7.1 Overview

7.1.1 Introduction
The years between childhood and adulthood can be exciting and fun, filled with new experiences and opportunities. However, there are also risks and challenges, and it’s important to know how to respond positively to keep yourself and others safe. Some of the major health issues affecting adolescents relate to mental health, drug use, sexual health, road safety and the interactions of individuals within these complex contexts. In this topic you will explore how a better understanding of these issues significantly improves the decision-making ability, health and quality of life of young people in general.

Essential Question
How can I rise to meet the challenges facing young people, support others and respond positively while being the best person I can?

Syllabus Outcomes
A student:
• plans, implements and critiques strategies to promote health, safety, wellbeing and participation in physical activity in their communities (PD5-7)
• assesses and applies self-management skills to effectively manage complex situations. (PD5-9)
7.2 Mental health and wellbeing

Understanding mental health issues is important for young people. Thoughts, feelings and emotions can affect your outlook and sense of purpose in life.

7.2.1 Understanding mental health

As you move through adolescence, you will begin to spend more time exploring the world outside your family and strive for greater independence and freedom. These new experiences will confront you with challenges and decisions that may have an impact on various aspects of your health, both now and in the future.

Mental health or wellbeing is all about our thoughts and feelings, and our ability to interact with others in a positive way. As with all aspects of our health, mental health can be viewed on a continuum that ranges from an optimal state of health to having an illness that significantly affects our daily functioning and relationships.

Mental health is a dynamic state, meaning it is constantly changing. The way you feel about life and how well you interact with people may change dramatically — for example, after the breakup of a relationship, an important victory or success, a disappointing exam result or the loss of something or someone close to you.

People with good mental health generally possess a positive outlook, and a sense of purpose and control over their lives. They have the ability and desire to participate in day-to-day activities and they have strategies that enable them to cope with setbacks and difficult times.

People with mental health problems, however, are troubled by their emotions or thoughts, to the extent that they may find it difficult to maintain friendships, overcome disappointments or to regularly attend school or work. Generally, they find it difficult to participate in their everyday activities and enjoy life. They do not necessarily have a mental illness, but may need support to help them get through tough times.

HEALTH FACT

Research has indicated that mental health problems are a growing health concern among young people and are as common as physical health problems, such as asthma, among adolescents. Nearly 20 per cent of children and young people in Australia are affected by mental health challenges.

Source: NSW Health, Family Health Kit, Sydney.
Mental illness refers to a group of illnesses that are more severe. They are usually diagnosed and treated by a doctor or mental health professional and, in some cases, can occur for a prolonged period of time. Anyone can develop a mental illness, regardless of their age, gender, physical health, cultural background or level of education. It is an illness for which a person should not be blamed, and it cannot be controlled by willpower. It is important that we give people with a mental illness the same kind of support and respect that we give someone who is physically unwell.

Mental illnesses are usually classified as either psychotic or non-psychotic:

- **Psychotic illnesses** are disorders that cause changes in thinking, emotion and behaviour that affect a person’s sense of reality and often cause significant mood or personality changes. Examples include schizophrenia and bipolar disorder.

- **Non-psychotic illnesses** are characterised by feelings of sadness, anxiety or apprehension that are so extreme and overwhelming that they prevent the person from managing daily life. People with these illnesses may find everyday tasks very difficult, such as leaving their home, spending time with people, regularly attending school, sleeping and eating well, or concentrating on work. Examples of non-psychotic illnesses are phobias, eating disorders, anxiety attacks and depression. As with psychotic illnesses, the use of medication and therapy enables sufferers to manage their symptoms and lead an active life.

### 7.2.2 Depression

The word *depression* is often used when describing feelings of unhappiness or sadness that are experienced at some point in our lives. Such feelings are part of a normal and appropriate response to distressing and painful events such as the loss of a loved one, the ending of a relationship or the disruption of moving schools. However, when these feelings persist for more than a few weeks, other help is needed. Depression is serious and, if left untreated, it can have a significant effect on a person’s ability to participate in everyday life.

‘Depression’ is also the term used to describe a group of mental health illnesses known as clinical depression. It is important to recognise the difference between the two uses of the term ‘depression’. A person who is clinically depressed experiences feelings of depression that are particularly intense, continue for a long period of time and have a disruptive effect on the person’s ability to carry out everyday tasks. Often, feelings of anxiety are also experienced, along with difficulties in sleeping and a loss of appetite. Professional treatment enables most people to recover from depression.

Depression is an issue of particular concern for young people. Research shows that depression is strongly linked to risk-taking behaviours that can significantly affect young people’s health. In particular, young people who suffer depression are at greater risk of:

- regularly smoking cigarettes
- increasing use of alcohol, cannabis and other drugs
- developing an eating disorder
- engaging in unsafe sexual behaviour
- self-harming behaviours.

Feelings of sadness and loss are a normal response to painful events.
The stigma associated with mental illness contributes to prejudice and isolation. Despite the prevalence of mental health problems, concerns about people’s reactions and the stigma surrounding mental health continue to make it hard for young people to talk about their problems, and for them to seek help and support. Much of the stigma attached to mental illness is a result of misunderstanding, misinformation and fear. Television shows and films, for example, often portray a schizophrenic person as comical, violent or useless, and they use terms such as crazy or mad when describing mentally ill people. These types of images contribute to prejudice, discrimination and feelings of isolation for people with a mental illness. This discourages people from seeking help and makes recovery harder.

Depression is a mental illness that is increasingly common among young people, but how much do you know about it? Use the beyondblue weblink in the Resources tab to learn more.

**Resources**

Weblink: beyondblue

**7.2.3 Be supportive**

Reaching out to support the mental wellbeing of others is important. We all have a responsibility for ensuring people feel safe, valued and supported. This can be done by:

- treating people with respect, regardless of their appearance, nationality, intellectual or physical ability, gender, sexuality or cultural background
- using inclusive language and refraining from use of put-downs
- accepting differences and individuality
- seeking to include rather than ignore or exclude others from groups
- challenging people who bully, tease or harass others.

These responsibilities are even more important when dealing with a person who is vulnerable due to a mental health problem. The feelings of hopelessness and indifference experienced by someone who is depressed can make it extremely difficult for them to seek help. They may feel embarrassed about not being able to cope, believe that nobody can help them or think that it is pointless to ask for help.

It is important that friends learn to recognise the warning signs that indicate a person could be developing or already suffering from a mental health problem. These common warning signs include:

- a reluctance to go anywhere or do something they normally enjoy
- changes in eating or sleeping patterns
- withdrawing from friends, family and social occasions
- feeling anxious, scared or guilty, and being irritable or angry
- having trouble concentrating or a deterioration in school work.

The presence of warning signs may not mean a person is developing a mental problem or illness, but they should not be ignored. The sooner a person receives help or treatment, the quicker their recovery and the less likely that problems will recur.

**DID YOU KNOW?**

Depression is the most common mental health problem that young people experience. According to the World Health Organization, by 2030 depression will be the leading cause of disease burden (the impact of a health problem) globally.
7.2 Activities
Challenging stigmas
1. In small groups of three or four, discuss the following questions and draw mind maps to display your ideas in response to each question.
   (a) Why is there stigma attached to mental illness?
   (b) What can you do to help break down the negative attitudes towards mental illness?
   (c) How could you support a friend who may be suffering from a mental illness?

A support plan
2. Your friend Harry has been very withdrawn lately. He rarely contacts you and will not return your calls. He has been very unhappy but denies anything is wrong. He has missed soccer training several times and last weekend he did not turn up for the game.
   (a) In groups of four, devise a plan to support Harry’s mental health and assist him in seeking support.
   (b) Present your plan to the class as a PowerPoint presentation or role-play the actions you would take.

3. Community perceptions around mental health are often generalised and based on incorrect stereotypes. These can include a false diagnosis of mental health as a lifelong condition, requiring ongoing treatment and the affected person often being tagged as a ‘crazy’ person who is unable to cope.
   (a) Research the term ‘Psychological First Aid’ and explain what it is and who the program is aimed at.
   (b) Outline the benefits of this program for all Australians.
   (c) Explain its attempt to address the community perceptions of mental health.

Resources
- Digital doc: Worksheet 7.1 Challenging perceptions of mental illness
- Weblink: Psychological First Aid

7.2 Check and challenge
Explain
1. Identify terms used to describe someone who acts strangely or differently from what is considered ‘normal’ or acceptable within society. Explain how this might impact on their mental health.
2. Explain why seeking help for a mental health problem may be difficult for some people.
3. Explain what you might say to a friend if you were worried about their mental health.

Elaborate
4. Using the terms ‘depression’ and ‘clinical depression’, describe the difference between a mental health problem and a mental illness.
5. Use the Suicide warning signs weblink in the Resources tab and, as a class, discuss the warning signs that might indicate that a person is suicidal.

Evaluate
6. Use an example to assess the impact of stigma on a person’s desire to seek help.

Resources
- Weblink: Suicide warning signs
7.3 Risk-taking

Each day, you are presented with challenges that must be met, and you need to make decisions in response to these challenges. Making the right choice or reacting in the most appropriate manner is the key to maintaining good health and personal safety — particularly in interpersonal relationships.

7.3.1 Positive and negative risks
Risk is defined as exposure to injury or loss. The injury can be to you or others; the loss can range from money and material possessions through to self-esteem and relationships and the potential for physical injury to yourself and/or other people. Likewise, we must understand that we have the potential and ability to have a positive influence on others’ wellbeing.

In small groups, discuss risk and then decide on the top 10 risk-taking behaviours of young people. Classify each one as either a positive or negative risk, giving reasons for your answer. As a class, discuss why you think some young people pursue the risky behaviours identified by each group.

7.3.2 Types of risk
Risk-taking is a part of everyday life. Being able to identify the level of risk or, indeed, whether a risk is involved at all in an action or activity is a very important skill.

Many young people are not aware of potential risks and so do not consider the impact that certain behaviours and actions may have on their health and the health of others. The risks adolescents take may impact on their physical, social or emotional health and wellbeing. Table 7.1 provides examples of risks within these three categories. Note that some of these risks may fall into more than one category.

| TABLE 7.1 Risks that adolescents may take that affect themselves and others |
|-----------------------------|-----------------------------|-----------------------------|
| **Physical** | **Social** | **Emotional** |
| Eating a poor diet | Experimenting with a relationship | Teasing and bullying |
| Riding a bike without a helmet | Changing peer groups | Sending text messages |
| Experimenting with drugs | Stepping in to stop a friend being teased | Making a public speech |
| Undertaking a rock-climbing and abseiling course | Disagreeing with a friend about an activity he or she wants you to join | Becoming a mentor for a younger student |
| Uploading photos of yourself to the internet | Intervening to stop an argument in the school playground | |

Not all risk-taking is negative. Risk-taking can also have positive effects, especially emotionally, such as building **self-esteem**. Examples of this might be applying for class or school captain, applying for a job promotion or asking someone out on a date. The emotional risk is that you may not be successful or you may be teased by your peers. However, the positive outcomes are that you can develop self-confidence and build
self-esteem by making public speeches as part of the campaign process and, if you succeed in being elected, you will similarly experience a boost in self-esteem and confidence.

Some of the risks in table 7.1 are positive and some are negative. As a class, discuss which category you think each belongs to and what the level of risk is (high, moderate, low). If there is disagreement, explore the reasons why opinions differ.

### 7.3.3 Perceptions of risk

Class discussion should have made it clear to you that people have different ideas about what constitutes high-risk and low-risk activities. A person’s perception of risk may be determined by one or more of the following factors:

- previous knowledge or experience
- level of skill in relation to the activity
- self-confidence
- self-esteem
- influence of peers and peer group
- influence of drugs at the time a decision is made
- amount of supervision available by adults or instructors during the activity.

### 7.3.4 Why do people take risks?

Adults and adolescents sometimes make poor choices and place themselves and others at risk for many of the same reasons. Some young people take unreasonable risks due to lack of experience and prior knowledge about certain unsafe practices. Other reasons include:

- impressing peers
- attention-seeking
- depression
- peer pressure
- rebelling against authority
- to maintain a friendship or relationship
- poor role modelling (especially by parents)
- responding to a challenge or a dare.

Poor choices can lead to high-level risk-taking, which often has a negative effect on health, self-esteem, friendships, and the respect and trust your friends and parents have in you. Injury to yourself and others, as well as property damage and trouble with the law, may also result from poor decision-making and thoughtless responses to a challenge. You can help encourage positive decision-making in some instances by having a safety plan and knowing where to seek help when you need it.

### Having a plan

When we find ourselves in an unsafe environment (such as at a party that has been gate-crashed by uninvited guests) it can be helpful to have a plan about what to do to ensure your and other people’s safety. This could take the form of a safety plan that you have arranged prior with parents or other trusted adults. This may include things such as phone numbers to ring (with multiple options in case the first one doesn’t work out), a
plan of where to meet if you want to leave, a ‘safe’ or code word that tells a trusted person that you are not feeling safe and need to leave and arrangements about what to do in this situation.

**Crisis and help services**

Knowing what to do and where to go in a crisis can be difficult. The pressure of a situation can often affect an individual’s decision-making, which may lead to poor choices being made. For example, if a particular situation makes a person anxious or nervous then they may be less able to concentrate and make good decisions.

Being aware of the options that are available and the benefits of each option makes decisions easier to make when under stress. Crisis and help options available to young people vary from location to location. Of course, parents and teachers can be considered a trustworthy source of help for most young people, but there may be times when individuals want to speak confidentially about an issue. High schools usually have counsellors available to help students and their families when they are experiencing difficulty. There are also numerous youth health services and phone and online advice services, such as Kids Helpline, that provide ready access to help, regardless of location.

**Reliability**

With so many sources of advice available to young people in crisis, many of which are online, it is important to know whether you can trust the content provided on any given site.

By assessing a website from a critical viewpoint, we can make a reasonably accurate judgement about its legitimacy and reliability. The C.A.R.S. (credibility, accuracy, reasonableness, support) checklist for evaluating internet sources is a recognised way of assessing the validity of a website and the information it presents. Use the C.A.R.S. weblink in the Resources tab to view this reliability checklist. More detailed information about assessing the reliability of online resources is provided in topic 9.

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**7.3.5 Acceptable risks, positive outcomes**

Studies have revealed that the brain is not fully formed until the mid-20s. The parts of the brain that control decision-making and impulse control mature last, which may help explain why teenagers are more likely to take risks. A University of Melbourne neuroscientist, Professor Stephen Wood, has studied the brains of teenagers. He believes that not all risk-taking is bad, and that society’s main challenge is to help protect and manage young people from risks that can kill. He also believes there should be opportunities for young people to safely experience the levels of excitement they need. While many national and state health strategies are designed to reduce risk in the community, it is important to recognise that risk-taking is a normal part of growing up. There are many safe ways to take risks.
Acceptable risk-taking can lead to positive outcomes for groups and individuals. Risk-taking in a controlled environment such as outdoor education activities, including rock-climbing, abseiling, canoeing, bushwalking and rafting, provide opportunities for groups and individuals to learn more about themselves, see remote parts of nature and build self-confidence, self-esteem and spiritual health. Other activities, such as downhill skiing, skateboarding, rollerblading, karate, skydiving, surfing and mountain bike riding are, while not without risk, exhilarating and challenging, leading to positive health outcomes. Other acceptable or positive risks that are important for individual growth include applying for a new job, taking on a leadership role, public speaking and standing up for something you believe strongly about. Even though there is a risk of failure in these situations, if people don’t take these risks, they are limiting their chances of experiencing growth and success.

Adventures and extreme sports, while risky, lead to positive outcomes for participants.

Schools are not the only providers of these activities. Opportunities to participate in outdoor and adventure activities are also provided by groups such as:
- Scouts
- Guides
- Duke of Edinburgh award
- Outdoors NSW (part of Outdoor Education Australia)
- Royal Life Saving Society of Australia.

Consider ways that you might participate in some positive risk-taking activities to challenge yourself and build self-confidence.

### 7.3 Activities

#### Ranking risks

1. (a) Draw a risk-ranking continuum, similar to the one shown below, and then place each of the activities that follow onto the continuum according to your assessment of the level of risk involved.

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Perceived level of risk

No Risk 25 50 75 100

Highest risk
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i. Going to a party where alcohol will be provided
ii. Rock-climbing with an instructor present
iii. Taking your parent’s credit card and gambling online
iv. Surfing at Bondi Beach
v. Driving at 100 km/h in a 50 km/h zone
vi. Being a passenger in a car that is travelling 55 km/h in a 40 km/h school zone
vii. Bungee jumping
viii. Sending an inappropriate joke through email
ix. Sending your boy/girlfriend a sexy photo of yourself
x. Doing a somersault on a trampoline
xi. Taking a pill given to you at a party
xii. Kissing a stranger at a party

(b) Compare your continuum with that of the person next to you. Are they the same?
(c) With your partner, discuss the concept of perceived risk. Why do some people rank some
activities as higher risk than others?

2. In small groups, pick two of the activities listed in question 1. Write up and present a safety plan for someone
in those particular situations. After all scenarios have been addressed, share your plans with the class, or
other groups and look for common ideas about how to stay safe.

3. Use the Safe lives weblink in the Resources tab and complete a practice safety plan for the scenario you
ranked as the most risky on your individual continuum. The template can be adapted for many different
situations that young people could find themselves in. It is a UK resource, so research some
Australian-based resources that are available to New South Wales residents.

4. As a class, list ten new activities that have some level of risk. Mark out a physical continuum on the
classroom floor or on the board. As each activity is read out, each person should make a judgement about
the level of risk and stand at this point on the continuum. Constructively, share your views on why you have
judged the activity at this risk level.

Risky business
5. Use the Safe behaviours worksheet in the Resources tab to explain how parents and schools should be
involved in teen life.

World records
6. Using the Guinness World Records weblink in the Resources tab, identify some safe, reasonably safe and
unsafe challenges people have set themselves.

Risky habits
7. Complete the Making responsible choices worksheet in the Resources tab to practise evaluating risky
situations.

Assessing reliability of help resources
8. Use the weblinks in the Resources tab for the Crisis and help service providers listed below to answer the
questions that follow.

