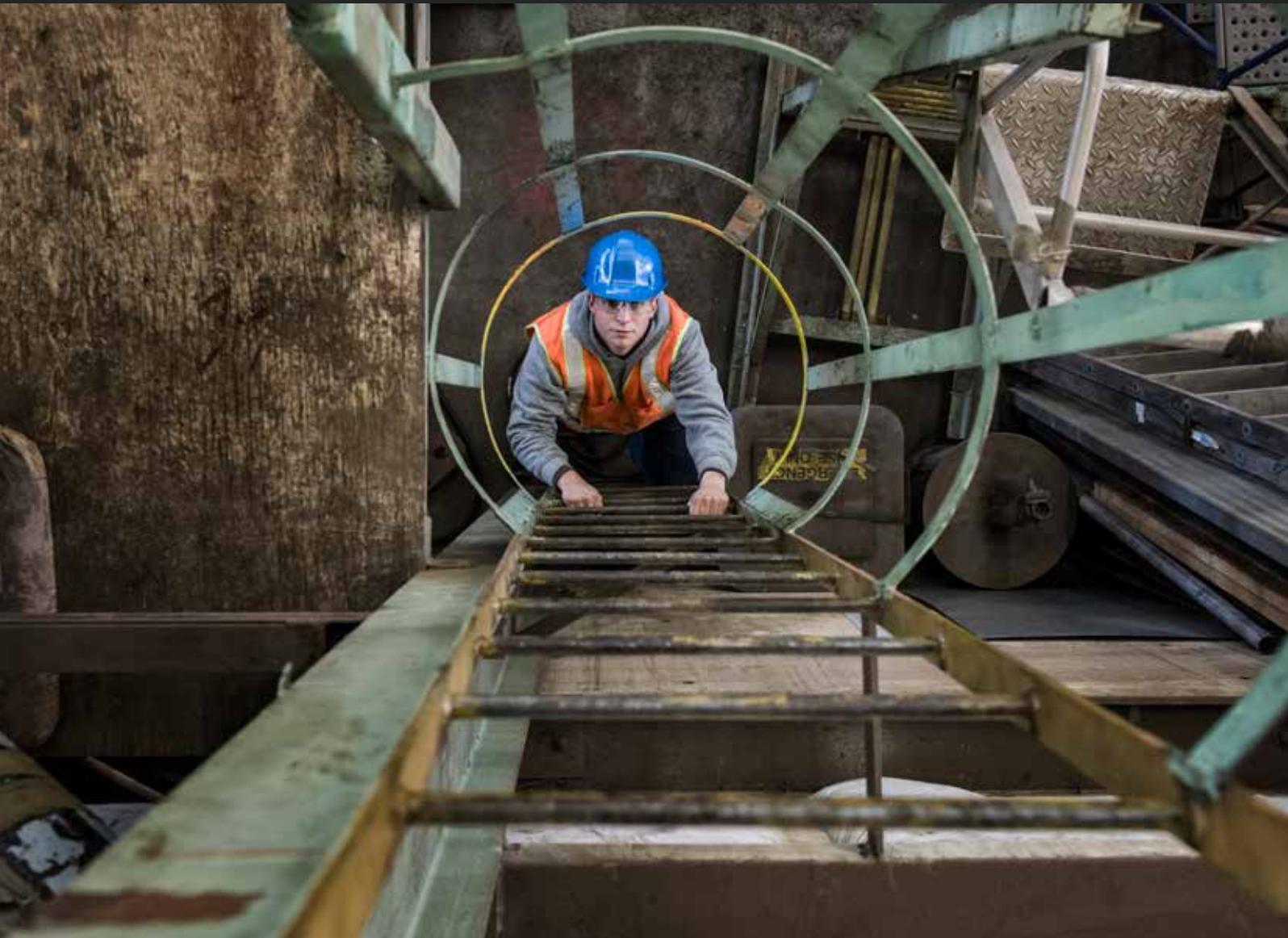
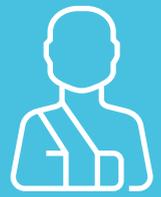


ACCIDENTAL HEROES

Making death by injury a men's health issue



INJURIES: AN OPPORTUNITY FOR MEN'S HEALTH



Injuries are a men's health issue. Around 200 people a week die from injury in Australia and in two thirds of cases, men and boys are the injured party. Men account for:

- 93% of workplace deaths
- 84% alcohol-related injuries
- 81% of DIY injuries requiring hospitalisation
- 75% of the years of potential life lost to injury
- 3 in 4 suicides
- 3 in 4 transport deaths

- 3 in 4 deaths by drowning
- 70% of potential years of life lost to death by falls
- 7 in 10 accidental poisoning deaths
- nearly 7 in 10 homicides.

Source: ABS 2019

The Government's Draft National Injury Prevention Strategy (DoH 2020) sets out to address "the inequities that contribute to the disproportionate burden of injury experienced by specific population groups".

Yet the Government's strategy doesn't name men and boys as a priority population.

This is in spite of the fact that the most significant inequality between population groups when it comes to death by injury is the gender gap between men and boys, and women and girls.

In 2018, for example, accidents and injuries killed 10,811 people in Australia, 6,933 males and 3,878 females (ABS 2019).

Closing this accidental gender gap would save the lives of 3,000 men and boys a year.

Behind this stark statistic is the human tragedy of the families and communities who are dealing with the loss of their sons, fathers, brothers, uncles, partners, mates, neighbours and work colleagues.

Nearly 20 men and boys a day are dying from accidents and injuries in Australia. We can and must do more to tackle this issue.

The Australian public is becoming increasingly concerned about the safety of men and boys. This can be seen in the growing public interest in men's health issues and particularly male suicide.

This public concern presents an opportunity to get governments, business, NGOs and local communities working together to prevent men and boys dying from accidents and injuries.

The Government cannot solve this issue on its own, but it can create the conditions for success.

By naming men and boys as a priority population in its National Injury Prevention Strategy, the Government can take an important first step towards tackling this issue.

The Government can also play a major role in encouraging and enabling the broadest possible range of stakeholders to take action to save the lives of men and boys.

