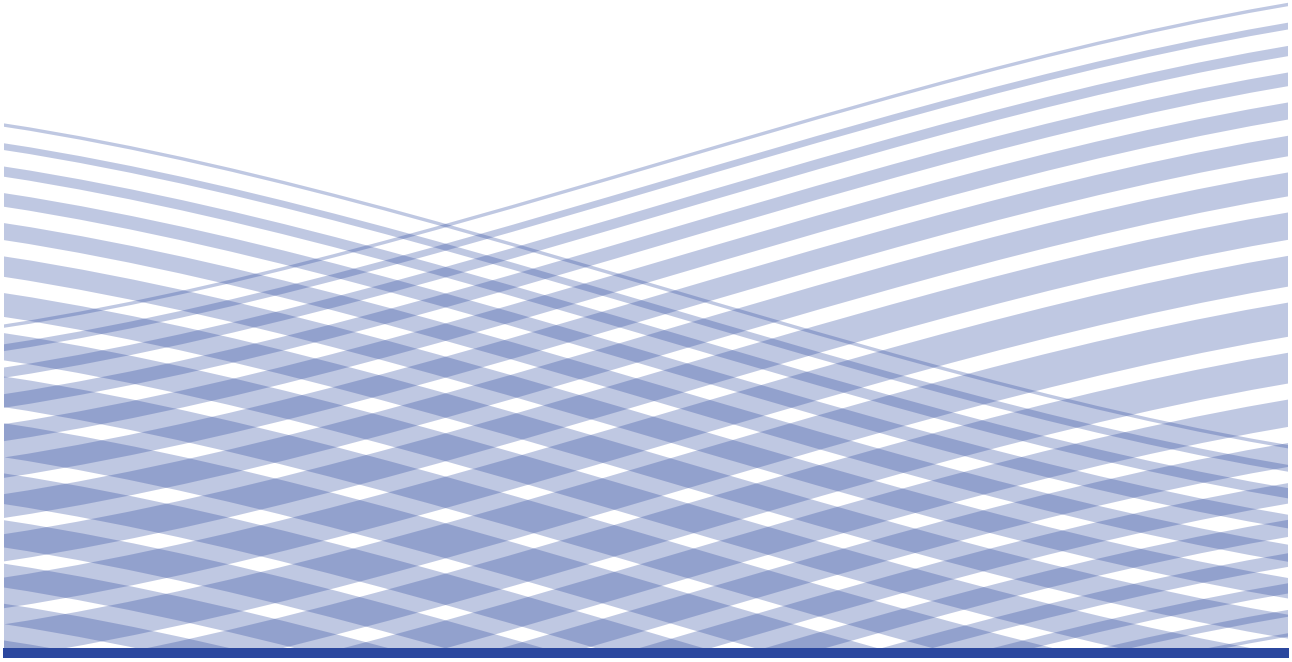
St Brigid's College

Titan Education

Year 10 HPE

2024 STUDENT eWORKBOOK

Contents



Key

You may see the following icons throughout this workbook. Here's what they mean:

	Self-managed skills		Information and communication technology capability
	Interpersonal skills		Intercultural understanding
	Movement skills		Literacy
	Aboriginal and Torres Strait Islander histories and cultures		Numeracy
	Asia and Australia's engagement with Asia		Personal and social capability
	Sustainability		Civics and citizenship
	Critical and creative thinking		Difference and diversity
	Ethical understanding		Work and enterprise

Copyright information

Health issues and the community

Titan Education
Customised learning

Activity

Vocabulary list

Key terms from this unit are listed in the table below. Complete the activity by:

- providing a definition for each term
- correctly using the term in a sentence.

Term	Definition	Sentence using the term
Depression		
Proactive		
Eating disorder		
Anxiety		
Stereotype		
Cosmetic		
Body image		
Melanoma		
Basal cell carcinoma		
Suicide		
Gambling		
Domestic violence		

ICT tasks

In this unit of work, you will have the opportunity to use technologies to further your health literacy. Your learning experiences will involve:

Critical inquiry

- Use the internet to research one disease that only affects males or females. Include signs and symptoms, statistics and treatments.
- Gather information and prepare a digital report on the incidence of 'one-punch' attacks.
- Gather information and prepare a digital report on the incidence of violence against women.

Collaborating

- Work in pairs or small groups to discuss reasons why young people are less likely to access support services for medical conditions. To overcome some of the barriers to young people accessing support, research and record support groups that can be used online.
- Work in pairs or small groups to discuss reasons for gender divisions in career fields. (Why are women less likely to work in fields such as engineering and politics? Why are men are less likely to pursue careers in child care or teaching?). Research and discuss statistics. Propose strategies to encourage more equality in fields that are generally dominated by a specific gender.

Presenting

- Design a digital presentation to educate your classmates about the link between male stereotypes and risk-taking. In particular, look at some of the behaviours and statistics surrounding young males and injury and death on the roads.
- Review YouTube videos on the topic of youth suicide and include the most appropriate in your presentation to the class.

Creating

- Create a cartoon highlighting at least one health challenge facing young people in today's society. Use appropriate ICT software to present your cartoon digitally.
- Create a short, silent movie (using iMovie, MovieMaker or similar) depicting peer pressure on young females to be slim and feminine or young males to be muscular and tough.
- Design a health promotion campaign to address a health issue you have identified that affects young people.

Desktop publishing

Use resources such as a camera, online image searches and photo editing software to:

- Create a collage of digital images depicting macho stereotypes.
- Create a collage of digital images highlighting the differences between athletic females and sexualised stereotypes.

Women in sport

Sport serves as a powerful tool for education, heath, leadership and sportsmanship. It is also an increasingly powerful role in the personal and moral development of people, but it all depends on how sport is managed, taught and practiced. When it comes to sport, the public want:

- Athletes who can achieve (and win) in a fair manner and act as good role models.
- Participants to play not only by the rules of the game but in the spirit of the game.
- Sport to be an environment that is enjoyable and untainted by cheating, violence, abuse and other unacceptable practices.
- Respect shown by all involved in sport, especially for decisions of officials.

Activity

Research the role of Women Sport Australia in promoting women and girls in sport and physical activity.

Critical inquiry

Some of the ethical issues confronting female athletes within the sport industry are listed below. Choose one of the issues listed and discuss its influence on, and potential implications for, females in sport.

- Expectation for athletes to be role models
- Performance enhancing drugs
- Sexuality discrimination and homophobia
- Eating disorders
- Excessive alcohol consumption and use of recreational drugs
- Sponsorship demands
- Sexualisation and exploitation of athletes

Remember your terminology: Discuss means to identify issues and provide points for and/or against.

Use the scaffold on the next page to plan and write your response. A scaffold is a framework to help you construct a strong response.

	Points to note
	Begin with a preview of the different sides to the issue.
	▪ Expand on the different aspects of the issue. ▪ Use words that link the points, such as "firstly" or "on the other hand".
	Draw conclusions and state your point of view.

Raising the profile of women in sport

Women in Australian sport are shining brighter than ever, with unprecedented media coverage and broadcasting deals boosting their profile and giving rise to female sporting heroes. Our women are winning the hearts and minds of a new fan base and inspiring young people across the country. Now is the time to shape the women's sport agenda to realise the health, commercial and societal benefits of increasing female engagement – as participants, fans, role models and decision makers.

In Australia, women are still under-represented in organised sport as participants, coaches, officials, administrators, and board members when compared to their male cohort. To combat this difference, a variety of strategies exist in order to help equalise opportunities for girls and women.

The AusPlay survey is a large scale national population tracking survey funded and led by Sport Australia. It tracks Australian sport and physical activity participation behaviours to help inform investment, policy and sport delivery. The findings on women and girls in sport details that in general women are more likely than men to be insufficiently active [59% compared to 50%, when including workplace PA] and less likely to play sport. AusPlay data shows that 50% of Australian women and 72% of girls regularly participate in sport related activities. As a result, it is important to promote women and girls participation in physical activity and sport.

83.9% of women aged 15+ participate at least 1x per week in physical activities, and 65.4% participate 3 x per week in sport and physical activities. In addition, 61.1% of girls aged under 15 participate once per week in physical activities, and 22.8% three times per week in organised (out of school hours) physical activities.

The top activities for girls includes:

- swimming
- dancing
- gymnastics
- netball

The top activities for women includes:

- walking
- fitness/gym
- swimming
- athletics (including jogging and running)

Source: Australian Sports Commission – www.ausport.gov.au

To learn more about raising the profile of women in sport, watch the following YouTube clips:

- http://youtu.be/CgTjxqPub9Y
- http://youtu.be/YCktTvx5Y1o
- http://youtu.be/3i9cK7RMnM4

Australia has an incredible connection to sport. Every Australian should have the opportunity to be involved in sport – as a participant, an official, an administrator or as a volunteer.

From grassroots to the elite level, it's imperative that the sport sector increases the representation of women and girls in sport to better reflect Australian society and create a fairer and more inclusive environment.

Harnessing the full potential of women and girls in sport will create positive social and economic change, with benefits for individuals, communities, sports organisations and the broader sports industry.

Source: Australian Sports Commission

Activity

Visit www.sportaus.gov.au/integrity_in_sport/inclusive-sport/understanding-our-diverse-audiences/women-and-girls#strategies and describe the strategies sporting clube should include to encourage and promote female participation.

Body image

Body image refers to how a person views their physical self. It relates to how comfortable someone is within their own skin, how they think and feel about the way they look and how they believe others view them. Body image can be influenced by attitudes and values of the people around us (such as family, friends and peer groups) as well as the views of society as a whole and what is shown in the media. Body image can be an issue of concern during adolescence.