• Lifeline
• Kids Helpline
• beyondblue
• Child and Youth Health
• healthdirect
• MindSpot

(a) Research two of the crisis or help services and assess their likely credibility using the C.A.R.S. checklist.
(b) How effective do you think each of the services you viewed would be for young people in terms of:
   i. their appeal to young people — is it easy to use, does it use appropriate language?
   ii. the information provided
   iii. links to other help sources if that one doesn’t provide the information an individual was after (for
       example a young person was seeking help with bullying but none was provided on that particular site).
(c) Name three things that need to be considered or that the user needs to be aware of when accessing help
from one of these sources.
Who can I turn to?
9. Investigate the support services and programs advertised/outlined for young people by the state or federal government. Consider the following:
   (a) Who are the services and programs aimed at?
   (b) Are the services they offer appropriate for this age group?
   (c) Why would or wouldn’t young people use these services/attend these programs?
   (d) What makes them effective resources for young people?
   (e) Would you recommend any of the programs to a friend?

Weighing the risks
10. In small groups, address each of the situations outlined below. Discuss realistic responses to each scenario and outline what you think you would do in each situation.
   (a) You are new at school and in order to be ‘initiated’ into the group you really want to hang out with, you are being dared to steal food for them from the canteen.
   (b) On the way to a school dance with friends, somebody pulls out a cigarette and passes it around. Eventually, the cigarette ends up in your hand.
   (c) You are alone at home with your boyfriend/girlfriend and they are pressuring you to have sex with them, but neither of you has a condom.
   (d) You are on your P-plates and heading to a party. You have enough room for four passengers, but your friends want to squish six passengers into the car and it is already 10 pm.
   (e) You owe your parents, but you have no money. All your friends tell you that playing poker online is fun and an easy way to win money.

Resources
- Digital doc: Worksheet 7.2 Safe behaviours (doc-29357)
- Digital doc: Worksheet 7.3 Making responsible choices (doc-29358)
- Weblink: Safe lives
- Weblink: Guinness World Records
- Weblink: C.A.R.S
- Weblink: Crisis and help service providers — Lifeline
- Weblink: Crisis and help service providers — Kids Helpline
- Weblink: Crisis and help service providers — beyondblue
- Weblink: Crisis and help service providers — Child and Youth Health
- Weblink: Crisis and help service providers — healthdirect
- Weblink: Crisis and help service providers — MindSpot

7.3 Check and challenge
Explain
1. Give five examples of positive risks and five examples of negative risks, giving reasons for your answer.

Elaborate
2. Would you describe yourself as someone who takes risks? Why or why not? What is the riskiest thing you have ever done? Why did you do it?

Evaluate
3. Using the positive and negative risks identified in question 1, discuss who influences people to take these risks.
7.4 Harm minimisation

7.4.1 Strategies to stay safe
Harm-minimisation strategies are designed to reduce risk and minimise the potential harm that could occur to people engaging in all types of activities. Harm minimisation can be practised by individuals, groups, schools, governments and the private sector. In small groups, brainstorm the precautions you take in your everyday life to help avoid risk or injury to yourself or others.

7.4.2 Good attitudes
In this section, harm-minimisation strategies are explored for some specific situations encountered by young people, such as drug and alcohol use, and driving or using the road. However, there are general techniques that can be used by all individuals to help avoid unsafe situations. The risk of harm can be reduced by thinking through a situation, investigating the situation or activity and planning your involvement well ahead of time.

Good attitudes towards personal safety and the safety of others should be adopted. These include:
- concern about your own health and safety
- concern about the health and safety of others
- careful consideration of safety rules and guidelines
- careful planning and preparation prior to the activity
- never assuming that ‘it won’t happen to me’.
- open and honest communication with those around you.

7.4.3 Recognising an unsafe situation
There are times when you get a gut feeling that all is not right, and you feel unsafe. It is important to acknowledge this feeling, recognise the potential for harm and make a decision to remove yourself and friends from the situation or downscale the situation or risk by taking positive action.

The following actions can be used to avoid or downscale an unsafe situation:
- **Assertiveness.** State your point of view clearly, but without being aggressive and without putting the other person down.
- **Conflict resolution.** Talk through a problem or situation so that both groups come to a mutual agreement without aggression or violence.
- **Planning and problem-solving.** Anticipate a risk or problem and decide on an action to solve it.
- **Refusal.** Assertively state ‘no’ if you do not wish to continue or be involved.
7.4.4 Being assertive

Often, it is difficult to say ‘no’ when you want to or need to. People will pressure you with comments such as ‘one won’t hurt’, ‘nobody will find out’, or ‘everybody does it’. There are many factors that make it difficult to say ‘no’ or assertively state your point of view:

- It is easier to copy others than it is to think for yourself.
- You may want to impress your friends.
- You may feel like doing something radical or wild.

On the other hand, there are many good reasons to be assertive and say ‘no’. Positive self-talk is a great way to withstand pressure. Examples include:

- ‘I can make up my own mind.’
- ‘I am intelligent enough to think things through and understand the consequences of my actions.’
- ‘Real friends will respect my right to make my own decisions, and they will understand my point of view.’

Being strong enough and assertive enough to make individual choices takes practice and thoughtful analysis of the situation.

Being assertive means standing up for your own rights and views while still recognising and respecting the rights of others. An assertive person typically uses the following types of language:

- ‘I may not necessarily agree with you, but I respect your point of view.’
- ‘I believe the right thing to do is …’

Being assertive also means being able to act on your beliefs or attitudes. Some people say all the right things, but the real test of strength comes when these attitudes are put into action. For example, you may say that environmental protection and conservation is important, but your actions contradict this if you don’t recycle, you litter or you leave the lights on at home when you are out.

7.4.5 Conflict

Conflict is a normal part of daily life and may occur in a range of settings. Conflict occurs when two people, or groups of people, disagree or have different points of view. Conflict generally occurs when there has been a lack of communication.
Resolving conflict — the process
Being able to recognise that a problem exists is the first step in resolving the conflict. The problem must be discussed by both people or groups and a solution determined that is agreeable to both parties. This has to be done without aggression, abuse or violence. Steps in resolving conflict are listed below.

1. Explain your point of view clearly and concisely.
2. Listen carefully to the other person’s point of view.
3. Ask questions and give answers in a calm manner to make sure both people clearly understand the other person’s point of view.
4. Consider the other person’s feelings or point of view. Try putting yourself in his or her place.
5. Use positive body language such as:
   - making eye contact
   - facing the other person
   - avoiding crossing your arms or legs
   - keeping a comfortable distance.
6. Use language that the other person understands, and use ‘I’ statements rather than ‘you’ statements. For example, state what you think or feel by beginning your sentence with ‘I believe’ or ‘I feel’ rather than ‘you make me feel’ or ‘you don’t care’.

DID YOU KNOW?
The WACO (Walk Away Chill Out) campaign is aimed at giving youth an alternative to violence. This initiative was devised by the Matthew Stanley Foundation, a foundation created after Matthew, aged just 15, lost his life when he was bashed outside a teenager’s party.

Coming to an agreement — the resolution
One or more of the following outcomes will resolve a conflict:

- Realise that you were wrong or at fault and apologise.
- Accept the other person’s apology and don’t hold a grudge.
- Come to a compromise that suits both people.
- Agree to disagree, but don’t continue to argue.
- Accept responsibility for the conflict and act to fix the problem.
- Always be honest and forthright.

Unresolved conflicts
Unresolved conflicts may lead to negative feelings, breakdowns in relationships, changes in peer groups, distrust, loss of employment and many other serious consequences. It is very important to learn conflict-resolution skills and be assertive enough to insist that productive communication leads to resolution, especially if the other person does not want to talk.

7.4.6 Being pro-social
Pro-social behaviour is action which is intended to help other people — either individuals or communities. It is the idea that by helping others, being concerned for their wellbeing and protecting their rights we improve our community. Examples of pro-social behaviour include donating blood and contributing to a charity. Why people choose to behave in a pro-social way is not fully understood, but the idea of ‘reciprocation’ or getting back what you give is thought to be one possible reason. In your playground at school, you may have witnessed
or been a part of an instance of ‘upstanding’, where a person who is not directly involved in the situation intervenes when a person is being threatened or bullied. This is an example of pro-social behaviour that most of us will witness in our school lives.

7.4 Activities

Being assertive

1. Form a small group with students you do not often talk to. Select two situations from the list below and discuss them. In particular, talk about what you think the phrase means, whether you have ever used it or something like it, and whether you think it harms anyone.
   - Let’s not go to school today, the one-day cricket is on in the city.
   - It’s easy. I do it all the time and I haven’t been caught.
   - It’s only 10 pm, you have plenty of time.
   - My friend is and he can get beer for us. Let’s have a few at the party.
   - Don’t tell anyone about this or I’ll be in serious trouble.
   - Tell them you lost it, they won’t know any different.
   - I broke it, but I’m not telling anyone. She can take the blame.
   - I know who is taking stuff from the equipment room, but I’m not going to be the one to dob them in.
   - Come on, graffiti is an art form and it doesn’t hurt anyone.

After your discussion, consider the whole list and answer the following questions.

(a) Which of the scenarios would have put the most pressure on you to either say ‘yes’ or comply?
(b) List what the consequences could be if you said ‘yes’ to or did not disagree with each scenario. Think about your responsibilities to your school, parents, friends, yourself and people you don’t even know.
(c) List the possible consequences you would personally face if you said ‘no’ to any of the scenarios.
(d) Did you disagree with any of the responses from other members of your group? Why?

Attitudes and beliefs

2. (a) Make a list of six things about which you have a strong belief. For example, state your belief or attitude to racism, lying, graffiti, shoplifting, smoking, bullying and inappropriate online behaviour.
(b) Beside each one, state what you do to promote this attitude or belief. For example, you may actively deter bullying by speaking up about any bullying of which you are aware, or being an active ‘upstander’.
(c) Are there any beliefs you have listed that you do not act on or promote? How can you be more assertive in promoting your attitudes or beliefs about these issues?

Conflict resolution

3. Work with a partner to complete the following questions.

(a) Describe a person with whom you can communicate easily. What is it about the person that makes communication easy?
(b) Describe a conflict you have recently been through or are currently experiencing. It could be with a parent, friend, teacher or coach. You don’t need to share this if you would prefer not to. Describe (in general terms) what you felt was the underlying issue (for example a lack of communication or a misunderstood meaning).
(c) Use your partner to help role-play a conflict-resolution discussion that might lead to solving the conflict. Refer to advice provided in this subtopic to help with your discussion.
(d) Did you reach a resolution? If so, what was it? If not, what barriers prevented a resolution?

Harm reduction

4. Choose one of the following harm reduction strategies and use it as the basis for a class debate.

- Needle exchange programs
- Safe injecting houses
- No smoking in restaurants or pubs
- Ecstasy testing kits
- Hidden speed cameras
7.4 Check and challenge

Explain
1. What harm-minimisation practices do you adhere to in your daily life?
2. Explain the difference between being assertive and being aggressive. Give examples to justify your answer.

Elaborate
3. In which situations do you wish you were more assertive?
4. What is meant by being ‘pro-social’? What are some examples you can think of besides those given in this subtopic?
5. What situations might you face in the next five years that will require you to be assertive?

Evaluate
6. Describe and rank ten harm-minimisation techniques that you could use to help avoid risk or injury.
7. What safety precaution or device do you most often utilise?

7.5 Relationships and sexual health

Adolescence is a time of growth, and one in which you may develop feelings of attraction for others. Being aware of your sexual choices, contraception, sexually transmitted infection and risk-taking is important in enhancing your physical and emotional wellbeing.

7.5.1 Understanding sexual health

Adolescence is a time of increasing awareness of sexual feelings and sexual identity, along with emerging feelings of attraction towards others. It is also a time when some young people may engage in sexual experimentation and become involved in intimate relationships. Messages and ideas are often conveyed by friends, family, religious traditions and the media about what is expected and ‘normal’ sexual behaviour for a young person. These attitudes can be conflicting, leaving you confused about making difficult choices.

There are many myths surrounding sexuality and sexual health. Use the Myths about sex and sexuality weblink in the Resources tab to read some of the most common myths. In small groups, create a brainstorm of sexuality issues, then discuss where you think some of the myths may have come from.

When you start to become involved in sexual relationships, it is important to think through the different messages mentioned above carefully to decide what is right for you, and to plan how you will manage your sexual health to ensure your physical and emotional wellbeing.

The qualities you look for in a partner will vary according to the type of relationship you want. If you want to enjoy yourself, then you may look for someone who is easy-going, fun to be with and has a good sense of humour. If you want a longer-term relationship, you may want your partner to be caring, honest and committed.

Your ideas about what qualities are most important to you will also depend on your own values and beliefs. Sometimes, being in an unhappy or unsatisfying relationship helps you to recognise what you need from a partner and a relationship. Respect for each other is a key factor in successful relationships.

Regardless of who you are attracted to, there are many forms of sexual activity, besides intercourse, that allow you to express your feelings for someone. Holding hands, hugging, kissing, touching, massaging and having oral sex are examples of sexual behaviour that do not involve penetration. When deciding if you want to be sexually active, think carefully about what you feel comfortable and safe doing. Talk to the other person about what you both want from the relationship and see whether your expectations are similar. This discussion will clarify the expectations in the relationship and reduce the chance that someone will later feel rejected and used.
Any form of sexual activity must be **consensual**, meaning that both people want to be involved. You have the right to set your own sexual limits and say ‘no’ to any kind of sexual activity. At the same time, you have the responsibility to respect another person’s decision to say ‘no’. Never force or pressure someone into a sexual activity with which they are uncomfortable. **Having sex without someone’s consent is a crime.** Even after you have given permission to be touched, it is okay to change your mind at any time during sexual activity if you no longer feel comfortable about what is happening.

Saying ‘yes’ to sexual activity on one occasion does not mean it is acceptable on other occasions. Both partners have a responsibility to make their intentions clear to each other every time they are being sexually active, no matter how long they have been in the relationship.
It is also important to consider what forms of sexual activity may be appropriate for the environment you are in. Engaging in some behaviours in public places, such as the playground, a shopping centre or even among a group of friends, can make other people feel uncomfortable and can get you into trouble with the authorities. More personal and intimate expressions of affection and attraction, such as tongue kissing and touching of breasts or genitals, are appropriate only in a private environment and only if both parties consent.

Being under the influence of drugs or alcohol hinders your ability to think clearly about a decision to be sexually active. Making choices while drunk or affected by drugs leaves you vulnerable to being used or doing something that you may regret.

Sexual choices made under the influence of drugs and alcohol can result in feelings of concern and embarrassment.

7.5.2 Sexually transmitted infections (STIs)

Catching a sexually transmitted infection (STI) is another risk of being involved in unsafe sex. Anyone who chooses to be sexually active is at risk of contracting an STI, regardless of their age, sexuality, gender, cultural background or level of education.

Some groups of people — for example, same-sex attracted females — mistakenly believe they will not contract an STI. It is important to think in terms of low-risk behaviours rather than low-risk groups when discussing how to reduce the chances of getting an STI. The risk is greater when the activity involves a
transfer of body fluids such as semen and vaginal fluids from one person to another. Sexual activities such as unprotected vaginal or anal intercourse and/or oral sex are the common ways in which these fluids are transferred. People who have lots of different sex partners are also at greater risk, although it is important to remember you can catch an STI from your first sexual encounter.

Not all infections are spread through penetrative sex or oral sex. Some can also be transmitted through forms of sexual contact that do not involve a transfer of body fluids. Genital warts, genital herpes, syphilis and scabies are some of the infections that can be spread through direct skin-to-skin contact, such as touching someone’s genitals.

In some cases, having an STI can be life threatening or can cause infertility if left untreated. In other cases, it can be uncomfortable and embarrassing, particularly if the infection is passed on to someone else. If you think that you might have an STI, you should visit a doctor or sexual health clinic straight away. Do not put it off, even if the symptoms go away. Most STIs are easy to cure once diagnosed, and the earlier you seek treatment the better.

Good sexual choices will not only help you to manage your physical health, but they will also help look after your emotional wellbeing. Feeling used, being pressured into something, worrying about being pregnant or catching an STI can contribute to feelings of guilt, shame and embarrassment. These feelings can be even stronger when sexual choices are made while you are affected by drugs or alcohol, because you may not be able to recall who you were with or remember what happened. If other people see or hear about your sexual choices, you can find yourself open to gossip, rumours or negative stereotypes that can be very hurtful.

**HEALTH FACT**

If someone has an STI, they may still look and feel healthy. You won’t necessarily be able to tell someone is infected by looking at them. Often, STIs have no obvious symptoms, particularly in females.

7.5.3 Gender and sexuality

A common gender-related assumption is that young men have a constant and uncontrollable need for sex. This belief, along with a perception that being sexually active is a sign of male maturity, can lead some young men to engage in risk-taking sexual practices. They may become sexually active at a younger age than girls, have a number of sexual partners, and take no responsibility for using contraception.

Females, on the other hand, are often expected to be able to control their sexual feelings, set limits on sexual behaviour and ensure safe sex practices. This expectation can place their safety at risk, particularly for girls who find it difficult
to be assertive and make their intentions clear. Both people in a relationship are responsible for determining whether each other really does want to have sex, and then accepting that decision. Trickling or pressuring someone into doing something that they did not want to do is never okay.

Some young people think being sexually active is linked to being in love and wanted. They may also think that being intimate will help their relationship, and even fear losing their partner if they say ‘no’. You should not worry about offending or upsetting your partner. A partner who cares about you will listen to you and respect your rights.

**DID YOU KNOW?**
Results from the Australian Study of Health and Relationships indicate that one in ten young Australians did not use any form of contraception the last time they had sex. In recent years, this has seen an alarming increase in STIs among this group, in particular with chlamydia notifications.

**7.5 Activities**

**STI awareness campaign**
1. Use the Promoting awareness about STIs weblink in the Resources tab and view the advertisement that is part of an STI campaign. Use the information on this site to write a design brief for a new campaign promoting STI awareness that would be relevant to young people. You may like to choose one STI to focus on. Organise to role-play it to your class.

**Resources**
- Digital doc: Worksheet 7.4 Exploring beliefs and expectations about male and female sexual behaviour (doc-29359)
- Weblink: Promoting awareness about STIs

**7.5 Check and challenge**

**Explain**
1. Explain what the term ‘consensual’ means in the context of sexual activity.

**Elaborate**
2. Write a ‘personals’ advertisement of 30 words or less for your ideal partner.

**Evaluate**
3. Evaluate how power and gender expectations affect decisions about sexual activity and risk taking.
4. Use the Researching STIs weblink in the Resources tab to find out more about specific sexually transmitted infections. How are most of these STIs transmitted? What is the best way to protect yourself against most STIs?