Together, these stakeholders can become our "accidental heroes", working to create a safer future for everyone in Australia.

Poole, G., 2020. *Accidental Heroes: Making death by injury a men's health issue.* Sydney: Australian Men's Health Forum.

AMHF receives funding from the Australian Government.

SUICIDE: THE CHANCE OF A LIFETIME



Suicide is the leading cause of death by injury in Australia. It kills eight people a day on average, six men and two women. The Morrison Government has made suicide prevention a national priority and set a goal of working towards zero suicides (DPMC 2019).

According to Professor Jane Pirkis, recipient of a \$5.3 million Government grant to research male suicide, "preventing suicide among boys and men would go further than any other single approach to achieving the Prime Minister's goal of working towards zero suicides" (Vallender 2020).

Male suicide is different from female suicide in a number of important ways that can help us target suicide prevention initiatives more effectively. For example, men account for:

1. 76% of all suicides
2. 81% of suicides linked to relationship separation
3. 83% of suicides linked to financial issues
4. 85% of suicides linked to pending legal matters
5. 86% of suicides linked to recent or pending unemployment
6. 87% of work-related suicides
7. 87% of health lost to alcohol-related suicide
8. 98% of suicides involving firearms.

In contrast, female suicides are:

9. 50% more likely to be linked to a mental illness
10. 40% more likely to be linked to previous suicide attempts.

(Sources: ABS 2019, AIHW 2018, Clapperton 2019, Leske 2019, Potts 2016, Routley 2013)

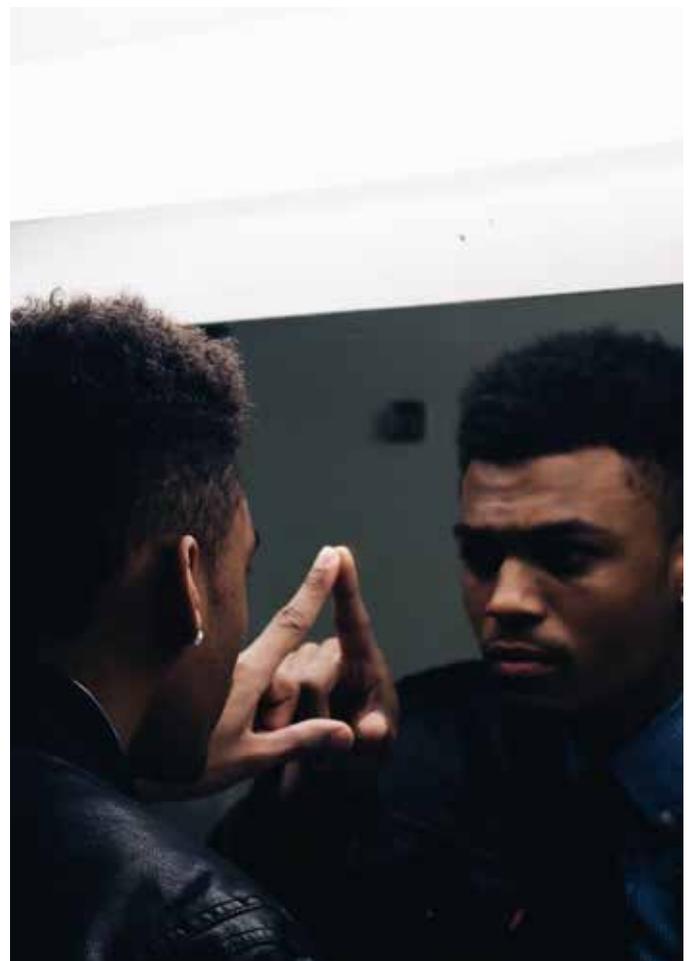
In November 2019 National Suicide Prevention Adviser Christine Morgan advised the Prime Minister that men are one of the groups "known to be more vulnerable to suicide and providing effective approaches to suicide prevention for them is a priority" (Morgan 2019).

In April 2020, Suicide Prevention Australia (SPA), the national peak body for the suicide prevention sector, stated that it "strongly supports the National Suicide Prevention Adviser's intention to

develop targeted strategies to address the rate of male suicide in Australia" (SPA 2020).

SPA has called on the Government to "create a male suicide prevention strategy as a core stream within the national suicide prevention strategy, with funding and accountability attached to measures".

There has never been a better time for the Government to commit to developing a National Plan to Prevent Male Suicide.



ACCIDENTAL HEROES #01: Scott Morrison and Greg Hunt

The Prime Minister and the Health Minister are two of the most powerful men in Australia. Together they can lead the drive to save men and boys lives by agreeing to a National Plan to Prevent Male Suicide and making men and boys a priority population in the National Injury Prevention Strategy.

FALLS: RISING UP TO THE CHALLENGE



Falls are the second leading cause of death by injury in Australia, killing nearly 3,000 people a year. Men account for around 70% of the potential years of life lost to death by falls (ABS 2019).

The risk of men and boys being injured in a fall starts earlier in life. For example, boys and young men have significantly higher rates of hospitalisation than girls and young women of the same age.

Pointer 2018

Seven out of 10 people under the age of 65 who die by falling each year are men. In 2016-2017 men accounted for

- 87% of people aged 15-24 who died in a fall
- 69% of people aged 25-44 who died in a fall
- 68% of people aged 45-64 who died in a fall.

(Henley 2019)

Men are also more likely to be hospitalised for falling at work and account for:

- 70% of people hospitalised because of falls in the workplace
- 91% of people hospitalised after falling 'from one level to another'
- 93% people hospitalised because of falls from ladders
- 96% people hospitalised because of falls from trees
- 99% people hospitalised because of falls from scaffolding.

Source: AIHW 2017.

Men also account for 79% of people who are hospitalised after suffering DIY injuries linked to falling (AIHW 2017a).

The risk of dying from a fall changes through life with the majority of deaths involving people aged 85 and over. Nearly two thirds (65%) of female deaths are women 85 and over, compared with around half (52%) of male deaths (AIHW 2017a).

Men and women need different interventions. Men have a greater exposure to risk in their working lives and by taking responsibility for maintenance work at home. In contrast, women are at greater risk in later life, being more likely than men to slip, trip, stumble and experience falls that involve steps, stairs and chairs (AIHW 2017a).