A healthy body image is important for both physical and mental health. Someone with a healthy body image will have a better attitude towards health and value who they are rather than what they look like.

For someone with a negative body ir
is the opposite. They may feel repuls
their body and be unhappy with who
They may feel as though they are nc
enough because they believe that hc
determines their value as a person.

This means that a person with a neg
image may be fixated on trying to ch
their body shape. A negative body im
come from unrealistic views or unatt
goals projected by friends or family,
celebrities, advertising and cultural b

Individuals have the power to chang
they think and feel about their bodies
several ways an individual can impro
of their body and help create a positi
image, such as:

- choosing to look at media that mak
  feel good about themselves and qu
  the messages that are projected in
- not comparing oneself to celebrities
  the media
- focusing on positive personal quali
- thinking about talents and skills ins
- choosing clothes that are comforta
  and inspire confidence
- eating healthy foods
- avoiding judgement of other people

To learn more about body image, wa
video called *Talking about confidenc*
https://youtu.be/QNQCwcjCWE0.

Activity

1. Describe the self-destructive behaviours exhibited by people with a negative body image.

2. Explain the factors that may contribute to a negative body image.

3. Suggest ways to improve your body image.

ICT task

View the body image video at https://youtu.be/Gc4HGQHgeFE and discuss the issues raised in the video clip.

How does the media impact body image?

'Ideal' is a relative concept which differs between cultures, depending on the characteristics that are most valued by people within that culture. In some cultures, intellect is valued higher than outward appearance and less emphasis is placed on having a muscular physique for males or a thin physique for females.

In western society, the media portrays attractive males as strong, 'ripped' and tanned. If they have a low body fat percentage, broad shoulders and a 'v-shaped torso' with a narrow waist, they are presented as 'ideal'. Women are portrayed in the media as tall, thin and beautiful. From an early age, children in western society may connect this appearance with concepts of 'strength', 'success' and 'self-worth'.

Consider the way that superheroes are presented, along with the physique of toy figurines such as G.I Joe. The more this image is promoted through the media, the more likely it is that males experience pressure to achieve this appearance. At times, airbrushing of photographs or in extreme cases, substances such as steroids may have been used by models in the media. This could send a confusing message to youth and mislead males who might compare themselves with these people. When the focus is on being the healthiest and happiest that you can be, the pressure of body image is eased.

Magazines, advertising and social media bombard the public with images of 'perfection'. Celebrities honoured for maintaining amazingly toned figures and flawless skin one month may be mocked indirectly the following month, with a spotlight cast on any recent skin flaws or weight gain. What message does this send to teenagers? Concepts of beauty and perfection are presented in every advertisement, linking ideal images with the sensation of happiness.

The use of airbrushed images and cosmetic surgery gives the false impression that the flawless images are the norm and completely natural. It sends a convincing message that this standard of perfection is achievable, while for the vast majority of people it clearly is not.

To learn more about the impact of social media on body image, watch the YouTube video at https://youtu.be/iWc5rQ_YvYw.

Activity

Find examples of advertisements with conflicting messages about body image. Discuss how the messages advertise or glorify the perfect male or female body. Apply and answer the following questions to the conflicting messages you identify.

1. Does the advertisement include people with different body shapes and sizes?

2. What is the body type of those in the advertisement?

3. Do you think the people in the advertisement use the product or service they are advertising? What makes you think this way?

4. Do you think the people naturally look the way they appear or has their appearance been enhanced? What makes you think this way?

5. Is the product being advertised healthy or unhealthy?

Media review

Cosmetic surgery

The Telegraph

The rise of the bionic man?

Adam is the first to admit that he has more than good genes to thank for his looks. He points to his perfectly defined and very muscular calves.

"These are fake," he grins. "So is this," he says, rubbing his chiselled jawline.

Adam says he has also had Botox and laser treatments for his skin. For a 26-year-old accountant, he looks remarkably fit and fresh. Not all of this can be attributed to a healthy lifestyle.

More often, young men are indulging in surgical procedures (such as implants and liposuction) or non-surgical procedures (such as dental veneers and peels) to perfect their appearance. It seems that these men are embracing the beauty routines that were once considered a female domain and 'taboo' for men.

According to Dr Luke Foran, president of the Australian Society of Plastic Surgeons, most men simply want to look better. He points to the large number of 'makeover' shows on television which have made the pursuit of surgical enhancements more acceptable.

This perfection doesn't come cheaply. Last year, Australians spent $1 billion on body and facial procedures. There were over 500,000 procedures performed ranging from botox injections to pectoral implants. Is the psychological boost to confidence and self-esteem worth the price?

No, according to Dr Mark Taylor, lecturer in psychology at the University of Sydney, who believes that men are becoming far too obsessed with their looks. Dr Taylor believes that magazines and advertisements are pressuring to men to look perfect. He says the influence of athletes and fashion icons in particular can push men to pursue the male ideal.

Dr Taylor stresses the importance of a good body image and a healthy lifestyle.

"Many men refuse to take their shirt off at the beach, or don't wear shorts, because they think they don't have the right look. Everyone should be motivated by health and fitness, rather than physical perfection," says Dr Taylor.

Sipping his skim chai, Adam says he is finished with cosmetic alterations and is happy now that he has attained 'perfection'.

"But, you never know," he winks.

Questions

1. What types of surgical and non-surgical procedures are Australian men commonly having?

2. Define the term ‘taboo’.

3. Explain why surgical procedures for men were taboo in the past.

4. According to Dr Foran, why are men experimenting with cosmetic procedures?

5. Why does Dr Mark Taylor believe young men are becoming dangerously obsessed with their looks?

6. Outline the role of the media on male body image.

ICT task

Realistic body image

Watch the following Dove Commercials on YouTube and explain the purpose of the advertising campaigns.

1. *True Colours:* http://youtu.be/tG5Ayax_Zck

a. Describe what the *True Colours* commercial is about.

b. List the ways that a poor body image may impact upon the different aspects of a person's health.

2. *Evolution of Beauty:* http://youtu.be/mps2ynXVX0Q

a. Describe what the *Evolution* commercial is about.

b. Should photographs that have been photoshopped be banned from advertising billboards? Justify your response.

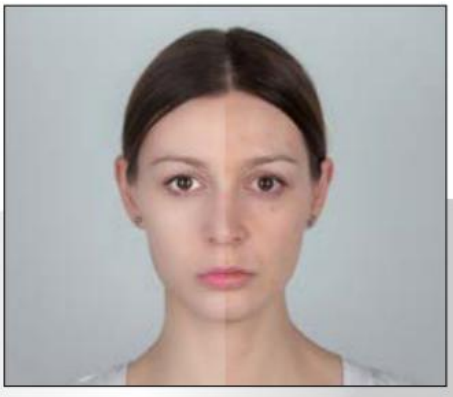
Media review

Photoshopping

The Telegraph

Picture tricks impacting on body image discouraged

Images that are digitally-enhanced and published by the mass-media are restricted by laws in France and Israel, which require clear labelling on any photo that has been edited to make its subject appear slimmer or airbrushed.



At present, there are no regulations in Australia despite the fact that body image is one of the biggest concerns of Australians between the ages of 11 and 24. With social media bombarding us with images more than ever before, women in particular are increasingly concerned about their bodies.

It is common practice for photographs to be photoshopped, changing the body shapes and faces of women presented through the media. Images featuring celebrities and athletes are often edited to 'improve' their appearance. Lighting is often changed, along with skin tone. Blemishes, such as pimples and freckles, are eradicated. Bust and body shape may also be altered to slim the individual or increase their curves/muscles.

Young people who read magazines and browse social media are supplied with these images of unachievable aesthetics that are impossible to match – regardless of the products they are enticed to buy – on a daily basis, often without realising they have been altered.

Advocacy groups and government bodies in Australia have conducted many studies to assess the impact altered images can have on young people. A Voluntary Industry Code of Conduct on Body Image was established in 2009, but no laws have been put in place.

Whether regulations, such as those in France and Israel, should be imposed on the Australian fashion industry has experts divided. Some believe that regulation is unrealistic, as not all images can be traced to their original versions.

Activity

1. Discuss how the issue of body image is relevant in your life and your circle of friends.

2. Were you previously aware of images of celebrities that have been photoshopped? If so, provide examples.

3. What would be the impact of presenting realistic (unedited) images to young people?

4. Propose other ways images could be regulated by the Australian Government.

Young people and risk

There are a number of factors which combine to put young males at greater risk of injury than females and other age groups. Risks associated with being a young male include:

- New levels of independence – young people generally start being more mobile during adolescence and have less adult supervision.
- Inexperience with situations which may require developing new skills, such as driving.
- Desire for experimentation and thrill-seeking, which includes inexperience and experimentation with alcohol and drugs.
- Less developed maturity, hazard perception and decision making skills – the area of the brain related to these functions is generally continuing to develop in young people.
- Risk taking tendencies – thrill-seeking behaviours are part of normal adolescent development.
- Strong influence of peers – at no time is the influence of peers greater than it is in adolescence. Young people are increasingly being influenced by peer group pressure.
- Gender stereotypes – the reduction of gender stereotypes has seen young women display the risk-taking characteristics of young males.
- Overconfidence in own ability and a sense of invincibility. As a result, they are more likely to take dangerous risks.