**Resources**
- Weblink: Researching STIs
7.6 Contraception

There are many types of contraception available, including the use of natural methods. As many forms of contraception affect the way the body functions, it is recommended you seek professional advice.

7.6.1 Unplanned pregnancy

People in relationships need to consider the consequences of both planned and risk-taking sexual practices. The needs and best interests of both people involved must always be considered when considering contraception. While contraception is available in many forms, it must be used responsibly.

Unplanned pregnancy is one possible consequence of choosing to be sexually active. While adolescent parents may be able to manage their own and their children’s lives, many sacrifices are required and many responsibilities are involved, particularly for the mother. Unplanned parenthood affects schooling, career opportunities, friendships and independence. Young mothers may face put-downs, negative stereotypes and discrimination from society. Family and relationship conflict can also arise from the additional costs, pressures and responsibilities associated with being a parent, especially when someone does not have the emotional maturity or commitment required for the role.

Other alternatives for unplanned pregnancies, such as a termination or adoption, can be equally difficult. The fact that some young people do not want their family or friends to know that they or their partner are pregnant can limit the emotional support that is available. For a young person who has religious, cultural or family beliefs that conflict with these options, decisions about an unplanned pregnancy can be particularly challenging.

7.6.2 The types of contraception

If you are considering having sexual intercourse in an opposite-sex attracted relationship and you do not want to become pregnant, you need to use some methods of contraception. Contraception refers to any method or device that prevents conception and, therefore, a pregnancy. There are many different types of contraception available for both males and females (see table 7.2). It is important to remember that no contraceptive is 100 per cent effective at stopping a pregnancy — this can be guaranteed only by not having vaginal intercourse.

HEALTH FACT

Not all contraceptive methods provide protection against STIs. The best way to reduce your risk of STIs when engaging in sexual activity is to use barrier protection such as male and female condoms.
<table>
<thead>
<tr>
<th>Description</th>
<th>How it works</th>
<th>Possible side effects</th>
<th>Suitability</th>
<th>How it is obtained</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The pill</strong> — a small tablet made up of the two female hormones: oestrogen and progesterone</td>
<td>The pill stops an egg from being released from the ovaries each month. One pill must be taken every day, starting from the first day of the menstrual cycle.</td>
<td>Irregular bleeding between periods Sore breasts Nausea Weight gain</td>
<td>Safe to be used by most women. Women with heart conditions, high blood pressure, liver problems, certain migraines and heavy smokers should talk to their doctor first.</td>
<td>It is obtained by prescription after having a medical check-up by a doctor or at a family planning clinic.</td>
</tr>
<tr>
<td><strong>Mini-pill</strong> — like the pill, but containing only progesterone</td>
<td>This pill makes the mucus at the entrance of the uterus thicker so sperm cannot get through it. It also alters the lining of the uterus.</td>
<td>Spotting between periods Irregularity in menstrual cycle</td>
<td>Safe to be used by most women except those with cancer of the reproductive organs or those who have had an ectopic pregnancy.</td>
<td>It is obtained by prescription after having a medical check-up by a doctor or at a family planning clinic.</td>
</tr>
<tr>
<td><strong>IUD (intrauterine device)</strong> — a small plastic device that is placed inside the uterus</td>
<td>The IUD hampers the sperm's survival in the uterus. It also causes changes in the lining of the uterus so an egg cannot grow in it.</td>
<td>Cramps and bleeding after insertion Period pain and heavier periods</td>
<td>Can be used by women who have had a baby. It should not be used by people who have more than one sexual partner or who change partners regularly.</td>
<td>It is inserted and removed by a doctor. A local anaesthetic is often used when it is inserted.</td>
</tr>
<tr>
<td><strong>Condom</strong> — a rubber sheath that goes over the penis when erect</td>
<td>The condom is rolled over an erect penis before sex so semen and the sperm in it are collected inside the condom when ejaculation occurs. The condom is then removed after sex.</td>
<td>None, except some people may be allergic to latex rubber or the lubricant that covers it</td>
<td>Can be used by all males</td>
<td>It can be purchased from various outlets, including chemists, supermarkets, vending machines and sexual health clinics.</td>
</tr>
<tr>
<td><strong>Female condom (Femidom)</strong> — a long polyurethane tube with a flexible ring at each end</td>
<td>It is inserted into the vagina before intercourse to act as a barrier for sperm.</td>
<td>None</td>
<td>Suitable for all women</td>
<td>It is available from most sexual health clinics, some women’s health centres and chemists.</td>
</tr>
</tbody>
</table>

(Continued)
### TABLE 7.2 Some of the different contraceptive methods available (Continued)

<table>
<thead>
<tr>
<th>Description</th>
<th>How it works</th>
<th>Possible side effects</th>
<th>Suitability</th>
<th>How it is obtained</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contraceptive implant such as Implanon</strong> — a small plastic rod containing progesterone that is inserted under the skin of the upper arm</td>
<td>The slow release of progesterone stops ovulation occurring while also changing the uterus lining so an egg cannot grow.</td>
<td>Irregular bleeding Headaches Weight gain Sore breasts</td>
<td>Suitable for most women</td>
<td>It is inserted and removed by a doctor. A local anaesthetic is usually used.</td>
</tr>
<tr>
<td><strong>Diaphragm</strong> — a small rubber dome that is inserted into the vagina</td>
<td>When placed in the vagina, it covers the cervix so sperm are unable to reach an egg.</td>
<td>A small number of women may be allergic to the rubber in the diaphragm material.</td>
<td>Suitable for any woman who is comfortable fitting and removing it</td>
<td>It is obtained with prescription from a doctor.</td>
</tr>
</tbody>
</table>
| **Natural methods** — these involve various methods of determining the fertile phase of a woman’s menstrual cycle and avoiding intercourse at these times. Natural methods are the least effective form of contraception and should only be used in conjunction with other contraceptives. | Methods of calculating when a woman is likely to be ovulating include:  
- calendar method — recording dates of periods to determine when ovulation may take place  
- temperature method — recording temperature daily to monitor changes that occur with ovulation  
- mucus changes — recognising and recording changes in the texture and appearance of cervical mucus. | None | Can be used by anyone. However, time, patience and commitment are required to learn how to recognise signs of fertility and calculate ‘safe’ times for sex. Discipline is also needed by both partners to avoid intercourse at unsafe times. The calendar method can be unreliable, particularly if menstruation is irregular. | Advice on how to recognise and record signs of ovulation can be obtained from a doctor. |
DID YOU KNOW?
Even when condoms are used correctly, there is still a 2 per cent chance that a pregnancy could occur. When the contraceptive pill is used correctly there is still a 3 per cent chance of pregnancy. This means the only method of contraception that is 100 per cent effective in preventing pregnancy and STIs is abstaining from sexual activity.

7.6 Activities
Safe sexual health practices
1. Read through the scenarios below and then answer the questions that follow.
   
   **Couple 1**
   Julie and Dean have been seeing each other on and off for about a year. Dean doesn’t really want to be in a committed relationship, preferring to have a casual relationship. He hasn’t told Julie this. They have slept together once after a party, but neither remembers what really happened because they were both drunk. While they have been seeing each other, Dean has also been sexually active with people other than Julie. He’s pretty sure the other girls have always been on the pill.

   **Couple 2**
   David and Peter are attracted to each other and have been out together a couple of times. This is their first same-sex attracted relationship. They have spoken about how they feel towards each other, but do not yet feel ready to be involved in any sexual activity. David has also told Peter about a previous girlfriend that he slept with on a couple of occasions. They had always used condoms.

   **Couple 3**
   Sam and Jacinta have been together for six months. They have started being sexually active — deep kissing, sexually touching and oral sex. However, they have not had intercourse because Jacinta has told Sam she does not want to get pregnant. They both live in a small country town, so she is worried that her parents will find out that she is sexually active if they try to obtain some type of contraception.

   (a) Discuss the safe and unsafe sexual practices of each couple.
   (b) Identify the couple that has most effectively planned and taken responsibility for managing their sexual health. Explain your reasons.
   (c) Suggest an appropriate method/s of contraception for Sam and Jacinta.

ON Resources

Weblink: Contraception

7.6 Check and challenge

**Explain**
1. Who do you think should be responsible for ensuring contraception is used in a relationship? Explain.

**Elaborate**
2. Discuss the effects of unplanned pregnancy.
3. Describe the difficulties involved in being a teenage parent.
7.7 DRSABCD action plan

In an emergency situation, if you know how to follow the DRSABCD action plan and perform cardiopulmonary resuscitation (CPR) effectively it will greatly improve the chances of saving a person’s life until medical support arrives.

7.7.1 Saving a life

There are five basic principles of first aid which can help you to remember what to do in an emergency. These are known as The Five Ps of first aid.

The Five P’s of first aid

- Preserve life
- Protect casualty from further harm
- Prevent worsening of injury/illness
- Provide reassurance
- Promote recovery

To administer first aid successfully, we must have a plan of action that will work for all types of situations, from a serious car accident to a sprained ankle.

In an emergency situation, we need a set of priorities in our plan of action. This allows us to address the most life-threatening injuries first. For example, we must attend to a person’s compromised breathing before we attend to broken bones, as a person does not usually die from a broken bone. The most widely used plan of action is the DRSABCD action plan. Each letter stands for an aspect of first aid and is listed in order of priority.

In small groups, access the DRSABCD and Man saved weblinks in the Resources tab. Compare the information in the poster and news clip with movies you have seen in which characters have dealt with an emergency situation. What were some of the techniques used to revive the casualty? Did any actions appear unrealistic or negatively affect the health of the casualty?

Resources

- Weblink: DRSABCD
- Weblink: Man saved
7.7.2 DRSABCD action plan

**Danger**
Check for and remove any danger to:
1. yourself first
2. then any bystanders
3. and finally, the casualty.
At this stage, put on gloves if possible.

**Response**
Check the casualty’s level of consciousness. This can be done by loudly asking questions such as ‘Can you hear me?’ and ‘What’s your name?’. If the casualty:
• responds, check for other injuries and control serious bleeding
• does not respond, proceed with SABCD.

**Send for help**
Dial 000 from any fixed line or mobile phone.
When the emergency operator answers, state clearly which service is required and give the information as specified in section 7.7.3.

**Airway**
Open the mouth and check for any foreign matter, removing it if needed. Then clear the airway. This can be done by gently supporting the jaw with one hand and tilting the chin forward.
When checking the airway, the unconscious casualty should be rolled onto their side (recovery position) only if foreign material is present in the mouth.

**Breathing**
• Look for signs of life — is the lower chest or abdomen rising and falling?
• Listen for the sound of air leaving the nose and mouth, such as wheezing or coughing.
• Feel on the side of the rib cage for the rise and the fall of the chest. You can also feel for air leaving the mouth and nose by placing your cheek close to the casualty’s mouth and nose.
If the casualty is breathing but not responding, an ambulance must be called immediately (dial 000). Continue to monitor the breathing.
If the person is not breathing, an ambulance must be called (dial 000) and then CPR should be commenced immediately.

**Compressions (CPR)**
If the casualty is unconscious, shows no signs of life and is not breathing normally, cardiopulmonary resuscitation (CPR) must be commenced immediately. CPR is a combination of rescue breaths and chest compressions, and effectively keeps the patient alive by oxygenating the blood with the rescue breaths and providing artificial blood circulation with the chest compressions (the heart is squeezed between the sternum and the vertebrae) until more advanced life support arrives.
Defibrillation

Defibrillation can be performed by qualified rescue personnel such as paramedics if the casualty is still not breathing and is unconscious. Some first aid courses also now teach you how to use a defibrillator as part of CPR training, as many public places such as airports, railway stations, leisure facilities and shopping centres have automated external defibrillators (AEDs) available for use in case of emergency.

Unlike regular defibrillators, an AED is a portable electronic device about the size of a laptop computer that requires no training to use. An AED is attached to a victim who is thought to be in cardiac arrest, and it provides voice and visual prompts to lead rescuers through the steps of operation. The AED automatically diagnoses some potentially life-threatening heart problems and is able to treat some of them with defibrillation.

To be effective, an AED needs to be ready to use, well-signed and easy to find by the public when needed.

DID YOU KNOW?

Early access to an automated external defibrillator saves lives. Statistics show up to 20,000 lives per year in Australia could be saved by the immediate availability of an AED for the person in cardiac arrest. For every minute that a person in cardiac arrest goes without being successfully treated by defibrillation, their chance of survival decreases by 10 per cent. The graph on the right shows the chances of survival from cardiac arrest depending on the time taken to use an AED.
7.7.3 Hypothetical accident

You are walking home from school when you hear a screech of tyres and a loud bang coming from around the corner. Your heart skips a beat and then starts thumping in your chest like a drum. You quickly rush around the corner and then are confronted by a horrific sight. A motorcyclist is lying still on the road, his motorbike mangled beside him. A car has veered across the road and mounted the kerb. The driver is getting out and appears dazed but uninjured.

Using this hypothetical accident as an example, we will go through the steps of the DRSABCD action plan.

**Danger**

First check for dangers to yourself, bystanders and the casualty. Dangers such as oncoming traffic, fuel spills, blood, broken glass, twisted metal and debris or power lines all pose a danger to everyone involved. Strategies for removing these dangers include having bystanders flag and divert traffic from a safe distance, and using a stick or other implement to shift sharp or hot objects. When the dangers can be eliminated and it is safe to proceed, do so. Move the casualty only if a danger cannot be removed, such as if the vehicle is on fire.

**Response**

Which casualty is likely to be more seriously injured? From initial observation, it is likely the motorcyclist. You should first establish whether the casualty is conscious or not. You should approach the motorcyclist and loudly say things like ‘Can you hear me?’, ‘Open your eyes’, ‘What’s your name?’ and ‘Squeeze my hands’. (Remember this by the acronym ‘COWS’.) If the casualty responds, check for bleeding and other injuries such as broken bones while a bystander calls for an ambulance. Unfortunately, in this case, the casualty has not responded. What do you do now?

**Send for help**

While you check for bleeding or other injuries, instruct a bystander to call 000 (you can do this step yourself if alone).

The bystander will need to stay calm, not shout, and speak slowly and clearly to give the following information.

- State *ambulance* when the person answering the call asks ‘Do you want police, fire or ambulance?’
- Location of the emergency (including nearby landmarks, closest intersections, etc.)
- The telephone number from where the call is being made
- What has happened — there has been a motor vehicle accident between a car and a motorbike, other bystanders are diverting traffic
- How many persons require assistance — two casualties (give sex and estimated age also if possible)
- Condition of the casualty — the car driver is conscious but dazed and appears uninjured. The motorcyclist is unresponsive.
- What assistance is being given — first aider going through DRSABCD and commencing CPR
- Any other information requested

*Never hang up before the emergency services operator hangs up.*
If a bystander has made the call while you are providing assistance to the casualty (or casualties), ask them to return and give you an estimated time of arrival of the emergency service. This is important so that you confirm the 000 call has been made and that you have some indication of the time remaining that you will need to provide first aid until more qualified medical assistance arrives to take over. Also ask someone to stay in a prominent position to direct the emergency service vehicle to the correct location.

**Airway**

As the casualty is unconscious, you must check that the airway (the passage that leads from the mouth, nose and throat to the windpipe) is clear. If the airway is blocked, oxygen cannot reach the lungs. If there is no oxygen for 3–4 minutes, the person will lose oxygen to their brain and start to die. Some common causes of a blocked airway are:

- the tongue
- vomit
- broken teeth
- chewing gum.

If any of these objects is blocking the airway, you must place the casualty in a position that will enable you to remove the blockage. This is called the recovery position and is shown in the figure at right.

1. Kneel beside the casualty.
2. Place the arm of the casualty that is furthest away from you straight out.
3. Place the casualty’s nearest arm across their chest.
4. Bend the nearer knee up.
5. Roll the casualty away from you so they are lying on their side.
6. Place the casualty’s knee at a right angle to the body for stability.

In the recovery position, any object that is blocking the airway can be removed more easily. It is very difficult to remove objects from a person lying on their back. For example, the hypothetical motorcyclist may have vomited from the shock of his fall. If he is lying on his back, the vomit would block his airway. You therefore place him in a recovery position to clear his airway.

**Clearing the airway**

1. With the casualty in the recovery position, tilt the head down slightly to allow for drainage of any fluids.
2. Open the mouth. With two fingers, remove any objects that may be loose in the mouth using a two-finger scooping action.
3. If that doesn’t remove all foreign matter, perform five sharp blows to the person’s back (between the shoulder blades) in an upwards motion, if conscious; if unconscious, five sharp blows to the sternum.

Once the airway is clear, the casualty can be positioned on their back.
Opening the airway

1. Whether the person is on their back or in the recovery position, tilt the head right back with one hand on the forehead and, using a pistol grip, hold the chin and jaw line.
2. Lift the jaw forward and open the casualty’s mouth slightly.

Breathing (look, listen and feel)

You have done a good job clearing the motorcyclist’s airway; however, he still appears to not be breathing. You are not a doctor, so how do you check whether he is breathing? You look, listen and feel for any signs of breathing by:

- looking at the chest to see whether it is rising and falling
- listening for any sounds of breathing by placing your cheek alongside the casualty’s mouth
- feeling with your hand on the ribs/diaphragm for the rise and fall of the chest, and feeling for breath on your cheek.

If the motorcyclist casualty was breathing, you would keep him in the recovery position and keep his head tilted slightly backward and face slightly downward. You would wait for an ambulance while monitoring vital signs and checking for other injuries.

However, the motorcyclist is not breathing, so you must not waste time.

Rescue breathing

There are two main methods of performing rescue breathing:

- mouth-to-mouth
- mouth-to-nose.

Both methods are equally effective, but the mouth-to-mouth method is more commonly used.

The mouth-to-nose method is usually used when there has been a trauma to the mouth or jaw or you are giving rescue breaths in deep water. The mouth-to-nose technique can be performed by using the same principles as followed for mouth-to-mouth, except you close the patient’s mouth and breathe into their nose.