ACCIDENTAL HEROES #02: Mick Hall, Keeping Men Grounded

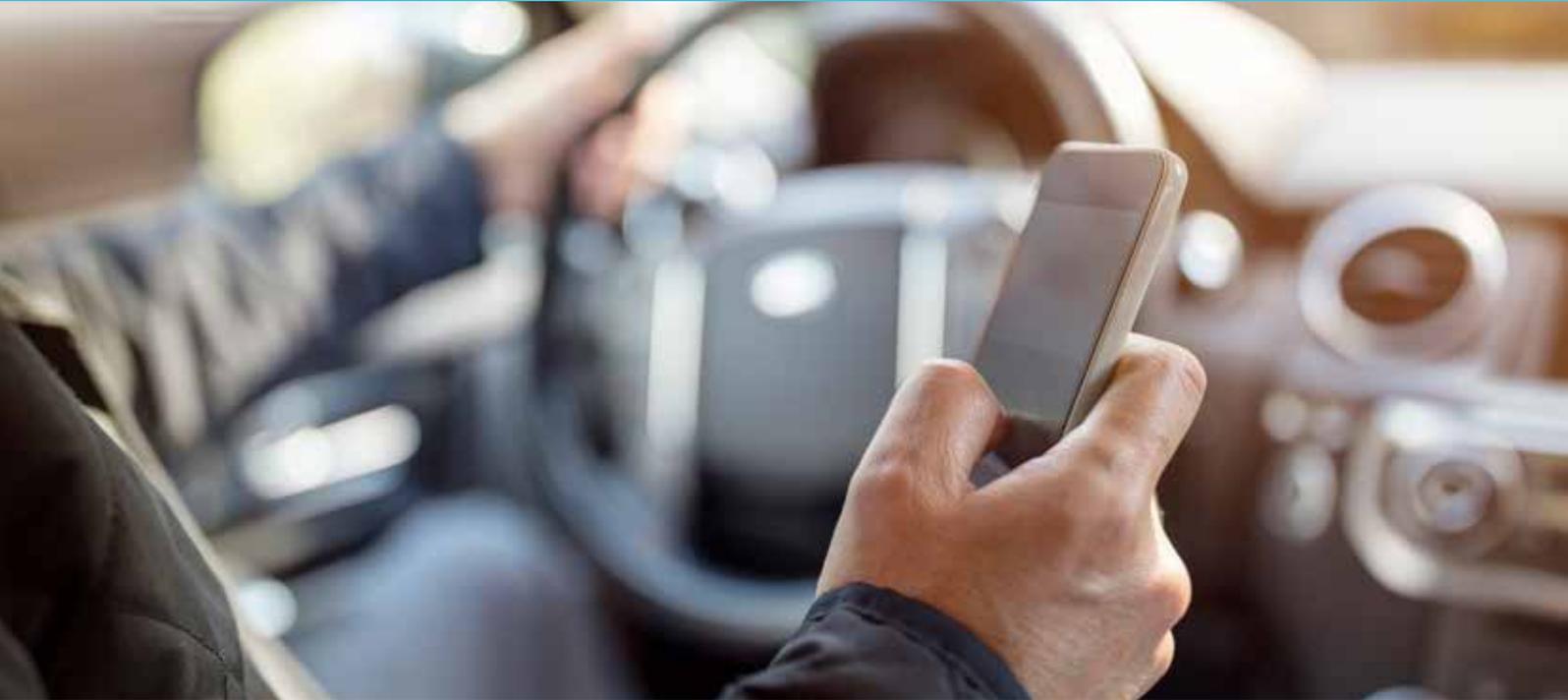
Mick Hall broke multiple ribs and vertebrae falling from a ladder at home. His accident inspired the Diamond Creek Men's Shed to create the Ladder Safety Matters campaign that has become an annual event.

The shed also created the Keeping Men Grounded project that provides tools that enable men to complete tasks safely from the ground and provides gutter cleaning services to vulnerable members of the community.

It now works with the Victorian Government and the Victorian Men's Sheds Association to expand the reach of their campaigns.



TRANSPORT: FINDING NEW DIRECTIONS



Transport accidents kill around four people a day in Australia and three of them are men and boys. There were 1,371 road deaths in Australia in 2017 (1,019 male and 352 female). Men and boys account for:

- 2 in 3 pedestrian deaths (123 of 187 fatalities)
- 7 in 10 car occupant deaths (494 of 725 fatalities)
- 85% of cyclist deaths (29 of 34 fatalities)
- 93% of motorcyclist deaths (205 of 220 fatalities).

Source: ABS 2019.

In total, 74.3% of people who die in transport accidents in Australia are male, with men and boys accounting for 76.7% of the years of life lost to transport accidents (ABS 2019).

In 2014–15, over 36,000 people were hospitalised as the result of being non-fatally injured in road crashes. In nearly two-thirds of non-fatal hospitalised injury cases due to on-road crashes, the injured person was a male (AIHW 2018a).

From the age of five upwards, males are considerably more likely than females to be hospitalised due to a road crash (AIHW 2018a).

Around 12,000 cyclists a year are hospitalised due to injuries sustained in a crash, accounting for 1 in 5 people hospitalised due to injury in a land transport crash (AIHW 2018a).

In 2018, 39 pedal cyclists were killed in transport crashes and 90% (35 people) were male (AIHW 2018a).

According to the National Men's Health Strategy (2020-2030), men living in remote Australia are six times more likely to die in transport accidents than metropolitan men (DoH 2019).

An analysis of 20 population groups representing the intersections between sex, Indigenous status and remoteness of residence found that eight of the top 10 groups at highest risk of transport deaths are male (Bishop et al 2016).

ACCIDENTAL HEROES #03:

The Kid in the Blue Datto

The Blue Datto Foundation was established by the Vassallo family following the death of 17-year-old Philip Vassallo. Phil was known for his love of cars, particularly the blue Datsun Ute he was driving when he was hit side on in a fatal collision in 2014.