Activity

1. Identify a range of positive and negative risks young people participate in.

2. Explain how an individual decides whether to participate in risk-taking behaviours.

3. Describe how you can make decisions and avoid risky behaviours that may have negative consequences.

Alcohol risk and harm

The consumption of alcohol is widespread in Australia and associated with many social and cultural activities. While most Australians drink alcohol at levels that cause few harmful effects, a large proportion drink at levels that increase their risk of harm – affecting not only themselves but also families, bystanders and the broader community. The latest estimate of the social costs of alcohol abuse in Australia was slightly more than $14 billion – through productivity losses, traffic accidents, crime and health care costs.

Trends in alcohol consumption in Australia

One in four people (25.8% or five million people) aged 18 years and over exceeded the Australian Adult Alcohol Guideline in 2020–21. This includes those who either consumed more than 10 drinks in the last week and/or consumed five or more drinks on any day at least monthly in the last 12 months (12 occasions per year).

Men were more likely to exceed the guideline than women (33.6% compared to 18.5%). Women were more likely to not exceed the guideline (77.3% compared to 61.3%). Almost seven in ten (69.5%) people aged 18 years and over did not exceed the guideline.

How people exceeded the guideline

- One in seven (14.4%) people aged 18–24 years consumed more than 10 standard drinks in the week prior to interview
- One in four people aged 55–64 years consumed more than 10 standard drinks in the last week compared to one in five aged 75 years and over (25.0% compared to 19.3%)
- People aged 18–24 years were more than three times as likely as those aged 75 years and over to have consumed five or more standard drinks on any day in the last year at least monthly (22.0% compared to 6.5%).

Source: www.abs.gov.au/statistics/health/health-conditions-and-risks/alcohol-consumption/latest-release

Activity

Visit www.abs.gov.au/statistics/health/health-conditions-and-risks/alcohol-consumption/latest-release and summarise the information under the following headings.

Characteristics of people who exceeded the guideline

Average number of drinks consumed when exceeding the guideline

Self-reported alcohol consumption

Illicit drug use

'Illicit use of drugs' covers the use of a broad range of substances, including:

- illegal drugs – drugs prohibited from manufacture, sale or possession in Australia, including cannabis, cocaine, heroin and amphetamine-type stimulants
- pharmaceuticals – drugs available from a pharmacy, over-the-counter or by prescription, which may be subject to non-medical use (when used for purposes, or in quantities, other than for the medical purposes for which they were prescribed). Examples include opioid-based pain relief medications, opioid substitution therapies, benzodiazepines, steroids, and codeine
- other psychoactive substances – legal or illegal, used in a potentially harmful way – for example, kava; synthetic cannabis and other synthetic drugs; inhalants such as petrol, paint or glue.

Illicit drug use affects individuals, families and the broader Australian community. These harms are numerous and include:

- health impacts, such as burden of disease, death, overdose and hospitalisation
- social impacts, such as violence, crime and trauma
- economic impacts, such as the cost of health care and law enforcement.

Some specific population groups are at greater risk of experiencing disproportionate harms associated with illicit drug use, including young people, people with mental health conditions and people identifying as gay, lesbian, bisexual, transgender or intersex.

Source: www.aihw.gov.au/reports/illicit-use-of-drugs/illicit-drug-use

Activity

Visit www.aihw.gov.au/reports/illicit-use-of-drugs/illicit-drug-use and summarise the information under the following headings.

How common is illicit drug use?

Trends in illicit drug use

Deaths

Young people

Youth suicide

Suicide is the leading cause of death among Australians aged 15–24. The proportion of deaths by suicide is relatively high among children and young people due to the fact these age groups do not tend to die from other causes. In 2020:

- 381 Australian young people (aged 18–24) took their own lives.
- 99 deaths by suicide occurred among children and adolescents (aged 5–17) with the majority occurring in those aged 15–17 (74% in 2020).
- Deaths by suicide represented 31% of all deaths in young people aged 15–17 and 39% of all deaths in those aged 18–24 – up from about one-quarter (25%) of all deaths in these age groups in 2010. In children aged 14 and below the proportion of deaths by suicide is low compared with the two older age groups; in 2020 deaths by suicide represented 12% of all deaths in this age group.

Source: www.aihw.gov.au/suicide-self-harm-monitoring/data/populations-age-groups/suicide-among-young-people

While suicide can affect anyone regardless of age, gender, race, income and family background, some young people are at greater risk of self-harm and suicidal behaviour. The good news is that youth suicide is mostly preventable. About 80% of young people who complete suicide told someone they intended to kill themselves.

Suicide occurs across all socioeconomic levels. Suicide can be an impulsive act or a planned action. All people – not just mental health professionals – can help young people experiencing suicidal thoughts by providing emotional and practical support.

Warning signs of youth suicide

Predicting suicide is difficult. Changes in behaviour outside the person's normal range of behaviour (and which do not make sense to those close to them) may be a warning sign. Other warning signs may include loss of interest in previously pleasurable activities; giving away prized possessions; problem behaviour and substance misuse; lack of care (apathy) about dress and appearance, or a sudden change in weight; sudden and striking personality changes; withdrawal from friends and social activities; or increased ‘accident prone’ incidents and self-harming behaviours.

Source: www.betterhealth.vic.gov.au

Activity S I

1. Research the triggers of youth suicide.

2. Describe how you can help a young person who is experiencing suicidal thoughts.

3. In the table below, provide the facts for the myths concerning suicide.

Myth	Fact
Young people who talk about suicide never attempt or complete it – they are just seeking attention	
Once a person is intent on suicide, there is no way to stop them – they will be suicidal forever	
Suicide is hereditary	
All suicidal young people are depressed	
A marked and sudden improvement in mental state following a crisis indicates the suicide risk is over	

Suicide prevention

There are a number of organisations in Australia that exist to raise awareness and prevent suicide. World Suicide Prevention Day (WSPD) is held every year on September 10th. On this day numerous events, conferences, campaigns and local activities call to public attention one of the world's largest causes of premature and unnecessary death – suicide.

The International Association for Suicide Prevention, in collaboration with the World Health Organization, calls upon governments, government agencies, non-government organisations, international and national associations, local communities, clinicians, researchers and volunteers to be involved in the organisation of WSPD activities.

In Australia, there are a number of organisations that offer support and professional services to help prevent suicide. These include:

- Lifeline
- Suicide Call Back Service
- Beyond Blue
- Suicide Prevention Australia
- Kids Helpline.

Activity

In the tables below, research the contact details and support offered by the groups involved in suicide prevention.

Lifeline	
Contact details	
Type of support offered	

Suicide Call Back Service	
Contact details	
Type of support offered	

Beyond Blue	
Contact details	
Type of support offered	

Suicide Prevention Australia	
Contact details	
Type of support offered	

Kids Helpline	
Contact details	
Type of support offered	

Violence

Violence is the intentional threat or actual use of physical force or power against oneself, another person or a group that results in injury, death, psychological harm, abnormal growth or deprivation (WHO, 2002). Violence occurs as a result of a combination of individual, interpersonal and societal factors and has both an economic and human toll on society. There are three broad categories of violence:

- interpersonal violence between related or unrelated individuals
- collective violence between groups
- self-directed violence by an individual toward themselves.

Compared with females, males were far less likely to experience family and intimate partner violence and were more commonly the perpetrators of interpersonal violence. Males experienced higher rates of community violence (violence between unrelated parties), particularly during adolescence and early adulthood. Intimate partner violence is also an issue within same-sex relationships, particularly between males.

One in six Australian women and one in 16 men have been subjected, since the age of 15, to physical and/or sexual violence by a current or previous cohabiting partner. Family, domestic and sexual violence happens repeatedly – more than half (54%) of the women who had experienced current partner violence, experienced more than one violent incident.

The number of victims of assault recorded in NSW remained relatively stable, decreasing by less than 1% (218 victims) from 2020 to 64,689 victims in 2021. The victimisation rate also declined, from 795 to 790 victims per 100,000 persons. This was the lowest victimisation rate for victims of assault recorded in NSW since 1997. Most assaults occurred at a residential location (60% or 38,536 victims), or did not involve the use of a weapon (96% or 62,294 victims). For victims of assault, over half (52%) were male (33,425 victims), almost a quarter (23%) were aged between 25 and 34 years at the date of report (15,037 victims) and a higher proportion of females were assaulted by a family member (53% or 16,545 victims), compared with males (25% or 8,281 victims).

Source: www.abs.gov.au/statistics/people/crime-and-justice/recorded-crime-victims/latest-release

Family, domestic and sexual violence

Family, domestic and sexual violence is a major health and welfare issue. It occurs across all ages, and all socioeconomic and demographic groups, but predominantly affects women and children. Men are more likely to experience violence from strangers and in a public place; women are most likely to know the perpetrator (often their current or a previous partner) and the violence usually takes place in their home.

The term 'violence against women means' any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life.

Source: United Nations Declaration on the Elimination of Violence against Women

Domestic violence refers to acts of violence that occur between people who have, or have had, an intimate relationship. While there is no single definition, the central element of domestic violence is an ongoing pattern of behaviour aimed at controlling a partner through fear, for example by using behaviour which is violent and threatening. In most cases, the violent behaviour is part of a range of tactics to exercise power and control over women and their children, and can be both criminal and noncriminal. Domestic violence includes physical, sexual, emotional and psychological abuse.

- Physical violence can include slaps, shoves, hits, punches, pushes, being thrown down stairs or across the room, kicking, twisting of arms, choking, and being burnt or stabbed.
- Sexual assault or sexual violence can include rape, sexual assault with implements, being forced to watch or engage in pornography, enforced prostitution, and being made to have sex with friends of the perpetrator.
- Psychological and emotional abuse can include a range of controlling behaviours such as control of finances, isolation from family and friends, continual humiliation, threats against children or being threatened with injury or death.
- Family violence is a broader term that refers to violence between family members, as well as violence between intimate partners. It involves the same sorts of behaviours as described for domestic violence.