The motorcyclist is not breathing, so you must perform the following:

1. Position the casualty on his back on a firm, flat surface.
2. Kneel beside the casualty’s chest.
3. Tilt the casualty’s head back by placing the palm of one hand on the casualty’s forehead.
4. Pinch the casualty’s nostrils with your fingers or close off the nostrils with your cheek.
5. Place your mouth firmly over the casualty’s mouth, making an airtight seal.
6. Breathe fully into the casualty’s mouth to give two rescue breaths, ensuring the chest gently rises with each breath.
7. Remove your mouth and look for the patient’s chest to rise after each inflation, and listen for air escaping from the patient’s mouth and nose by turning your head so that your ear is close to the patient’s mouth. At the same time, observe the patient’s stomach to make sure that it has not been distended with air (which would indicate you are breathing too hard, there could be an airway blockage or you do not have satisfactory head tilt).
8. If there are still no signs of life, begin chest compressions.
Cardiopulmonary resuscitation (CPR) for adults (one operator)

1. Visualise the centre of the chest. Place the heel of one hand on the centre of the chest (between the nipples) over the breastbone (sternum).
2. Place the heel of the other hand on top of the first and keep the fingers off the ribs. Interlace the fingers of both hands to assist holding the lower fingers off the chest wall.
3. Ensure that your arms are straight and your shoulders are above the patient’s chest.
4. Bend forward at the hips so that you depress the breastbone rhythmically and vertically about one-third of the depth of the chest (roughly 4–5 cm).
5. Release the pressure, then repeat.
6. Perform 30 compressions.
7. Pause after each set of 30 compressions to give two more rescue breaths, then repeat; you should be performing CPR at a rate of 30 compressions for every two breaths.
8. Aim to do this five times in two minutes (which is at a rate of 100 compressions per minute).
9. Do not stop — continue doing 30 compressions and then two breaths until one of the following happens:
   • The casualty recommences breathing under their own power.
   • Someone more qualified, such as a paramedic, arrives to take over.
   • You are physically unable to continue.
   • An AED is applied to the victim. Follow the prompts and recommence CPR if advised.

Defibrillation

After two minutes of CPR, a bystander approaches you with an AED. The motorcyclist is still not breathing, and so it’s important for you to attach the AED as soon as possible; however, you must continue CPR until the AED is ready.

Attach the AED as shown in the figure at right and then follow the prompts given by the device. The instructions are very clear and you will be guided through the process by an automated voice. The AED should be attached to the motorcyclist’s skin directly and any wet clothing should be removed. It is very important not to touch the motorcyclist or the AED while it is delivering the electric shock to the motorcyclist.

Shortly afterwards, the heart re-establishes a regular rhythm and the motorcyclist resumes breathing. You continue to monitor vital signs of the casualty until the ambulance arrives.
7.7.4 Variations of CPR

There are several variations of CPR. It is essential you apply the correct method depending on the situation.

Two operators
- Each person should kneel on opposite sides of casualty’s body.
- The more experienced person should control the head and perform the rescue breaths.
- Give 30 compressions and two rescue breaths, five times in two minutes (a rate of 100 compressions per minute).
- The first aider performing the compressions should call the numbers 1 to 30 as he or she compresses the chest. This allows the other first aider to time the breaths with reduced interruption to the compressions.
- Change operators of chest compressions every two minutes to avoid fatigue, which leads to ineffective compressions.

CPR for small children
For children under 8 years but over 12 months old, use the following procedure.
- Apply a slight head tilt as required to open the airway, but not a full head tilt.
- Cover the child’s nose and mouth if required with your mouth and breathe with less force — enough pressure to cause the chest to rise gently. This is because children’s lungs are smaller.
- Locate the lower half of the breastbone.
- Apply compressions with the heel of one hand placed over the middle of the chest.
- Depress the breastbone about one-third of the depth of the chest (about 2.5 cm).
- Retain the same breath to compression ratio as for adults, that is, two breaths for every 30 compressions at a rate of 100 compressions per minute.

CPR for infants
For infants below the age of 12 months, use the following procedure.
- Do not apply head tilt for infants. The head remains in the neutral or horizontal position.
- Apply compressions with the tips of your index and middle fingers over the middle of the chest.
- Compress to one-third of the depth of chest (about 1.5 cm) using two fingers.
- Cover the child’s nose and mouth with your mouth and breathe with a gentle puff — enough pressure to cause the chest to rise gently.
- Rates of breathing and compression are the same as for small children.

DID YOU KNOW?
Even if perfect resuscitation techniques are performed immediately, the casualty will not always be able to be revived. Revival can sometimes depend on factors outside the first aider’s control.

7.7 Activities
Debate the compulsory
1. Conduct a class debate on whether all people should have compulsory CPR training.
Pretend first aid

2. Form pairs. Take turns being the first aider and the casualty. The first aider is to administer the appropriate first aid for each of the following situations. Refer to the DRSABCD action plan, but do not actually perform the rescue breaths or compressions on your partner, as this can be harmful when the person is healthy; just pretend to do so. Alternatively, use a resuscitation manikin.
   - An unconscious, breathing casualty
   - A conscious casualty who has a blocked airway
   - An unconscious casualty with no breathing

3. Rehearse one of the above scenarios and make a video of yourself working through the steps of the DRSABCD action plan.

How would you react?

4. I was heading to the skate park after school along Bayview Street. Everything indicated that it was going to be a normal afternoon in my seaside suburb. I guess it would have been about 3.45 pm because I had been out of school only a little while but the skate park would be busy with the after-school crowd. I was listening to my iPod as I turned left down Beach Road and then walked across Queens Park to meet up with my mate Sam. I was startled out of my daydream by Sam calling out from the skate park ‘Hey, watch this! I just nailed that move I’ve been practising for ages!’ He landed the rail slide and looked at me with a huge grin. Unfortunately, he was not watching where he was going and there was a loud thud as he collided with another skater. Sam was knocked off his skateboard, appeared to hit his head hard and lay motionless on the cement surface. The other skater appeared disorientated; he was clutching his left forearm and was bleeding from a gash above his eye as he tried to get up to find his skateboard. Another boy stood over Sam’s body, furiously yelling and cursing about not watching where he was going. Other kids were on their skateboards, flying past dangerously close. Sam’s younger brother, Liam, appeared at his side and was trying to rouse Sam. Liam was yelling at me, ‘Call an ambulance, I don’t think he’s breathing, do something!’ Imagine you are in this situation.
   (a) What dangers exist for the victim, for yourself and Liam, and for other bystanders? Make a list and suggest what you could do to manage these dangers so it is safe for you to approach and provide assistance to your friend.
   (b) What would you do next? Sam is not responding to your voice and touch.
   (c) Explain what information you or Liam would have to give to the ambulance officer over the phone.
   (d) Explain what you could do to get an ambulance to the scene as quickly as possible.
   (e) If Liam made the 000 call, how would you provide further assistance to your injured, non-breathing best friend?

Accident scenario

5. Complete the Accident scenario worksheet in the Resources tab for more practice in what to do in an emergency.

Resources

Digital doc: Worksheet 7.5 Accident scenario (doc-29360)

7.7 Check and challenge

Explain

When administering cardiopulmonary resuscitation (CPR), strict guidelines must be followed.

1. How many rescue breaths should be given when you first determine that the casualty is not breathing?
2. How many chest compressions must be given immediately following the rescue breaths?
3. What is the ratio of compressions to rescue breaths during administration of CPR?
4. When two people are available to administer CPR, how often should they swap roles? Why?
5. How long should you continue to perform CPR?
6. When performing CPR on infants, how should chest compressions be applied?

Elaborate
7. Why is your own safety and that of the bystanders a higher priority than the safety of the casualty in an emergency situation?

Evaluate
8. What is an AED and under what circumstances should a first aider use one on a casualty?
9. If the chest does not rise and fall when giving rescue breaths, what should you check?

Resources

Weblink: CPR

7.8 Water safety

Aquatic recreation is one of the fastest growing forms of recreation. Unfortunately, water activities carry a serious risk of drowning. If you are aware of possible dangers and obey safety rules when playing in or by the water you could help to prevent the high number of deaths by drowning that occur in Australia every year.

7.8.1 Watching out for dangers
Many Australians love and participate in aquatic activities, whether they are recreational, training, competitive or therapeutic. Although there are immense benefits from participating in aquatic activity, the number of drowning incidents must constantly be addressed.

Number of people who drowned in Australian waterways between July 2016 and July 2017.

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>215</td>
<td>76</td>
</tr>
</tbody>
</table>

Water sports are popular in Australia.
From July 2016 to July 2017, 291 people drowned in Australian waterways. The 2017 National Drowning Report revealed males are typically at greater risk, accounting for 74 per cent of all drowning deaths while 26 per cent of drowning deaths were females. People aged 25–34 represented a large proportion of drowning incidents, accounting for 15 per cent of deaths. New South Wales was the state with the greatest number of drownings, accounting for 32 per cent of all drownings in Australia. The majority of these deaths occurred at inland waterways such as rivers, lakes and creeks. Alcohol is a major contributing factor, contributing to one-third of male drowning deaths each year. What other factors do you think could contribute to the high incidence of drownings in males aged 25–34, and the Australian population as a whole?

7.8.2 Cost of drowning

Accidental drowning and non-fatal drowning incidents place a tremendous burden on Australian society. In human terms, this translates to a loss of life, lost quality of life and pain and suffering. There are also the direct financial costs to society associated with treatment and ongoing care, along with lost productivity due to death or incapacity. For every drowning death, another three people are hospitalised due to non-fatal drowning.

Royal Life Saving Australia has warned that near-drownings, which often result in brain damage, remain high, with an average of 474 incidents in Australia each year. Recent findings highlight the continued need to ensure the promotion of water safety is a year-round concern and parents are aware of all potential dangers surrounding children and the water.

Drowning deaths by age in Australia, 2016–17

People involved in swimming and recreation pursuits, boating and falls comprise the greatest proportion of drowning deaths. As the following figure shows, many people who drown do not intend to enter the water.

DID YOU KNOW?
In 2016–17, the majority of drowning deaths in Australia occurred in inland waterways. Rivers, creeks and lakes accounted for 23 per cent of drownings in Australia.
7.8.3 Dangers in the waterways
Many drownings could be prevented if people know how to manage emergencies in the water. We must also be aware of all possible dangers and safety rules to minimise and eliminate dangerous situations.

Rivers
- Currents can be faster than they seem.
- Submerged obstacles (for example, tree branches, rocks, discarded rubbish) are dangerous when diving and swimming.
- Crumbling banks can cause a person to accidentally fall into the water.
- Uneven and unsafe river beds can cause difficulty for those wading and swimming.
- A strong current can sweep unprepared people into dangerous situations.

Lakes
- Where a river enters a lake, there can be unexpectedly strong currents.
- Cold water can cause distress and shock if a person accidentally enters a lake.
- As with rivers, submerged obstacles are dangerous when diving and swimming.

Sea
- Waves can cause difficulty for weak swimmers and non-swimmers.
- Inshore holes can cause unsuspecting bathers to fall or go out of their depth.
- Rips are fast-flowing currents that move out to sea (see the figure at right). They can be identified by discoloured water, foam on the surface extending beyond the breaking waves, a ripple appearance when the water around is generally calm, and larger waves breaking on either side or further out.
There are generally no waves breaking in an area where there is a rip. Rips can carry a swimmer far out to sea quickly.

If you are caught in a rip when at a beach patrolled by lifesavers, obey the three Rs:
• Relax — Stay calm and float with the current; swim across it, not against it.
• Raise — Raise one arm above your head to signal for help.
• Rescue — Float and wait for assistance.

DID YOU KNOW?
A weir is a low dam built across a river to raise the level of water upstream or regulate its flow. They can often be found in rural areas. Weirs can drag people under the water and trap them there so it is important to be familiar with what a weir is and ensure you do not swim there.

ON Resources

Weblink: Rip avoidance

7.8.4 Water safety rules
The Royal Life Saving Society – Australia has developed some commonsense rules for water users. If you follow these rules, the chance of dangerous situations occurring is greatly reduced.

Rivers and lakes
• Be careful not to stand on an overhanging bank.
• Before entering the water, check for the strength of the current.
• Check the depth of the water. Are there any snags, rocks, sandbanks or weeds?
• Enter cold water slowly.
• Beware of boats using the waterway.
• Do not try to stand up in quicksand or deep mud.
• If caught in weeds, avoid sudden movement. Swim very gently with a long, slow breaststroke or sidestroke, with minimum leg movement.

At the beach
• Read and obey notices giving advice to beachgoers.
• Swim only between the red and yellow flags. This part of the beach is safer to swim at and is patrolled by lifeguards.
Download and check the Beachsafe app. This app contains information on conditions at over 12,000 Australian beaches.
• Never swim alone.
• Swimmers using surf beaches should have a sound knowledge of waves, currents and rips.
• Keep watch on a reference point on the beach to avoid drifting too far away from the safe swimming area.
• Swim across the current to safety, as swimming directly against a current can be exhausting.
• If unable to escape from a rip, float and signal for help by raising one arm above your head.
• When swimming long distances, swim parallel to, not away from, the shore.
• Do not swim after dark. No-one can see you if you get into trouble.
• If cramping occurs, adopt a floating position and signal for help. Stretch the cramped muscle.
• When using a surfboard, always use a leg rope, obey signage and be careful of other people in the water.

Public pools
• Read and obey notices to swimmers.
• Obey pool attendants.
• Check depth markings on the side of the pool.
• Stay clear of deep water unless you are a strong swimmer.
• Do not push others into the water.
• Do not dunk others under the water.
• Do not jump into an area where people are swimming.
• Do not hyperventilate prior to submerging then try to swim as many laps under water as you can. Healthy adults or adolescents who hyperventilate before initiating prolonged underwater swimming activities can risk shallow water blackout. For further information, follow the Shallow water blackout weblink in the Resources tab.

Fishing
• Always wear suitable clothing and footwear.
• Always fish in the company of other people.
• Avoid standing on sloping, slippery rocks.
• Check for changes in the weather and tides.
• Never turn away from the sea. If a large wave is evident, move safely away.
• If boat fishing, do not overload the boat with people or fishing gear.
• Do not stand in the boat when landing a fish.
• Always wear a life jacket.

Boating
• Never go out in a boat alone.
• Do not overload the boat.
• Check weather conditions before you leave.
• Always leave word of where you are going and when you expect to be back.
• Everyone should wear a life jacket. Wearing a life jacket may have potentially prevented 50 per cent of drowning deaths among recreational boaters.
• When entering or leaving a small boat, keep your weight low and centred.
• Look out for warning signs of bad weather, such as clouds building up, wind rising quickly or waves becoming bigger.
• If bad weather threatens, immediately make for shore.

DID YOU KNOW?
Over the ten years from 2005 to 2015, 473 people in Australia drowned while participating in boating or watercraft activities. Ninety-two per cent of these drownings were males, 26 per cent involved alcohol and 28 per cent occurred while people were fishing.
7.8.5 Rescue techniques
Many drownings occur at inland places such as rivers, dams and home swimming pools — places that usually do not have lifeguards patrolling them. Therefore, it is up to bystanders to render assistance to people who are in trouble. If you are aware of basic rescue principles you can effectively deal with water emergencies. Use the following steps in an emergency situation.

1. Recognise an emergency situation.
2. Accept responsibility.
3. Assess the situation.
4. Implement a plan of action.
5. Provide emergency care.

Recognise an emergency situation
Recognising an emergency situation means you must recognise that there is something suspicious or dangerous occurring, for example, an overturned boat, a surfboard drifting away, a swimmer not making any headway swimming back to shore or a person splashing violently in the water. Without recognition, a water rescue cannot be enabled.

Accept responsibility
A bystander must take the responsibility of helping the person in danger. At a crowded emergency scene, individuals may assume that someone else will save the person in trouble. This is usually because people are unsure of what to do. Efficient communication is required between bystanders to find out whether the person in danger is being helped.

Assess the situation
The rescuer must correctly assess the situation and decide on appropriate action. Factors to consider are:

- the number of people involved
- the condition of the drowning person (for example, weak swimmer, non-swimmer or injured swimmer)
- available help (for example, rescue aids or other people)
- distance from safety
- strength of wind and currents
- depth of water
- possible entry points.

Implement a plan of action
The golden rule of lifesaving is self-preservation. The plan of action should first ensure that the rescuer is safe at all times. If the rescuer experiences difficulty, there are now two people to rescue and two potential deaths, not one. A rescue that is performed without getting wet is the safest. The following sequence outlines the order in which rescue methods should be considered.
Reach
This method involves the rescuer lying down and reaching for the victim, using a stick, towel, piece of clothing or similar object to increase their reach.

Throw
The rescuer stays on land and throws an object if the victim is too far away to reach. The object should ideally be used to pull the victim to safety (for example, a rope) or be able to be used as a flotation device (for example, a kickboard or plastic container).

Wade
If a person cannot be rescued by reaching or throwing, the rescuer may enter the water. This technique brings the rescuer closer to the victim. When wading, the rescuer must be careful to test the depth of the water.

Row
If the water is too deep to wade, a suitable rescue craft can be used to get closer to the victim (for example, a surfboard, canoe or boat).

Swim
Swimming to the casualty is the second-least safe method of rescue.

Tow
If all the techniques previously described fail or are unsuitable, physically towing a victim is the last option. A rescuer is most vulnerable to danger using this technique. There are a number of safety tows that can be adopted to rescue victims. If you want to find out more about these tows and other rescue techniques, you may like to enrol in a Royal Life Saving Society certificate course. There is a wide range of certificates, ranging from beginners to advanced.
Provide emergency care

Drowning is death caused by asphyxia (insufficient oxygen reaching the tissues of the body). Although the final cause of death is failure to get air into the lungs, there are other factors that can contribute to death (such as heart attack, stroke or hypothermia).

When a person drowns, a relatively small amount of water gets into the lungs. Generally, this amount of water is not enough to interfere with the normal transfer of oxygen. However, water in the lungs can cause irritation and result in fluid collecting in the alveoli. This further reduces the transfer of oxygen to the blood and may result in a condition called secondary drowning. This may occur up to 72 hours after the emergency. As a result, the victim must be kept under observation.

When there is a drowning emergency, the rescuer should:
- check for dangers, such as currents and rips
- effect the rescue as quickly as possible
- return the victim back to shore quickly
- follow the DRSABCD plan (refer to subtopic 7.7).