Phil's story remains central to Blue Datto's work including its Keeping Safe program, which is delivered to thousands of school children in NSW every year and has won an Australian Road Safety Award.

POISON: TACKLING TOXIC WASTE



Accidental poisoning is the fourth leading cause of death by injury in Australia, it kills 25 people a week and seven in 10 deaths are male.

The number of male deaths by accidental poisoning has risen by 35% in the past decade from 687 deaths a year in 2009, to 926 deaths in 2018.

Age and gender are significant risk factors for death by poisoning. It is the second leading killer of men aged 25-54. The greatest number of premature deaths occurred among:

- men aged 35-44 years (307 deaths)
- men aged 45-54 years (234 deaths)
- men aged 25-34 years 25-44 (174 deaths)
- women aged 45-54 (124 deaths)
- women aged 35-44 (100 deaths).

Source: ABS 2019.

Socio-economic status also plays a significant role in men's risk of accidental poisoning. Based on figures for deaths by poisoning in 2016, men from the most the disadvantaged 20% of the population are:

- 2 times more at risk than the most advantaged 20% of men
- 2.2 times more at risk than women of the same social background
- 5.2 times more at risk than the most advantaged 20% of women.

Source: AIHW 2015.

According to the AIHW, accidental poisoning involves a person unintentionally poisoning themselves and includes accidental drug overdose (AIHW 2015).

Some agents from which poisoning may occur include alcohol, narcotics (for example, heroin or methadone), sedatives, psychotropic drugs (for example, antidepressants), antiepileptic and anti-inflammatory drugs (AIHW 2015).

Official responses to death by accidental poisoning tend to focus on consumer issues such as education and labelling. There is little information available on the underlying social factors that are common amongst men who die by accidental poisoning (AIHW 2015).

ACCIDENTAL HEROES #04: Australian Institution of Suicide Research and Prevention

The Australian Institute of Suicide Research and Prevention, through its work on the Queensland Suicide Register, leads the field in making data on some of the key risk factors associated with suicide publicly available.

This work provides us with deeper insights into the lives of people who die by suicide providing an evidence base for interventions that focus different populations who are at increased risk or different life crises that are known to be associated with suicide.

In our work to reduce accidental poisoning in men, it would be useful to have access to coronial data on the relevance of factors such as mental health issues, relationship problems, job loss, money issues, legal trouble and alcohol and substance abuse.



ASSAULT: FIGHTING FOR A PEACEFUL FUTURE



More than 200 people a year die by homicide in Australia and nearly 7 in 10 (68%) of them are male (ABS 2019).

Just over 19,000 people (19,025) were hospitalised in Australia in 2014–15 because of an assault, of whom 67% (12,768) were men and boys.

The overall rate of hospitalised assault injury among men and boys was 110 per 100,000 population, compared with 55 for women and girls.

Rates of hospitalised assault injury were highest among men aged 20–24 (239 cases per 100,000 population).

In assault cases, hospitals are more likely to record information about the relationship of the perpetrator to the victim for women and girls (76% of cases) than for men and boys (46% of cases).

For boys aged 0–14, parents were the most common specified perpetrators of assault. Among young men (15–24), assaults by people unknown to the victim were more common, for victims aged 65+ the most commonly reported perpetrator was another family member.

Source: AIHW 2018c



ACCIDENTAL HEROES #05:

Danny Green

Between 2000 and 2016, 127 people were killed in “king hit” incidents and 94% of the victims were men (Schuman 2019).

In 2012, former professional boxer Danny Green founded the Stop the Coward’s Punch Campaign, with the aim of changing the language used to describe “one-punch” assaults and to reduce the number of “coward’s punch” incidents.

Stop the Coward’s Punch has been successful in changing the way we talk about “one-punch” attacks and continues its work to increase awareness and educate communities.



Between 2014–15 and 2015–16, the National Homicide Monitoring Program recorded 218 domestic homicide victims from 198 domestic homicide incidents. Around two in five (41%, or 89) victims were male, with over 1 in 4 (28%, or 25) killed by an intimate partner.

Male victims of domestic violence are less likely to access help than female victims:

- 7 in 10 (68%) male victims never sought advice or support (compared with 48% of female victims)
- only 3% of male victims of physical and/or sexual violence from a current partner contact the police (compared with 18% of female victims).

Source: AIHW 2019

WORK: MAKING A HEALTHY LIVING



The world of work has a major impact on everyone's lives and health. It can play a role in promoting and preventing good health.

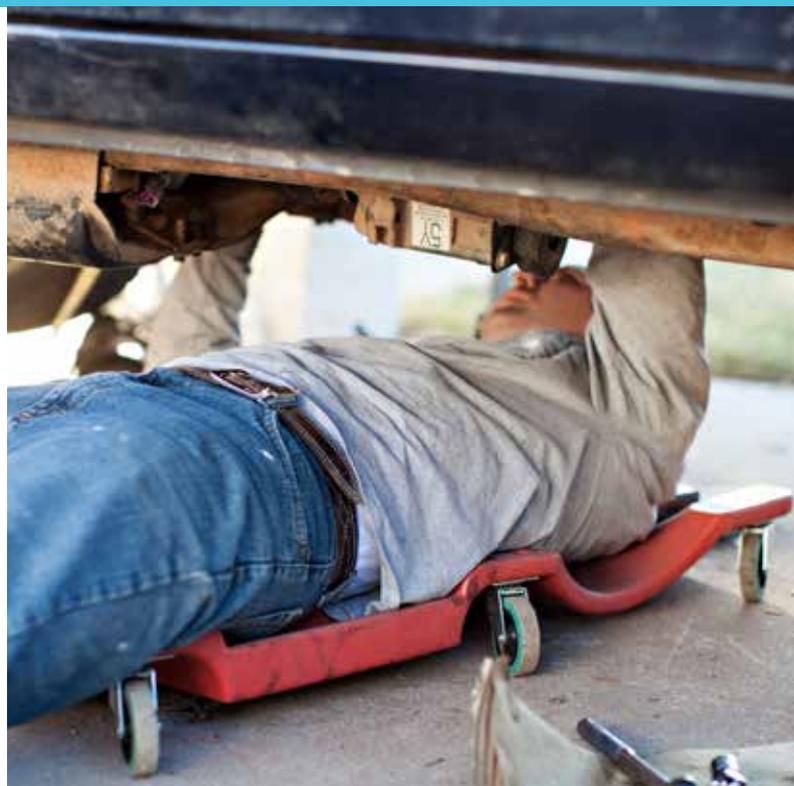
Research shows that while work can impact everyone's health, the health risks and health benefits of work have a more profound impact on men (Assari 2008).