Source: www.dss.gov.au

Sexual assault

There were 11,546 victims of sexual assault in 2021, up 2% (270 victims) from the previous year. This was the highest number of victims recorded for this offence in NSW across the twenty-nine year time series. The victimisation rate also increased from the previous year to the highest recorded in 2021, from 138 to 141 victims per 100,000 persons. Most sexual assaults in 2021 occurred at a residential location (65% or 7,529 victims), and did not involve the use of a weapon (almost 100% or 11,517 victims). Most victims of sexual assault were female (83% or 9,540 victims), were aged under 18 years at the date of incident (71% or 8,163 victims), knew the offender (83% or 9,580 victims), and reported the incident to police within a year (65% or 7,535 victims). Around two in five (41%) sexual assault incidents were family and domestic violence related (4,711 victims).

Source: www.abs.gov.au/statistics/people/crime-and-justice/recorded-crime-victims/latest-release

ICT task

1. Groups such as UN Women Australia and Our Watch campaign to prevent men's violence against women. Create a fact sheet on one of these organisation's programs and what it aims to do. Take notes in the space below before designing and presenting your fact sheet using appropriate ICT software.

2. In small groups of 3–4, film a 30-second infomercial about violence against women. Draft your ideas in the space below before filming and editing your advertisement using appropriate ICT software.

Media review

Preventing coward-punch violence

The Telegraph

Cowardly attacks result in minimum jail terms

On February 1st, 2014, a mandatory minimum eight-year jail sentence came into force in New South Wales for one-punch assaults, to combat drug- and alcohol-fuelled violence.

This law now applies regardless of whether a person dies directly from a punch to the head or if the impact causes them to hit their head and die as a consequence. The penalty is designed to deter offenders and provide more protection for the community.

One-punch assaults are unprovoked hits, thrown in anger at a person who is caught unaware and is often an innocent bystander. Once described as a 'king hit', this disgusting type of assault has been relabelled more appropriately as a 'coward punch' in the past few years, as it is a cowardly move and dangerous enough to end a life.

The mandatory punishment followed the January 2014 announcement of related laws to enforce 10pm closure of bottle shops, 1.30am lockouts from clubs/bars and last drinks at 3.00am, due to the link between violence and the consumption of alcohol or drugs.

Historically, both the victims and perpetrators of coward punches are typically young males. Daniel Christie was just 18 years old when he was fatally punched on New Year's Eve in 2013 by 27-year-old Shaun McNeil. Another 18-year-old, Thomas Kelly, was also fatally punched less than six months earlier (in July 2012) by 21-year-old Kieren Loveridge, in almost the same location in Kings Cross.

It takes a coward to raise a fist at an innocent individual. It takes a strong person to use self-control.

Activity

1. Research and describe a recent one-punch incident that has occurred in your state or territory.

2. Watch the *A Coward's Punch Can Kill* advertisement featuring Danny Green on YouTube at http://youtu.be/EH79j9BQjDE and explain the message the advertising campaign is trying to send.

3. In small groups, create your own anti-violence advertisement. Draft your script in the space below before filming and editing your advertisement using appropriate ICT software.

Gambling

Gambling is the betting of money or belongings, on an event that has an uncertain outcome that is decided mostly by chance. The main aim is to win additional money or goods. The main forms of gambling include:

- Casino games
- Instant scratch tickets
- Sports betting
- Poker machines
- Lottery tickets
- Online betting.

Australia has a history of a strong gambling 'culture'. With 80% of adults engaging is some kind of gambling; Australia has the highest rate of gambling in the world.

In the past few years, there have been increased opportunities for gambling through social media, mobile apps and video games, allowing young people to be exposed to gambling and its promotion. It has caused changes in the way that adolescents view and interact with gambling, both as an idea and as product. Young people are up to five times more vulnerable to developing gambling problems than adults. The majority of Australians have also said they have gambled when they were minors. In a year, 60–80% of teenagers will have gambled in some way.

Some young people are more likely to gamble than others. For example, boys are more likely to gamble than girls, and younger adolescents are less likely to gamble than young adults. However, high rates of participation in gambling are found in most groups of young people. Studies that have been conducted on adults with gambling problems have indicated that a substantial amount began gambling while underage.

People who have a gambling problem can lose, on average, $21,000 a year and the impacts of problem gambling to the community can be estimated at a social cost of $4.7 billion a year.

Source: www.responsiblegambling.vic.gov.au

For more information on youth gambling, watch the YouTube video at http://youtu.be/NTXN-bgKzNU

TIP: Use the comment or mark-up function of your PDF viewer to complete Question 3.

Activity

1. Identify why people gamble.

2. Define ‘responsible gambling’ and ‘problem gambling’.

3. The continuum below shows the stage a gambler may go through from not having a problem with gambling (such as a recreational gambler) to someone with a gambling addiction. Complete the behaviours and outcomes for each stage of the continuum. An example has been provided.

No problem	Moderate problem	Severe problem
Viewed as:	Seen as:	Present as:
▪ entertainment	▪ concealing gambling	▪ depression

4. Explain some of the ways that gambling has changed in today's culture.

5. Propose some reasons why young people are gambling more often.

6. Identify how you would notice if your friend has dangerous gambling behaviours and outline behaviours that can increase the risks of developing a gambling problem.

7. Describe some of the consequences that gambling can cause for young people.

Gambling support networks

Gambling addiction is increasingly being recognised as a public health issue. In Australia, there are approximately 90,000 people with problem gambling issues, with a further 300,000 people at risk of developing a problem with gambling. It is estimated that for each person with a gambling problem, seven others are also affected. To reduce the incidence of problem gambling and encouraging people to seek help, the Australian Government has identified a range of actions. These include:

- Increasing prevention and intervention efforts to reduce gambling related harm.
- Raising awareness of the help available for gambling problems.
- Tackling the barriers which may prevent problem gamblers from seeking help.
- Improving accessibility and flexibility within treatment services.
- Providing online self-help programs as an alternative or in addition to face-to-face counselling.
- Providing a variety of options for problem gamblers to seek help, to allow for individuals to seek the help which best suits them.
- Working with mental health and alcohol and other drug sectors to provide integrated care for problem gamblers with co-occurring conditions.
- Conducting world leading research to ensure help options for problem gambling are based on sound evidence.

Source: www.health.gov.au

Activity

Research two services that offer help for problem gamblers and complete the following:

- Outline the services provided.
- Write down at least one other thing you would like to know about this service. Find out the answer/s to your question.
- Overall, evaluate how helpful this service would be for young people. Remember to justify your response.

Service #1:

Service #2:

Skin cancer

Hereditary factors play an important part in susceptibility to skin cancer. Skin type is genetic. If an individual's parents have fair skin, they are likely to have light skin also, and will have a greater risk of skin damage due to exposure to the sun. Most people have moles and freckles. However, if a person has a great number of freckles or moles (more than 50 moles), they are at risk of skin damage.

Moles or freckles that grow, change shape or colour, bleed or ulcerate, or new spots that appear, should be treated with suspicion. Individuals should have their doctor check out any unusual spots as soon as possible as early detection is crucial.

The sooner a skin cancer is identified and treated, the better the chance of avoiding surgery, potential disfigurement or even death. There are three main types of skin cancer:

- melanoma
- basal cell carcinoma (BCC)
- squamous cell carcinoma (SCC)

Melanoma

Melanoma is the least common but most dangerous type of skin cancer. Most of the skin cancer deaths are from melanoma. The moles or spots typically change size, shape and colour. They may also have an uneven outline.

There are over 11,000 new cases diagnosed each year and Australians have a risk of one in 19 of developing melanoma. For people who are aged 15–44, melanoma and breast cancer as the most common types of cancers. It is possible to prevent at least 80% of melanomas in Australia. Melanomas may be treated through a number of drugs and medication or surgery.

Basal cell carcinoma

Basal cell carcinoma is the most common type of skin cancer. If left untreated, the cancer can damage nearby tissues and organs. The spots grow slowly over months and years. They can be shiny, pearly nodules or red patches like eczema.

Three in 10 Caucasians will develop a BCC within their lifetime. In 80% of cases, BCC is found on the head and neck. The majority of cases can be successfully treated through surgery, chemotherapy, immunotherapy or radiation.

Squamous cell carcinoma

Squamous cell carcinoma is less common than BCC but grows faster and can spread to other parts of the body. The cancer may look like an ulcer or reddish skin patch that is growing, bleeding on the lip or a lesion with hard, raised edges.

Males are affected by SCC at twice the rate for females. The vast majority of cases can be successfully treated before serious complications occur through surgery or topical medication.

To learn more about skin cancer, watch the YouTube video at https://youtu.be/key7ZQmlonc.

Activity

Melanoma

Create a melanoma fact sheet. Your fact sheet should include information on:

- what is melanoma?
- how is it diagnosed?
- stages of melanoma
- treatment options.

Tanning

A suntan is a sign of skin damage. A tan is not a sign of good health, but rather a sign that skin is trying to protect itself from the sun's ultraviolet (UV) rays. There is no such thing as a safe tan. Exposure to UV radiation from the sun or a solarium increases your risk of skin cancer and ages your skin. In fact, 80% of fine lines and wrinkles can be attributed to UV exposure. People with fair skin have a greater risk of developing skin cancer than those with naturally dark skin.