7.8.6 Spinal injuries

Most spinal injuries or neck injuries are sustained due to diving accidents. Swimmers dive into shallow water and hit their head on the bottom.

The symptoms of spinal injury are:
- pain
- swelling
- lack of feeling in limbs below the injured area
- inability to move.

Before taking action and effecting the rescue, the following considerations must be taken into account:
- the person’s size in relation to the rescuer
- whether the casualty is conscious or unconscious
- the availability of additional help.

Management

- Immobilise the casualty. This means placing them in a position that will prevent the spine from moving in any direction and keeping them as still as possible. If face down, the casualty should be rolled over as soon as possible.
- Clear and check airway. Follow the same process as for DRSABCD. Maintain breathing, and if breathing is absent, commence CPR.
- Recruit other people to assist.
- Stabilise the casualty. The assistants can help to keep the casualty steady and still until medical help arrives, or they can assist to remove the person from the water.
  - Rescuer 1: keeps the head and neck steady.
  - Rescuer 2: keeps the hips steady and at water level.
  - Rescuer 3: keeps the legs and ankles steady.

If a stretcher or board is available, the casualty may be placed on it.
- Removal from the water should be attempted only if the casualty cannot be kept comfortable in the water until medical help arrives. When removal is necessary, it should be attempted only if the casualty is on a board. If care is not exercised, the injury could be made much worse than it already is.
7.8.7 Other conditions
Sudden entry into cold water

The human body has a normal temperature of 37 degrees Celsius. If we enter cold water (around 15 degrees or cooler), our breathing rate increases. This increased rate is greater than the body needs. As a result, the levels of carbon dioxide in the blood drop, leading to dizziness or even unconsciousness. In older people, this can result in heart attack or stroke.

**TABLE 7.3** The survival times for immersion in cold water

<table>
<thead>
<tr>
<th>Degrees</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 °C</td>
<td>15-minutes</td>
</tr>
<tr>
<td>5 °C</td>
<td>30 minutes</td>
</tr>
<tr>
<td>10 °C</td>
<td>1.5 hours</td>
</tr>
<tr>
<td>15 °C</td>
<td>2 hours</td>
</tr>
<tr>
<td>20 °C</td>
<td>5.5 hours</td>
</tr>
</tbody>
</table>

### Effects of cold water immersion on the human body

<table>
<thead>
<tr>
<th>Normal body core temperature</th>
<th>Mental confusion</th>
<th>Muscles stiff</th>
<th>Heartbeat stops</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shivering</td>
<td>Onset of hypothermia</td>
<td>Heartbeat may be irregular</td>
<td>Unconscious</td>
</tr>
<tr>
<td>37°C</td>
<td>36°</td>
<td>35°</td>
<td>34°</td>
</tr>
<tr>
<td>98.4°F</td>
<td>Shivering stops</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Children and thin adults lose body heat more rapidly. If a person is immersed in cold water for a prolonged period of time, hypothermia will develop. For more information, use the Chilling truth weblink in the Resources tab.

**Survival techniques in cold water**

The key to surviving in cold water is to conserve heat and energy. To do this, you must:

- retain clothing
- keep the head and as much of the body as possible out of the water
- adopt HELP (heat escape lessening posture) to minimise heat loss, shown in the figure below. This position delays heat loss by protecting areas that lose heat most quickly — the head, sides of the chest and groin.
- adopt a huddle position if in a group (shown in the figure below). This minimises heat loss by the group pressing the sides of their chests, groins and lower body areas together.
- float on their back if there is no flotation device. Movement increases body heat loss, so minimise movement as far as possible.
- swim only if close to shore or upturned boat, as swimming ability will be affected adversely due to cold. The casualty should swim at only one-tenth of their normal swimming ability. The figure below shows survival times in cold water, adopting various strategies. Swimming does not rank highly on the list.

**DID YOU KNOW?**

Cold water carries heat away from the body 25 times faster than air of the same temperature.
7.8 Activities

How would you react?

1. Four teenagers are swimming in a river near the bank, throwing a soccer ball to each other. The river is about 20 metres wide and there is a slow current running down it. One of the teenage boys makes a bet that he can swim across the river and back. He sets off and reaches the other side, but fails to see weeds near the bank. He is suddenly caught in the weeds and starts shouting for help.

   Imagine you are one of the teenagers on the other side of the river. Using the following rescue principles, explain how you would save the victim.

   (a) Acceptance of responsibility
   (b) Assessment of the situation
   (c) Number of people in difficulty
   (d) Plan of action
   (e) Available assistance
   (f) Selection of rescue aids
   (g) Action (the rescue)
   (h) Emergency care

Investigate

2. Use the weblinks in the Resources tab and other sources to investigate one of the programs or groups. Evaluate the range of programs and strategies it provides to encourage people to participate safely in physical activities.

Match up

3. Match each term below with its definition

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ventilation</td>
<td>To prevent from moving</td>
</tr>
<tr>
<td>Immobilise</td>
<td>Excessive loss of salt and water from the body</td>
</tr>
<tr>
<td>Dehydration</td>
<td>A severe accidental cooling of the body</td>
</tr>
<tr>
<td>Coma</td>
<td>The mechanics of breathing</td>
</tr>
<tr>
<td>Hypothermia</td>
<td>A method of providing artificial blood circulation to a person who is unconscious, shows no signs of life and is not breathing normally</td>
</tr>
<tr>
<td>Huddle position</td>
<td>A condition in which the brain fails to respond to the message sent to it</td>
</tr>
<tr>
<td>CPR</td>
<td>A position in the water where a group of people press close together to minimise heat loss</td>
</tr>
</tbody>
</table>

Spinal safety

4. Use the Spinal safety weblink in the Resources tab and watch the video about a person with a spinal injury, and then answer the following questions.

   (a) How would you raise awareness about some of the common causes of spinal injuries?
   (b) Were you surprised that most spinal injuries occur as a result of falls of only one metre or less?
   (c) What strategies could be used to reduce the likelihood of spinal injuries occurring?
   (d) What types of things should you be looking for before diving or jumping into a river or dam, or off a pier?
7.8 Check and challenge

Explain
1. What are the three steps you should follow if you find yourself caught in a rip at a patrolled beach?
2. Give details of three dangers present in each of the following areas:
   - rivers and lakes
   - beaches
   - swimming pools.
3. Explain what the huddle position is, when you would use it and how it helps reduce heat loss.

Evaluate
   (a) What factors do you think contribute to the high incidence of drownings in these two age categories?
   (b) What do you think families, local communities and governments can do to reduce this statistic?
   (c) Investigate the Grey Medallion weblink. What does this government strategy hope to achieve?

On Resources

Weblink: Grey Medallion

7.9 Sports injury management

Australia has earned the reputation of being a sports-mad country. Many people are obsessed with playing and watching sport. With our vigorous, enthusiastic participation in sport comes the potential drawback of sustaining injuries. In this subtopic you will explore ways of preventing or reducing the effects of injuries by developing a sound knowledge of safety rules and treatment techniques.

7.9.1 Preventing and reducing injury
A sporting injury can be defined as any condition that causes a player or athlete to miss a game or training, leave the field of play, or seek medical treatment or first aid. Prevention is the key to reducing the incidence and severity of sports injury.

Sports Medicine Australia (SMA) is a national umbrella body for the prevention of lifestyle diseases associated with inactivity and the promotion of health and wellbeing through safe participation in physical activity. They provide training and resources in sports medicine, sports science and injury prevention. Use the Injury fact sheets weblink in the Resources tab to visit the SMA website and find out more about the most common types of sports injuries and ways of preventing injury. As a group, choose an acute injury and read through the fact sheet. Discuss and summarise the important information, record any interesting aspects of the injury, and present your group’s findings to the class.

The injuries sustained by Alisa Camplin, former world aerials ski champion.
7.9.2 Types of sports injuries and treatment

Acute sporting injuries

An athlete can expect to suffer a number of different sports injuries during his or her career. The severity of each injury will vary greatly in terms of injury damage, recovery and rehabilitation. Some sports lend themselves to specific types of injuries. The following figure shows the most common sports injuries sustained in Australian Rules football (AFL).

The top most frequent injuries in AFL football, how they are treated and the length of time the player may be away from the game

1. Hamstring tear — Ice treatment and rest are followed by stretching exercises. One week to six months off.
2. Facial lacerations — A bad cut may need to be stitched. Players aren’t allowed on the field if they are bleeding. Most players will return to the field, or at worst, be back by the next game.
3. Groin injury — Muscles in the groin are usually strained by stretching the legs too far. Depending on the severity of the injury, the player may have from one week to six months away from play.
4. Thigh haematoma — Mild to severe internal bruising. Ice treatment and stretching exercises are used to treat this injury. The player will probably be back by the next game.
5. Sprained ankle — Depending on the severity of the sprain, treatment ranges from strapping the ankle to reconstructive surgery. This may mean 2–12 weeks away from the game.
6 **Concussion** — Players with **concussion** are taken from the field and tested for confusion and amnesia. Players are not allowed to return to play in the same game or practice session that day. Players may miss one or two games; however, serious head injuries are rare.

7 **Rib fracturing/bruising** — The chest may be strapped and the player must rest. Fractures take 2–4 weeks to heal.

8 **Shoulder injuries** — Treatment ranges from strapping and rest to reconstructive surgery, depending on the type and severity of the injury (such as a strain or a dislocated shoulder). The player may be away for 2–16 weeks.

9 **Torn knee ligaments** — This is a severe injury, which requires surgery and physiotherapy. The player may be absent from six weeks to more than a season.

10 **Lower back strain** — This includes injuries to discs which may require surgery. The player will be away for 1–6 weeks.

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**DID YOU KNOW?**
The frequency of hospital-treated sports injuries is growing at a rate of 6 per cent per year.

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**Acute sports injuries** mostly occur spontaneously and are usually very painful. The injury may occur due to an action within an event, a type of contact as part of a game, or an exercise within an intense training session. All areas of the body are at risk of suffering an acute sporting injury. If not treated correctly, such injuries may deteriorate to a form of overuse or chronic injury.

**Knee injuries**
Of the major sports injuries in Australia, knee injuries rank the highest in terms of cost to the community — in both direct medical costs and indirect costs due to time off work. Netball is one of the largest contributing sports for ACL injuries and women are more likely to suffer this type of injury than men.
Heat illness injuries
Training and competing in hot conditions can lead to illnesses such as heat exhaustion, heatstroke and dehydration.

By developing an extreme heat policy, heat illness can be prevented and assistance can be given to officials, coaches and participants to recognise and manage potentially dangerous heat situations.

Overuse or chronic injuries
When managing sports injuries, it can sometimes be a difficult task for the coach to convince the athlete to rest, to modify workloads and/or take time away from a sport. These steps may be the only way to prevent overuse or chronic sports injuries from occurring. The majority of sports and overuse injuries begin as minor trauma involving soft-tissue injuries — injuries that affect muscles, ligaments or tendons.

If high workloads and low levels of rest are programmed, the athlete can develop an overuse injury. This is particularly relevant to younger athletes who are going through puberty and growth spurts. Overuse injuries are conditions such as shin splints or plantar fasciitis.

DID YOU KNOW?
If we are hit in the diaphragm, the diaphragm muscle goes into spasm and we cannot breathe. This is a frightening experience and is called ‘being winded’. There is no treatment other than for the affected athlete to try to remain calm and simply wait for the muscle spasm to subside.

Resources
- Weblink: Acute sports injuries
- Weblink: AFL injuries

7.9.3 The body’s response to injury
In a contact injury (direct injury), such as a corked thigh, the tissue that has been damaged will usually bleed. With a corked thigh, there will be pain and bleeding under the skin in the soft tissue of the thigh muscle. A lump may appear where contact has been made. Often, the bruise does not appear until the next day or even later. The bruise is the bleeding trapped inside the skin. The aim of first aid is to:
  - stop the bleeding
  - reduce the bruising and restore normal movement to the thigh.

If a ligament suffers more than normal stress (for example, if a running person steps into a pothole), it will usually sprain or tear. This will cause bleeding, swelling and pain under the surface of the skin.

Injuries resulting from overuse can also occur. Although there is no loss of blood under the surface of the skin, there is still swelling and irritation. There may be inflammation, heat, redness, stiffness and pain, such as experienced with tennis elbow or swimmer’s shoulder.

7.9.4 Managing sports injuries
When managing sports injuries, it is important to have a basic checklist to follow. There are four questions that you should consider:
1. What is this injury? (Diagnosis)
2. What should I do for it? (Treatment)
3. How did it happen? (Cause)
4. How do I stop a recurrence? (Prevention)

When people approach an injured person, there is the possibility that they may make the injury worse. There must be an assessment made of the extent of the injury, whether the player can continue and whether he or she needs treatment.
A checklist known as **SALTAPS** can be used to assess most injuries. These letters represent the procedure to be followed when diagnosing a sports injury.

1. **Stop** play immediately when an injury occurs. The player should be examined on the field or, if practical, removed from the field or court.

2. **Ask** the player what happened, as well as how, when and why. Questions may include:
   - How did it happen?
   - Were you hit or not?
   - From which direction were you hit?
   - Could you move afterwards?
   - Where does it hurt?
   - Did you play on?

3. **Look** at the injury carefully before you touch it. Compare it to the other limb, looking for any change in:
   - colour
   - shape
   - size.
   A pale look may indicate damage to the artery; a blue colour may indicate obstruction to the veins; redness can indicate inflammation. If there is an obvious change in shape compared with the other limb, this usually indicates a fracture, dislocation or both. An increase in size will indicate bleeding under the surface of the skin.

4. **Touch** the injured player to further assess the injury only when you have thoroughly looked at the injured area and its opposite limb. Begin by feeling the opposite side of the body, paying particular attention to bone shapes, contours and bumps. Next, feel the injured area for any differences in tissue thickness, lumps, bumps or fluid under the surface.

5. **Active movement.** Ask the person if he or she can move the injured area. If not, do not try to move it yourself. Note the range and directions of movement, and any clicking, grating or creaking around the limb.

6. **Passive movement.** When you have established the degree and extent to which active movement is possible, gently move the part through its range of movements without using force.

7. **Stand up, play on.** Check to see whether the person can put weight on the injury. Can he or she walk or run? Is the person fit to play on?

   It is important to note that the decision to play on should not be made by the player or the coach. The decision should be made by a qualified trainer. This is important, because a player can play on with a serious injury in the heat of the moment; when he or she is warmed up and is caught up in the excitement of the game. For example, former world boxing champion Jeff Fenech has boxed through title fights with broken hands; and former AFL Essendon champion, Paul Van Der Haar, kicked a 60-metre goal with a broken bone in his leg.

   However, to continue playing with an injury can be very serious. The result may be that a minor injury could become a major injury; for example, a slight calf strain could, if the player continues to play, develop into torn calf muscles.

### 7.9.5 Signs and symptoms of soft-tissue injuries

The signs and symptoms of a soft-tissue injury are:

- pain
- swelling
- loss of movement.

The aim of first aid is to limit the amount of blood loss and to decrease swelling and pain. The management plan to achieve this aim is **RICER**— rest, ice, compression, elevation, referral.
1. **Rest.** Sit the person down, away from the action.

2. **Ice** should be applied continuously for 20 minutes. This can be crushed ice placed in the middle of a damp towel, or an ice pack that is kept in a first aid kit or in the fridge. Ice constricts the blood vessels around the injury and therefore lets less blood escape. This reduces swelling. Ice should be applied at least once every hour for mild injuries for 24 hours (slight ankle sprain) and up to 72 hours for severe injuries (hamstring tear). Ice should not be applied directly to the skin. Rather, wrap it in a wet cloth, as shown on the right.

3. **Compression** is achieved by the use of an elastic bandage. The elastic bandage applied around the injured area restricts internal bleeding and reduces swelling, as shown on the right.

4. **Elevation** is achieved by raising the injured part so it is above the level of the heart. This reduces blood flow to the injured area, and hence reduces blood loss and swelling.

5. **Referral.** Refer the athlete to a qualified sports medicine practitioner for a complete appraisal of the injury. This will ensure correct treatment and speedy rehabilitation. If the management plan is well executed and the goals are achieved, then recovery will be enhanced and the sportsperson will return to training more quickly. The repair of the injured area will also be more successful; that is, the person is more likely to regain the same movement and strength in the injured area.

In general, the RICER method is continued for the first 48 hours after the injury has occurred because this is how long a soft-tissue injury will bleed. If you are certain that internal bleeding has stopped after 48 hours, you can commence with the recovery phase of the treatment. After 48 hours, the objective is to heal, stretch and strengthen.

- **Heal** — The body will begin the healing process naturally. It will try to remove the swelling and bruising. You can assist this process by applying heat to the area; for example, a ray lamp or very light massage of the area. Do not be too rough — you may start the bleeding again.

- **Stretch** — This involves moving the injured area by increasing activity within the limits of pain. In other words, move the injured area until pain tells you to stop. Early stretching will help the area regain full flexibility and minimise scarring under the surface.

- **Strengthen** — Once stretching has increased mobility, attempt to put weight on the injury progressively. Again, pain has to be your guide.
7.9.6 Prevention of injury

The old saying ‘prevention is better than cure’ is still true today. As a coach or a player, you have a responsibility to reduce your chances of injury. The coach sets the standard for what he or she expects at training and in competition.

A summary of injury prevention

- Warm up
- Cool down
- Technique
- Equipment maintenance
- Protective equipment
- Medical conditions
- Balanced competition
- Fluid
- Conduct
- Medical clearance
- Common sense
- Rest
- Slip, slop, slap, seek, slide!
There are a number of ways in which injuries can be prevented. These include completing adequate warm-up and cool-down sessions, and incorporating the correct types of activities prior to and at the end of every training session and competition. This is discussed in detail in topic 10.

Developing correct skills and techniques is also important, and you and your coach can monitor this. Studies have shown that the higher the level of skill, the lower the chance of injury. Appropriate skill progression, rule modifications and equipment modifications are important when developing skill, and therefore an important element in the prevention of injury.

Injuries can occur at any time in a training session or during competition. However, studies have shown that they are more common when a player is fatigued. This suggests that developing a good level of fitness for a particular sport or activity is very important. After injury, a gradual progression back to full training is very important to reduce a reoccurrence of the injury.

