TOPIC 8
Staying safe

8.1 Overview

8.1.1 Introduction

Staying safe and healthy involves good decision making in many areas of life. This includes when outdoors playing sport or participating in a recreational activity, working on the farm or enjoying the water at a beach, lake or pool; or attending parties with friends and family or simply going online or texting friends. Good decision making is also important for you as a road user, either as a driver, passenger or pedestrian. Knowing basic first aid and what to do in an emergency are useful skills for dealing confidently and appropriately with the unexpected.

ESSENTIAL QUESTION
What skills do I need to stay safe in different environments?

SYLLABUS OUTCOMES
A student:
- examines and demonstrates the role help-seeking strategies and behaviours play in supporting themselves and others (PD4-2)
- recognises how contextual factors influence attitudes and behaviours and proposes strategies to enhance health, safety, wellbeing and participation in physical activity (PD4-6)
- investigates health practices, behaviours and resources to promote health, safety, wellbeing and physically active communities (PD4-7)
- plans for and participates in activities that encourage health and a lifetime of physical activity (PD4-8)
- demonstrates self-management skills to effectively manage complex situations (PD4-9)
- applies and refines interpersonal skills to assist themselves and others to interact respectfully and promote inclusion in a variety of groups or contexts. (PD4-10)
8.2 Peer relationships

Being a good friend involves not just being there for the good times but also those times when a friend may be experiencing stress in their life and is in need of our help. Supporting your friends in such times can help ensure they stay safe, both emotionally and physically. Understanding ways to help and being prepared to exercise assertiveness at times can be important factors in ensuring your own and others’ safety.

8.2.1 Standing up for yourself

Studies show that as we reach high school, teens spend more than half their time in the company of peers. It is not surprising then, that our peers are so influential in our lives, particularly during the high school years.

While much of our peer interaction will be positive, there will be times when we need to stand up for ourselves or others in the face of unsupportive, unpleasant or bullying behaviour. Learning how to stand up to such behaviour can improve your sense of empowerment, assertiveness, self-esteem and communication. These are important skills that you will draw on throughout life, so it is well worth practising them while you are at school and have the support of others such as parents, teachers and other trusted adults to guide you along the way!

8.2.2 Forms of bullying

Bullying is the ongoing misuse of power in a relationship through repeated verbal, physical and/or social behaviour that causes physical and/or psychological harm.

It is important to remember that having an argument with someone does not constitute bullying, nor does a one-off act of aggression. While these incidents are unpleasant and should be addressed and rectified wherever possible, they are different to bullying.

Bullying can occur in various ways and may include the following types of behaviour.

- **Physical bullying** — when a person is touched, pushed, hit or otherwise physically intimidated
- **Verbal bullying** — when a person is hurt by the verbal comments of another person, could include name-calling, insults, teasing or remarks of an inappropriate nature
- **Social bullying** — when a person is deliberately excluded from group activities, or hurt by unpleasant remarks made about them to others or by rumours spread about them. Most cyberbullying involves this type of behaviour

8.2.3 Being a supportive upstander

It is estimated that about 85 to 90 per cent of bullying is witnessed by others. These witnesses are most likely to be peers of the victim and the bully.
A bystander is a person who witnesses or is aware of an instance of bullying or negative behaviour towards another person but is not involved in the bullying. In cases of online (cyber) bullying, a bystander is someone who is aware of the online harassment and is able to view some or all of the online content that is causing the distress. One of the best ways to help stop bullying is to practise upstander behaviour.

Upstander behaviour is when someone witnesses and takes action against bullying behaviour. This can be done in several ways:

- **Help out.** Be a friend to the person being bullied. Talk to them; invite them to sit with you; ask them to join you in doing something somewhere else.
- **Call out the behaviour.** If you feel that you can, calmly and confidently call out the bullying behaviour, or make an effort to divert the attention away from the person being bullied.
- **Refuse to watch and seek help.** If bullying is happening, don’t be a bystander. At the very least, walk away from the situation and if possible seek help from a teacher, parent or other trusted adult.
- **Call out bystander behaviour.** Let others know that by laughing along or even just watching on, they are effectively joining in the bullying behaviour.
- **Don’t engage in the rumour cycle.** Refuse to spread untrue or nasty messages.
- **Respect people’s rights and differences.** We all have our own views, values and backgrounds and will not always agree. That is okay and, in fact, is part of what makes our society interesting. Accepting diversity and respecting other people’s rights to their own opinions is important. Sometimes you may need to encourage others to ‘agree to disagree’ and simply move on.

If you don’t feel comfortable taking direct action during a bullying incident, you can still help in other ways. If you know someone is being bullied, say something or send a message to let them know you are there to support them. Ask them about what is going on but remember they may not want to talk about it, so be respectful and understanding. Listen to what they have to say, reassure them that there is help available and encourage them to seek it.

Learning how to manage bullying behaviour is an important set of skills that can help keep you and others safe. Explore the What is bullying? and Two ways to deal with bullying weblinks in the Resources tab to learn more about bullying and how to handle it.

Bullying can occur in many different settings. Increasingly in recent years, cyberbullying — bullying that takes place via technology — has become an issue in many young people’s lives. As with bullying that occurs in a face-to-face environment, recognising and having strategies to deal with cyberbullying are important in protecting ourselves and others from this potentially very harmful experience. Use the Dealing with cyberbullying weblink in the Resources tab to learn some of these strategies. More information about cyberbullying and staying safe online will be discussed in subtopic 8.3.

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Social bullying can include deliberately excluding someone from a group and saying unpleasant things about them to others.

### Resources

- **Weblink:** What is bullying?
- **Weblink:** Two ways to deal with bullying
- **Weblink:** Dealing with cyberbullying
8.2.4 Forms of violence and harassment

We tend to think of violence as a purely physical thing, but the World Health Organization defines it as being:

the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation.

Today, we recognise that violence can take various forms, including the following.

<table>
<thead>
<tr>
<th>Physical</th>
<th>physically assaulting someone such as through pushing, punching, kicking or using a weapon</th>
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<tbody>
<tr>
<td>Sexual</td>
<td>forced or unwanted sexual activity. This can be a form of physical violence but could also be sexually offensive comments, jokes or exposure to images or other material of a sexual nature.</td>
</tr>
<tr>
<td>Financial</td>
<td>where finances in a relationship are overly controlled by one person to the detriment of others. This can include various behaviours such as restricting access to bank accounts, monitoring of spending or even forbidding a partner to work.</td>
</tr>
<tr>
<td>Psychological/emotional</td>
<td>where there is an imbalance of power in a relationship and it is used in a negative and damaging way; may take the form of someone name-calling, yelling or swearing at their partner or through more ‘passive’ means such as ignoring or refusing to talk to their partner for an extended period of time, or through various jealous and possessive behaviours</td>
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Harassment is unwanted behaviour that offends, humiliates or intimidates a person, such as the following examples.

<table>
<thead>
<tr>
<th>Teasing someone because they are from a different cultural background</th>
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<tbody>
<tr>
<td>Body-shaming — making negative comments about someone’s physical appearance</td>
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<tr>
<td>Making comments about someone’s sexuality</td>
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<tr>
<td>Making flirtatious comments or continuing to ask someone out when they have indicated they have no interest in a relationship of that nature</td>
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Having an understanding of the different behaviours that constitute violence and harassment and recognising when things are ‘not okay’ are an important part of keeping ourselves and others safe within our relationships.

DID YOU KNOW?

Under the Crimes (Domestic and Personal Violence) Act 2007 (NSW) it is an offence to stalk or intimidate another with intent to cause fear of physical or mental harm. The maximum penalty is five years’ imprisonment or a fine of $5500.
8.2.5 Trusting your feelings

Sometimes we might see, hear or experience something that just doesn’t ‘feel’ right. This is often referred to as our ‘gut feeling’.

It is important to listen to and trust our own feelings and thoughts about a situation. Our instincts are partly shaped by our past experiences and the knowledge that we have gained through them. Sometimes it is not easy to exactly pinpoint or verbalise an issue, but generally, if you find yourself feeling nervous or uneasy at the thought of a particular situation (for example, the idea of attending an unsupervised party, or going out with someone a bit older than you), it may be that you feel this is not the right or safe thing for you to be doing.

Similarly, in our relationships with others, if something doesn’t feel right to us, it probably isn’t right for us. For example, you might have a friend who is lots of fun when it’s just the two of you together but who is always putting you down when you are with other people. This makes you feel embarrassed and humiliated, and you find yourself feeling nervous whenever you are going to be in a group of people with this friend. Your nervousness is your body’s way of telling you that you are feeling emotionally unsafe when you are with this person. To improve the situation, you might talk to your friend and let them know how you are feeling and ask them to stop the behaviour that is causing you distress.

When faced with decisions in daily life and in managing relationships with other people, tuning in to your gut feelings will help you determine the best course of action and can help you keep yourself safe — both physically and emotionally.

8.2.6 Respect and relationships

Entering into a relationship with someone is exciting and challenging at the same time. While we all enjoy the special attention of someone who we like and are attracted to, building a safe, caring and trusting relationship involves openness, good communication and respect for each other as individuals.

An intimate relationship is one in which the people involved share an emotional and romantic friendship that may become physical. In a good relationship, the development of physical intimacy is a process that is mutually agreed and in a manner with which both partners feel comfortable. Key elements of a good relationship, and ones that build a sense of trust and security between partners, include communication, honesty, respect for other’s choices, respectful management of conflict and negotiating consent for the development of physical intimacy.

Open communication

Good relationships are built upon open and honest communication. The right to express your thoughts and feelings freely with your partner is a key element of a safe and healthy relationship. Disagreements will happen; being able to express our views, listen respectfully to the views of our partner, negotiate and compromise are vital skills to develop in order to be able to build healthy relationships in which both parties feel valued.
Respecting people’s choices
We won’t always agree with other people’s opinions or choices. This is what makes us individual and unique. While it can be frustrating when others don’t share our outlook, it is an important part of growing as an individual and as part of a relationship to accept others’ rights to make their own decisions — just as we expect others to respect our right to do so. In a relationship, knowing that your partner respects your choices — whatever they relate to — is another key element that builds a sense of trust and safety.

Negotiating consent
In a relationship, mutual consent means that both people agree or give permission to the other to do something. Consent implies an understanding of what is involved in an activity and the possible consequences. In an intimate relationship, any level of physical intimacy should be discussed and consent negotiated so that both parties feel safe and comfortable. The right to say no exists at all times. Even if you have participated in certain physically intimate behaviours with your partner in the past, you have the right to say no at any time to anything you do not feel comfortable with.

Sexual activity of any kind without consent is illegal — this is sexual assault and serious legal punishments apply to this behaviour. The emotional and psychological effects of unwanted sexual activity can be severe and very damaging. It is of utmost importance to ensure, through open and honest communication, that both people in a relationship are comfortable with whatever level of physical intimacy is being proposed. This is yet another reason why good communication is key to building safe and healthy relationships.

Understanding what makes a healthy, respectful relationship is an important part of being able to recognise and communicate our needs, feeling safe and building trust with the important others in our lives. Use the Respectful relationships and Negotiating consent weblinks in the Resources tab to learn more.

### 8.2 Activities

#### Role play
1. Pick one of the following scenarios and devise an effective upstander response. Share with your class.
   - (a) Your class is in the sports changeroom getting ready for your PE class. You notice that one student, who is overweight, has not yet started to get changed; you suspect that this is because of unkind comments that have been made previously. The teacher tells the class to hurry up. Despite being already changed, some of the students who have made negative comments are still in the changeroom; they seem to be waiting for the overweight student to start getting changed.
   - (b) You have become aware that a boy in your year has made a fake social media account and is pretending to be another student at your school. Another friend just told you about a post that the student has made using the fake account that insults many people in your year group.
   - (c) The new girl in your year has just started her second week at school. A couple of unkind students have started asking very personal questions during lunchtime. She is becoming increasingly distressed and can’t seem to get them to leave her alone.

#### Trust your instincts
2. Consider the following situation and complete the activities that follow.

   You’ve just been asked to a party. There are not going to be any supervising adults at the party and you think there is a chance that things could get out of control. Your parents have said you may go to the party but they think that the host’s parents will be there.
(a) In groups of 3 or 4, discuss what each group member’s instinct or gut feeling is about this situation.
(b) Devise an agreed best plan and share with the class.
(c) Individually, look back on what your original feeling was regarding this scenario and how it differed from the group’s response. Was there any difference? What role do you think peer pressure played in this situation?