Many people mistakenly believe that having a tan protects their skin against sunburn and UV damage. In fact, a tan offers minimal protection against sunburn (equivalent to around SPF 3). Even without burning, UV radiation can cause long-term, irreparable DNA damage.

Over the past 30 years in Australia, campaigns to heighten awareness of skin cancer have resulted in fewer people sunbaking. Recent public awareness campaigns have also challenged the perception that tanned skin is more desirable than pale skin. While there have been improvements, the desire for the appearance of tanned skin still exists, especially among younger people. Consequently, alternative tanning methods have become increasingly popular. Commonly used alternatives to sunbaking include fake tanning lotions, tan accelerators and, previously, solariums (which are now banned in Australia).

Fake tanning lotions, sprays and creams offer little protection from the sun's UV rays. Some brands advertise that they include a high SPF sunscreen, however any protection from UV does not last for as long as the fake tan and sunscreen reapplication should occur every two hours. To get the best protection from UV, sunscreen should be used in conjunction with hats, protective clothing, sunglasses and shade.

Source: www.betterhealth.vic.gov.au

Activity

Research the types of tanning products available in Australia.

ICT task

Visit YouTube and watch a variety of skin cancer advertisements, such as:

- *Dear 16-year-old*
- *SunSmart Camp*
- *Wes Bonny's Sto*
- *The dark side of*
- *How the sun see*

Community health

Range and type of health facilities and services

The Australian health care environment is complex, with many types of public and private service providers and a variety of funding and regulatory mechanisms. Those who provide services include a range of medical practitioners, nurses, other health professionals, hospitals, clinics, and government and non-government agencies. Funding is provided by all levels of governments, health insurers and individual Australians.

Historically the focus of health care has been on diagnosis, treatment and rehabilitation of conditions once they occurred. More recently, greater emphasis has been placed upon health promotion, prevention and early intervention in order to minimise health costs and improve the quality of life of Australians.

Activity

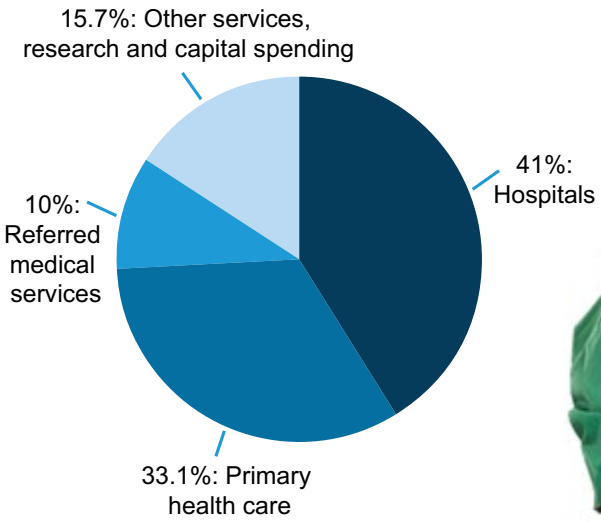
Research the nearest location of the facilities listed below.

- Private hospital
- Public hospital
- Psychiatric hospital
- General practitioner
- Dentist
- Chemist
- Counselling service
- Aged care service
- Baby health centre
- Chiropractor
- Physiotherapist
- Optometrist

Impact of emerging new treatments and technologies on health care

Considerable planning in future health care demands have been undertaken, but it should be noted that any estimates should be interpreted with caution as developments in health technologies and health service use and advances in prevention and treatment may drastically alter the projected outlook for some diseases.

Where does the money go?



Source: www.aihw.gov.au/reports/health-welfare-expenditure/health-expenditure

Activity

Analyse the graph and make three inferences between the graph and the current health system in Australia.

Activity

Medicare

1. What year was Medicare introduced?

2. Who pays the Medicare levy and how much do they pay?

3. Identify who is eligible for Medicare.

4. Outline what Medicare pays for.

5. What is bulk billing?

6. Outline the medical costs not usually covered by Medicare.

7. What is the Pharmaceutical Benefits Scheme (PBS)?

Private health insurance

All Australians are entitled to receive treatment as public patients in public hospitals at no direct personal cost. As an alternative, private health insurance funds provide cover for their members who choose to be treated as private patients in either public or private hospitals. They also offer cover for a range of non-hospital health and health-related services such as dentistry, physiotherapy, podiatry, pharmaceuticals and spectacles.

The Australian Government provides the Private Health Insurance Rebate to encourage people to take out and maintain private health insurance. Most people are eligible for a rebate on their insurance costs. Private health insurers also have the option to offer people aged 18–29 years discounts of up to 10 per cent of their private health insurance hospital premiums. People retain the age-based discount until they turn 41, when it it is gradually phased out.

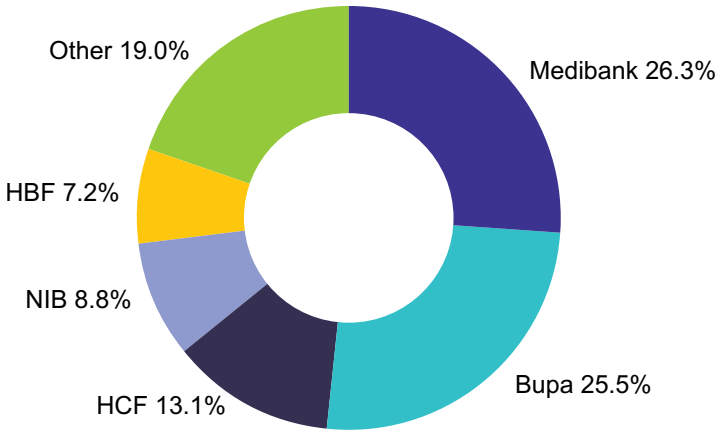
If a person purchases hospital cover after the July 1st following their 31st birthday, they will have to pay the Lifetime Health Cover (LHC) loading on top of their premium. The loading increases for every year a person is aged over 30. If a person is not covered by a private hospital insurance policy and they earn above a certain income threshold, they may have to pay the Medicare Levy Surcharge when they lodge their tax return.

Source: www.privatehealth.gov.au

Insured Australian consumers by policy type, June 2020 to June 2022

	Hospital only or combined cover	Extras cover only	Total insured persons
June 2020	11,197,395	2,413,400	13,610,795
% of population	*43.7%*	*9.4%*	*53.1%*
June 2021	11,442,584	2,522,329	13,964,913
% of population	*44.6%*	*9.8%*	*54.4%*
June 2022	11,678,283	2,594,046	14,272,329
% of population	*45.2%*	*10%*	*55.2%*

Insurer market share by Australians covered, 2020–22



Source: www.accc.gov.au/system/files/Private%20Health%20Insurance%20Report%202021-22.pdf

Activity

1. List the advantages and disadvantages of being in a private health fund.

2. How has the government encouraged Australians to join private health insurance?

Access to health services

Access to quality healthcare services in an appropriate time frame is critical for the health, safety and wellbeing of all Australians. Despite the best intentions of governments and health providers, the affordable and practical access to health services still remains a challenge for some sections of the community.

Activity

1. Working in small groups, brainstorm and record why access to sexual health support services may be more difficult for marginalised individuals and groups, such as:
   - lesbian, gay, bisexual, transgender and intersex people (LGBTI)
   - people in rural and remote areas
   - people from culturally and linguistically diverse (CALD) backgrounds
   - people with disability.

2. Propose changes to promote greater inclusiveness and accessibility to support services for all members of the community, including those groups described in question 1.

3. Research factors that influence young people's access to health information, products and services. Suggest actions that could address issues of inequitable access for young people.

Revision

1. Define the term stereotype.

2. Describe the term gender socialisation.

3. Propose a range of tips to promote a positive body image.

4. Outline the characteristics of people who exceeded the alcohol consumption guidelines in Australia.

5. Identify a range of positive and negative risks young people participate in.

6. Describe the warning signs of youth suicide.

7. Identify where most sexual assaults occurred and who the victims were.

8. Define ‘responsible gambling’ and ‘problem gambling’.

Additional notes

Additional notes

Additional notes

Student feedback report

Your feedback helps teachers monitor your learning experiences, to plan for future lessons and make them as meaningful, relevant and rewarding as possible…

1. What did you learn during this unit?

2. Were there any issues relating to this topic that were not covered that you believe should have been?

3. List three things you enjoyed the most and least about this unit.

a. _____

b. _____

c. _____

d. _____

e. _____

f. _____

4. Did you have the opportunity to discuss issues about this topic in class?

5. Did you think the workload was fair?

6. Did you find the content covered in class to be relevant to your age group?

7. How would you rate your knowledge of this topic?

Keys for life

Titan Education
Customised learning

Road safety

Driving is an extremely high risk activity. Individuals are more likely to die in a car accident than a range of other occurrences such as drowning, being murdered or dying in a plane crash. Driving is extremely common in Australia. It is often considered a rite of passage when young people receive their license and gain independence, although the risks associated with driving are increased for adolescents and inexperienced drivers.

In 2022, there were 1,194 road crash deaths. This is an increase of 5.8 per cent from 2021. Over the decade national fatalities have remained largely flat. Fatality rates per population declined over the decade by a total of 10.4 per cent (from 5.1 to 4.6). The largest reductions in this rate were in New South Wales (down 20.1 per cent) and in South Australia (down 33.5 per cent).

Deaths of vulnerable road users (motorcyclist, pedestrian and pedal cyclist) were also largely flat over the decade. Within this group, motorcyclist deaths increased slightly and for pedestrians and pedal cyclists, the trends were both marginal reductions. Vehicle passenger deaths declined the most out of all road user groups (2.5 per cent per annum).