The reasons for this include the fact that men are more likely to be employed, work full time, be their household's main earner and work in high risk environments.

Men spend nearly twice as many hours in paid work as women, doubling their exposure to the risks and benefits of work (ABS 2019a).

For example, men account for 72% of work-related disease (AIHW 2019a) and two in three serious claims for workers' compensation (SWA 2020).

In terms of workplace fatalities, 190 workers were killed at work in 2017 and 93% (176 of the 190 fatalities) of those workers were men (SWA 2018).



ACCIDENTAL HEROES #06:

Andrew Hastings

Andrew Hastings is a truck driver who won a 2020 Australia Workplace Health & Safety Award when he responded to a road accident by extinguishing a car fire, helped an injured woman out of her car and gave first aid to the severely injured driver of the other vehicle.

Andrew's employer, Linfox, has a commitment to safety under its internal "vision ZERO" initiative, working towards no workplace injuries or motor vehicle incidents. Linfox says Andrew leads by example in this area and his actions led to being named a Bridgestone Bandag Highway Guardian by the Australian Trucking Association.

ACCIDENTAL HEROES #07:

Robinette Emonson

Around 120 people have died as a result of do it yourself (DIY) car maintenance accidents since 2000. Robinette Emonson's husband, Bob, was crushed by his car while working in his garage. She shares her story to help raise awareness and promote safety messages about DIY car repairs, as part of an Australian Competition and Consumer Commission campaign.

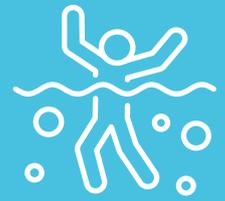
DIY: GETTING HOME SAFE

'Do-it-yourself' (DIY) means making, mending or maintaining something oneself around the home, rather than employing a professional or expert to carry out such tasks.

- Four in five DIY injury cases are male (81%).
- 3,318 people aged 15 or more were hospitalised for a DIY injury due to falls or contact with tools and machinery in Australia in 2013-14.
- Falling from a ladder was the most common cause of DIY injury in 2013-14.
- Men and boys have higher age-specific rates of hospitalisation than females in all age groups. The risk of being hospitalised for a DIY injury increases with age up until around 75.
- In 2013-14, DIY injuries were most frequent in men aged 65-74 (597 cases) and men aged 55-64 (590 cases).

Source: AIHW 2017a

DROWNING: TURNING THE TIDE



Nearly five people a week drown in Australian waterways. Four in five deaths are male.

In 2019-2020, there were 248 fatal drownings, with men aged 25-64 accounting for around half of all deaths.

Most drowning is linked to leisure and recreational activity and is more likely to occur in summer and at weekends.

Royal Life Saving urges men to look out for their mates and stand up to the sorts of risk-taking behaviour that can lead to accidents and drowning.



ACCIDENTAL HEROES #08:

Dave

In 2017, Royal Life Saving launched a campaign in response to research showing that 1,932 men have drowned in the last decade, one in four involving alcohol. The 'Don't Let Your Mates Drink and Drown' campaign shows Dave, a regular guy who finds a novel way to keep his mates safe from drowning.

SPORT: SETTING NEW GOALS



More than 1,000 people a week are hospitalised with sports injuries, almost the same number of people hospitalised due to transport accidents (58,500 v 60,000). One in 10 injuries are life threatening.

Men and boys account for nearly 3 in 4 (72%) hospitalisations for an injury sustained while playing sport.

For males, the sports that most frequently led to hospitalisation were football (all codes) (38%), cycling (12%) and wheeled motor sports (8%). For females, they were football (all codes) (15%), netball (10%) and equestrian activities (11%).

Males have a higher age-specific rates of hospitalisation than females, in all age groups. The highest rate (817 per 100,000

ACCIDENTAL HEROES #09:

The Australian Men's Health Forum

In June 2020, AMHF brought together academics, sports clubs, sporting codes, former sportsmen and sports-based programs to explore some of the different ways we can use sport to engage men in health programs. The Sporting Chance men's health summit highlights the importance of the sporting community, not just in reducing sports injuries, but in helping to address many of the issues outlined in this report.

population), was for males aged 15-24, compared with 245 for females in the same age group. The next highest rate (392 per 100,000) was for males aged 25-44.

Source: Kreisfeld 2020

ALCOHOL AND DRUGS: CALLING TIME ON RISKY DRINKING



The burden of disease linked to alcohol and illicit drug use is three times higher in men than in women.

The overall disease burden is calculated using the Disability-Adjusted Life Years measure (DALY), which represents the number of years lost due to ill-health, disability or early death.

The health loss attributable to alcohol and illicit drug use combined is 220,061 DALYs for men and 80,108 DALYs for women.

Compared with women, men experience a greater proportion of health loss due to alcohol use for most associated diseases, but most notably from homicide and violence (27%, compared with 10% for females) and from other unintentional injuries (23%, compared with 7.2% for females).

In terms of alcohol-related injuries, men account for 84% of the disease burden. The amount of health loss linked to different categories of injuries caused by alcohol use that men account for is:

- road traffic injuries – motorcyclists (95.3%)
- drownings (92.4%)
- other unintentional injuries (91.7%)
- homicide and violence (88.3%)
- suicide (87%)
- falls (86.1%)
- fires, burns and scalds (85.8%)
- other road traffic injuries (83%)
- other land transport injuries (82.1%)
- road traffic injuries – motor vehicles (78%).