3. Survey five to ten class members about an occasion where they followed their ‘gut feeling’. If each person is willing to share, note the details of the events. If not, simply ask each person to indicate whether, with hindsight, they believe that the decision they made was the right or wrong one.

4. We all have times when we are concerned about our own health, safety or wellbeing or that of others. Consider the following scenarios and devise the best approach for each.
(a) A very good friend has expressed feelings of unusual anxiety and sadness. You have just knocked on the school counsellor’s door to alert them to your concerns. Write down your concerns in the way you would tell them to the counsellor.
(b) An adult you have contact with online has repeatedly asked unusual or inappropriate questions, which is making you feel very uncomfortable. Your parents ask what is wrong because they have noticed you acting out of character. While you are relieved that you now have an opportunity to address the issue, you still have to have a conversation with your parents. Construct the script of the conversation in the way you hope it would go.
(c) You have noticed your friend has an unusual mole on their back but it doesn’t seem to worry them. Despite this, your gut instinct tells you that it doesn’t look right. You ask them to get their parents to make an appointment but they still refuse. You believe they might be hesitant because they are fearful of the outcome. Construct a two-minute persuasive speech telling them why they need to get it addressed. Use at least three arguments in your speech.

8.2 Check and challenge

Explain
1. Make a list of people someone could see for help if they were being bullied:
   (a) at school
   (b) out of school.
2. What is an upstander? How does this differ to being a bystander?

Elaborate
3. Consider the effects that bullying has on the victim and the person doing the bullying. Are there any ways that you could help the bully themselves?
4. (a) What could you do to help in a situation where someone in your class is being bullied?
   (b) How could you address a bullying situation in the playground where you are not directly involved?

8.3 Online safety

Increasingly, we rely on the internet for our information-gathering, social interaction, financial management and employment. Having the understanding and skills to safely and responsibly negotiate the ever-evolving online environment enables you to participate fully in its positive offerings, while ensuring you and others remain safe from its potentially negative influences and effects.

8.3.1 Connecting online

Social media connects us to our friends, peers and family in a virtual world, as well as to people we don’t know. Our online profile is created when we use a phone, set up a social network page or play games on the
internet. Connecting with others via blogs or social media provides an avenue for creating our social identity. The decisions we make about what we share online have consequences for our digital reputation, which speaks volumes about our values and social identity and creates our digital footprint.

**DID YOU KNOW?**
The Australian Communications and Media Authority (ACMA) has the authority to prosecute companies for breaching the *Spam Act 2003* following complaints made by the public about receiving spam text messages.

### 8.3.2 Strategies for keeping safe online

Online safety is not only about understanding issues such as cyberbullying, sexting and avoiding explicit content, it is equally about engaging positively by being aware of your own online behaviour, respecting others and knowing what action to take to protect yourself.

Cyberbullying is the act of using technology for the purpose of bullying a person or group of people. As discussed in section 8.2.2, bullying is repeated oppressive behaviour and, in the online context, can include sending abusive texts or emails, such as spreading rumours, or excluding someone from a group.

Sexting is the act of sending explicit images or videos to someone. Australia enacted its first sexting laws in August 2014, making it a crime to share explicit images of another person without their consent.

If you are the victim of cyberbullying it’s okay to seek help from others. If you know someone who is being bullied, let them know you are there to support them and encourage them to report the bully.

Strategies to deal with antisocial online behaviour include:

- standing up and speaking out
- telling someone you trust, such as a parent, teacher or counsellor
- not responding to bullying messages
- blocking the cyberbully
- reporting bullying to the relevant social media site
- keeping evidence of the content of text or emails
- reporting violent threats to the police.

Topic 3 includes more information about protecting yourself from bullying. For advice about reporting inappropriate online behaviour go to the Report cyberbullying weblink in the Resources tab.

**on**

**Resources**

Weblink: Report cyberbullying

### 8.3.3 Managing your online identity

We don’t always think about where we will be in ten years’ time, but imagine yourself in the hands of a recruitment agency that will be performing a search when you apply for a new job, register to enter a program of study or apply for a traineeship. In ten years, will you be happy with what these recruiters might find out about you? Your digital identity is defined by your behaviour and by the content you post about yourself and others. Blog posts, social networking ‘likes’ and tagged photos all shape how you are perceived by others online and offline, both now and in the future.
Engaging with social technologies requires an understanding of the potential risks. If used well, social technologies can enhance your friendships, relationships and even secure a good job.

Using social media is one way of exploring your social identity. By engaging with social technologies you are presenting an image of who you are now or who you hope to be. Social media allows you to completely change your identity, which is a lot harder to do in the face-to-face world. It offers scope for creating very imaginative identities.

Some simple steps to manage your online profile

Think of the consequences before you post, text or blog.

Evaluate your profile or have someone else do it for you. Use search engines and social media sites to search for your name.

Be aware of photos where you may be tagged by your friends.

Remove inappropriate content or ask to have tagged photos removed.

Set up your profile/s as private.

Remember, online information that you share with others can never be removed. Your personal information may end up being seen by people you don’t know, including potential employers.

Privacy

It is always important to manage your own identity, as well as respect the identity of others. There are times when it is appropriate to comment or open a discussion with someone online, however, this needs to be carefully monitored. A good rule is if you wouldn’t say something to your parents or a respected adult then it isn’t appropriate to post online. Not only are there potential legal issues, it is inappropriate to criticise or belittle someone online. The ability to ‘tag’ people in online formats has been generally positive, however, this can create issues with unwanted attention. Some general tips for tagging online are:

- Ask permission to tag friends prior to doing so.
- Don’t ever tag children, even if you are friends with them or their parents.
- Don’t use tagging to promote products or events.

Just as we do online, it is necessary to respect an individual’s identity offline. This could be as simple as not listening to conversations that don’t involve you, or respecting decisions they have made.

8.3 Activities

Staying safe online

1. With a partner, use the Staying safe online weblink in the Resources tab to take the Cybersafety quiz. Do you and your partner have different views on any of the questions? As a class, discuss any of the scenarios that you were unsure about and, on the board, make a list of strategies for keeping safe online. With your partner, create a poster outlining these strategies to display in the classroom.

Being respectful

2. Develop a list of how we can be respectful of others when sharing content online.

Assessing risks online

3. In pairs, discuss the following scenarios. Identify the risks, assess the level of risk and comment on the behaviour in each situation. What do you think could have been done differently to promote online safety in each instance?
   
   (a) Sergio received an email from a person he didn’t recognise. They claim to be a friend from primary school and provided a photo of themselves and requested Sergio to reply with his photo. He obliges because he doesn’t wish to offend them by not remembering them from primary school.
(b) Tomika is completing her assignment on her mother’s PC when a pop-up appears on screen indicating she has won a tablet PC. She clicks on it to see what she has won.
(c) Kim bought a dress online and used her parents’ credit card to pay for it. It promised two weeks for delivery but it is now more than one month since she paid and the dress hasn’t been delivered.
(d) Jay met a girl online and they have been chatting for over three months. She wants to meet him in person but Jay posted a photo of someone else on his profile.

Resources

Weblink: Staying safe online

8.3 Check and challenge

Explain
1. Create a list of acceptable behaviours when communicating on the internet.
2. What should your online profile say about you?
3. What are privacy settings on social media platforms and how can you use them to protect yourself?
4. Explain the following terms:
   • cyberbullying
   • sexting.
5. How many online identities do you have? If you have more than one, explain why you need more than one identity.

Elaborate
6. Consider the impact inappropriate photos have on your reputation now and into the future.

8.4 Healthy decisions: drugs

Understanding why people do or don’t use certain drugs, their effects and health impacts allows you to make informed decisions for your own health and wellbeing and to understand the issues surrounding drug use within your community.

8.4.1 Making good decisions

Making good decisions about your health is not always easy to do. Peer pressure, the need to fit in and experimentation are just some of the reasons young people misuse drugs. In this subtopic you will learn about drugs and their effects, and why people use, misuse or choose not to use drugs.

Drugs are used for many reasons, including pain relief, fighting disease, to heal the body and to help manage stress. Some drugs are illegally produced and are specifically made for recreational use rather than medical use.

Smoking is the single largest preventable cause of death and disease in Australia. So why do people smoke?
Research shows that drug use is directly related to many health problems in Australia. It is well known that smoking contributes to the development of a number of different types of cancers and that alcohol abuse can lead to cirrhosis of the liver (liver disease). Smoking is the largest preventable cause of death and disease, killing thousands of Australians each year.

8.4.2 Why some people take drugs

There are many reasons why people take drugs including:
- to treat an illness
- to improve performance
- as a form of relaxation
- out of curiosity
- due to parent or family use
- to be part of a celebration (for example, a party)
- to experiment (for example, to try something new)
- as an act of rebellion (for example, against parents)
- due to pressure from peers, or to fit in with the peer group
- as a form of escape from stress or emotional upset (for example, after an argument with a family member).

8.4.3 Why people don’t use drugs

Just as there are many reasons for people using drugs, there are also many reasons why people don’t use drugs. These may include:
- Their family values and attitudes are against drug use.
- It is against the beliefs of their religion or culture.
- Some drugs are illegal.
- It is too expensive.
- They value personal health.
- They are athletes.
- They do not want to feel out of control.
- There are age limits.

8.4.4 How drugs affect your health

Drugs affect people differently. Two people can use the same drug at the same time but experience different effects. How drugs affect a person is influenced by a number of factors, including:
- how much is used
- height and body weight
- past experience with the drug
- mood
- the strength of the drug
- state of health when taking the drug
- whether the drug is used on its own or with other drugs
- the environment — whether used alone or with others, at home or at a party.

All drugs, including prescription medicines, have the potential to negatively affect your health if not used correctly. Long-term misuse or abuse of a drug can lead to damage to your body and even death.
HEALTH FACT

In Australia, approximately one in every 20 deaths and more than 150 000 admissions to hospital per year are illicit drug- and alcohol-related.

8.4.5 Their drugs, not yours!

Often, one person’s drug use can affect the health and wellbeing of others, even those who choose not to use drugs. Passive smoking can cause cancer in people breathing second-hand smoke and drink-driving can lead to other people being injured or killed.

One person’s drug use can affect other people in many ways, including:

- accidents
- health problems, such as cancer from passive smoking
- aggressive or violent behaviour towards others
- domestic violence
- family breakdown
- family financial problems
- sexual assault
- crime, such as break-ins and theft
- injury
- littering and environmental damage (for example, discarded cigarette butts, needles or bottles).

HEALTH FACT

Medicines are developed to improve our health by fighting disease and infection and helping our bodies to heal. Medications are misused when a person does not follow the instructions given by the doctor or chemist, or when someone uses medication that has not been prescribed for them.

8.4 Activities

Reasons why young people take drugs

1. (a) As a class, discuss the reasons why young people take drugs. Make a list of all the reasons.
   (b) As a class, decide which reasons are most relevant to boys, to girls and to everyone. Identify the potential consequences for young people misusing drugs.

2. As a class, discuss ways in which drug use among young people could be reduced.

Drug use and the law

3. Choose one of the following types of drugs and use the Drugs and the law weblink in the Resources tab to research the law in relation to young people’s use of it.
   - Cannabis
   - Alcohol
   - Tobacco

4. In small groups, share your research from activity 3. Discuss whether the law is effective at stopping and/or reducing the use of these drugs among young people.

5. Suggest strategies to reduce the use of alcohol and tobacco among young people.
8.4 Check and challenge

Explain
1. Identify the reasons for some young people using drugs.
2. What impact might an individual's location have on potential drug use? For example, what issues might a person living on a farm face that those living in a city do not, and vice versa?

Elaborate
3. Make suggestions about what needs to be done to reduce the influences on boys and girls to take drugs.
4. In many cases, young people's drug use could be substituted with healthier alternatives. For example, there are many ways to relax or treat pain that do not involve drugs, such as meditation. Suggest some healthier alternatives to drug use.

Evaluate
5. Outline the factors in your life that have or would influence you to take or not take a drug.
6. Use the Consequences of drinking weblink in the Resources tab to watch a clip showing what can happen when alcohol is abused. Why do you think the people in this clip were drinking alcohol? Do you believe such commercials are effective in raising awareness of the risks associated with alcohol abuse among young people? Justify your response with examples.