Many rules in sport are designed to create a safe environment for performers or players, who should be encouraged to abide by these rules. Coaches may like to set clear written rules for training and playing. Most schools and sporting associations have adopted codes of conduct for players, coaches and spectators. These should be made available to all concerned and reinforced by the clubs involved.

(a) Gloves, pads and a helmet are used to protect the batsman against impact from the ball. (b) The goal posts in netball are padded to protect players from injuries.

Poor design or faulty equipment and poor playing surfaces may also lead to injuries that could have been prevented. It is important that equipment is checked and maintained regularly and that playing areas are level and firm, sprinklers are not left uncovered, and that permanent features such as goal posts are padded and highly visible. It is also important that spectators are kept well away from the players.

Many protective devices have been designed to reduce injury. Players in World Series Cricket were the first to wear helmets in cricket. Helmets have since been modified and players are encouraged to wear them in most standards of cricket.
During adolescence, players in contact sports can be at risk of injury because of the inequality in size and strength.

Other protective devices include mouthguards, pads, eye goggles, gloves, shin guards, life jackets and wetsuits.

Another way to reduce injuries is through fluid replacement. Remember to drink before, during and after training and competition, and not just on hot days or when thirsty.

Sunburn and sunstroke are major concerns in Australia’s harsh summers. In conditions that expose players to outdoor conditions, remember to ‘slip, slop, slap, seek and slide’. It can be difficult for players to seek shade during sport matches, however their spectators should do so wherever possible and players should ensure they take care with all other aspects of protection against the sun.

Cold can also have life-threatening consequences and can be a factor involved in many sporting injuries. When not participating, players should wear adequate warm clothing. Ensure another warm-up is carried out after long breaks so that muscles are warmed up and ready for action.

Illness and medical conditions can have an effect on injury and participation. When athletes are ill, the body is vulnerable and the risk of damage to organs and tissues is high. Athletes in this situation should not participate. Some athletes may have other, more permanent problems. Again, medical screening and clearance should be obtained before allowing further participation.

Balanced competitions can also reduce injuries. During adolescence, players in contact sports can be at risk because of the inequality in size and strength due to the wide range of physical maturity in underage teams. Consideration needs to be given to grading teams on more than just chronological age.

Remember that prevention is common sense. By following the guidelines set out in this subtopic, players, coaches and parents can help reduce the risk of injuries occurring.

**DID YOU KNOW?**

In the United States, a system is in place in high school sport to classify adolescent athletes based on height, weight and age. Each athlete’s height, weight and age are added and assigned a value. If the total reaches or exceeds 90 exponents, the athlete plays on the varsity or junior team. If the total is 84-90, they play on a separate B team. For values less than 84, the athlete floats to C level. This system attempts to fairly categorise adolescents who are growing at different rates.
7.9.7 Safe blood practices

Due to increasing awareness of HIV and other blood-borne viruses, attitudes to blood on the field or court have changed considerably in the past 20 years. People have become much more aware and concerned about the transmission of diseases through participation in sport. All players and club officials should be aware of how to safely handle blood spills because you never know what viruses people may be carrying.

A number of blood-borne viruses have the potential to be transmitted during sporting contact. The more serious viruses — HIV, hepatitis B and hepatitis C — can greatly affect your health. According to Sports Medicine Australia, even the more common infectious diseases such as colds and flu may be spread during the close contact of sport and, while not usually as serious, these illnesses will reduce your competitiveness and enjoyment of the game.

What is the blood rule?
The blood rule in most contact sports dictates that ‘any player who is bleeding must leave the playing area for immediate attention from a medical or first aid officer’ (Sports Medicine Australia). The player cannot return to the game until the bleeding has stopped and the wound is covered. If any blood has been spilled onto the uniform, the piece of clothing must be replaced. Any equipment that has been contaminated with blood (such as the ball) must be cleaned or replaced before play continues.

If bleeding starts again, the player must again leave the playing area until bleeding is under control and the wound covered. If this is not possible, then he or she must take no further part in the game.

DID YOU KNOW?
The chances [of being infected by HIV through sport] have been estimated to be 1 in 125 million. Your chances of getting killed driving to the football stadium are infinitely greater …
—Professor John Dwyer, immunologist, Blood rules ok booklet

How to clean up a blood spill

Playing areas
Playing surfaces on which blood has been spilt should be washed until all visible blood has gone, then disinfected with bleach and water for at least 30 seconds.

Clothing
All teams should have spare uniforms and extra clothing available, such as spare football jumpers.

All clothing and towels, etc. that have been contaminated with blood should be soaked in bleach or disinfectant for 30 minutes, then washed at a high temperature on a long cycle.
Sporting clubs should have a special bag in which all bloodied clothes can be placed so they can be safely transported to a laundry.

All individuals and sporting clubs have a responsibility to play their part in preventing the spread of infection through participation in sport. By following some simple guidelines, the risk of spreading infection of blood-borne viruses can be greatly reduced.

Sporting clubs have responsibility for:
- adopting an infectious disease policy
- making sure there is a safe and clean environment for players, spectators and officials
- proactively adhering to the blood rule. Don’t wait until the umpire notices and sends the player from the ground; individuals should remove themselves from play if bleeding.
- continuing to educate all members on appropriate handling of blood spills.

7.9 Activities

Injuries
1. Investigate common overuse injuries relevant to a sport of your choice. Use the Injury fact sheets weblink in the Resources tab to select one overuse injury and read through the fact sheet. Summarise the important information and record any interesting aspects of the injury. Develop a PowerPoint presentation and present your research to the class.

Hot weather policy
2. Using the Extreme heat weblink in the Resources tab as a guide, develop a hot weather policy for your local sporting club.

Sports medicine
3. (a) Research each of the following fields of medical practice.
   - Physiotherapy
   - Osteopathy
   - Chiropractic
   - Strength and conditioning
(b) In pairs, role-play a radio interview with a practitioner in each field, and provide information on:
   i. the theory behind the practice
   ii. the role they play in injury prevention, injury management and injury rehabilitation
   iii. the qualifications required to practise in each field.

Class debate
4. Conduct a class debate on the following topic: ‘A player should not be required by law to divulge their HIV/hepatitis status’.
   Affirmative: This group will argue for the issues being presented — that a player should not be required by law to divulge their HIV/hepatitis status.
   Negative: The other group will argue against the topic — That a player should be required by law to divulge their HIV/hepatitis status to club administration, fellow players and competitors.

Modified rules for safe participation
5. Research an activity that has modified rules for the size, duration or matching of opponents. Construct a PowerPoint outlining what allowances are made. Examples may include:
   - NetSetGo (Netball)
   - Mini Footy / Mod League (Rugby League)
   - Miniroos Football (Football/Soccer)
   - Auskick (AFL)
   - Hookin2Hockey (Hockey)
6. Use the weblink **Sport safety guidelines** in the Resources tab. View the specific sport and physical activity guidelines for the sport you chose in question 5. If it isn’t available, then pick one of your favourite activities and review the requirements for participating in this activity while at school. What are three interesting things you learned about the requirements of this sport/activity?

### Resources

- Weblink: Injury fact sheets
- Weblink: Extreme heat
- Weblink: Sport safety guidelines
- Weblink: Sun protection

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### 7.9 Check and challenge

**Explain**

1. Use the Heat policy weblink in the Resources tab to read about and summarise Tennis Australia’s heat policy for the Australian Open. Why do you think it was introduced?
2. Describe the difference between an acute and a chronic sporting injury.
3. Describe four methods clubs can implement to reduce the risk of transmitting blood-borne viruses to players, spectators, and officials.

**Elaborate**

4. Imagine you are a sports trainer for a local basketball team. One of the players goes up for a rebound, lands on the foot of another player and rolls his ankle.
   (a) Use the SALTAPS checklist to assess the player’s injury.
   (b) What type of injury is likely to have occurred?
   (c) Describe the RICER management plan you would recommend to enhance the recovery process.
5. Why should team managers ensure that spare uniforms are available at each game?
6. Discuss whether you think interschool sport in Australia should adopt a classification system similar to the one used in the United States to help reduce the risk of injuries occurring due to inequality in size and strength that is present when teams are categorised only by chronological age.

**Evaluate**

7. Evaluate the protective equipment in a sport of your choice. List all the protective equipment required for your chosen sport and rank each item in order of importance. What types of injuries could be prevented if the protective equipment is worn?
8. Imagine a netball player has accidentally been hit in the face by the ball during play and her nose starts to bleed. Some of the blood drops onto the ball.
   (a) What responsibility does the umpire have upon noticing the exposed blood?
   (b) Describe how blood droplets on a basketball or netball court should be cleaned up.
   (c) Blood has dripped down the front of the bleeding player’s dress and her bib. Once her nosebleed is under control and no longer bleeding, can she recommence play? What additional precautions should be taken before she returns to the game?

### Resources

- Weblink: Heat policy
7.10 Alcohol and safe partying

What are the risks associated with drinking alcohol, and how do you reduce the risk of injury and incident when having a party?

7.10.1 Reducing risks

Alcohol and binge drinking are some of the biggest social issues young people deal with. Many awareness initiatives have been introduced to combat these issues, such as ‘How will you feel tomorrow’, ‘Don’t turn a night out into a nightmare’ and ‘Championship moves’. It is estimated that, on average, alcohol causes over 150,000 hospitalisations each year across Australia. In this subtopic, you will explore the risks of binge drinking and excessive consumption of alcohol, and look at ways to party safely to avoid injuries.

Use the DrinkWise weblink in the Resources tab to research campaigns and initiatives about drinking. In groups, discuss the effectiveness of such initiatives.

7.10.2 Alcohol

High levels of alcohol consumption can cause immediate and long-term threats to life. In the short term, one of the risks is alcohol overdose, which leads to poisoning or unconsciousness, and can cause asphyxiation through ingestion of vomit. Alcohol is the major contributing factor in boating, swimming and car accidents. Alcohol is also the leading cause of drug-related deaths in people under the age of 30.

In the long term, excessive consumption of alcohol has been linked to heart disease, stroke, liver disease, pancreatic disease and cancer of other organs. Alcohol is a widely used and ‘socially accepted’ drug — while 85 per cent of Australians regularly drink alcohol, less than 2 per cent of the population use illicit drugs.

However, the situation is improving for young people:
- The amount of young people who drink alcohol is declining, and the age when the first drink of alcohol is consumed in going up — from 15.7 years in 2013 to 16.1 years in 2016. So young people are drinking less and starting later.
- In 2016, 82% of 12–17-year-olds reported that they abstained (did not drink) from alcohol — an increase from 72% in 2013.
- The amount of 18–24-year-olds who reported drinking five or more standard drinks on a single occasion has reduced from 47% in 2013 to 42% in 2016.
7.10.3 Binge drinking

Binge drinking is excessive drinking undertaken in one session. Getting ‘hammered’ or ‘smashed’ is sometimes the goal for people who drink to get drunk.

In Australia, binge or risky drinking is defined as drinking more than four standard drinks at any one time. In the United Kingdom, it is defined as eight or more standard drinks, while in the USA, it is defined as a pattern of drinking that brings blood alcohol concentration to 0.08 or above.

DID YOU KNOW?
Twenty-one per cent of Australians under the age of 18 report having been harmed by another person's drinking.

7.10.4 Effects of alcohol on the body

Some of the short- and long-term effects of alcohol on the body are shown below.

<table>
<thead>
<tr>
<th>Skin</th>
<th>Long-term effects of alcohol</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flushing</td>
<td>• Loss of memory</td>
</tr>
<tr>
<td>Sweating</td>
<td>• Confusion</td>
</tr>
<tr>
<td>Bruising</td>
<td>• Hallucinations</td>
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<tr>
<td>Lungs</td>
<td>• High blood pressure</td>
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<tr>
<td>Greater chance</td>
<td>• Irregular pulse</td>
</tr>
<tr>
<td>of infections</td>
<td>• Enlarged heart</td>
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<tr>
<td>including TB</td>
<td></td>
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<tr>
<td>Pancreas</td>
<td>• Painful inflammation</td>
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<tr>
<td>Painful</td>
<td>• Lining becomes inflamed</td>
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<tr>
<td>inflammation</td>
<td>• Ulcers</td>
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<tr>
<td>Intestines</td>
<td>• Lining becomes inflamed</td>
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<tr>
<td>Lining becomes</td>
<td>• Ulcers</td>
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<tr>
<td>Ulcers</td>
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<tr>
<td>Sexual organs</td>
<td>• Tingling and loss of sensation in hands and</td>
</tr>
<tr>
<td>Males</td>
<td>feet</td>
</tr>
<tr>
<td>Impotence</td>
<td>• Severe swelling and pain</td>
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<tr>
<td>Shrink of testicles</td>
<td></td>
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<tr>
<td>Females</td>
<td>• Hepatitis</td>
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<tr>
<td>Greater risk</td>
<td>• Cirrhosis</td>
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<td>of gynaecological problems</td>
<td></td>
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<tr>
<td>Blood</td>
<td>• Liver cancer</td>
</tr>
<tr>
<td>Changes in red</td>
<td>• Muscles</td>
</tr>
<tr>
<td>blood cells</td>
<td>• Weakness</td>
</tr>
<tr>
<td></td>
<td>• Loss of muscle tissue</td>
</tr>
</tbody>
</table>

Alcohol affects all parts of the body, in both the short and long term.
Alcohol and its absorption by the body

Alcohol, once consumed, is absorbed into the bloodstream through the stomach wall and small intestine. Food in the stomach slows down the absorption but does not prevent it.

The effect of alcohol on an individual varies depending on age, height, weight, gender, mood and general health. The effect also depends on how quickly the alcohol is drunk and whether any other drugs were consumed.

Sobering up after drinking alcohol can only be achieved with time. The liver breaks down approximately one standard drink of alcohol each hour. Cold showers, strong coffee and fresh air have no effect at all and do not speed up the process.

7.10.5 Safe partying — reducing the risk

Adolescence is a time when you will start to participate in more and more activities with your peers rather than your family. Parties are a part of this and can be great fun when managed properly. Unfortunately, parties have the potential to get out of hand. Like any other activity involving risk, careful planning prior to the activity is extremely important to minimise potential harm to individuals and personal property.

The following strategies are some basic ideas that can be used to make your party safer.

- Allow guests into the party by written invitation only.
- Do not create open invitations on the internet using social networking sites.
- Hold the party in your own backyard or hire a local hall.
- Ensure there are activities to keep guests occupied.
- Arrange for a bouncer to be at the door.
- Set aside some ‘no go’ areas.
- Let the police know you are having a party.
- Make sure your parents are at home.
- Invite older adults to help serve food, for example, uncles, aunts and grandparents.
- Supply soft drinks.
- Do not allow drinks to be brought into the venue.
- Supply plenty of food.
- Discuss your expectations with your parents before you send out the invitations. Listen to their expectations as well. Come to an agreement.
- Negotiate the number of guests with your parents.
- Let your friends know both verbally and on the written invitation that there will be no alcohol or other drugs allowed at the party.
- Decide upon strict start and finish times and include them on the invitation.
- Make sure you have received all the replies to your invitations before the party.
7.10 Activities

Why?
1. In small groups, discuss reasons why some teenagers feel the need to drink alcohol. Discuss how stereotypes and peer expectations play a role.

Risky regrets
2. Make a list of things people may do under the influence of alcohol that they wouldn’t normally do or may regret doing.

Safety rank
3. Rank these safety strategies into two categories: ‘vitaly important’ and ‘not as important’.
   (a) Always move about with a friend or friends.
   (b) Carry your mobile phone.
   (c) Let your parents know what time you will be home.
   (d) Organise to have your parents pick you up at a specific time.
   (e) Don’t accept open cans or bottles from strangers.
   (f) Don’t put your drink down.
   (g) Let your parents know where you are going.
   (h) Leave the party early if you feel uncomfortable or ill at ease.
   (i) Always trust your ‘gut feeling’ and act on it.
   (j) Look after your friends and leave when they leave.
   (k) Ask who is going to supervise the party before you accept an invitation.
   (l) Ask whether alcohol will be allowed at the party and make up your own mind about whether you should go or not.

Development of young drinkers
4. Research and write a report on the impact of early alcohol use (under 18 years old) on physical and mental development.

Strategies to support healthy choices
5. Research one community strategy that aims to support individual health and safety regarding alcohol and produce a pamphlet, poster or PowerPoint presentation about it. Examples include responsible service of alcohol, random breath testing and rules about the age alcohol consumption is allowed.

Safe party tips
6. Design a poster that gives tips on how to conduct a safe party. Use the information in this subtopic and the Partying safely weblink in the Resources tab for ideas.

House party
7. Discuss problems with holding parties at your own house. Use the Police partying weblink in the Resources tab to visit the New South Wales police website and see how they are assisting to make house parties safer.

Create the questions
8. Use the Drinking article weblink in the Resources tab to read an article about alcohol. Create five questions from the article for your partner to answer.

Evaluate campaigns
9. Use the Hello Sunday Morning weblink in the Resources tab to view a campaign related to drinking. Discuss the message it is trying to send and evaluate its effectiveness at addressing the problem.
What would you do?

10. In small groups, consider each scenario outlined below. Discuss realistic responses and suggest what you would do in each situation.

(a) You are having a sleepover with a group of people at your friend’s house and he/she decides you will play drinking games for a bit of fun. Their parents are home but have already gone to bed.

(b) You really like a boy/girl at a party but you don’t have the courage to approach them. A friend suggests that you have a few drinks to give you a hand with the initial ‘hello’.

(c) Your parents have gone out for the night and your friend is encouraging you to have a house party while they are out.

(d) You need a lift home from a party but you don’t want to get in a car with anyone who has been drinking. Your friend, whom you arranged to go home with, has ended up having a few drinks and is insisting they will drive you home.

(e) You are having a birthday party at your house, organised safely and cautiously with the help of your parents. You have given out written invitations to 30 friends. You are being encouraged by your mates at school to put the invitation on Facebook, inviting some ‘cool’ people they want to come.

(f) A boy that you have known for a while has offered you a lift home. He has not been drinking and is responsible. On the way home he offers you a drink in the car.

7.10 Check and challenge

Explain

1. Summarise the effects of long-term alcohol use on each of the following organs: heart, liver, sexual organs, brain, lungs, stomach and intestines.