Source: AIHW 2018d

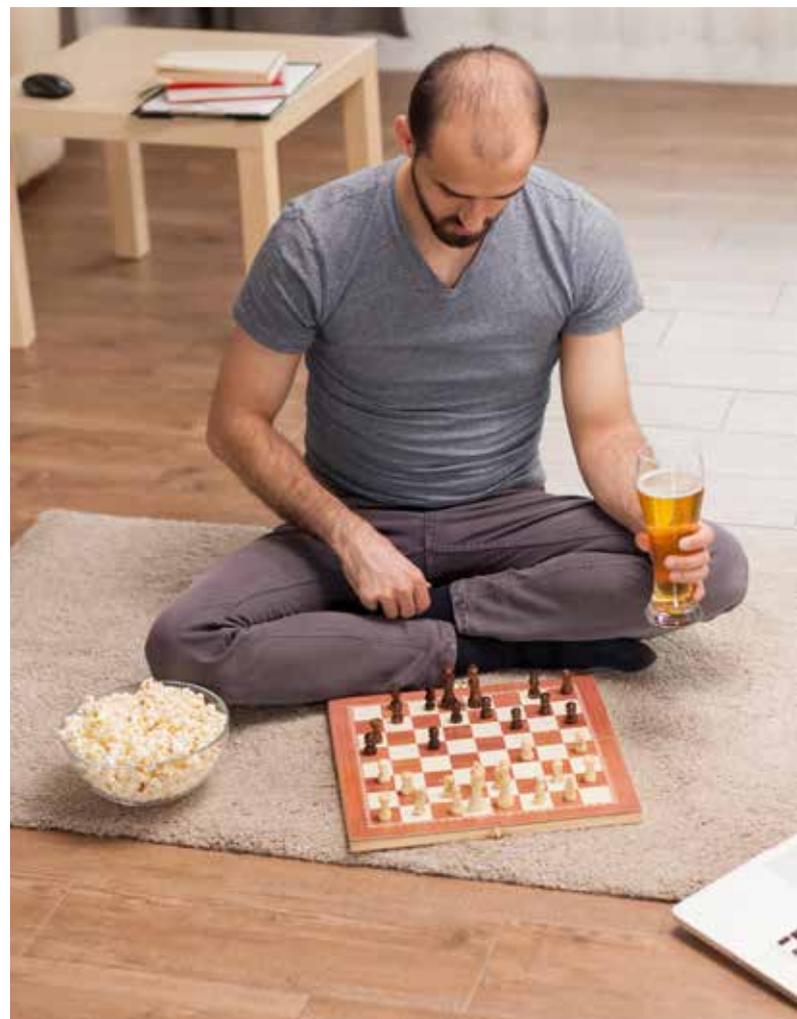


ACCIDENTAL HEROES #09:

Dr Steven Roberts

Dr Steven Roberts at Monash University has undertaken research on “men’s risky drinking cultures” for VicHealth. This research found that men’s views about what constitutes risky drinking were different to the definitions of risky drinking used in national guidelines and as such conventional health campaigns fail to connect with these men (Roberts et al 2019).

Dr Roberts has called for men to be active participants in the design of public health interventions and campaigns that seek to reduce men’s risky drinking behaviour. This approach could be applied more broadly to ensure the lived experience of men is incorporated into all programs that work to keep men and boys safe by preventing deaths caused by accidents or injuries.



ACCIDENTAL HEROES: LEADING BY EXAMPLE



Accidents and injuries kill around 7,000 men and boys a year in Australia. These deaths are preventable, but it will take an army of “accidental heroes” working to keep men and boys safe if we want to achieve a significant reduction in the number of deaths caused by accidents and injuries.

Throughout this report we have highlighted a number of “accidental heroes” who are already doing great work to prevent accidents and injuries around Australia.

We have included senior politicians in our heroes’ roll call, because grassroots action is often facilitated from the top through legislation, policy and funding. Developing a National Plan to Prevent Male Suicide and ensuring men and boys are named as a priority population in the National Injury Prevention Strategy, are just two examples of actions that senior politicians can take.

We’ve also highlighted the important role of lived experience in preventive work. The Blue Datto Foundation, inspired by the death of 17-year-old Philip Vassallo who died in a transport accident in 2014, demonstrates an extraordinary ability to respond to personal tragedy by helping others. Robinette Emonson’s work, sharing the story of her husband, Bob, who was crushed to death under his car, is another example of the strength of the bereaved in action.

Making a difference (from left): the Blue Datto Foundation, ‘Don’t Let Your Mates Drink and Drown’ campaign and truck driver Andrew Hastings, a lone hero recognised by the Australian Trucking Association.

Fortunately, some men live to tell the tale of their close encounter with death. Mick Hall is one of a number of older men who suffered serious injuries in falls and wants to save other men from the same fate.

The Keeping Men Grounded and the Ladder Safety Matters campaign, inspired by Mick’s experience and developed by the Diamond Creek Men’s Shed, are great examples of preventive work being developed from the grassroots upwards. With support from the Victorian Government and the Victorian Men’s Sheds Association, these great initiatives are extending their reach.

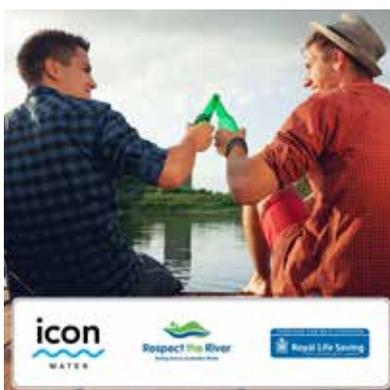
The men’s shed project also serves as a reminder of the value of supporting the development of initiatives that have been designed by men and for men. Dr Steven Roberts’ research on “men’s risky drinking cultures” for VicHealth has revealed that conventional health campaigns often fail to connect with men.

Dr Roberts has called for men to be active participants in the design of public health interventions and campaigns that seek to reduce men’s risky drinking behaviour. By applying this principle more broadly to programs that work to keep men and boys safe, we can empower more men to become “accidental heroes”, helping prevent deaths caused by accidents or injuries.

The truck driver Andrew Hastings is an inspiring example of an “accidental hero” in action. Andrew was first on the scene at a serious road accident and didn’t hesitate to tackle a car fire, help an injured woman to safety and provide first aid and comfort to a severely injured motorist.