8.5 Drugs and your health: stimulants

Drugs that speed up the functioning of your brain and nervous system are called stimulants. While in moderation and for short periods they may improve a person's ability to concentrate and/or perform physical tasks, there are real long-term physical and mental health risks associated with stimulant use, and far-reaching impacts for the wellbeing of both the drug-user and others around them.

8.5.1 How stimulants affect you

People often use stimulants such as caffeine or tobacco in an effort to improve mental performance and to feel energised. Yet even in moderation, these legal drugs can damage your body. In this subtopic you will learn about a variety of stimulants and how they affect your mental, physical and emotional health.

As discussed in subtopic 8.4, drugs are substances that change the way in which your nervous system and body work. They can either slow down or speed up your body systems, or affect how you perceive things. Drugs are often grouped into three categories: stimulants, depressants or hallucinogens. Stimulants used for 'recreation' or used in combination with other drugs can have a disastrous effect on your health and the health of others.
How much do you know about the damaging effects of cigarettes? Use the **Smoking and your health** weblink in the Resources tab to watch a clip from a government anti-tobacco campaign and then, as a class, brainstorm all the negative effects of smoking that you know.

### 8.5.2 Common stimulants

**Stimulants** are drugs that stimulate or speed up brain and nervous system functioning. They increase heart rate and blood pressure, and can make you feel more awake and alert. In large amounts they can lead to feelings of agitation, anxiety or aggression.

The effect of a stimulant on your body will vary according to the drug. Generally, the common short-term effects of stimulant use include:

- being alert, excited or agitated
- feeling anxious
- feeling confident
- increased heart rate
- increased blood pressure
- feeling sick in the stomach
- sweating more.

Each stimulant affects the body differently in the long term; however, most stimulants lead to:

- a **tolerance** of the drug
- a **dependence** on the drug.

People who use stimulants such as cocaine, speed and ice can become violent and aggressive. They are more likely to have relationship, legal, financial and housing problems.

There are many different types of drugs that have different effects on our bodies. Some drugs have a very addictive effect, making them harder to resist than others. Whatever the drug, knowing the effects is a very important part of making an informed decision about whether or not to use it.

### 8.5.3 Smoking

The key stimulant in tobacco is called nicotine, a highly addictive chemical that speeds up nervous system function. Although in Australia it is legal for people over the age of 18 to purchase tobacco, the health risks of smoking are widely known and well documented.

#### Health effects for smokers

There are both short- and long-term effects of smoking, as shown in table 8.1 and the diagram below. The good news, however, is that when a person stops smoking, the body begins to repair itself and the risk of smoking-related illness decreases over time, so it is certainly worth the effort of quitting!
**TABLE 8.1 Effects of smoking**

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<thead>
<tr>
<th>Short-term effects of smoking</th>
<th>Long-term effects of smoking</th>
</tr>
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<tbody>
<tr>
<td>Reduced fitness levels</td>
<td>Cancer of the lung, throat, mouth, lips, tongue, nose, nasal sinus, voice box, oesophagus, pancreas, stomach, kidney, bladder, urethra, cervix and bone marrow</td>
</tr>
<tr>
<td>Smelly clothes and breath</td>
<td>Heart disease</td>
</tr>
<tr>
<td>Irritated eyes from smoke</td>
<td>Emphysema and/or bronchitis</td>
</tr>
<tr>
<td>More coughing</td>
<td>Peripheral vascular disease — a narrowing of the arteries in the leg, which can cause a blockage and possible amputation</td>
</tr>
<tr>
<td>More prone to chest infections</td>
<td>Increased risk of osteoporosis (in women)</td>
</tr>
</tbody>
</table>

**The long-term effects of smoking cigarettes**

- Reduced fitness levels
- Smelly clothes and breath
- Irritated eyes from smoke
- More coughing
- More prone to chest infections

- Cancer of the lung, throat, mouth, lips, tongue, nose, nasal sinus, voice box, oesophagus, pancreas, stomach, kidney, bladder, urethra, cervix and bone marrow
- Heart disease
- Emphysema and/or bronchitis
- Peripheral vascular disease — a narrowing of the arteries in the leg, which can cause a blockage and possible amputation

- Lung cancer — 22 times more likely for males, 12 times more likely for females than for non-smokers
- Increased risk of stomach ulcers
- Low sperm count and impotence (in men)
- Increased risk of miscarriage and cancer of the cervix, decreased oestrogen, decreased fertility and irregular periods (in women)
- Poor circulation, cuts off oxygen to the feet and hands causing an increased risk of gangrene and possible amputation
- Increased risk of osteoporosis (in women)
- Stained fingers
- Stained teeth
- Poor eyesight
- Premature wrinkly, dry, grey skin
- Narrowing of blood vessels reducing oxygen to the body and brain
- Stained teeth
- Cancer of the mouth, voice box and windpipe
- Shortness of breath, cough, respiratory infections, chronic bronchitis, pneumonia and emphysema
- Risk of heart attacks and strokes 10 times more likely in women also taking the contraceptive pill
- Increased risk of osteoporosis (in women)
- Increased risk of stomach ulcers
- Lung cancer — 22 times more likely for males, 12 times more likely for females than for non-smokers
- Cancer of the kidneys
- Increased risk of osteoporosis (in women)
- Poor circulation, cuts off oxygen to the feet and hands causing an increased risk of gangrene and possible amputation
- Increased risk of miscarriage and cancer of the cervix, decreased oestrogen, decreased fertility and irregular periods (in women)
HEALTH FACT

Cigarettes contain over 4000 chemicals, many of which are highly toxic. Over 40 of these chemicals are known to be carcinogenic (i.e. cancer-causing). There is no safe ‘low-tar’ cigarette and no safe level of smoking. In Australia, 15 500 people die of cancer and other smoking-related illnesses every year.

Once a smoker quits, the body begins to repair itself immediately.

The smoker quits smoking.

The body begins healing once nicotine has left the bloodstream. Blood pressure and heart rate begin to normalise.

2 HOURS

Carbon monoxide has been excreted and lung function improves. The taste buds revive and sense of smell returns.

2 DAYS

Coughing begins, lasting three weeks, loosening accumulated phlegm.

1 WEEK

Increased energy levels result from improved blood flow to limbs.

1 MONTH

The chance of dying from heart disease is now half that of a smoker.

1 YEAR

The risk of lung cancer is now less than that of a smoker and continues to decline.

10 YEARS

The risk of heart attack and stroke is now almost the same as that of a person who has never smoked.

15 YEARS

Use the Quit weblink in the Resources tab to learn more about the health impacts of smoking and to explore the different types of support and advice offered to people wanting to quit and to friends and family wanting to support others in quitting smoking.

Resources

Interactivity: Smoking — the short- and long-term effects

Weblink: Quit
8.5.4 Consequences of the use of stimulants

In addition to the health impacts of stimulant use, it is important to remember that some stimulants are illegal drugs. It is illegal to use, keep, sell or give away certain stimulants such as speed, ecstasy and others, and you can be fined large sums of money and/or jailed if you are caught with these types of drug. In Australia, although tobacco itself is legal, it is illegal to sell it to anyone under the age of 18 years.

**HEALTH FACT**

Many people drink coffee in the morning to energise them and small amounts of caffeine (less than 600 milligrams per day) are not harmful. If you have more than 600 milligrams of caffeine a day for a long time, you may:
- find it difficult to sleep
- worry a lot
- experience symptoms of depression
- have stomach upsets.

In one cup of instant coffee there is 60–100 milligrams of caffeine, but in one cup of fresh coffee there is 80–350 milligrams depending on its strength. A 250 mL glass of cola has 35 milligrams of caffeine.

8.5 Activities

**Tobacco and advertising**

1. Use the Turning the tide eLesson in the Resources tab to watch a clip that discusses how anti-smoking campaigns have worked to make smoking socially unacceptable.
2. What messages are currently included on cigarette packaging or anti-smoking advertisements?
3. Do you think these messages are effective in reducing cigarette smoking? Explain.
4. Research the latest trends in smoking rates in Australia. Is the trend towards non-smoking improving? Explain your answer, using graphs to illustrate your explanation.

**The effects of ice use**

5. Research the common effects of the drug ‘ice’ (crystal methamphetamine) on a user. Compile a list of the potential negative effects its use could have on the person’s:

(a) family
(b) employment
(c) long-term health (physical, social and emotional).

8.5 Check and challenge

**Explain**

1. What does the term ‘carcinogenic’ mean?
2. What is the key addictive chemical in tobacco?
Elaborate
3. Suggest three ways passive smoking could have a negative effect on a child’s health.
4. Suggest two reasons people use legal stimulants like coffee.

Evaluate
5. Identify three movies or television shows in which you have seen actors smoking cigarettes. What messages are conveyed to the viewer by the way in which the actor portrays his or her smoking?

8.6 Drugs and your health: depressants

Depressants are a classification of drug that act to slow the activity of the brain and nervous system. Their function often produces feelings of relaxation and calmness, but they can be particularly dangerous when users are performing complex tasks such as operating machinery or driving. Depressants also have numerous associated potential long- and short-term risks to physical and mental health.

8.6.1 How depressants affect your health
Just as stimulants can be used to improve mental or physical performance, depressant drugs can be used for their relaxing effects. In this subtopic you will learn about depressants, and the positive and negative effects they can have on your health.

Depressants are drugs that slow down the activity of your nervous system. They make your body relax. In large amounts, they slow your heart rate and breathing so much you can become nauseous, pass out and, in extreme cases, die.

What do you know about the effects of a depressant such as alcohol? Discuss your answers as a class.
8.6.2 The effects of depressants
Depressants generally have short-term effects that include:

• decreased heart rate
• slower breathing
• drowsiness
• loss of sensation
• pain reduction
• relief from anxiety.

Most depressants in the long term lead to:

• a tolerance of the drug
• a dependence on the drug.

Some depressants are illegal drugs. It is illegal to use, keep, sell or give away certain depressants, such as cannabis, and you can be fined large sums of money and/or jailed if you are caught with these types of drug. In Australia, it is illegal to sell alcohol to anyone under 18 years of age.

8.6.3 Alcohol
Alcohol is classified in the ‘depressant’ group of drugs because it slows down central nervous system function. The effects of drinking alcohol vary between people and they can even differ for the same person, depending on the situation. Your body may react differently, for example, if you drink when angry or upset. Some of the factors that may influence how someone is affected by alcohol include:

• age, weight, body size and gender
• the amount of alcohol that is drunk
• how quickly the alcohol is drunk
• whether food has been eaten before drinking
• whether any other drugs have been used while drinking
• how frequently a person drinks

Alcohol’s effects are particularly noticeable when the person using it tries to perform complex tasks, such as driving. The dangers associated with this effect are reflected in Australia’s strict drink-driving laws. Alcohol use presents greater dangers in other higher risk environments such as on farms where there are potential hazards like overhead powerlines, dams and large and dangerous farming equipment.

Although alcohol affects everyone who consumes it, young people are often more affected than adults because their bodies are usually smaller and they have less experience drinking alcohol. This means their alcohol tolerance is lower and they generally feel its effects more quickly.

These effects become more obvious and more serious if drinking continues. Drinking too much alcohol can result in alcohol poisoning because the body is unable to tolerate the high concentration of alcohol in the bloodstream.

Binge drinking
The fact that young people usually feel the effects of alcohol more quickly than adults is compounded by the way in which young people drink. Research has found that binge drinking is a common drinking pattern
among many young people. Binge drinking refers to drinking large amounts of alcohol in a short period of time or drinking constantly for a number of days.

Many young people feel pressured to start drinking in unsafe ways, like binge drinking. Use the Alcohol and your peers weblink in the Resources tab to learn more about peer pressure and how to resist it.

Long-term effects of alcohol
As with all drugs, the overuse of alcohol over time has potential impacts for our health and wellbeing. Some of the effects of drinking are outlined in the figure below.
8.6.4 Consequences of alcohol use for individuals and the community

Alcohol use, particularly binge drinking, can have numerous consequences for both the individual and the community. Research has found that alcohol is a factor in nearly 18 per cent of all drug-related deaths in Australia and in approximately 50 per cent of drug-related deaths for people under the age of 34.

For young people, these deaths primarily result from road accidents, violence, drowning and self-harming behaviours that occur after consuming large amounts of alcohol. This is because people may have little awareness of what they are doing and whom they are with when affected by alcohol.