2. What are the myths associated with sobering up more quickly? What is the only real way a person can sober up?

Elaborate

3. Do you think the legal drinking age should be raised to 21? Why or why not? Use the internet and other sources to research countries that have a legal drinking age of 21 and their reasons for enforcing this age restriction.

Evaluate

4. How effective are police alcohol-safety campaigns? Outline the reasons for your view.

5. How influential are stories about celebrity binges? In what ways do they influence your behaviour?
7.11 Smoking and illicit drugs

What are the dangers of using cigarettes and illicit drugs? What is being done to reduce their use, particularly among young people?

7.11.1 Dangers of drugs

Smoking is harmful for everyone, but it is also illegal for tobacco products to be sold to people under the age of 18. Smoking is the leading cause of preventable death in Australia. Through the introduction of tougher laws and confronting advertising campaigns, the percentage of people smoking is decreasing; however, it is still a major concern, with smoking killing more Australians every year than road accidents, alcohol and other drugs combined. On the other hand, the use of illicit drugs — especially so called ‘party drugs’ — is increasing.

We all know smoking and illicit drugs are bad for our health, so why do people still use them? List as many reasons as you can.

7.11.2 Smoking

Choosing to smoke cigarettes is often the result of peer pressure or poor role modelling. The government continues to bring in rules and initiatives to help reduce the number of people who smoke; some of these initiatives include banning smoking in public places, using graphic anti-smoking advertisements on television, placing warning labels on cigarette packets and introducing plain tobacco packaging. The government has also passed legislation to prevent the advertising of cigarettes. The Quit campaign is very active in its efforts to minimise the harm caused by cigarettes. Current rates of smoking among high school students have gone down dramatically: from 27.3 per cent in 1984 to only 6.7 per cent in 2014.

Immediate effects of smoking

In addition to the long-term effects, the following immediate effects are evident for up to 20 minutes after a cigarette is smoked:

- increased blood pressure and heart rate
- dizziness
- over-stimulation of brain and nervous system
- reduced blood flow to extremities, including fingertips and toes
- bad breath
- poor sense of taste and smell.

Tobacco causes more illness and death than any other drug. Research shows that 40 Australians die every day from smoking-related diseases, compared with ten from alcohol-related diseases and less than four as a result of road crashes.

On a positive note, tobacco control strategies by the Australian Government have ensured a steady decline in smoking rates. In the past decade, the number of people who smoked daily has decreased by almost 40 per cent. The campaign to further reduce the incidence of smoking among young people is continuing and the aim is to deter teenagers from ever having their first cigarette.
DID YOU KNOW?
There are over 4000 chemicals in tobacco smoke, many of them highly toxic.

7.11.3 Long-term effects of smoking

Some of the long-term effects of smoking are shown in the figure below.
DID YOU KNOW?
Twelve months after you quit smoking, your risk of dying from heart disease is half that of a continuing smoker.

### 7.11.4 Illicit drugs and personal safety

An **illicit drug** is a drug that has been banned by law. It is illegal to sell or take such drugs without a prescription from a doctor. Table 7.4 summarises the most common types of illicit drugs and their effects.

<table>
<thead>
<tr>
<th>Drug</th>
<th>Also known as</th>
<th>Possible effects</th>
</tr>
</thead>
</table>
| Marijuana | cannabis, pot, weed, mull, ganja | • Impairment of mental process  
• Reduced motivation  
• Short-term memory loss  
• Poor coordination  
• Slow reflexes  
• Impaired driving ability  
• Panic and paranoia  
• Mood swings  
• Psychosis  
• Difficulty learning new things  
• Bloodshot or glassy eyes  
• Lung cancer and bronchitis  
• Low birth weight babies |
| Amphetamines | ‘The drugs that’ll keep you awake all night’ | • Anxiety and irritability  
• Panic attacks  
• Paranoia  
• Depression  
• Blood-borne infections (through sharing needles)  
• Increased heart rate and irregular heartbeat  
• Increased breathing rate  
• Heart palpitations  
• Headaches  
• Dizziness  
• Insomnia  
• Malnutrition  
• Emotional problems  
• Amphetamine psychosis and paranoid delusions |
| Heroin   | Smack, white lady                | • Huge risk of overdose  
• Highly addictive  
• Nausea  
• Constipation  
• Anxiety disorders  
• Blood-borne infections (through sharing needles)  
• Death from overdose |

(Continued)
<table>
<thead>
<tr>
<th>Drug</th>
<th>Also known as</th>
<th>Possible effects</th>
</tr>
</thead>
</table>
| Methamphetamine | Ice, meth, crystal, chalk | • Anxiety and confusion  
• Highly addictive  
• Mood swings  
• Increased pulse rate  
• Increased blood pressure  
• Hallucinations and delusions  
• Respiratory problems  
• Eating and sleeping disorders  
• Violent and/or erratic behaviour  
• Paranoia  
• Reduced motor skills  
• Impaired verbal learning  
• Emotional and cognitive problems |
| Cocaine      | Coke, Charlie, gold dust, rock | • Anxiety  
• Increased pulse rate  
• Paranoia  
• Agitation  
• Hallucinations  
• Respiratory problems  
• Collapse of the nasal septum  
• Eating and sleeping disorders  
• Sexual problems  
• Social, financial, workplace problems  
• Violent and/or erratic behavior |
| GHB          | GBH, Fantasy, liquid ecstasy, G | • Extreme grogginess  
• Difficulty with vision  
• Problems moving and speaking  
• Disorientation  
• Convulsions  
• Seizures  
• Coma  
• Respiratory collapse  
• Amnesia  
• Death |
| Ecstasy      | Eccy, MDMA, E, the love drug | • Paranoia  
• Decreased emotional control  
• Lethargy and energy loss  
• Nerve cell damage  
• Liver and brain cell damage  
• Jaw clenching and teeth grinding  
• Increased blood pressure and pulse rate  
• Raised body temperature  
• Excessive sweating  
• Nausea and vomiting  
• Severe depression  
• Insomnia |

*Source:* ‘Where’s your head at?’, National drugs campaign brochure.
The effects of drugs on those who take them are unpredictable. This is because the side effects depend on various factors, including:

- the strength of the substance and its chemical properties
- the amount taken and the way in which it is taken
- other drugs taken at the same time
- the emotional state of the user
- the physical state of the user
- the environment in which the drug is taken.

Alternative and new types of drug become available regularly; for example, speed, ice, uppers and meth are all versions of amphetamines. It is important to remember that these drugs will negatively affect your health in a similar way to amphetamines, even if they have a different name.

Table 7.5 looks at harm-minimisation strategies that are used to help reduce the risk of injury or death associated with drug use.

**TABLE 7.5 Harm-minimisation strategies**

<table>
<thead>
<tr>
<th>Drug type</th>
<th>Supply control</th>
<th>Demand reduction</th>
<th>Harm reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco (nicotine)</td>
<td>Age restrictions on sale and purchase</td>
<td>Quit campaigns</td>
<td>Smoke-free workplaces</td>
</tr>
<tr>
<td></td>
<td>Licensing of manufacturers</td>
<td>Cessation classes for smokers</td>
<td>Nicotine skin patches</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ban on advertising and sponsorships</td>
<td>Nicotine chewing gum</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Increased tax to raise prices</td>
<td>No smoking in hotels, clubs, restaurants</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>and sporting venues</td>
</tr>
<tr>
<td>Alcohol</td>
<td>Age restrictions on sale and purchase</td>
<td>Media campaigns</td>
<td>Low-alcohol or non-alcoholic drinks</td>
</tr>
<tr>
<td></td>
<td>Proof of age entry to licensed premises</td>
<td>Education programs</td>
<td>‘Safe’ drinking guidelines</td>
</tr>
<tr>
<td></td>
<td>Licensing of manufacturers</td>
<td>Parent education about role modelling</td>
<td>First aid training</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Alcohol-free leisure activities</td>
<td>Random breath tests for drivers</td>
</tr>
<tr>
<td>Prescription drugs and medicines</td>
<td>Testing and manufacturing controls</td>
<td>Education programs</td>
<td>Consumer information on labels and packets (e.g. dose levels)</td>
</tr>
<tr>
<td></td>
<td>Age restrictions on sale, purchase and use</td>
<td>Parent education</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Parent education</td>
<td>Relaxation training</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Stress management</td>
<td></td>
</tr>
<tr>
<td>Cannabis (marijuana)</td>
<td>Customs actions</td>
<td>Media campaigns</td>
<td>Promotion of safer methods of ingestion</td>
</tr>
<tr>
<td></td>
<td>Legal sanctions on supply, possession and use</td>
<td>Education programs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sanctions on use at school</td>
<td>Relaxation training</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Stress management</td>
<td></td>
</tr>
</tbody>
</table>

(Continued)
TABLE 7.5 Harm-minimisation strategies (Continued)

<table>
<thead>
<tr>
<th>Drug type</th>
<th>Supply control</th>
<th>Demand reduction</th>
<th>Harm reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Opiates</strong> (heroin,</td>
<td>• Customs actions</td>
<td>• Education programs</td>
<td>• Provision of free needles and syringes</td>
</tr>
<tr>
<td>morphine, methadone)</td>
<td>• Legal sanctions on supply, possession and use</td>
<td>• Treatment programs</td>
<td>• Advice on cleaning equipment</td>
</tr>
<tr>
<td></td>
<td>• Access restricted to medical uses</td>
<td>• Therapeutic communities</td>
<td>• Methadone programs</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Ecstasy, LSD, amphetamines and others</strong></td>
<td>• Legal sanctions on manufacture, supply, possession and use</td>
<td>• Public education campaigns</td>
<td>• Provision of water at raves or dance venues</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Ensuring venues are well ventilated</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Offering first aid at venues</td>
</tr>
<tr>
<td><strong>Ice (crystal methamphetamine)</strong></td>
<td>• Customs actions</td>
<td>• Public education campaigns</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Legal sanctions on supply, possession and use</td>
<td></td>
<td>• Provision of water</td>
</tr>
<tr>
<td></td>
<td>• Police officers sent overseas to stop ice supply</td>
<td></td>
<td>• School education programs</td>
</tr>
<tr>
<td></td>
<td>• Communication between states and territories</td>
<td></td>
<td>• Access to treatment — especially for rural and remote and Indigenous communities</td>
</tr>
<tr>
<td></td>
<td>• Strong anti-gang laws</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Source:* Australian Drug Foundation

7.11.5 Actions to assist friends under the influence of alcohol or other drugs

When assisting a friend under the influence of alcohol or other drugs, the primary concern is always for the health and safety of your friend and yourself. If he or she is unconscious, you must follow the first aid procedures outlined in subtopic 7.7.

If drugs other than alcohol are involved, you can assist medical officers when they arrive by finding out:
- the type of drug taken
- how it was taken
- when it was taken
- how much was taken
- whether the person has any past experience with the drug
- whether any other drugs (including alcohol) were taken
- which other people are likely to be affected.

If possible, you should retrieve any packaging for reference. It provides useful information for ambulance officers and doctors. Remember to:
- stay calm
- ensure your own safety and that of your friend and others
- seek assistance — send for help
- administer first aid (see subtopic 7.7)
- try to get the facts
- provide further support to your friends following the incident.

Through understanding and following these simple steps, you may minimise harm and take control of potentially life-threatening situations. For more information on drugs, alcohol and celebrating safely, follow the [Safe partying](#) weblink in the Resources tab.
7.11 Activities

Less smoking
1. In groups, brainstorm reasons why the percentage of young people smoking has decreased over past years.

Debate
2. As a class, debate the topic ‘Smoking should be illegal’.

Intervention
3. (a) If you had a friend or group of friends who you felt were endangering their health and wellbeing by using illicit drugs, what would or could you do? Discuss this in a small group, then report to the class.
   (b) As a class, compile a list of everyone’s ideas.

Illicit drugs
4. Create a pamphlet warning of the dangers of an illicit drug of your choice. In the pamphlet, give harm-minimisation advice. Use the information in this subtopic and other sources to help you.

Just say ‘no’
5. In groups, role-play ways of saying ‘no’ to using drugs.

Effects
6. Research the long- and short-term effects of an illicit drug, as well as how use of this drug might affect everyday life. Report back to the class with an overview of the physical, mental, social and financial effects.

Effective campaign
7. Use the Quitnow weblink in the Resources tab to watch anti-smoking campaigns from Quitnow. Comment on their effectiveness.

Community support
8. Investigate one of the local youth support services in your area that helps young people with problems involving illicit drugs.
   Address the following questions:
   (a) What support do they offer young people?
   (b) Would this be helpful to you?
   (c) Would you use this service? Why or why not?
   (d) Would you or recommend this to a friend if they needed help with illicit drugs?
7.11 Check and challenge

Explain
1. List all the illicit drugs that you have heard of. Give both their scientific and ‘street’ names.

Elaborate
2. Why does the government legislate and spend money on smoking issues?
3. Why do you think illicit drugs are often mentioned in politics?

Evaluate
4. Comment on the effectiveness of warning labels on cigarette packaging.
5. Evaluate what influences your attitudes towards drugs.

7.12 Road safety

What are the factors that contribute to the road toll and how can you help reduce them?

7.12.1 Reducing the road toll
Over the past decade, road fatalities in Australia have decreased by 23.5 per cent. Despite this, in 2017, 1225 people lost their lives on our roads. The National Road Safety Strategy 2011−2020 has a vision that no person should be killed or seriously injured on Australia’s roads. In this subtopic, you will explore the factors that contribute to these deaths and what can be done to help reduce the road toll.

Brainstorm all the different factors that increase the chance of injury or fatality on the road. Then use the Car choice, Mobile bans and BAC 0.02 weblinks in the Resources tab to read articles about young drivers. What changes do you think will be most effective in improving road safety?

Learning to drive is a mark of independence and something many teenagers look forward to, but with it comes many risks.
7.12.2 Road traffic crashes — the facts

Safe driving is essential for reducing the risk of crashes, injury and death. All Australians have opportunities to make positive choices about safety, whether they are a driver, a passenger or a pedestrian.

Safe driving is compromised by many factors, including:

- inexperience as a driver, particularly for young drivers
- fatigue
- alcohol consumption
- use of medication and illicit drugs
- speeding.

Each of these factors is explored in this section.

Young driver statistics

Road crashes are a major cause of both injury and death for young adults. Road traffic crashes cause 45 per cent of injury deaths of young Australians. Although they comprise only 12 per cent of the New South Wales population, young people aged 17–25 made up 20 per cent of all hospitalisations for road traffic crashes.
In relation to deaths for people aged 15–24 years:

- The riskiest period is shortly after receiving your licence.
- More males are killed in road crashes than females.
- 77 per cent of deaths are passengers of the vehicle, not the driver.
- 67 per cent are killed in crashes in which no other vehicles are involved.
- Most road deaths for 15–24-year-olds happen in the evening (3 pm to 9 pm) on the weekend (Friday and Saturday nights).
- 25 per cent of all serious crashes involve young people, although they make up only 14 per cent of licence holders.
- There is a high financial cost to the community for road casualties. In Australia in 2016, this was $33.16 billion. In New South Wales, this was around $7.3 billion, with more than half of this ($3.6 billion) coming from hospitalisation costs.

**Licensing schemes in Australia**

Both age and lack of experience are associated with increased risk of crashes. As a result, all states and territories in Australia have licensing schemes that are based around a learner period and a provisional period, with strict conditions applied to both.

Compared to a decade ago, in Australia today there are much tighter rules for novice/provisional drivers. Longer learner periods and restrictions on provisional licence holders have been introduced. The aim is to improve young drivers’ skills before they encounter situations that may increase risk to dangerous levels.

**Gender statistics**

Males account for 79 per cent of all deaths on our roads. During the 12 month period from mid 2017 to mid 2018, 171 males and 45 females were killed on New South Wales roads.

<table>
<thead>
<tr>
<th>Years</th>
<th>Annual deaths for males</th>
<th>Annual deaths for females</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>1500</td>
<td>1200</td>
</tr>
<tr>
<td>2007</td>
<td>1400</td>
<td>1100</td>
</tr>
<tr>
<td>2009</td>
<td>1300</td>
<td>1000</td>
</tr>
<tr>
<td>2011</td>
<td>1200</td>
<td>900</td>
</tr>
<tr>
<td>2013</td>
<td>1100</td>
<td>800</td>
</tr>
<tr>
<td>2015</td>
<td>1000</td>
<td>700</td>
</tr>
<tr>
<td>2017</td>
<td>900</td>
<td>600</td>
</tr>
</tbody>
</table>

**Source:** Crash and Casualty Statistics NSW, data for 1996–2017 © State of New South Wales (Transport for NSW)

**Drink-driving**

Alcohol continues to be a major factor in serious casualties, with more than a quarter of fatal crashes involving a driver over the legal blood alcohol concentration (BAC) limit. Thirty per cent of all deaths and serious injuries resulting from crashes are a result of drink-driving. The risk of involvement in a casualty crash increases rapidly with increasing BAC levels. This is true for all motorists; however, studies have shown that the risks are significantly higher for younger drivers. In Australia, 33 per cent of all drink drivers involved in fatal accidents are aged between 17–24.
The majority of drink-drivers in fatal accidents are heavily intoxicated, registering more than three times the legal limit.

Drivers/riders killed with a BAC at or over .05

Harm minimisation and road safety
The figure below clearly shows the long-term positive effect of introducing seatbelt regulations in 1969 and random breath testing in 1978 on the number of road fatalities in Australia.

This is a strong example of the concept of harm minimisation, where although people obviously still drive cars, the implementation of these road safety strategies has reduced the incidence of harm. For more information about road safety, go to the NSW Centre for Road Safety weblink in the Resources tab.

Impact of harm-minimisation strategies on road crash deaths, 1910–2014

Weblink: NSW Centre for Road Safety
7.12.3 Road safety and inexperienced drivers

Inexperienced drivers are generally younger drivers and data indicates that they are more likely to be involved in road crashes than older drivers.

- 47 per cent of drivers aged 18–24 have had a crash.
- 44 per cent have been fined for a driving infringement.
- 15 per cent of young drivers admit to having driven after using illicit drugs.
- 17–25-year-olds account for approximately 25 per cent of all road fatalities.
- Five times as many young male drivers are killed in road accidents as females in the same age group.