The decade-long trends by age group are also weak, with no strong consistency. Deaths in the 17 to 25 years age group account for 19 per cent of all deaths (and 11 per cent of population). The age group ≥ 65 years account for 21 per cent of total deaths and 17 per cent of total population.

Deaths by road user

	Driver	Passenger	Pedestrian	Motorcyclist	Cyclist	Total
2014	533	228	151	191	45	1,151
2015	555	251	161	203	31	1,204
2016	622	208	182	249	29	1,292
2017	566	235	161	211	39	1,222
2018	521	204	177	191	35	1,134
2019	570	205	159	210	39	1,186
2020	534	189	138	188	41	1,095
2021	528	181	132	235	40	1,123
2022	555	182	164	244	35	1,194
% Change 2021–2022	4.7	0.0	23.3	3.0	-14.6	5.8
Ave. trend change %	-0.4	-2.5	-1.0	1.0	-1.0	-0.5

Source: www.bitre.gov.au

Critical inquiry

Analyse the factors that increase the chance of young drivers being involved in road accidents.

	Points to note
	Restate the topic sentence in your opening statement. Give a brief overview of the key points and the relationship between them.
	Refer to the topic sentence at the start of each paragraph. Explain each point and provide evidence to support your view.
	Use linking words/ phrases to help your analysis flow, such as "in order to", "as a result", "therefore" or "leading to".
	Explain the relationship between your points and the topic.
	Conclude with the effect of the points raised and their relationship to the topic.

Getting your licence

Questions

1. Describe how to obtain a learner's licence.

2. Outline what learner drivers must do when driving.

Activity

Explain the safety purpose behind a range of learner and P plate driver restrictions in your state or territory.

Speeding

Speeding is a contributing factor in about 41% of road deaths. This means that nearly half of all road deaths are due to people breaking the law – doing something that everyone with a licence knows is illegal and dangerous.

According to recent statistics:

- Speeding causes about twice as many deaths as fatigue-related crashes.
- Speed-related crashes injure about eight times more people than those hurt in crashes because they didn't wear seatbelts.
- In 2022, approximately 490 people died in speed-related crashes.
- The risk of being involved in a fatal accident doubles with each 5km/h increase in speed when travelling over 60km/h.

Source: www.bitre.gov.au

ICT task

Review a current road safety app.

Driver fatigue

Fatigue is a major contributing factor to road accidents. It is a factor in up to 35% of fatal road crashes. Fatigue-related crashes are most likely to occur between midnight and 6am. Early warning signs of fatigue include:

- yawning
- restlessness
- moving in and out of a lane
- tired eyes
- oversteering
- unaware changes in speed

Once fatigued, the only cure is to stop and take a break. Fatigue while driving can result in microsleeps – brief, unintended episodes of sleep lasting for between a few seconds and a few minutes. Individuals may not even be aware they have had a microsleep – they can occur when a person's eyes are open.

To learn more about driver fatigue, watch the following videos:

- *Tips To Avoid Driver Fatigue*: http://youtu.be/NvfNN-wUAV8
- *Don't Trust Your Tired Self:* http://youtu.be/-WFuqzHNaTs

Distracted driving

The use of mobile technological devices while driving has led to countless motor vehicle accidents – many of them with fatal outcomes. The temptation to text may be all it takes to distract a driver. Distracted drivers put themselves and the lives of others at risk. Who would imagine that sending a quick smiley face text message could result in a fatal crash? It's never worth the risk.

Making smart choices saves lives. Rather than responding to a text message or answering an important call while driving, there are easy life-saving options that can be taken.

- Drivers can simply pull over to the side of the road to respond, except on a clearway or motorway. In such cases, drivers would need to find a side street or exit the motorway to return a call safely.
- Voicemail can be activated and the phone switched to silent mode while driving, to avoid the temptation of answering.
- Some phones have a function available that automatically sends a message to anyone who calls or texts when the phone is in 'car mode', enabling drivers to inform the caller/sender that they are driving and will respond as soon as they have arrived at their destination.
- For fully-licensed drivers, mobile phone holders are a legal, hands-free option. Caution is still required if these devices are used. Conversations can be distracting in a cognitive way, especially if heated topics are being discussed while driving.

Distraction through phone use while driving can be as dangerous as having a blood alcohol concentration of 0.05%. Many people may think they are multi-tasking and being clever by driving while using their phone at the same time. In moments, they could also be juggling injuries and regret. It is illegal to text and drive. There is zero tolerance for it. Make wise choices by avoiding distractions while driving. Your life could depend on it.

Activity

Watch an advertisement for the *Get your hand off it* road safety campaign at https://youtu.be/cYCn8OQCbzQ before answering the following questions.

1. Identify the behaviours in the video clip that distract the drivers from safely concentrating on the road.

2. Suggest other potential distractions for drivers.

3. Why do you think people may choose to text while driving even though they are aware that it is illegal and dangerous?

4. Describe how phones have contributed to an increase in demerit points for young people while driving.

5. Record a list of internet resources, such as websites or YouTube clips, that promote safe driving and highlight the dangers of texting while driving.

Drink and drug driving

In Australia, all drivers can now be randomly tested for alcohol and drugs in their system.

The level of alcohol in your bloodstream is referred to as blood alcohol concentration (BAC). BAC limits are zero for L-plate and P-plate drivers and 0.05% for fully licensed drivers. The amount of alcohol in your bloodstream is difficult to accurately calculate without expensive equipment, because it depends on a number of factors which vary for different individuals and situations. These factors include gender, body size, amount of alcohol consumed, the time taken to consume alcohol, the amount of food in the stomach and the condition of the liver. Drinking coffee, energy drinks or sleeping does not speed up the process of alcohol leaving the body.

Average drink servings

Beer	Wine	Spirits
▪ 1.5 standard drinks ▪ 375mL full strength beer ▪ 4.9% alcohol/volume	▪ 1.8 standard drinks ▪ 180mL average restaurant serve of wine ▪ 12% alcohol/volume	▪ 1.5 standard drinks ▪ 375mL pre-mix spirits ▪ 5% alcohol/volume
		

Drug driving is a serious road safety issue. In the last five years approximately 41% of all drivers and motorcyclists killed who were tested, had drugs in their system, with cannabis, methamphetamine (speed and ice) and ecstasy the most common substances detected.

The procedure for random roadside drug testing is as follows.

1. Drivers are asked to provide a saliva sample by placing a small absorbent pad on their tongue for a few seconds.
2. The sample is analysed at the roadside, this takes about three minutes.
3. Drivers with a positive result are taken to a roadside bus for further testing.
4. If this test is also positive, the sample is sent to a laboratory for confirmation.
5. The results of this lab test form the basis for charging the driver.

Any driver may be asked to take a saliva test at any time. The saliva tests do not detect prescription drugs or common medications such as cold and flu tablets.

Penalties for drink and drug driving include loss of licence, fines and jail terms. Harsher penalties apply for a second offence.

Activity

Investigate how the following drugs affect driving performance.

Alcohol

Cannabis

Ice

To learn more about drink and drug driving, watch the following YouTube clips:

- http://youtu.be/Z2mf8DtWWd8
- https://youtu.be/9rWMkFzvArE
- https://youtu.be/QlQBzpydFYU
- https://youtu.be/sWLDocCjS5Q
- https://youtu.be/n6p2G26Sw30

TIP: You can use the comment or mark-up function of your PDF viewer to complete Question 1.

First aid for road injury and trauma

There are many accident settings requiring first aid. The most common first aid scenario is a traffic accident. In a traffic accident involving two or three casualties, the first aider will need to assess each of the casualty's injuries and situations to determine the order of first aid management. Often, these decisions will need to be made in situations of critical urgency.

As a general rule, casualties are treated in order of urgency. For example, a casualty who is unconscious and not breathing would take priority over a casualty with abrasions or injuries that did not require urgent attention.

First aid management may be limited by the resources available. Therefore, it is of critical importance that the emergency services are called as a matter of priority.

The emergency scene must be made safe for yourself, the bystanders and the casualty.

Activity (S) (I)

1. Brainstorm the dangers you would expect to see at a road accident.

2. Describe the DRSABCD action plan.

D	
R	
S	
A	
B	
C	
D	

3. Watch a demonstration of DRSABCD at http://youtu.be/yBDk_dlzvaQ.

Activity

Road safety campaigns

1. The following table lists previous and current road safety campaigns. Research the aim of each campaign and analyse how effective you think the campaign has been.

Campaign	Aim	Effectiveness
What's your Plan B		
Get your hand off it		
Towards Zero		
Stay wider of the rider		
Who's Your Sober Bob?		

2. As a class, discuss the campaigns you thought were effective and ineffective.

Additional notes

Additional notes

Additional notes

Additional notes

Additional notes

Sexual health

Titan Education
Customised learning

Relationships

We will form many relationships in our lives, from those with our parents/carers to those we develop with friends and romantic partners. Individuals have varying feelings and opinions and contrasting ways of communicating. At one point in time, a relationship will inevitably experience conflict or misunderstanding. It is crucial to learn how to negotiate and resolve conflict effectively to ensure a relationship endures adversity.

Although relationships can enhance self-esteem and self-confidence, they also have the potential to cause physical and/or mental harm. Power may be used immorally and various forms of abuse may occur, which significantly impact on wellbeing. An individual may experience physical, sexual, emotional or financial abuse in a range of relationships. Individuals may be victim to family violence, date violence or sexual harassment in a range of settings. It is important for individuals to learn how to 'speak up' and develop personal safety strategies to protect themselves from violence and abuse.