Feelings of bravado, combined with reduced concentration, slower reactions and poor coordination, contribute to dangerous pranks and unsafe behaviours that can result at their most tragic in death, but also in property damage, injuries and criminal charges.

The fact that some young people drink in places away from the supervision of adults, such as in parks or by rivers, adds to the danger. These environments are often poorly lit, isolated and away from immediate help when required.

**HEALTH FACT**

In small amounts, depressants such as alcohol can make you feel relaxed. In large amounts, they can slow your nervous system to the point at which you become unconscious, brain damaged or even die.

**Considering all the consequences**

The consequences from a single incident of consuming too much alcohol are potentially far reaching and numerous. For example, even if a drink-driving accident is not fatal, it can still cause harm to many, including:

- injuries (health harms), which may require time off work (financial harms)
- police charges (legal harms) that result in a criminal record, restricting travel and work options (social and financial harms)
- fines and the repair cost (financial harms) that you may need to borrow from family or friends to pay
- feelings of guilt and shame (emotional harms)
- loss of independence and freedom (social harms) through the loss of a driver’s licence or imprisonment.

Consuming large amounts of alcohol can have numerous consequences for the individual and the community.
### 8.6 Activities

**Dealing with the consequences of alcohol use**

1. (a) In groups of four, allocate the following roles to group members:
   - doctor in the local hospital
   - chief of local police
   - youth worker
   - principal of the local high school.

(b) In your role, identify concerns you would have about the harms caused by alcohol use, particularly binge drinking, on individuals and the whole community. In your role, consider the particular harms that you would deal with.

(c) Prepare the key points as a short speech, then deliver it to the rest of your group. If there is time, have some students present their speeches to the whole class.

**Influences on young people’s attitudes to alcohol**

2. Use the DrinkWise weblink in the Resources tab to watch the DrinkWise campaign ad ‘Kids absorb your drinking’ and answer the questions below.

(a) Did the men in this clip have a healthy attitude to alcohol? Explain your answer.

(b) How did these men pass on their attitudes towards alcohol to their children?

(c) As a class, discuss the influence that parents can have on children’s attitudes to alcohol. In what ways can it be either positive or negative?

**Binge drinking**

3. Complete the worksheet *The day after the big night out* in the Resources tab to further explore issues associated with binge drinking.

4. Use the Drug abuse weblink in the Resources tab to read more about drug abuse. Then answer the following questions.

(a) List five points about the implications for young people of drug abuse in relation to each of the following.
   - The law
   - Safe sexual behaviour
   - Safe road use
   - Cost to the community of drug use (for example, the costs of funding emergency hospital care)

(b) What is meant by the term ‘cost to the community’ in regards to drug use? Research the idea in groups, give five examples and create an agreed definition of the term. Use Australian examples and statistics to support your definition.

5. Given the knowledge you gained in this subtopic and activity 5 in subtopic 8.5, create a copy of the table below. Compare the potential dangers of ice to alcohol in the contexts of road safety and sexual decision making. Consider how both affect physical and mental functioning.

<table>
<thead>
<tr>
<th>Type of drug</th>
<th>Effects on road safety</th>
<th>Effects on sexual decision making</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Resources

- Digital doc: Worksheet 8.1 *The day after a big night out* (doc-29378)
- Weblink: DrinkWise
- Weblink: Drug abuse
8.6 Check and challenge

Explain
1. Will alcohol always affect you in the same way? Why or why not?
2. Explain how drinking alcohol at risky levels can affect:
   (a) the individual and their relationships with other people
   (b) the community.

Elaborate
3. Why are there laws that restrict the consumption of alcohol to people who are 18 years or older?
4. (a) What is binge drinking?
   (b) How might binge drinking negatively affect your health?

Evaluate
5. Do you think young people should be allowed to drink alcohol? Give reasons for your answer.
6. Do you believe alcohol abuse is a problem in Australian society? Give reasons for your answer.

8.7 Drugs and your health: hallucinogens

Your perception of your surroundings plays an important role in your ability to assess risk and keep yourself safe. Hallucinogens are drugs that alter what and how you perceive things around you and therefore can affect how you behave in a given situation. A person using a hallucinogenic substance may misperceive a situation, thereby placing themselves at risk by underestimating the dangers, or overestimating the danger and overreacting to something that poses no threat. These perceptions may relate to a person’s physical environment or their interactions with other people and can create unsafe situations for both the drug user and others around them.

8.7.1 How hallucinogens affect your health

Many drugs that have mind-altering effects are illegal substances in Australia. This is because these drugs can have a wide range of negative effects on people’s health, many of which are unpredictable, cause addiction or are damaging to both physical and mental health.

Hallucinogens work on the brain to cause hallucinations, which influence how a person perceives reality. People often see, hear, smell, taste and feel things that don’t exist or perceive them differently from how they really are.

Common types of hallucinogens include:
- LSD (acid, trips)
- magic mushrooms
- cannabis
- mescaline.

Hallucinogens are illegal drugs. It is illegal to use, keep, sell or give away hallucinogens. You can be fined large sums of money and/or jailed if you are caught with such drugs.
8.7.2 The effects of hallucinogens

The effects of hallucinogens are unpredictable. They can affect people differently at different times. The short-term effects on a person’s body from using hallucinogens include:

- muscle twitches
- feeling weak and numb
- pupils dilating (getting bigger)
- nausea or vomiting
- increased heart rate
- increased blood pressure
- increased breathing rate; also, deeper breathing than normal
- poor coordination.

Long-term effects of hallucinogen use include:

- developing a tolerance to the drug
- flashbacks — when the effects of the drug are experienced again, perhaps days or weeks later
- damage to memory and concentration
- mental problems for some people.

8.7.3 Cannabis

Cannabis is a type of hallucinogen. Cannabis is the general name for a number of products made from a plant known as *cannabis sativa*. These products include marijuana, which comes from the dried leaves and flowers of the plant, hash and hashish oil. All of these are illegal drugs. A number of different names may be used instead of the term cannabis, including marijuana, grass, pot, dope, mull, hooch and yarndi. It is most commonly smoked in a cigarette, known as a joint, or through a water pipe, called a bong, although it can also be cooked in foods and eaten or drunk in tea.

**DID YOU KNOW?**

Using, keeping, selling or giving away marijuana is illegal in Australia. This prohibition also covers items used to take marijuana, such as bongs. Penalties can differ between states. In South Australia, for example, the personal use of small amounts of marijuana has been decriminalised. All states and territories now also have laws relating to the use of medicinal marijuana for patients suffering from particular illnesses. The conditions for use vary between states.

**Immediate effects of cannabis use**

Although often classed as a depressant drug because it slows the workings of the central nervous system, cannabis is technically classed as a cannabinoid. When cannabis is consumed, its main chemical ingredient, known as tetrahydrocannabinol (THC), attaches to special parts of the brain known as cannabinoid receptors. These receptors influence our emotions, memory, sense of pain and our ability to move. THC is also responsible for the feeling of being ‘high’.

The immediate effects of using cannabis can vary from person to person depending on:

- how much is used
- how frequently it is used
• the THC content of the cannabis
• the way it is used
• the size, health and mood of the person using it
• whether other drugs are used at the same time.

These effects can include feeling more relaxed and less inhibited, being less coordinated with slower reactions, and having poorer memory and logical-thinking skills. An increase in appetite also occurs.

Depending on the amount of cannabis used, people can also experience hallucinations where they see, hear or experience things differently from the way they appear in reality.

8.7.4 Consequences of cannabis use
As with alcohol, cannabis use can result in a range of immediate and long-term health, social, legal and financial consequences.

Health problems
Smoking cannabis, like smoking tobacco, has the potential to cause lung diseases such as lung cancer and bronchitis after long periods of use. Many of the carcinogens contained in cannabis smoke are similar to those found in tobacco smoke and are present in even greater amounts. In addition, cannabis smokers tend to inhale more deeply and hold the smoke in their lungs for a longer period of time before breathing out. This means using a bong or joint to smoke cannabis exposes more of the lungs to the harmful chemicals contained in cannabis.

Long-term cannabis use may also affect fertility and lower a person’s sex drive. Males may produce less sperm and females may experience irregular menstrual cycles.

Accidents and injuries
As with alcohol use, the loss of inhibitions, coordination and decision-making skills that results from cannabis use can encourage people to engage in risky behaviours which can cause accidents and injuries — for example, driving a vehicle while under the influence of a drug. When a group of young people are affected by cannabis, it can be especially difficult for them to recognise these possible dangers and seek help if an emergency arises.

School and work
Cannabis use can also affect school and work performance. Research has found that regularly using cannabis reduces memory, concentration and the ability to learn. This results in difficulties understanding work, being able to study or doing homework. These problems can be made worse if the person becomes dependent on cannabis; they may begin to spend much of their time involved with the drug and lose interest in other important aspects of their life, such as school, sport or friends.
Relationship problems
Using cannabis can also cause conflict and relationship problems. In addition to having general concerns about the consequences of using cannabis, friends and family can become frustrated when cannabis use starts taking over a person’s life. Memory difficulties caused by cannabis use can limit a person’s ability to hold a conversation and affect their reliability and their commitment to relationships.

Legal problems
All illegal drugs, including cannabis, carry penalties if someone is caught using, possessing, making or selling them. The police choose from a variety of options when determining the penalty that a young person will face after being caught with an illegal drug. These options include formal cautions, warnings and arrests. A criminal record relating to illegal drugs can have significant consequences. For example, a criminal record can:
- limit international travel opportunities, because travellers must declare criminal convictions on visa applications
- reduce work options, because many applications require candidates to state whether they have a criminal record
- restrict a person’s ability to be approved for loans or credit cards.

Cannabis and mental health
Although some young people may use cannabis as a means of coping with mental health issues, it can actually make the symptoms much worse. Anxiety, panic, paranoia and hallucinations can all occur from using cannabis, making the problems more severe and causing the person to feel isolated and afraid.

Research has also found, for some young people, that using cannabis can act as a trigger for mental health problems. This is particularly true when there is a family history of mental illness, such as schizophrenia and depression, or when a person is at greater risk of developing these illnesses.

8.7 Activities
Highs ‘n’ lows
1. (a) Divide the class into small groups. Each group should select one of the following specific drugs: ecstasy, cocaine, hallucinogens, methamphetamine or GHB. Using the Don’t get used weblink in the Resources tab, create a poster or ICT presentation for the class summarising information about the selected drug. Your presentation should include: other names, what category of drugs it is considered to be and the effects and consequences of taking the drug.

(b) In your groups, create a table that clearly shows reasons for which a person might try or take the drug and why they might or should not.

(c) Share your group’s table from part b with the class. As a class, identify and discuss any similarities and differences.

(d) Use your findings from parts a and b of this activity to create a poster, PowerPoint/Prezi, Kahoot! quiz or video presentation to educate your peers about your findings.

8.7 Check and challenge
Explain
1. Describe the potential harms of hallucinogenic drug use to personal relationships and the community.
2. Identify four factors that can influence the effects of hallucinogens.
Elaborate
3. The sale and use of cannabis for recreational use is illegal in most Australian states. Why do you think this is so?
4. Identify the possible harms associated with alcohol and cannabis use that are:
   (a) similar
   (b) different.

8.8 Road safety

We are all road users. Whether as a passenger in a car, a pedestrian, a cyclist, driver of a car, van or truck or a motorcyclist, we all share the road in various ways. As such, we all share in the responsibility of road safety which means you need to be conscious of the decisions you make and behaviours you exhibit when on our roads.

8.8.1 Minimising risks
Too many Australians are killed or injured on the road as drivers, passengers or pedestrians. No matter what age you are, you can learn to minimise the risk when using the road. In this subtopic you will examine why many road accidents happen and how to keep safe on the road.

Road accidents are a leading cause of injury and death for children and young people. Road safety issues are related to:
- bike riding
- being a passenger in a car
- being a pedestrian
- driving
- riding a motorcycle.

The potential for road accidents increases when risk factors such as poor weather conditions, poor road conditions, inexperience and peer pressure combine with behaviours such as speeding, not wearing a helmet or drink-driving.