Why are young men more likely to be killed in motor vehicle crashes? According to research, the following facts may provide the explanation.

- 15 per cent of young men said that they are prepared to take the risk of driving a short distance after having a few drinks, compared to only 2 per cent of women.
- 47 per cent of young men would drive faster than the speed limit if they thought they would not be caught, compared with only 27 per cent of young women.
- 48 per cent of young men believe you have to take a bit of a risk when overtaking, compared with 35 per cent of young women.

7.12.4 Mobile phones

Mobile phones are a major distraction for all drivers, particularly young drivers. Driving is already complex and challenging enough without adding other elements. It is dangerous to use a mobile phone while driving because:

- it affects your judgement and concentration, and often results in riskier decision-making
- it causes slower reaction times, especially when deep in conversation
- you are not alert to your surroundings, so you check your mirrors less often and are not aware of what is going on around you
- when texting, you often wander out of your lane or miss road signals such as those giving pedestrians and cyclists right of way.

In all Australian states and territories, it is illegal to use a hand-held mobile phone when driving and when your vehicle is stationary but not parked, such as when you are at a red light.

Safe mobile phone and driving tips include the following:

- Pull over safely and park before making or receiving a call.
- Never read, write or send text messages.
- Never look up phone numbers or search on the internet while driving.
- Plan breaks in your trip for phone calls.
- Use voicemail.

A mobile phone can be an important emergency tool, but make sure you pull over and park your car before you use it.

7.12.5 Fatigue

Driving when fatigued is extremely dangerous. It is estimated that fatigue is a factor in 20 per cent of crashes. Most fatigue crashes occur during normal sleeping hours; however, fatigue is also common during daylight hours. Fatigue-related crashes seem to relate more to what drivers do before they begin their trip. Lack of sleep is a critical factor. Young drivers will be more at risk if:

- heavy study loads and work are combined with late-night socialising
- sleeping patterns change
- alcohol or other drugs are consumed.
Preventing the risk of fatigue
The following information will help you to prepare for and prevent the risk of fatigue while driving.

What are the danger signs?
• Restlessness or daydreaming
• Yawning
• Sore or heavy eyes
• Delayed reactions
• Variations in driving speed or vehicle wandering across lanes

How is drowsy-driving like drink-driving?
• Research shows that going without sleep for:
  – 17 hours has the same effect on driving ability as a BAC of 0.05.
  – 24 hours has the same effect as a BAC of 0.10.

What if you start feeling driver fatigue?
• A power nap of 10 minutes or more can significantly lower the risk of a fatigue-related crash.

How can you avoid driver fatigue?
• Be well rested before you drive.
• Don’t drive at times when you would normally be asleep.
• Don’t start a trip after a long day’s work.
• Be aware of your biological clock, such as often feeling sleepy during the afternoon.
• Plan your trip so you can take regular breaks.

7.12.6 Alcohol consumption and road safety
The possible short- and long-term effects of a drink-driving accident.
Alcohol and driving do not mix. If you intend to drink alcohol, you should organise alternative methods of travel or nominate a designated driver who will not drink alcohol at the event or party.

Blood alcohol concentration (BAC) is a measurement of the amount of alcohol in your bloodstream. A blood alcohol concentration of 0.05 means that a person has 0.05 grams of alcohol in their body for every 100 mL of blood. Fully licensed drivers in NSW must be below 0.05; however, learner and probationary drivers must have a blood alcohol level of zero.

Knowledge about the short- and long-term effects of alcohol consumption may be useful to assist in understanding how alcohol affects behaviour. An understanding of the effect of alcohol on driving is useful to illustrate why driving under the influence of alcohol is so dangerous. Any amount of alcohol will:
- reduce your ability to do more than one thing at a time
- make it hard for you to concentrate on your driving
- slow down your reaction time if anything unexpected happens (such as having to stop suddenly or swerve)
- make you feel more confident, which may lead you to take risks
- upset your vision, especially at night, and may also affect your hearing
- make simple tasks more difficult
- relax you, making you more likely to fall asleep at the wheel.

The graph below clearly indicates why in 1989 the TAC (Transport Accident Commission) commenced its public education campaign to change drink-driving behaviour of drivers.

If you are no longer a probationary driver, and you must drive after having a couple of alcoholic drinks, it is important that your blood alcohol level remains below 0.05; however, remember that it is still safest to drive with no alcohol at all in your body. Use the Standard drinks interactivity in the Resources tab to learn more.

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7.12.7 Illicit drugs, medication and road safety

Be aware that drugs (medicinal or illicit) can decrease:

- mental alertness
- coordination
- sense of distance and speed
- vigilance and concentration
- reaction time.

When combined with alcohol, the result can be very dangerous. Stimulants and alcohol are a particularly dangerous combination as the alcohol may mask the effect of the drug and make it difficult for the driver to judge how, and to what extent, his or her ability to drive has been affected.

Police breathalyser vans and cars have the ability to test for drivers under the influence of alcohol and other drugs.

Medications and driving

If you or an adult or parent are taking medication for any of the following, you should carefully read the information accompanying the medicine and, if still concerned, contact the ADF (Australian Drug Foundation) on free call 1800 858 584 for assistance. Medication for the following conditions can affect your ability to drive:

- sleeping difficulties
- depression
- hay fever
- blood pressure
- nausea
- anxiety
- pain
- arthritis
- epilepsy
- diabetes.

Remember, when combined with alcohol, the result is unpredictable.

Illicit drugs

The effects of illicit drugs have been described in general in subtopic 7.11. Table 7.6 on the next page summarises the effects specifically related to driving.
<table>
<thead>
<tr>
<th>Drug</th>
<th>Effects on the driver</th>
</tr>
</thead>
</table>
| Ecstasy                   | • Gives the driver a false sense of confidence  
• Increases risk-taking behaviour  
• Distorts visual perceptions, which makes it difficult to judge distances  
• Decreases ability to coordinate the appropriate reaction when driving  
• Tiredness associated with an inability to sleep can greatly affect the driver's reflexes and ability to concentrate on driving |
| Cocaine                   | • Gives the driver a false sense of confidence  
• Rash decision-making and exaggerated confidence can lead to increased risk-taking behaviour  
• Does not increase driving ability or driver's coordination  
• Tiredness associated with an inability to sleep can greatly affect the driver's reflexes and ability to concentrate on driving |
| Amphetamines and methamphetamines | • Give the driver a false sense of confidence  
• Rash decision-making and exaggerated confidence can lead to increased risk-taking behaviour  
• Do not increase driving ability or driver's coordination  
• Tiredness associated with an inability to sleep can greatly affect the driver's reflexes and ability to concentrate on driving |
| Hallucinogens             | • Distort driver's visual perceptions, making it difficult to judge distances and speed  
• Decrease ability to coordinate the appropriate reaction when driving  
• Tiredness associated with an inability to sleep can greatly affect the driver's reflexes and ability to concentrate on driving |
| Heroin                    | • Slows the driver's reaction time  
• Distorts driver's perceptions of distances and speed  
• Greatly reduces ability to concentrate  
• Decreases ability to coordinate the appropriate reaction when driving |
| Cannabis                  | • Hesitancy over reactions  
• Slower reaction time  
• Distorts driver's perception of distance and speed  
• Greatly reduces ability to concentrate  
• Decreases ability to coordinate the appropriate reaction when driving |
| Benzodiazepines and other tranquilisers | • Slow the driver's reaction time  
• Distort driver's perceptions  
• Decrease ability to coordinate the appropriate reaction when driving |
| Polydrug use              | • Occurs when more than one drug is mixed at the same time so that both are active in the body. This can include alcohol, prescription and/or illicit drugs. |

7.12.8 Speeding

Speed significantly increases the distance a vehicle needs to come to a complete stop after braking. The graphs below show the distance required to brake — depending on the weather conditions — if a person was to walk out onto the road 45 metres away from the car. Note that at speeds above 60 km/h, the person would be hit. In wet conditions, they would be hit at speeds above 55 km/h.

Facts about speeding

Why does speeding increase the risk of crashing?
- Less time to notice and react to potential hazards
- More likely to lose control of your vehicle
- Longer braking distance

How does speeding increase crash severity?
- Research has shown that:
  - a driver crashing at an impact speed of 80 km/h is twice as likely to be killed as a driver crashing at 60 km/h
  - the probability of a pedestrian being killed in a collision involving a vehicle increases rapidly beyond impact speeds of 40 km/h.

Does speeding save you time?
- Generally, speeding will save you little time.
- Only 46 seconds is saved over 10 km by increasing average speed from 60 to 65 km/h.

How can you reduce your risk of speeding?
- Allow sufficient travelling time.
- Pull over and make a call if running late.
- Slow down in adverse conditions.
- Use speed limit warning devices where fitted.
7.12 Activities

NSW Interactive Crash Statistics

1. Use the Crash statistics weblink in the Resources tab to view the statistics and then answer the following questions.
   (a) What is the total number of male and female road users killed and injured on New South Wales roads since 2011?
   (b) What age group and gender has the greatest rate of injury overall?
   (c) Which Local Government Area (LGA) has the greatest rate of injury in New South Wales?
   (d) Research and compile a report on injury statistics for people in your age group outlining the areas of concern from your perspective.

Effects of drink-driving accidents

2. Using the figure illustrating the possible short- and long-term effects of a drink-driving accident in section 7.12.6 and the other information in this subtopic, summarise the short- and long-term effects of a drink-driving accident on the driver, the driver’s family and others.

Role-play

3. Use your understanding of the effects of drink-driving accidents and effective advertising campaigns to write a radio script for an anti-drink-driving advertisement.

Safety rating

4. Look up the safety rating of three different types of cars using the ANCAP safety rating weblink in the Resources tab and comment on their safety ratings.
Law research
5. Research the anti-hoon laws and P-plate laws in New South Wales. Do you think they will help to reduce the road toll for young male drivers?
6. Discuss the harm-minimisation strategies that have been introduced since 1970 that help reduce the number of road crashes.

Promote it
7. Create your own road safety commercial that promotes minimising harm and show it at your school assembly. Your commercial could involve acting or a PowerPoint slideshow.

7.12 Check and challenge

Explain
1. Which gender and age group has the greatest rate of fatality on the road? Explain why you think this is the case.
2. As a passenger, what signs should you look for that indicate the driver is fatigued?

Elaborate
3. What safety technology has most improved car safety?
4. What are the main distractions to drivers and how do they affect driving?
5. Are there any road safety policies you disagree with? Why?
6. What road safety policies would you suggest to reduce the fatalities of young drivers?

Evaluate
7. Why do some people argue that the legal BAC should be decreased to 0.02? Give three reasons to support this argument and three reasons against it.

7.13 Review

7.13.1 Summary
- Mental illness is a term used to describe a group of serious and long-lasting mental health problems. They can be classified as psychotic or non-psychotic.
- Stigmas relating to mental illness need to be challenged.
- Risk-taking is part of everyday life and can have positive or negative effects on people and property.
- Adolescents are more likely to undertake harmful risks due to inexperience.
- Making responsible decisions will minimise harmful risk-taking.
- Outdoor adventure activities and many sports offer an outlet for acceptable risk-taking.
- Harm-minimisation strategies are designed to reduce risk and limit potential harm.
- Federal and state governments have introduced harm-minimisation strategies in many areas, including smoking, road safety and illicit drugs.
• There are many forms of sexual activity. However, any form must be consensual, meaning that both people want to be involved.
• There are many forms of contraception from which to choose.
• Knowledge of the causes of sexually transmitted infections is important for maintaining good sexual health.
• Following the DRSABCD action plan and performing correct CPR greatly increases a person’s chance of survival in an emergency.
• A pre-learned action plan makes it easier to effectively deal with an emergency situation.
• CPR requires two rescue breaths for every 30 chest compressions.
• Defibrillation with an AED increases a person’s chances of surviving a cardiac arrest.
• Drowning and non-fatal drownings are significant health concerns in Australia.
• Most drownings occur in inland water ways such as lakes, rivers and creeks.
• Knowing a range of rescue techniques can allow the safe rescue of a drowning person.
• Spinal injuries and the effects of exposure to cold water are other health concerns associated with an aquatic environment.
• Sporting injuries contribute to health-associated costs in Australia.
• Acute sporting injuries occur spontaneously due to an action or contact during sport.
• Chronic sporting injuries occur over time, often due to overuse.
• Soft tissue injuries are best managed using RICER.
• Alcohol is a legal drug that can cause short- and long-term harm to health.
• The amount of young people who drink alcohol is declining.
• Illicit drugs also cause short- and long-term risks to health.
• Safe partying requires careful planning, and such planning is an excellent harm-minimisation strategy.
• Smoking is a legal activity for adults, but the chemicals in tobacco cause short- and long-term health problems.
• The Quit campaign targets tobacco smoking and aims to reduce its use.
• Safe driving is dependent upon all road users following harm-minimisation strategies such as wearing seatbelts, being below the 0.05 BAC limit and obeying speed limits.
• Males under the age of 25 are overrepresented in crashes and road deaths.
• Driving when fatigued is a significant factor in road deaths.
• Drink-driving is a major cause of road crashes and police test for BAC regularly.
• Illicit drugs and some medications impair a driver’s ability to control his or her vehicle.

ESSENTIAL QUESTION
How can I rise to meet the challenges facing young people, support others and respond positively while being the best person I can?

Evaluate your initial response to the essential question after having studied this topic.

7.13.2 Key terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>acute sports injury</td>
<td>injury occurring spontaneously while playing sport</td>
</tr>
<tr>
<td>airway</td>
<td>the passage that leads from the mouth, nose and throat to the windpipe</td>
</tr>
<tr>
<td>amphetamines</td>
<td>illicit drugs with several names, such as speed or ice; affect the activity of chemicals in the brain, causing anxiety, shaking and panic attacks</td>
</tr>
<tr>
<td>anxiety</td>
<td>an unpleasant state of uneasiness or worry</td>
</tr>
</tbody>
</table>
assertive  self-assured; able to ask for what one wants in a respectful way; stating a feeling, belief or opinion clearly and confidently
attitudes  an outlook on something; a way of thinking or behaving; what a person thinks; shown in a person's way of behaving
automated external defibrillators (AEDs)  a portable electronic device that automatically diagnoses some potentially life-threatening heart problems and is able to treat some of them with defibrillation
binge drinking  drinking large amounts of alcohol in a short period of time or drinking constantly for a number of days
cannabis  illicit depressant drug that can have a hallucinogenic effect
cardiac arrest  sudden cessation of heartbeat and heart function, resulting in the loss of effective circulation
cardiopulmonary resuscitation  an emergency technique that combines rescue breaths with external chest compressions at a ratio of 2:30 at 100 compressions per minute. It is used when a casualty is unconscious and is not breathing.
chronic sports injuries  overuse injury, usually involving soft tissue, ligaments or tendons
cocaine  illicit stimulant with hallucinogenic properties
collision  acute injury to the head caused by collision
conflict resolution  resolving a problem or situation so that both sides come to a mutual agreement without aggression or violence
consensual  a person has given their permission or consent
consequences  results of a person's actions; may be either positive or negative
contraception  any method or device that prevents conception and, therefore, a pregnancy
defibrillation  the application of electrical therapy which allows the heart to re-establish an effective rhythm
depression  a state in which a person has feelings of intense sadness over a period of time
dislocation  a separation of two bones from where they meet at a joint
drowning  submerging and suffocating in water
DRSABCD action plan  a plan of action that prioritises checking for danger, seeking a response from the casualty, sending for help, checking the airway and breathing of the patient, commencing CPR and applying a defibrillator if necessary, and in that order
ecstasy  illicit drug; extremely dangerous, causing paranoia, organ damage, insomnia and dehydration
fatigue  tiredness, sleepiness, lack of concentration caused by lack of sleep; power naps are recommended for drivers when they feel fatigued
flotation device  used to assist flotation while in the water, for example, a life jacket
huddle position  used by a group of people immersed in cold water to conserve body heat by pressing up close to each other
illicit drug  any drug that is banned by law
mental illness  a term to describe a group of more serious or long-lasting mental health problems
non-psychotic illness  a mental illness in which a person's feelings become so extreme and overwhelming that they find it difficult to participate in daily life
peer group  group of friends of a similar age with similar interests, often from a similar social background
psychotic illness  a mental illness that impairs a person's sense of reality
random breath testing  testing blood alcohol concentration of drivers
recovery position  the body position a casualty is placed in to ensure the airway is clear and any likely obstruction flows out from the mouth
RICER management plan used to achieve the immediate and longer-term treatment of injury
SALTAPS  simple checklist to use when diagnosing a sports injury; stands for stop, ask, look, touch, active movement, passive movement and stand
secondary drowning  occurs when someone has been immersed in water and inhales fluid into the bronchi and lungs, and then suffocates some time later because of impaired lung function
self-esteem  how much we value or accept ourselves for who and what we are
sexually transmitted infection (STI)  an infection that is transmitted through sexual activity
signs of life  consciousness, responsiveness, normal breathing, signs of movement
sprain  injury to a ligament
stigma  a mark of shame or disapproval given to a group of people by society, which labels them less worthy of respect and support than others
strain  injury to a muscle
TAC (Transport Accident Commission)  entity that aims to reduce the incidence of road crashes and trauma
unconscious  a condition in which a person is unaware of or does not respond to external influences

7.13 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. Using examples, explain what is meant by mental illness.
2. Why do people take unnecessary risks?
3. What is meant by the term ‘harm minimisation’?
4. List five important tips for organising a safe party.
5. List the major harmful effects of smoking on the body.
6. What is consensual sexual activity? What are the repercussions of non-consensual sexual activity?
7. Choose one form of contraception and describe how it works.
8. What is an illicit drug? Give examples.
9. What factors help contribute to injury and death on the roads?
10. Which gender and age group is most at risk of being killed on the road?
11. Name harm-minimisation strategies that are used to decrease the road toll.
12. What is a standard drink? How many standard drinks can males and females have to remain under the 0.05 BAC limit?
13. Outline the process in first aid and life saving for which the acronym DRSABCD is used.
14. What are the procedures outlined in the RICER approach to managing soft tissue injuries?

Resources

Digital doc: Worksheet 7.6 Key terms quiz (doc-29361)
Digital doc: Worksheet 7.7 Multiple choice quiz (doc-29362)
Digital doc: Key terms glossary (doc-29363)