Activity (S) (I)

In your own words, define the following terms as they relate to the topic of relationships.

Term	Definition
Apprehension	
Empathy	
Negotiate	
Perpetrator	
Tolerate	

Building and maintaining relationships through communication

Communication is a vital ingredient in building and maintaining healthy relationships. Communication skills such as active listening, arguing constructively, conflict resolution and empathy are essential in building caring and positive relationships.

Activity

Explain how the following skills improve communication and can help build caring and positive relationships.

Skill	How it improves communication
Active listening Active listening involves non-verbal communication skills such as maintaining eye contact, showing interest in what is being conveyed and displaying positive body language.	
Arguing constructively A important skill that needs to be learnt in order to argue a belief without letting emotions get out of hand. If this does happen, often an argument disintegrates into physical and/or verbal abuse.	
Conflict resolution Conflict resolution can be performed by remaining alert and calm, controlling your emotions and behaviours and being aware of and respectful for differences.	
Being empathic An important skill for young people to develop is empathy. Being empathic means that a person is able to respect the rights, feelings, beliefs and opinions of another person.	

Case study

Appropriate and respectful relationships

I met my first boyfriend when I was 15. He was three years older. I really looked up to him and thought he was so cool. At first he treated me really well and was very protective of me, always looking out for me.

A few weeks into our relationship, he started to become really jealous. He was constantly watching me and would go crazy if I talked to other guys. It was like he thought I was flirting with every guy I spoke to. At the time, I took it as a sign that he really loved me.

As time went on, it was like he owned me and wanted to control everything I did. He didn't like my friends either and didn't want me to hang out with them anymore. Whenever I tried to argue with him, he'd get really aggressive, start shouting at me and sometimes he'd grab me really hard, come up really close and stand over me and shout. Even though I was really upset, I'd just give in.

Sometimes he would apologise for shouting at me. Other times he would stay in a foul mood – just sit there in silence and sort of smash things around.

Once he was waiting for me after school and he saw me talking to this guy in my class. He got so angry with me for talking to another guy that he pushed me, really hard, and slapped me across the face.

A few people saw what happened, but my boyfriend just yelled at them to mind their own business. Everyone was too afraid to do anything, so they all just turned away.

Normally I'm a really sociable and happy, but I became really quiet with him and hardly ever smiled. I was just so stressed out all the time, constantly worrying what he thought, trying to do what he wanted so he wouldn't hassle me. I was really nervous around him and scared of setting him off.

I thought he really loved me and he wasn't always so bad to me – sometimes he was really nice. I thought if I was more like what he wanted me to be, he would treat me better.

Activity

Work in pairs or small groups to discuss and complete the following tasks.

1. Identify the key components of a healthy, respectful relationship.

2. Identify the warning signs of negative relationships.

3. Identify the feelings associated with being in an abusive relationship.

4. Explain how being in an abusive relationship affects health.

5. Investigate the support networks available to help people in abusive relationships.

Taking action if a relationship is not respectful

All relationships can go through rough experiences and have difficult times. Sometimes relationships don't work out and end up breaking apart.

It's important to respect the wishes of each person in the relationship. Going through a breakdown in relationship can be a very emotional, stressful experience and it's important for young people to keep the problem in perspective and look after their own mental and physical health. They should give themselves time to get back to feeling normal again and seek support from friends or family.

It is also important that young people are able to recognise when they feel no longer feel respected in their relationship or are unable to respect their partner. Taking necessary steps to either deal with the situation and move forward or distance and disengage from a relationship that is no longer healthy is extremely important.

Activity

1. Create a list of steps individuals can take should they feel they want to leave a relationship that is no longer respectful.

2. Create a blog post for teen viewers aimed at providing age-relevant information on how to handle a relationship that is no longer respectful. Include tips and advice, videos or links to other useful information. Use the space below to plan.

Consent

Consent refers to the provision of approval or acceptance. It refers to expressing willingness and giving permission. The age of consent in most states of Australia is 16.

In the context of relationships, consent refers to consensual sexual activity. Individuals involved in sexual activity need to be happy and comfortable for any activity to occur – otherwise it may be considered against the law.

To learn more about consent, watch *Tea Consent (Clean)* on YouTube at http://youtu.be/fGoWLWS4-kU

Activity

Recommend a number of ways individuals can say no or make their unwillingness known to someone else.

Consent

Definition of consent: Consent is giving permission or agreeing to something.
A few facts about consent:

- Consent allows you to control your own personal boundaries.
- Consent is all about respect. Respecting the rights of others and having your own rights respected.
- Consent means you have the right to say ‘no’ if something makes you feel uncomfortable or conflicts with your personal values.

Activity

Answer the follow questions about consent.

What situations could arise where you should ask for consent?

- To give someone a hug
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

What can you say or do if you decide to not give your consent?

- Say, "No, thank you."
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

What words or actions would indicate a person has given consent?

- Sure!
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

What can you do if you are being pressured or forced to do something you don’t want to?

- Tell a trusted adult
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Power in relationships – no means no

Adolescence is a time of significant physical, social and emotional change and sexual feelings are a normal part of this transition to adulthood. It is so important that young people to understand their rights and have the skills to make informed decisions regarding whether to become sexually active. Everyone has the right to make their own decisions, unaffected by pressure from a partner or peers. Individuals must be confident that the choices they make are the right choices for them, without the influence of alcohol and other drugs. Wise choices and assertive skills are the best chances to avoid regret and maintain safety from physical and sexual violence.

Activity

1. Working with a partner, discuss your opinions and answers to the following questions.

a. Can you say yes to sex and then change your mind? Justify your response.

b. Can you have a successful relationship without having sexual intercourse?

c. When does no mean no? Justify your response.

d. Why do people use the term ‘safer sex’ rather than ‘safe sex’?

2. Research six tips that would help a person assertively say no when they feel pressured into a situation they are not comfortable with.

3. Saying no doesn’t always come easy and many people find it difficult. How could you say no in the following risky scenarios? Working with a partner, practise saying no while the your partner tries to convince you to be involved in each scenario.

a. A boy/girl that likes you wants you to stay the night after their party. You have both been drinking heavily.

b. You are being pressured by your boyfriend/girlfriend to get drunk at a beach party.

c. Your boyfriend/girlfriend (who has moved interstate) is asking you to send them revealing photos.

Consent

Sexual consent refers to the full agreement to participate in sexual activities or sexual intercourse. Everyone has the right to say no to sexual activity. Communicating to a person to stop or slow down sexual advances can be made through both verbal and physical signals and/or communication.

An important part of any intimate relationship is both parties involved acknowledging and understanding consent. Consent involves individuals acknowledging that they agree to various behaviours in a relationship, and respect for all individuals' opinions and beliefs.

Case study

Claire's first romance

It was the beginning of Year 10 when I first met Mark. We met online when I was 15, and it wasn't long before I was in the giddy infatuation of my first romance. Our initial contact came about because of mutual Facebook friends and, although we went to different schools, we were able to meet up most weekends. During the week, we would stay up late most nights chatting online and messaging, and we seemed to have a real connection. Even though we hadn't had sex, we kissed and cuddled a lot, and on a few occasions Mark pressured me to send some nude pictures.

In the beginning, I found his constant texting really cute, and I loved the attention and the fact that someone cared for me. But then an aggressive, controlling side of Mark's personality started to surface. His texts were all about where I was, who I was talking to and why I wasn't responding to texts immediately. He started acting aggressively and accused me of cheating. Sometimes he would threaten to hurt me if I ever left him. On more than one occasion I was left with bruising on my arms from his grip.

He would often bring up the fact that we hadn't had sex and he believed if I made that commitment to him, he would know that I truly loved him and our relationship would get back to normal. I didn't give into his pressure, which I am grateful for today. I finally summoned the courage to leave Mark, but it didn't end there. He harassed me online for months, spreading rumours about me amongst our friends and distributing the images I had sent him in confidence.

I am in Year 12 now, but my experience with my first romance was traumatising and I find it extremely difficult to trust anyone or let my guard down again.

Questions

1. Many unhealthy, controlling relationships start out well, only to deteriorate over time. What are some of the warning signs that a person could look for?

2. Outline the potential dangers of sexting.

3. In this relationship, was sexual consent given? Explain your response.

4. Does Claire giving consent to kissing and cuddling mean consent for further sexual intimacy?

5. What strengths did Claire possess to extract herself from this dysfunctional relationship?

6. Suggest the skills and strengths Claire could further develop to enable her to confidently engage in a new relationship without fear of a repeat situation.

7. How has this relationship and being pressured into sexual activity affected Claire's wellbeing?

8. How would law enforcement view Mark's behaviours and what are the potential consequences for him?

Sexual abuse

Sexual abuse can be defined as actions where a person is pressured, tricked or forced into sexual activity which they would not normally consent to or do not consent to. The behaviours that can be considered sexual abuse include actions that make a person feel frightened, threatened or uncomfortable. Examples of sexual abuse include:

- incest
- child sex abuse
- rape
- indecent behaviour.

Activity

1. Research current sexual abuse statistics in Australia.

2. Identify a range of services available for victims of sexual abuse.

Sexual harassment

Sexual harassment is behaviour of a sexual nature that is uninvited and is intimidating, embarrassing and/or offensive. Although sexual harassment is viewed seriously in our society and is illegal, it often goes unreported due to perpetrators being in positions of power. Words and actions that constitute sexual harassment can range from openly hostile and intimidating behavior to more subtle, indirect actions.