Road safety is important for everyone who uses the roads, not just drivers.
8.8.2 Taking risks on the road
In the age bracket of 0–14 years, pedestrian accidents are a leading cause of injury. In the case of young children, they can simply be unaware of potential risks and lack the ability to assess risk in the way that adults are able to. For young people aged 15 to 24 years, driving accidents are a leading cause of injury. A significant factor contributing to these statistics is that young people often take greater risks than adults. They do not think that their behaviour can lead to a road accident or they have the attitude ‘it won’t happen to me’.

Young men are at a greater risk of road accidents because they tend to engage in more risky behaviours, such as speeding and drink-driving. This, combined with inexperience and a powerful car, can have serious consequences.

8.8.3 How to be safe on the road
There are things you can do to stay safe when using the roads. Planning ahead and obeying the road rules will help ensure you do not become a road accident statistic. Equipment has been designed to reduce injury and protect people when using the roads. For example, when riding bicycles or motorbikes, it is important to wear protective gear such as helmets and reflective clothing; when travelling in a vehicle, a seat belt can save your life.

Even though young people often know the road rules and use protective equipment, a number of factors contribute to children and young people taking risks on the road. These include:

- complacency — ‘it won’t happen to me’
- peer pressure — doing what their friends do or say, such as driving too fast, drink-driving or crowding people into a car
- lack of judgement — underestimating the risk, such as running across a busy road
- status — driving powerful cars and at high speeds to impress others
- fitting in with peer groups — not wearing a bicycle helmet because friends say helmets aren’t ‘cool’.
Protective equipment can save lives.

8.8.4 Rules of the road
Road rules are designed to make the roads a safer place for everyone. They influence people’s behaviour and reduce the risk of accidents. In determining road rules, factors that increase the potential for accidents are taken into account and specific rules are established to reduce risks. For example, there is greater risk of pedestrian accidents outside schools due to the lack of maturity of young children, the increased number of children and of motor vehicles in these areas in the morning and afternoon. To combat these increased risks, the law stipulates a reduced speed limit in school zones during these times.

DID YOU KNOW?
The highest period of risk for Australian young drivers is shortly after they get their licence and continues up to the age of 24. To help reduce this risk, states and territories have introduced graduated licensing systems, which place restrictions on new, young drivers in terms of blood alcohol limits, the number of passengers they can carry, the power of vehicles able to be driven and in some states, the maximum speed allowed.

8.8 Activities
Safety of children and young people on the road
1. In pairs, brainstorm ways in which children and young people can stay safe on the roads. Consider positive behaviours that enhance safety and protective equipment that can be used. Include strategies for:
   (a) cyclists
   (b) pedestrians
   (c) drivers
   (d) passengers
   (e) motorcyclists.
2. As a class, share your ideas and compile a comprehensive list for each category.
Keeping safe on the road

3. Read each of the scenarios below. As a group, identify possible risks to safety and devise a plan for how each character can remain safe. Ensure you consider the road rules that apply in each situation.
   (a) Sonia and her friends are planning a mountain-biking trip in some rugged bushland. Sonia has to cycle by herself to a meeting place before the group sets out for their day trip.
   (b) Tim is in Year 7. His five-year-old twin sisters are starting school this year. Tim’s parents have given him the responsibility of walking them to school and picking them up each day. They live on a very busy road, which they have to cross to get to school. When they get to the primary school, there are a lot of parents in cars dropping off their children.

Create a road safety quiz

4. In groups of three, compile a road safety multiple choice online quiz using the Quizlet weblink in the Resources tab. The quiz should consist of 20 questions (and answers) about road safety. Use sites such as the Road Safety Education weblink in the Resources tab for information. Have another group from your class complete your online quiz. Compare your scores for each group. Who are the road safety quiz champions?

Exploring road safety campaigns

5. Use the Transport for NSW weblink in the Resources tab to review the road safety campaigns on their website. Choose one campaign and answer the following questions.
   (a) What demographic (type of people) is the target audience of the campaign?
   (b) What strategy does the campaign use to get this road safety message across?
   (c) How could you determine whether the campaign has worked?
   (d) How do you think the issue was chosen for a campaign?
   (e) Identify a road safety issue not shown on the website that you consider a problem.

Investigating road safety statistics

6. (a) Use the Centre for Road Safety weblink in the Resources tab to analyse the road crash statistics for your local area. What are some areas of concern or pleasing statistics for:
   - cyclists in your area
   - passengers your age
   - pedestrians of your gender?
   (b) Use your analysis of these statistics to form a one-page information pamphlet convincing readers that improving our road statistics is possible, highlighting particular aspects where improvement has already occurred and suggesting areas for future improvement.

8.8 Check and challenge

Explain
1. Identify the group in our population that is at greatest risk on the roads.
2. Explain why young men are more likely than young women to be involved in car accidents.
3. Explain why young children are more likely to be involved in pedestrian accidents.

Elaborate
4. Describe how the environment can increase the chance of road accidents.
5. P-plate drivers are overrepresented in car accidents. Give reasons for this.
Evaluate

6. Identify the risks that you have taken as a road user (e.g. pedestrian, bike rider, passenger). What could have been the possible consequences of your risk taking?
7. How could you model safe behaviour as a passenger and as a pedestrian. Give two examples for both.
8. Suggest strategies to reduce the number of young people involved in car accidents. Use the Safety on the roads worksheet in the Resources tab to get you started.

Resources

Digital doc: Worksheet 8.2 Safety on the roads (doc-29379)

8.9 Swim safe

Water safety is everyone’s concern. Whether you swim at the beach, go fishing at a local river, cool down in a farm dam or go to the local swimming pool, being prepared and knowing the risks and how to minimise them enables you to keep yourself and those around you safe while enjoying the water.

8.9.1 Water safety skills

By becoming familiar with some basic water safety skills, you can do a lot to make pools and waterways safe places where everyone can have fun. In this subtopic you will learn some water safety skills to ensure you are prepared if you are ever faced with a challenging situation when swimming.

Although pools, oceans, dams and waterways are places where we can have fun and play games, situations often require that we have more skills than just being able to swim. By developing specialised aquatic skills, we can feel safe in the water at all times. Even if we get into difficulty — or we see someone else in a dangerous situation — we will be equipped with a range of survival skills and be able to respond effectively.

Have you ever wanted to be a lifeguard? Use the Nippers weblink in the Resources tab to find out how.

HEALTH FACT

Exposure to the ultraviolet (UV) rays of the sun not only harms our skin but can also cause damage to our eyes. To help prevent eye damage, wear close-fitting sunglasses that wrap around and cover as much of the eye area as possible. Effective sunglasses should also have an eye protection factor (EPF) of 10.
8.9.2 Water safety

Before entering the water

There are many things you can do to ensure having fun in the water is as safe as possible. Every time you swim outdoors it is important to protect yourself in five ways:

1. *Slip* on sun-protective clothing such as a rash vest and board shorts.
2. *Slop* on SPF 30+ broad-spectrum, water-resistant sunscreen and lip balm every two hours and immediately after swimming.
3. *Slap* on a broad-brimmed or bucket hat that protects your face, head, neck and ears.
4. *Seek* shade when you are not in the water.
5. *Slide* on some wrap-around sunglasses.

 Protect yourself outdoors.

PROTECT YOURSELF IN FIVE WAYS FROM SKIN CANCER

The SunSmart UV alert tells you the times of day when the sun’s UV level will be 3 and above. This level of UV can damage your skin and eyes and increase your risk of skin cancer later in life. You can check the UV alert using the MyUV weblink in the Resources tab.

Have a look at the SunSmart UV alert for your area. What times do you need sun protection today? Can you think of other ways to protect yourself in the sun?

DID YOU KNOW?

In most rivers, there are stations called weirs that hold back river water so that it can be slowly released downstream. They are designed to regulate water flow and are an important part of our water supply network. However, weirs can be dangerous and unpredictable as you never know when the water will be released, and this can cause death. This is because an overflowing weir can become a drowning machine due to the volume of water flowing over the person underwater, making rescue almost impossible. Being a good swimmer has little impact on survival once you are trapped in the flowing water.

It only takes ankle deep water to knock you off your feet and one second to rethink your decision. The best approach to weir safety is to avoid swimming in or playing near them!

Safety in the water

At public swimming pools and beaches, there are usually trained lifeguards who can provide assistance if people get into trouble in the water. When at patrolled beaches, it is critical to always swim between the flags so the lifeguards can see you and help you if necessary. If you get into trouble in the water, alert a lifeguard by floating on your back and raising one arm in the air. However, at rivers, isolated beaches, dams and home swimming pools, bystanders might be required to provide assistance should a person get into difficulty.

Remember, avoid swimming in unpatrolled water where possible and *never* swim alone. It is essential to bring a friend or supervisor so that someone will be able to offer help if it is needed. Always ensure children are
supervised in or around water, including in pools, dams and baths. For more information on staying safe at the beach, use the Beachsafe weblink in the Resources tab.

### 8.9.3 Rips and currents

Rips are the number one hazard on beaches in Australia. Rip currents are the cause of many rescues as well as drownings. Rips are hazardous to both swimmers and non-swimmers. Swimmers caught in a rip often try to swim against it and become exhausted and then begin to panic. Non-swimmers in waist deep water can be pulled into deeper water by rips where they struggle and require rescuing or drown.

#### What is a rip?

When waves break they move water towards the beach. This water has to find its way back out to the ocean. The easiest path is usually in the deepest channel. This moving channel of water is called a rip. Rips can occur along any part of the beach. Most rips end when the speed of the channel slows down, usually when it reaches just beyond the breaking waves.

#### What should you do if you are caught in a rip?

If you get caught in a rip, don’t panic. Trying to swim against the rip will end in exhaustion. If at a patrolled beach, float on your back, raise your arm to attract attention and call for help. If you are a strong swimmer you can attempt to swim at an angle to the rip. However, it is important to try to conserve energy. If you have a surfboard or flotation device, keep hold of it. Use the Rips weblink in the Resources tab to learn more.

#### Making a rescue

If you are required to make a rescue, there are a number of essential points to remember. The most important thing is to put your own safety first and avoid getting into the water if possible; as the rescuer, you will make the situation worse by putting yourself at risk. A sound assessment of the situation is vital to the survival of both the rescuer and the person to be rescued. When making an assessment, the rescuer needs to consider:

- sources of help — whether other people and/or rescue aids (ropes, flotation devices, boats, surfboards) are within reach
- the state of the drowning person — whether they are injured, have poor swimming skills or both
- the depth of the water
- hazards — whether there are currents or rips
- safe entry and exit points
- availability of flotation devices.

Weblink: Rips
8.9 Activities

Developing aquatic skills

**Equipment:** Swimming pool, rope, floating aid, long pole

*Note:* Ensure that the pool depth is appropriate for diving and there is a teacher and lifeguard present before starting the activities.

1. The following aquatic skills will improve confidence and your ability to survive. Work in pairs and evaluate each other’s performance. Ensure you enter the water safely, that is, with a slide or safety jump. The key aquatic skills are illustrated in the figures below.
   - **The dive.** With arms forward, push off from the side of the pool and drop the chin towards the chest just before hitting the water.
   - **Sculling.** From a back-float position, move the arms forward with palms up and then back with palms down to maintain buoyancy.
   - **Body rotation forward/backward.** Try to do a forward roll in the water, then try a backward roll or backward body rotation.
   - **Tread water.** Circle the arms and legs in a bicycle-pedalling motion to keep the head above the water.
   - **Spinning top.** From the tread water position and with arms folded, rotate the body by pushing with one foot and pulling with the other.
   - **Throw rescue.** From the side of the pool, throw a rope to a person and pull them to safety.
   - **Wade rescue.** Using an aid such as a float, wade towards a person in the pool, tell them to grasp the object and then pull them to the side.
   - **Reach rescue.** Lie on the side of the pool and use an object to reach and pull a person to safety.

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**Aquatic skills**

1. The dive
2. Sculling
3. Body rotation
4. Tread water
5. Spinning top
6. Throw rescue
7. Wade rescue
8. Reach rescue
Rescue methods

**Equipment:** Long stick or towel, rope, floatation device, surfboard or other rescue craft

2. While at the pool and in groups of three, work through each of the following rescues, or as many as may be permitted by the available equipment. Take turns at being the rescuer, the drowning person and the observer.