Yet Andrew’s story is more than a tale of a lone hero. His actions were recognised by the Australian Trucking Association through its Highway Guardian award which honours professional truck drivers who keep others safe through heroic and selfless acts.

He is one of around 20 truck drivers honoured in this way in the past decade, most of them working for large businesses, which all have a role to play in promoting better safety for men and boys. Andrew, for



ACCIDENTAL HEROES: LEADING BY EXAMPLE (CONTINUED)



example, works at Linfox, an organisation that is committed to working towards no workplace injuries or motor vehicle incidents.

His award was sponsored by Bridgestone Bandag, another commercial enterprise, reminding us of the extensive resources the business sector could bring to the fight to drive down deaths from accidents and injuries.

Then there is the power of celebrity. Danny Green was known for his skills in the boxing ring, representing Australia at the 2000 Olympics and holding several world titles during his professional career. In 2012, he turned his attention to fight “one-punch” assaults through his Stop the Coward’s Punch Campaign.

Danny reminds us of the role the sporting community can play in preventing accidents and injuries.

In June 2020, AMHF hosted the Sporting Chance men’s health summit that brought together academics, sports clubs, sporting codes, former sportsmen and sports-based programs to explore some of the different ways we can use sport to engage men in physical and mental health programs.

A similar approach could be applied to mobilise the sports community to find new and innovative ways to help prevent men and boys dying from

accidents and injuries. In recent years, for example, we’ve seen Brisbane Heat teaming up with the Queensland Department of Transport to promote the #LiftLegend campaign to reduce drink driving.

The #LiftLegend campaign is a good example of an approach that builds on one of the strengths of Australian masculinity – mateship. Similarly, the Road Safety Advisory Council in Tasmania’s “Real mates don’t let mates drink drive” campaign evokes the masculine virtue of looking out for your mates.

Royal Life Saving has taken a similar path with its “Don’t Let Your Mates Drink and Drown” campaign. This features a fictional “accidental hero” Dave, who finds a novel way to keep his mates safe from drowning.

Last but not least, we want to highlight the potential role that academics, like our friends at the Australian Institute of Suicide Research and Prevention, can play as “accidental heroes”, by bringing new data and research to the table to ensure the work we do together to prevent men and boys from dying is informed by the latest evidence.

In conclusion, the case studies in this report are just a small sample of the many different stakeholders we could be empowering and enabling to become “accidental heroes” and create a safer future for all Australians.

POPULATIONS AT RISK: MAKING MEN AND BOYS A PRIORITY



In 2018, a total of 10,811 people died from accidents and injuries in Australia and 6,933 were male. This accidental gender gap is so significant, closing it would save the lives of 3,000 men and boys a year. So why aren't men considered a priority population?

The Government's Draft National Injury Prevention Strategy (2020-2030) takes an equity approach to injury prevention that in its current format, doesn't work for men and boys.

The strategy commits to reducing inequities in the burden of injury by addressing the broader social and cultural "inequities that contribute to the disproportionate burden of injury experienced by specific population groups".

In particular, the Strategy commits to an ambitious target of reducing the overall rate of injury burden by 30% to 40% among the following three priority populations:

- Aboriginal and Torres Strait Islander people
- people living in rural and remote areas
- people experiencing the most socio-economic disadvantage.

The strategy states that evidence and equity are two of its key principles and yet while all significant evidence points to the fact that men and boys are the most impacted by injuries – the authors of the strategy do not consider males to be a priority.

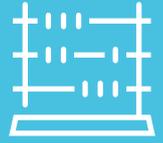
This is despite the evidence that for many forms of injury, sex is a far greater predictor of risk than socio-economic status, Indigenous status or remoteness of residence.

In 2015-2016, for example, even the most advantaged 20% of males were more likely to die from accidents and injuries than the most disadvantaged 20% of females (Henley 2019a).

Cause of death	Male deaths	Female Deaths	% Male	% Female
Workplace	176	14	93%	7%
Suicide	2316	726	76%	24%
Transport	999	331	75%	25%
Drowning	126	43	75%	25%
Poisoning	926	387	71%	29%
Fires	33	14	70%	30%
Homicide	154	74	68%	32%

Table 1. Selected deaths by injury per year (ABS 2019, Safe Work Australia 2018).

EQUITY: IS IT FAIR TO EXCLUDE MEN AND BOYS?



How do Governments identify priority populations? In the National Injury Prevention Strategy, the criteria are that “there is growing evidence of inequities which result in their overrepresentation among fatal and serious injuries”.

Furthermore, the strategy states that taking action to reduce these “socio-economic inequities will reduce unfair and unequal distribution of injuries in society”.

The key word here is “unfair”.

In the world of health, inequality and inequity have different meanings. A health inequality is simply a measurable difference in outcome between two populations, whereas a health inequity is a difference that is considered to be “unfair” and linked to social disadvantage.



It seems that men have been overlooked because of the gender paradox in health equity, which means that unlike other population groups, the health inequalities that men and boys experience are not considered to “unfair” or “inequitable”.

It can be argued, however, that the gendered nature of men’s social role results in them having less access to health resources and greater exposure to health risks than women.

While people will disagree about whether men’s health inequalities are unfair, when men and boys account for 75% of the years of potential life lost to injury and accidents, it seems unwise to ignore men as a priority population.

SUPPORTING MEN IS BETTER FOR EVERYONE

Making men and boys a priority population does not mean overlooking the needs of other groups. In most cases it will make working with other priority populations more inclusive and effective.

For each of the three priority populations identified within the strategy, men and boys are at greater risk than women and girls.

For example, Aboriginal and Torres Strait Islanders account for around 5% of injury deaths, with 2 in 3 of those deaths being male (Kreisfeld 2020a). Similarly, people living in remote and very remote areas account for 3% of injuries, with men being at greater risk than women (Henley 2019).

Looking at socioeconomic status, the most disadvantaged 20% of the population account for 23% of injury deaths, with more than 3 in 5 of those who die being male (Henley 2019a).

TAKING A GENDER INCLUSIVE APPROACH

Work to prevent injuries cannot be equitable if it doesn’t take account of gender differences.