   (a) **Reach.** Using a stick or towel, reach out and pull the person to safety.
   (b) **Throw.** Throw a rope or buoyant object to the drowning person.
   (c) **Wade.** Carefully wade into the water and then use the reach technique, if possible, without putting yourself at risk of losing your footing.
   (d) **Row.** Use a rescue craft such as a surfboard to get closer to the drowning person.
   (e) **Swim.** Use a swimming stroke (for example, breaststroke) that enables you to watch the drowning person at all times. Approach carefully and be prepared to act defensively should the drowning person attempt to grab you. Calm them down and assist them back to shore.
   (f) **Tow.** This is the least safe option and requires considerable practice. Approach the unresponsive drowning victim with a swimming stroke that enables you to watch them at all times and then tow them back to shore.

3. Explain how a bystander can help make each of the rescues in question 2 safer.
4. Why are the swim and tow methods of rescue considered to be the least safe?
5. What could be done to increase the level of safety for the swim and tow methods of rescue?
6. Investigate strategies you would use if you knew the drowning person was also injured.
7. What precautions should people owning backyard swimming pools take to enable a safe rescue should it be needed?

**A day at the beach**

8. Planning is an important part of safety. A good plan can usually help you avoid many dangerous situations. With a partner, plan for a fun day at the beach. You will need to consider transport (whether a parent can drive you or you will use public transport), items that will keep you safe in the sun and while swimming, activities you will want to do and any food or drinks you will bring. Use your plan to draw some pictures showing the different stages of your day at the beach.
TOPIC 8

Staying safe

Australia’s drowning report

9. Use the Australia’s drowning report weblink in the Resources tab to find the latest drowning report and answer the following questions.
   (a) How many people died in Australia from drowning?
   (b) Which age group was overrepresented in this figure?
   (c) What location had the highest number of drowning deaths?
   (d) Explain the trend in drowning in Australia over the past 20 years.
   (e) Which recreational activity was involved in the highest number of drownings?
   (f) List three recommendations to reduce drowning.

Interactivity:
Aquatic survival skills (int-5457)

Weblink: Australia’s drowning report

8.9 Check and challenge

Explain
1. What is the most important thing to remember when attempting a rescue in the water?
2. When swimming outdoors, list six things you can do before you even get in the water to ensure you will be safe.
3. What is the best way to alert a lifeguard if you get into trouble?

Elaborate
4. Investigate and describe the best way to avoid and escape a rip in open water.

Evaluate
5. Of the six rescue methods listed in activity 2, which do you think is the most effective? Why?

8.10 A plan of action

Having a plan of action in an emergency and knowing how to administer first aid can help reduce the impact of an accident if one occurs. An emergency is considered any situation where there is a life-threatening event that requires an immediate response. In this subtopic you will learn how to respond when faced with an emergency.

8.10.1 Responding to an emergency

Imagine that, while walking home after school, you see an adult collapse ahead of you. Would you know what to do? You can lend assistance by following the basic steps of an emergency action plan (EAP). In an emergency there is usually a lot to evaluate and there are decisions to make, so following an action plan allows you to remain calm and prioritise what has to be done first.

What would you do?
An emergency action plan

An EAP consists of the following steps:

1. Pause and plan.
   This allows for an overall assessment of the situation. Stop, think and assess the situation.
   • Are you or others at risk?
   • Do you need to call 000?
   • How many casualties are there?
   • What happened?

2. Are there potential dangers?
   • Check for hazards such as broken glass, traffic, fallen power lines, syringes, fire and leaking fuel.
   • It is essential that you remove the danger before you continue.

3. Know the Ps.
   • Call 000 and be prepared to answer the four Ps:
     – place — the location of the emergency, including street address, landmark, and so on
     – problem — what has happened
     – people — how many people are involved; predict ages and condition
     – progress — what has been done so far to assist.

4. Check for life-threatening injuries.
   • To do this, follow a sequence of actions referred to as the DRSABCD action plan.

8.10.2 DRSABCD

In an emergency — that is, when someone’s life is at risk — it is critical to have a plan of action. The plan of action that is most widely used is called DRSABCD. This is used in assessing whether a patient has any life-threatening conditions and if first aid is required. The acronym DRSABCD stands for danger, response, send, airway, breathing, compression and defibrillation.

Danger

When you arrive at the scene of an emergency, it is essential that you check for danger to yourself, the injured person and to bystanders. Potentially dangerous situations can arise from obstacles such as broken glass, smoke and fire.

Response

The next step is to assess if the casualty is conscious. This is done by gently squeezing the shoulder of the victim and asking ‘COWS’ questions in a loud voice. The COWS acronym stands for the questions, ‘Can you hear me?’, ‘Open your eyes if you can hear me’, ‘What’s your name?’ or ‘Squeeze my hand if you can hear me’. Try both hands of the victim, as a stroke may debilitate one side of the body.

A response indicates the patient is conscious and can be left in this position and treated for any other injuries. No response indicates the patient is unconscious and help is required as quickly as possible as unconsciousness is a life-threatening condition.

Send for help

If a patient is unconscious or has injuries that require immediate attention call 000 and request an ambulance, or ask a bystander to do this for you.
Airway
In some cases, simply opening the airway will be sufficient to improve the victim’s level of consciousness. To do this, tilt the head backwards and lift the chin. This is performed while the victim is lying on their back, except in drowning cases (when the airway is obstructed by fluid) where the patient is placed in the recovery position.

To place a person in the recovery position:
1. Kneel beside the injured person and place the arm furthest from you straight out.
2. Place the closest arm across their chest and bend the closest knee up as shown at right.
3. Support the person’s head and use the hip and shoulders to roll them away from you onto their side, as shown below.
4. Take care to handle the unconscious person gently so that the spine is not twisted or moved forward.

It is possible for the airway to be blocked by objects such as the tongue, vomit, false or broken teeth, or chewing gum. The easiest method of clearing the airway is to tilt the head backward and slightly down and use two fingers in a scooping action to remove whatever is causing the blockage.

Breathing
The check for breathing should take 5–10 seconds, but certainly no longer.

Look — for the rise and fall of the chest
Listen — for sounds of breathing from the mouth
Feel — for air expelled from the mouth on your cheek

If the victim is not breathing, the rescuer should provide two rescue breaths. When providing a rescue breath, it is important to breathe normally and not to take a big breath or blow hard into the victim’s lungs. Do not check the pulse, but rather continue to be aware of any signs of life.

To perform a rescue breath:
1. Kneel beside the victim and tilt the head back.
2. Place your thumb across the chin, the index finger underneath and then lift the chin.
3. Pinch the nostrils together with the thumb and index finger of the hand not providing the head tilt.
4. Place your mouth over the person’s mouth, making an airtight seal.
5. Breathe into the victim’s mouth for one second.
6. Watch for the chest to rise.

It is important for the rescuer to observe the chest following the first breath. If the chest fails to rise, the head tilt and chin lift need to be checked to ensure there is no obstruction to the airway that is preventing air from reaching the lungs. However, if there is no observable chest rise following the second rescue breath, chest compressions need to begin. If the rescue breaths are sufficient to generate signs of life (coughing, moving, breathing), place the victim into the recovery position until professional responders (such as ambulance officers) take over.
Compression

Immediately following the two rescue breaths, and if no signs of life are present, chest compressions should begin. These should be given at the rate of about 100 per minute. After each cycle of 30 chest compressions, two rescue breaths should be given. Rescuers should push hard and fast on each compression, relaxing after each downward thrust to allow the chest to return to its normal position. Chest compressions keep the blood flowing so it is important to maintain a rhythm that is interrupted only by brief rescue breaths.

To perform a chest compression:

1. Maintain the same kneeling position as required for the rescue breath.
2. Locate the breastbone (centre of the chest) at about the nipple line. Place the heel of one hand there. Your fingers should be parallel to the ribs.
3. Place the heel of the other hand on top of the first and either interlock the fingers or hold the wrist so that the arms work as one (see the figure on the right). The hands need to be positioned on the lower half of the sternum approximately across the nipple line.
4. The rescuer’s shoulders should be directly above the victim’s chest, allowing body weight to assist the compressions. Providing chest compressions can be exhausting, so it is important for the rescuer to use their weight, not just their arms.
5. The depth of compressions should be about one third of the depth of the chest for all age groups. For infants, use only two fingers to apply compressions. In the case of children, rescuers decide between one or two hands depending on the size of the victim. If two rescuers are present, the roles should be changed approximately every two minutes because of the tiring nature of the operation. Rescuers should continue the cycle of 30 chest compressions followed by two rescue breaths until:
   • signs of life return
   • more qualified help arrives
   • continuation is impossible due to exhaustion
   • an authorised person pronounces life extinct.

This technique of rescue breathing combined with chest compressions is called **cardiopulmonary resuscitation** (CPR).

Defibrillation

Use of **defibrillators** greatly improves the chances of survival, particularly following a heart attack. An automatic external defibrillator (or AED) is a device that provides an electric shock to a patient whose heart has stopped beating. It is designed to be used by virtually anyone with little or no experience.

**HEALTH FACT**

Brain cells begin to die after four to six minutes of oxygen deprivation.

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262 Jacaranda Active Outcomes 1 NSW Australian curriculum PDHPE Stage 4
8.10 Activities
Emergency response
1. In pairs, practise the following skills needed for DRSABCD.
   (a) Place your partner in the recovery position.
   (b) Check and clear the airway.
   (c) Check for breathing.
2. Practise rescue breathing and CPR using resuscitation manikins.
3. Find the location of the AED in your school.
4. Find smartphone apps that automatically provide emergency services with your GPS location.
5. Use the NSW Ambulance weblink in your Resources section to access their fact sheets on dealing with different situations.
6. In small groups discuss the best response to the emergency situations below.
   (a) You are playing cricket with a group of friends during lunchtime and one of you is hit in the head with a cricket ball.
   (b) You are at the local pool and see someone hit their head when they jump into the pool. They don’t come up again.

8.10 Check and challenge
Explain
1. Should you personally use a defibrillator on an unconscious and non-responsive victim if you were staging a rescue?
2. How do you perform rescue breathing?
3. What is the first thing you must do in attempting a rescue in an emergency situation?
4. Use the How to respond in an emergency situation weblink and DRSABCD worksheet in the Resources tab to test your knowledge.

Elaborate
5. How is CPR performed differently on infants compared with adults? Why do you think this is?
8.11 Basic first aid

In the event of an accident, knowing some basic first aid principles and procedures can help save someone’s life. Developing these skills through a first aid course will give you confidence to deal with emergencies.

8.11.1 Being prepared

In this subtopic, you will learn how to recognise and treat injuries and some conditions.

If you follow your plan of action, DRSABCD (see subtopic 8.10), and find that the person is breathing and does have a heartbeat but remains unconscious, injured or otherwise unwell, you should place the person in the recovery position and monitor their breathing and pulse. Always remember that it is essential to call an ambulance by dialling 000.

Do you know what to keep in a first aid kit? Use the first aid kit weblink in the Resources tab to find out what you should have ready and how to use the different objects.

DID YOU KNOW?

You can save important health information such as medication and allergies on your smartphone using the Medical ID app. In an emergency this information can be accessed without needing your passcode. Go to the Medical ID app weblink in the Resources tab for more information.

Resources

- Weblink: First aid kit
- Weblink: Medical ID for iPhone
- Weblink: Medical ID for Android

8.11.2 Protect yourself

Before learning about first aid treatments, it is important to understand that every first aid situation is potentially dangerous. Prevention of harm to yourself or causing further harm to others is of paramount consideration.

Be blood safe

In some first aid situations you may encounter open wounds, such as cuts and abrasions. The blood of a person may contain harmful viruses such as hepatitis B, hepatitis C and HIV (human immunodeficiency virus). Blood-borne viruses can be transmitted from one person to another through blood–blood contact as a result of open wounds. Although the risk of infection is very low, any treatment of a person who is bleeding should include wearing disposable latex gloves. Following treatment, immediately wash hands with soap and water.
8.11.3 Anaphylaxis

Anaphylaxis is a serious allergic reaction that develops rapidly, usually occurs between 20 minutes and two hours from exposure to the allergen, and may be life threatening.

The symptoms include:
- swelling of the lips, face and eyes
- bumpy, red and itchy skin
- difficulty breathing
- coughing, sneezing or watery eyes.

Food allergies account for one-third of cases of anaphylaxis. Other causes include insect stings, bites and drugs, such as aspirin. Nine foods are responsible for 90 per cent of all severe allergic reactions: peanuts, tree nuts, fish, shellfish, milk, soy, sesame, wheat and eggs.

Prevention
- Inform others of your allergy.
- Avoid exposure to known allergens.
- Be aware of those who are at risk.

First aid treatment
- Seek an adult’s help immediately or send someone else to.
- Locate the patient’s medication or get it immediately.
- Adrenaline can be injected into the outer mid-thigh using an adrenaline autoinjector (such as an EpiPen® or Anapen®). You may need to do this for the patient if their condition doesn’t allow them to self-administer.
- Place the patient in a comfortable sitting position and monitor their breathing until medical assistance arrives.

8.11.4 Diabetes

Every day, on average, 280 Australians are diagnosed with diabetes. Diabetes is a disorder of the pancreas, the organ responsible for producing insulin, which converts sugar into energy. In a person with diabetes, insulin production is impaired and the levels of sugars in the blood build up. This is called hyperglycaemia.

Symptoms of hyperglycaemia
- Excessive thirst
- Frequent need to urinate
- Feeling drowsy
- Rapid pulse
- Smell of acetone (nail polish remover) on breath

The more common type of diabetes is the result of the body producing too much insulin which causes very low blood sugar. This is called hypoglycaemia.

Symptoms of hypoglycaemia
- Feeling faint
- Feeling weak
- Feeling hungry
- Rapid pulse
- Numbness around the fingers and lips
- Confusion
- In serious cases, unconsciousness
Treatment
If you are unsure whether the patient is suffering from high or low blood sugar, give them a sugar lolly or soft drink. If they do have low blood sugar this will have an immediate positive effect and if they have high blood sugar, it will not cause any serious further harm. Observe the patient.

8.11.5 Heart attack
A heart attack is not always a sudden chest-clutching experience, as depicted in movies. The signs of a heart attack can come on over minutes or hours. If you know what they are, you can help others. The symptoms of a heart attack include:

- discomfort or pain in the centre of the chest
- a tightening of the chest — ‘like an elephant is sitting on it’
- discomfort or pain in the upper parts of the body, including, jaw, neck and shoulders
- cold sweat
- shortness of breath.

If you suspect a person is showing any symptoms of a heart attack, contact 000 immediately. See the Heart attack fact sheet weblink in your Resources section for more on identifying the symptoms of a heart attack.

A visible symptom of a stroke

8.11.6 Stroke
A stroke is a serious medical condition requiring immediate action. A stroke occurs when the blood supply to the brain via the arteries is impaired or blocked. You can recognise the signs of stroke using the FAST acronym.

- Face. The mouth has dropped to one side.
- Arms. The stroke victim can’t lift both arms.
- Speech. The victim’s speech is slurred or difficult to understand.
- Time. To act fast is critical.

If you recognise any of these signs, call 000. Care within the first three hours of a person experiencing a stroke can have a dramatic impact on a person’s recovery rate.

8.11.7 Shock
Shock is a life-threatening medical condition and occurs when there is a progressive failure of the circulatory system. It is often caused by internal or external bleeding, fluid loss from body tissues (as in the case with burns), heart damage or decreased blood pressure. Signs and symptoms will develop over time.
Symptoms of shock

Initial symptoms of shock
- Pale face, fingernails and lips
- Cold, clammy skin
- Weak, rapid pulse
- Rapid breathing
- Faintness or dizziness
- Nausea

Symptoms of severe shock
- Restlessness
- Thirst
- Rapid breathing
- An extremely weak, rapid pulse
- Extremities becoming bluish in colour
- Drowsiness, confusion or unconsciousness

Managing symptoms
To manage a situation where a victim is in shock, you should:
- follow DRSABCD and control severe bleeding
- reassure the person
- seek medical aid urgently
- unless fractured, raise the victim’s legs above the level of the heart
- attend to fractures, wounds or burns
- loosen tight clothing
- maintain body warmth but do not allow them to overheat
- moisten lips if the person complains of thirst, but do not give them anything to eat or drink
- monitor breathing and pulse
- maintain a clear and open airway
- place the person in the recovery position if they have breathing difficulties.

8.11.8 External bleeding
In the event of external bleeding, there are a number of steps to follow.
- DRSABCD
- Lay the casualty down if there is severe bleeding.
- Apply direct pressure with a sterile pad to the wound.
- Raise and rest the injured part of the body.
- Loosen tight clothing and give nothing to eat or drink.
- Seek medical aid urgently.
8.11.9 Asthma

Asthma is a breathing problem resulting from a narrowing of the airways. Symptoms include:

• moderate to severe breathing difficulties
• possible coughing and wheezing
• possible paleness, sweating, blueness of lips, earlobes and fingertips
• appearance of being very quiet or subdued
• possible unconsciousness.

To manage a situation where someone is having an asthmatic episode the Better Health Channel advises the following procedure:

1. Sit the person upright.
2. Give four puffs of blue or grey reliever puffer. Make sure you shake the puffer, put one puff into a spacer and get the person to take four breaths from the spacer. Repeat this until the person has taken four puffs.
3. Remember: shake, one puff, four breaths.
4. If you don’t have a spacer simply give the person four puffs of their reliever directly by mouth. Wait four minutes. If there is no improvement, give four more separate puffs as in step 2. Remember: shake, one puff, four breaths.

If there is still no improvement, call triple zero (000) for an ambulance. Tell the operator that someone is having an asthma emergency. Keep giving the person four separate puffs of reliever medication, taking four breaths for each puff, every four minutes until the ambulance arrives.

If you are not sure if someone is having an asthma attack, you can still use asthma reliever medication because it is unlikely to cause harm. Call triple zero (000) immediately if the person is not breathing, if their asthma suddenly becomes worse, or if the person is having an asthma attack and there’s no blue or grey reliever available.

If the person becomes unconscious, follow DRSABCD and seek urgent medical aid.

8.11.10 Burns

Burns can be caused by a number of different factors, including chemicals, flames, hot liquids and ultraviolet radiation or sunburn.

In the event of a person suffering from burns, there are a number of directions to follow.

• DRSABCD
• Remove the person from danger.
• Smother burning clothes (for example, with water for 20 minutes).
• Hold the burnt area under cold, gently running water.
• Cover the burn with a sterile, non-stick dressing.
• Seek further medical aid urgently.
• DO NOT administer ice or ice baths to the burnt area.
8.11.11 Poisoning and overdose
In the case of a drug overdose, seek medical aid urgently and contact the Poisons Information Centre by calling 13 11 26. If the person is conscious:
- do not induce vomiting unless instructed to by the Poisons Information Centre
- if vomiting has occurred, keep a sample of vomit for the hospital
- keep a sample of the drug for identification
- follow DRSABCD
- reassure them and try to find out what has been taken
- wash mouth and face with water to remove any substances remaining.
The effects of ingesting a poison will depend on which poison has been swallowed. General advice includes:
- follow DRSABCD
- seek medical aid urgently
- call the fire brigade if there are poisonous gases in the atmosphere
- contact the Poisons Information Centre for advice
- do not induce vomiting unless instructed to by the Poisons Information Centre
- do not induce vomiting for a swallowed corrosive or petroleum product.

8.11.12 Bites and stings
Many insects, spiders, snakes and sea creatures can bite or sting. Generally, pressure and immobilisation are used to stop the venom from most bites and stings spreading to other parts of the body. This is achieved by:
- applying a bandage firmly to compress the body tissue
- bandaging from the bite to the fingers or toes, then up to the armpit or groin
- bandaging as much of the limb as possible
- applying a splint to the bandaged limb by using a second bandage
- not removing the splint or the bandage, once applied, until medical assistance is received.
For information on first aid of bites and stings in a marine environment, go to the Sting stab strike weblink in the Resources tab.

DID YOU KNOW?
Of the 500 known species of venomous snake in the world, only 30 to 40 species have venom that is dangerous to humans. However, Australia is the only continent in the world with more venomous snakes than non-venomous ones, including eight of the 10 deadliest snakes.

In Australia, there are many types of insects, spiders, sea creatures and snakes that are venomous. Emergency first aid procedures vary according to the type of bite or sting.

Resources

Weblink: Sting stab strike
8.11.13 Seeking assistance in an emergency

Being able to evaluate when it is appropriate to seek help from others can save people’s lives. In the case of life-threatening circumstances, it is essential to seek help urgently. In some situations where young people take risks, there may be hesitation to seek help — for example, in the event of a drug overdose. The consequences of not seeking medical aid will be much worse than if you tell someone about the problem. If you feel that the situation is out of your control or you are not confident, then trust these feelings and seek help.

Sources of assistance include:

- dialling 000. If using a mobile phone, you can also dial 112
- the emergency department at any hospital
- a local medical practitioner
- the Poisons Information Centre. Dial 13 11 26 anywhere in Australia; this is a 24-hour service line.

8.11 Activities

Burns and bleeding

1. In pairs, use role-play to practise the treatment of external bleeding. One person should play the victim and the other should explain aloud the steps they are following to provide treatment. If there is time, have one pair perform their role-play for the class to assess.

Stings and bites

2. (a) In pairs, use the It just bit me! weblinks in the Resources tab to research two of the following types of stings and bites, and describe the symptoms and management of each.
   i. Bee sting
   ii. Box jellyfish sting
   iii. Wasp sting
   iv. Scorpion sting
   v. Red-back spider bite
   vi. Snake bite

(b) Are there any similarities in the recommended methods of treatment?

(c) Share your findings with the class.

Emergency apps

3. Compile a list of apps that can help in an emergency.

8.11 Check and challenge

Explain

1. List three services or people you could contact in an emergency.

2. Explain the treatment for applying first aid to burns.

Elaborate

3. In cases of shock, why should you raise the patient’s legs above the level of the heart?

4. When treating bites and stings, why should you bandage as much of the limb as possible?

5. Why is it important to always reassure the patient when providing first aid?
8.12 Get active, get happy

Being active has wide-ranging benefits for our wellbeing. It affects your physical, mental, emotional and spiritual health in a positive way.

8.12.1 The benefits of physical activity

The health benefits of physical activity are well known. Staying active has positive outcomes for not only our physical health but also our mental and emotional health and self-esteem. The way we see and feel about ourselves can be improved through increased physical activity and the social connections that it can often bring.

Being physically active is a key element of self-management. Choosing to engage in physical activity is an important part of living a healthy life. It allows us to develop:

- physically — improving our strength, fitness levels and movement skills such as balance, kicking, throwing and running
- socially — developing interpersonal skills through being part of a sporting team or other fitness/activity group, such as a hiking or canoeing club
- emotionally — learning to manage our emotions and reactions when participating in competitive sports, building our self-esteem and positive body image and, importantly, helping to manage our experience of stress in our daily lives.

Research shows that regular physical activity also helps reduce the risk of a range of illnesses, obesity and injury throughout our lives and can alleviate depression and anxiety and enhance our mental alertness.

No matter where you live, the options for physical activity are many and varied. Most towns and cities have a range of sporting and activity-based clubs and facilities to keep you active and socially connected. These can range from casual walking or cycling groups to gym classes and outdoor recreation facilities, to highly organised competitive team sports associations. Some facilities and events may be free of charge and available to be accessed anytime (such as parks and playgrounds) while others may involve costs and specialised grounds or equipment.

Exploring the options for physical activity and discovering the things you enjoy doing can be a lifelong adventure! Your tastes and abilities may change over time, but whatever these may be, maintaining an active lifestyle has far-reaching and long-lasting benefits for all aspects of our health and wellbeing.

DID YOU KNOW?

When we exercise, chemicals called endorphins are released by the brain and central nervous system. These reduce feelings of pain and can produce a sensation commonly referred to as a ‘runner's high’, in which a person feels a sense of pleasure and a lift in mood. When we exercise regularly, we produce more endorphins. For this reason, exercise is known to be one of the best and quickest ways to manage stress.
8.12.2 Body image and our health

Our body image is the way we see ourselves physically, and the thoughts and feelings we have about ourselves as a result of that physical perception. A healthy body image involves feeling generally comfortable about the way you look and not feeling that your physical appearance determines your value as a person.

Our body image can be influenced by the messages we receive from the people and images around us. Comments about our physical appearance can be difficult to ignore. These, combined with making negative comparisons between ourselves and the images we see in the media (such as magazines, television and online environments) can have detrimental effects on our body image and self-esteem. It is important to remember that these images are often manipulated using photo editing technology and present an unrealistic view of male and female bodies.