The first priority is to focus on men and boys, particularly for issues like homicide, poisoning, drowning, transport deaths, sports injuries, DIY injuries, alcohol-related injuries and workplace deaths, where roughly 70% to 95% of those impacted are male.

There are also areas where the evidence suggests that women and girls should be a priority. This include hospitalisation due to self-harm, falls in older women and domestic violence.

A gender inclusive approach also needs to consider areas where LGBTI+ people with diverse bodies, sexualities and genders are at increased risk that necessitates priority interventions.

RECOMMENDATIONS: 5 WAYS TO SAVE MEN'S LIVES



Death by injury is a men's health issue. The National Men's Health Strategy 2020-2030 names injury and risk-taking behaviour as one of five priority men's health issues.

Nearly 20 men and boys a day are dying from accidents and injuries in Australia, with men accounting for 75% of the potential years of life lost.

In 2018, accidents and injuries killed 10,811 people in Australia, 6,933 males and 3,878 females. Closing this accidental gender gap would save the lives of 3,000 men and boys a year.

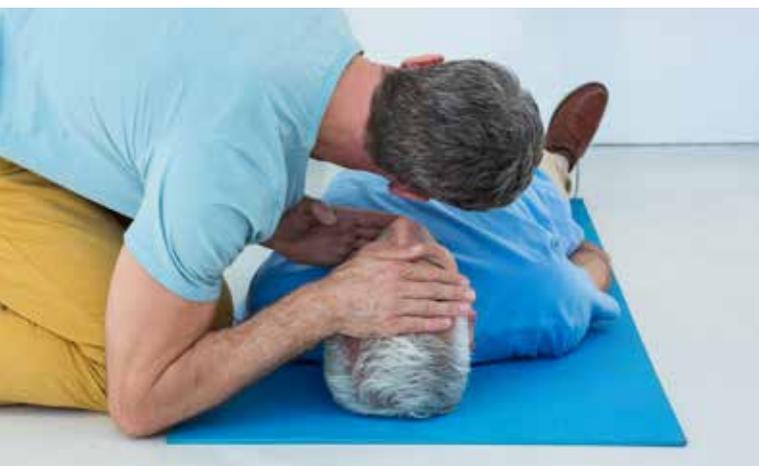
Throughout this report we have highlighted the numerous ways that men and boys are disproportionately impacted by accidents and injuries.

Here we offer five recommendations to help policymakers, commissioners and funders make decisions that can help save more lives and create a safer future for everyone.

1. MAKE MEN AND BOYS A PRIORITY

The National Men's Health Strategy, published in April 2019 by the Department of Health, is unequivocal in calling for all levels of government to apply a gendered lens to engage with and address the unique needs of men and boys, in all dimensions of their work including policy development.

While this is an excellent principle in theory, the Department of Health does not appear to be applying this principle to the development of its National Injury Prevention Strategy. By naming men and boys as a priority population in this strategy, the Government can take an important first step towards tackling the issue more effectively.



2. INVOLVE MEN AND BOYS

When working to address any men's health issue it is vital to involve men and the men's health sector. Men's health advocates play an important role in ensuring the issues that disproportionately impact men and boys are brought to the table.

The most experienced men's health advocates don't just highlight problems, they also come armed with knowledge of best practice solutions that are known to be effective when working with men.

One of the key principles of male-friendly services is that they are often designed, developed and delivered by men, for men. This is just one reason why we need to work hard to engage and involve men and boys in our work to prevent accidents and injuries.

We are dealing with the human tragedy of families and communities losing their sons, fathers, brothers, uncles, partners, mates, neighbours and work colleagues to accident and injury. We need to give men and boys a bigger role in finding solutions to this problem.

3. EMPOWER ACCIDENTAL HEROES

Throughout this report we have highlighted the importance of encouraging and enabling the broadest possible range of stakeholders to take action to save the lives of men and boys. By way of example, we've shone a spotlight on a number of "accidental heroes" who are already doing great work to prevent accidents and injuries around Australia.

Together, these stakeholders can become our "accidental heroes", working to create a safer future for everyone in Australia. Accidents and injuries kill around 7,000 men and boys a year in Australia. These deaths are preventable, but it will take an army of "accidental heroes" working to keep men and boys safe if we want to achieve a significant reduction in the number of deaths caused by accidents and injuries.

The Government cannot solve this issue on its own, but it can create the conditions for success by encouraging and enabling the public sector, private sector, NGOs and local communities to work together to prevent men and boys dying from accidents and injuries.

RECOMMENDATIONS: 5 WAYS TO SAVE MEN'S LIVES (CONTINUED)



(POOLE 2020)

4. BUILD ON MASCULINE STRENGTHS

We live in a society where our stereotypical views of gender mean we are collectively less likely to view men as worthy of protection from harm and, at an individual level, men feel social pressure to work out their problems on their own.

In general, men are more likely to be exposed to health-damaging experiences than women. Many of the types of injury that impact men (workplace injuries, transport accidents, sports injuries, DIY injuries) are linked to men's traditional gender roles of breadwinner, commuter, handyman and sportsman.

Some commentators consider masculinity to be the key driver of poor health in men, linking it to risky behaviour, lack of self-care and a reluctance to get help.

Masculinity can also be positioned as a protective factor, by highlighting the masculine strengths that men can draw on to stay safe and healthy such as being strong, brave and protective of others. Interventions that build on the masculine virtue of looking out for your mates, are one example of this principle in action.

It is vital that we develop our capacity to talk about masculinity as a risk and a protective factor, in ways that avoid stigmatising men at risk or overshadowing the importance of taking collective action to keep men and boys safe.

5. TACKLE RISKY DRINKING

The burden of disease linked to alcohol and illicit drug use is three times higher in men than in women. In terms of alcohol-related injuries, men account for 84% of the disease burden.

Research by Dr Steven Roberts has found that men's views about what constitutes risky drinking are different to the definitions of risky drinking used in national guidelines and as such conventional health campaigns fail to connect with these men.

Engaging and involving men as active participants in the design of public health interventions and campaigns that seek to reduce men's risky drinking behaviour should play a central role in the drive to reduce the number of men and boys killed by injuries in Australia.

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