DID YOU KNOW?
In the Mission Australia National Youth Survey conducted annually from 2009 to 2018, body image was identified as one of the top three personal concerns for young Australians.

For both males and females, an unhealthy body image can lead to or be associated with other physical and mental health-related issues such as:

- dangerous dietary practices and eating disorders, such as bulimia nervosa and anorexia nervosa
- anxiety and depression
- drug use — either to assist with weight loss or to build muscle
- over-exercising — in an attempt to lose weight or build body condition.

Conversely, concern about body image may actually discourage some people from participating in physical activity as they fear being judged or laughed at by others. One program that aims to address such issues and encourage healthy participation in physical activity is the Australian Government’s Girls Make Your Move campaign. Use the Make your move weblink in the Resources tab to learn more about the program.

HEALTH FACT
Our nutrition — what we eat and drink — is integral to the level of energy we have and to our overall health. Generally speaking, the more energy you expend through physical activity, the more energy you need to take in through food and drink. The amount and types of food and drink you consume are important in ensuring your body receives all the nutrients it needs to function at its best and in maintaining a healthy weight. A balanced diet containing a wide variety of nutritious foods from all food groups in moderation is the key. The Australian Guide to Healthy Eating, produced by the Australian Government’s National Health and Medical Research Council, provides a clear outline of the sorts of foods we should aim to eat and in what proportions.
HEALTH FACT
Eating disorders can affect both males and females of any age and from any cultural or socioeconomic background. In Australia, nearly one million people are affected by an eating disorder at any given time. Of these, 64 per cent are female and 36 per cent male.

It is important to be aware of the external influences on your body image and self-esteem in order to actively combat negative, potentially damaging messages and build healthy ways of thinking about yourself. Some of the ways you can work to improve your body image include:

- focusing on a healthy lifestyle — eating well and keeping fit, but in a balanced way
- developing your own fashion style that you feel comfortable and good about yourself in
- focusing on your personal strengths, talents and skills, rather than your appearance
- practising gratitude for our body’s abilities, rather than its appearance
- talking to a parent, school counsellor or other trusted adult.

Remember to question the media imagery around you and focus on your and others’ positive qualities. If you work to support others in feeling good about themselves, you can be part of creating a culture where people value one another for their whole selves rather than just one superficial aspect, with long-term benefits for the health and wellbeing of everyone.

8.12.3 Coping and stress
Sometimes in our lives, we may feel a sense of having too many demands being placed upon us, or having difficult decisions to make, or simply too much to do. This can create a feeling of stress.

It is important to remember that not all stress is bad. Some situations, such as a job interview or performing in a school stage production may be quite stressful events but they can actually have a strong positive effect on our wellbeing — the job interview may result in you getting a new job and build confidence; if not, you have gained interview experience that you can draw on next time you find yourself in that situation. Fitting in production rehearsals with a busy school schedule can be stressful and the experience of being on stage might be a bit nerve-wracking, but the overall experience is one of growth and there is lots of fun along the way also. Being selected as a student representative or as a member of a sporting or debating team are other examples of situations where there may be added stress but with beneficial outcomes.

Stress can become a health issue when the person experiencing it feels they are not able to cope with their situation and the potential positive outcome is lost to them.
What we may experience in times of stress

- Continual or ongoing worry
- Poor concentration, indecisiveness and forgetfulness
- Physical symptoms such as an upset stomach or headaches
- Changes in sleeping habits
- Changes in eating habits
- Loss of ability to control emotions
- Withdrawing from people and social activities
- Change in behaviour from ‘normal’ self.

How we manage stress in our daily lives can have a big impact on our health and wellbeing so it is important to develop effective coping strategies and ways of relaxing when we feel under pressure. Some positive coping strategies might include:

- setting small achievable goals
- breaking tasks into manageable chunks
- practising positive self-talk — telling yourself, ‘I can do this’
- talking to a friend, parent or other trusted person
- eating well and avoiding having too much caffeine
- getting regular exercise
- maintaining a proper sleep regime, even when busy.

There are many ways to relax and improve your mood.

- Listen to music
- Watch a movie
- Read a book
- Meditate
- Get a massage
- Yoga
- Have a relaxing bath
- Catch up with friends
- Exercise/play sport
One of the key ways we can help ourselves to manage stress is through making healthy eating choices and exercising regularly. Our relationships with friends and family are also an important part of helping us cope with the challenges in our daily lives. In turn, being able to recognise when those around us are under pressure can enable us to offer and provide support to others.

**HEALTH FACT**

In a recent survey, the five most popular ways of managing stress were watching television or movies, focusing on the positives, spending time with friends and/or family, listening to music and reading. Although doing something active was not the most popular way of managing stress (69 per cent of respondents, compared with 85 per cent for watching television), it was reported as the second most effective approach (81 per cent of respondents). Spending time with friends and/or family was reported as the most effective. Clearly, physical activity and our social relationships are key to our sense of being able to cope under stress and to our general wellbeing.

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### 8.12 Activities

#### Staying active

1. (a) Working in pairs and without using the internet, make a list of opportunities and facilities available in your area to help you stay active.
   
   (b) Now check how you went in part a by conducting internet research into these opportunities and facilities. Were there many you weren’t aware of? If so, add them to your list.

   (c) Join with another pair and combine your answers. Classify your list into two categories:
   - opportunities, such as sporting competitions
   - facilities, such as sportsgrounds, playgrounds, walking tracks and gyms.

   (d) Share your findings with the class and compare with other groups. Add missing items to your list.

#### Stress relief

2. Spend five minutes listing as many stress relief activities/methods you can think of. Collate these with three other class members and come up with an agreed ‘top ten’.

#### Body image

3. (a) Research body image and create an A4 poster outlining key elements of what body image is and positive ways in which it can be improved.

   (b) Use your poster as support for a three-minute presentation about body image issues.

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### 8.12 Check and challenge

**Explain**

1. How does physical activity improve our health?

2. What methods of stress relief work best for you? Why?

**Elaborate**

3. Why isn’t body shape an accurate reflection of health?

4. (a) Outline three potential effects of overwhelming stress on an individual’s mental health.

   (b) Outline three coping strategies and three methods of relaxation that you would choose to help deal with stress. Describe how these could help and why they appeal to you.
8.13 Review

8.13.1 Summary

- Many factors influence adolescents, including family, peers and the media.
- Bullying is the ongoing misuse of power in a relationship through repeated verbal, physical and/or social behaviour that causes physical and/or psychological harm.
- Upstander behaviour is when someone witnesses and takes action against bullying behaviour.
- Violence can take various forms including physical, sexual, psychological/emotional and financial.
- Harassment is unwanted behaviour that offends, humiliates or intimidates a person.
- When faced with decisions in daily life and in managing relationships with other people, tuning in to your gut feelings will help you determine the best course of action and can help you keep yourself safe — both physically and emotionally.
- In an intimate relationship, any level of physical intimacy should be discussed and consent negotiated so that both parties feel safe and comfortable.
- To maintain our online security we must control the type of information we share.
- We should always be respectful of others when communicating online.
- Your digital identity is defined by your behaviour and by the content you post about yourself and others.
- The more information you have, the more informed your decisions can be.
- Drugs can be categorised according to how they affect the brain and nervous system. These categories are stimulants, depressants and hallucinogens.
- The use and misuse of drugs can have a negative impact on people's health.
- Tobacco and alcohol are widely abused drugs in our society because they are generally socially acceptable and easily accessible.
- The abuse of drugs can lead to physical, emotional and social health problems such as cancer, depression and breakdown of relationships.
- Taking risks on the road, including disobeying rules, is a major contributor to injury and death.
- Young men aged between 17 and 24 years are more likely to be involved in fatal road accidents because of risky behaviour.
- There are a number of strategies to reduce risks on the road, including following the road rules, keeping within the speed limit, wearing a seatbelt and wearing a helmet when riding a bike.
- You can reduce the risk of harm by making informed decisions in risky situations and planning ahead.
- Planning safe travel arrangements is an important part of making sensible decisions and reducing risk, particularly when celebrating.
- DRSABCD is an action plan used in assessing whether a patient has any life-threatening conditions and if first aid is required. It stands for danger, response, send for help, airway, breathing, compressions and defibrillation.
- First aid can assist someone who has life-threatening injuries.
- Knowing how to recognise the signs of and what to do if someone suffers a heart attack, stroke or shock can be crucial in saving their life.
- There are many health benefits of physical activity. Staying active has positive effects on physical and mental health and self-esteem.
- Good nutrition is an important part of keeping ourselves physically and mentally healthy.
- Consent must be given for any intimate interactions between individuals.
- Body image is the way in which we see ourselves. It is a reflection of our opinion of ourselves and is not an accurate measure of overall health.
- We are all road users and have a responsibility to be safe drivers, passengers, cyclists and pedestrians.
- By following the DRSABCD protocol, your safety and the safety of others is maximised.
- There are many ways to relieve stress. Many involve exercise.
ESSENTIAL QUESTION

What skills do I need to stay safe in different environments?

Evaluate your initial response to the essential question now that you have studied the topic.

8.13.2 Key terms

**binge drinking** drinking large amounts of alcohol in a short period of time or drinking constantly for a number of days

**cannabinoid** a type of chemical that acts on particular receptors in the brain

**cardiopulmonary resuscitation (CPR)** an emergency life support procedure using a combination of rescue breathing and chest compressions

**defibrillator** a device that provides an electric shock to a patient whose heart has stopped beating

**dependence** reliance on or needing the drug to function; many of your thoughts, emotions and actions focus on the drug

**depressant** a drug that slows the activity of your nervous system

**drug** a substance that changes the way in which your nervous system and body work

**endorphin** a chemical naturally released in the brain to reduce pain, that in large amounts can make you feel relaxed or full of energy

**first aid** the initial care or treatment of someone who is ill or injured

**first aid kit** a collection of supplies such as bandages, plasters, and antiseptic wipes for use in giving help to a sick or injured person until full medical treatment is available

**hallucinogen** a drug that works on the brain to cause hallucinations

**interpersonal** a person's ability to relate to other individuals

**passive smoking** a non-smoker breathing in the second-hand smoke from a burning cigarette

**recovery position** the position in which to place someone (on their side) to protect the airway from being blocked by the tongue or by vomit

**rescue breaths** given to a victim who is not breathing. The breath will take one second to deliver and will make the victim's chest rise.

**rip** a stretch of turbulent and dangerous water at sea or in a river

**sign** something experienced that you and others can see or measure, such as a rash or elevated heart rate

**stimulant** a drug that stimulates or speeds up your brain and nervous system

**symptom** something experienced that is known only if you tell someone, such as a headache or blurry vision

**tolerance** the higher the tolerance, the more of the drug is needed for the same effect

**upstander** a person who witnesses or is aware of a situation where someone is being treated unfairly and takes action to correct the situation. This is usually in the form of support of the victim.

8.13 Check and challenge

To answer questions online and to receive immediate feedback and sample responses for every question, go to your learnON title at www.jacplus.com.au/Note: Question numbers may vary slightly.

**Key terms quiz**

**Multiple choice quiz**

**Check your understanding**

1. What forms of bullying are increasingly prevalent due to increased use of technology?
2. Explain the difference between a bystander and an upstander.
3. Why is it necessary to be safe online?
4. How do stimulants, depressants and hallucinogens affect the body?
5. Why are tobacco and alcohol so widely abused in our society?
6. What are the physical, financial, social and emotional impacts of drug abuse?
7. Why do young people take risks?
8. Which communication skills assist you to stay safe in risky situations?
9. What features of a community allow for physical activity to be incorporated into everyday lifestyle?
10. Which key aquatic skills are essential for water safety?
11. Identify behaviours that maintain young people’s safety on the road, at the beach and at a party.
12. Identify the behaviours that place young people at risk of harm on the roads. How could these risks be reduced?
13. Write down the DRSABCD acronym, including what the letters stand for, and explain how it minimises potential harm to the victim and the person assisting them.
14. What similarities exist in the treatment of a range of different first aid situations?
15. Outline the relationship between body image and overall health.

**Resources**

- Digital doc: Worksheet 8.4 Real-life scenarios — staying safe (doc-29381)
- Digital doc: Worksheet 8.5 Key terms quiz (doc-29382)
- Digital doc: Worksheet 8.6 Multiple choice quiz (doc-29383)
- Digital doc: Key terms glossary (doc-29384)