Examples of sexual harassment include:

- Sexually suggestive comments and jokes
- Unwelcome requests for sex
- Sexually explicit communications, such as texts, social media messages or emails
- Inappropriate touching
- Displaying sexually explicit images, screensavers, magazines, posters, etc.
- Offensive graffiti
- Insults and sexually-based bullying.

Activity

Complete the true false quiz on sexual harassment.

		True	False
1.	If you want to report sexual harassment, you will need a witness otherwise it is just one person's word against another's.	☐	☐
2.	It's not sexual harassment if it is only meant as a joke and the person is just being overly sensitive.	☐	☐
3.	If the person welcomes the sexual behaviours, it is not sexual harassment.	☐	☐
4.	Girls do not sexually harass boys.	☐	☐
5.	If girls go out with revealing clothes, they shouldn't complain when they experience unwanted sexual comments.	☐	☐
6.	Boys are victims of sexual harassment just as often as girls.	☐	☐
7.	Telling sexually explicit stories cannot be deemed as harassment if they are true.	☐	☐
8.	A person can only complain about sexual harassment in situations where a reasonable person would have anticipated the action would humiliate, offend or intimidate.	☐	☐
9.	Schools have a legal responsibility to respond and take appropriate action against sexual harassment.	☐	☐
10.	Asking for sex cannot be sexual harassment if you respect and accept their answer.	☐	☐

The #MeToo movement

The #MeToo movement is a movement against sexual harassment and sexual assault. While the movement has been established for over a decade, it gathered momentum significantly in 2017 when the public learnt of multiple sexual misconduct allegations against Harvey Weinstein, a high profile US film producer. Soon after, many other women found the confidence to make complaints of sexual harassment and assault, often against people in positions of power.

n Australia, the issue gathered momentum again in 2021 when prominent sexual assault survivor Grace Tame was named Australian of the Year. In 2023, English comedian and actor Russell Brand was accused by four women of sexually assaulting them between 2006 and 2013.

Activity

Visit http://au.reachout.com/articles/what-is-sexual-harassment and summarise the information about the following topics.

How sexual harassment can affect you

What can you do if you are a victim?

Your options if the sexual harassment continues

Sexual choices and their consequences

Influences on sexuality

The choices that teenagers make about sexual activities can impact on their overall wellbeing. The decisions teenagers make – about relationships, participating in sexual activities and abstaining from sex – are influenced by numerous factors. Understanding the influences of these factors can allow individuals to make positive and responsible choices.

Activity

Describe how the following factors influence young people's values and beliefs about sexual behaviour.

Parents and family

Culture and religion

Friends and peers

The media

Contraception

Participating in safe sex refers to avoiding the exchange of semen, blood and other bodily fluids during sexual contact. This reduces the risk of unplanned pregnancy and contracting sexually transmitted infections (STIs). Contraception is one of the most common ways to prevent pregnancy and STIs. It refers to that action that a person will take in order to ensure safe sex by taking responsibility.

There are a number of contraceptive choices available in Australia. These include physical barriers and devices, hormonal methods (oral, implant and injectable), sterilisation and emergency methods. The method you choose will depend on a range of factors.

Choosing a contraceptive method to use should involve communication with the other partner, collection of accurate information from reliable sources and an evaluation of general health status. Decisions will also be affected by the type of relationship, values, morals and the convenience and availability of contraception choice.

It is important to realise t
contraceptive methods p
against STIs. Condoms c
used in conjunction with
contraceptive methods t
reduce the risk of infectio

It is important to assess
the pros and cons of eac
method and consider ho
they meet the needs of
the individual.

Sexually transmitted infections (STIs)

STIs are infections that are passed on through skin-to-skin contact and the exchange of infected body fluids. They are commonly spread during sexual contact and intercourse. There are three different types of STIs – bacteria, virus and parasites.

STIs can sometimes go unnoticed, as there may be no signs and symptoms of the infection. If they are left untreated, they can have serious effects on physical and sexual health and can cause infertility. STI tests are available from a doctor or health clinic and should be used for anyone who has had unprotected sex. Most infections are easily treated when diagnosed.

Common examples of STIs are.

- genital herpes
- chlamydia
- syphilis
- gonorrhoea
- hepatitis B
- HIV
- pelvic inflammatory disease

The most common sexually transmissible infection in Australia is chlamydia. In 2017, there were an estimated 255,228 new chlamydia infections in people aged 15–29 years. Almost three quarters of infections in young people remain undiagnosed and untreated.

The Australian Bureau of Statistics report that the incidence of STIs in the Australian population is increasing, although the reasons are unclear. Reasons could be that the safer sex message is losing impact or that greater awareness is leading to increased testing, notification and treatment.

Activity

Research HIV and STIs and answer the following questions.

1. Where can you get support if you are concerned about STIs?

2. How can you best protect yourself against STIs?

3. What would you consider ethical behaviour for a person who believes that they may have an STI?

4. Suggest reasons why three quarters of chlamydia infections in young people remain undiagnosed and untreated.

5. Describe the risks associated with casual contact with a person who is HIV positive.

6. Explain the difference between HIV and AIDS.

7. Is the trend for notification of HIV in Australia increasing, decreasing or stable?

8. Outline the precautions a first aider should take to protect themselves against blood-borne viruses.

Activity

Working in small groups, research the following STIs and report your findings to the class. Include symptoms, how the STI is transmitted and treatment options:

- Chlamydia
- Herpes
- Genital warts
- Gonorrhoea
- Syphilis
- HIV

Chlamydia

Herpes

Genital warts

Gonorrhoea

Syphilis

HIV

Revision

1. Describe the type of symptoms which would indicate a sexually transmitted infection.

2. Explain how discrimination can affect a person.

3. List the ways that HIV can be transmitted.

4. List the factors that influence a young person's values and beliefs surrounding sexual behaviour.

5. Describe what is meant by the term 'safer sex' and explain why it is not called 'safe sex'.

6. What are the health implications for victims of abusive relationships?

7. Suggest advice for someone who is experiencing a lack of respect in a relationship.

8. Why is assertive behaviour essential in dealing with conflict in sexual relationships?

9. Explain your understanding of sexual consent.

10. What is the difference between HIV and AIDS?

Additional notes

Additional notes

Student feedback report

Your feedback helps teachers monitor your learning experiences, to plan for future lessons and make them as meaningful, relevant and rewarding as possible…

1. What did you learn during this unit?

2. Were there any issues relating to this topic that were not covered that you believe should have been?

3. List three things you enjoyed the most and least about this unit.

a. _____

b. _____

c. _____

d. _____

e. _____

f. _____

4. Did you have the opportunity to discuss issues about this topic in class?

5. Did you think the workload was fair?

6. Did you find the content covered in class to be relevant to your age group?

7. How would you rate your knowledge of this topic?

Drugs

TitanEducation
Customised learning

Activity

Vocabulary list

Key terms from this unit are listed in the table below. Complete the activity by:

- providing a definition for each term
- correctly using the term in a sentence.

Term	Definition	Sentence using the term
Tolerance		
Dependence		
Stimulants		
Depressants		
Legislation		
Withdrawal		
Addiction		
Prescription		
Abuse		
Hallucinogen		
Central nervous system		
Amphetamine		

ICT tasks

In this unit of work, you will have the opportunity to use technologies to further your health literacy. Your learning experiences will involve:

Critical inquiry

- Research three anti-drug campaigns and highlight the strategies that are used to impact drug users and encourage them to quit.
- Research the rise in ice consumption over the past 20 years and suggest reasons for its increased usage despite the well-publicised dangers. Explain the impact this has on individuals and communities in a blog post.

Collaborating

- Access the *World Drug Report 2018* online and discuss interesting findings with a partner.
- Working with a partner, discuss how individuals can party safely. Present your findings in a digital presentation (using PowerPoint or similar software presentation).

Presenting

- Visit http://adf.org.au/drug-facts and research the laws regarding possession for four different illegal drugs in Australia. Present your findings in a digital presentation (using PowerPoint or similar software presentation) to share with the class.

Creating

- Create a pamphlet for teens on content related to drugs and drug use. Include statistics, definitions and short- and long-term effects.
- Create a silent movie demonstrating the risks associated with drinking or taking drugs.
- Create a podcast exploring tips for drinking responsibly.

Desktop publishing

- Create a collage of digital images depicting the dangers of avoiding binge drinking, smoking and taking drugs.

Independent learning

- Submit a research proposal for approval by your teacher. Your proposal must be original and address one aspect of drug use in Australian society. Your research is to be presented to the class for peer assessment.

Visual representation

- Create graphs and tables (using Excel, ChartGo, or similar software) to convey information concerning binge drinking trends in Australian young people. Use government websites to gather your information.

Choosing not to take drugs

Young people take drugs for a number of reasons. Some individuals choose to take drugs to feel more grown up, to relax or they may just be curious. While Australian teenagers take various illicit substances, their use has declined significantly in recent years. It seems many individuals are realising the damaging health effects and serious risks associated with drug use and are choosing to say no.

Key statistics

In 2019, most young people aged 14–24 had never smoked (85%), 4.2% were occasional smokers (smoking weekly or less) and 6.8% were daily smokers. The proportion of males and females who smoked daily was similar (7.8% and 5.9% respectively). Young people aged 14–17 were more likely to have never smoked than 18–24 year olds (97% compared with 80%). The use of e-cigarettes among young Australians has increased in recent years. This is concerning, as hazardous substances have been found in e-cigarette liquids and aerosols, and e-cigarette-related lung injury has caused hospitalisation and death.

In 2019, among young people aged 14–24, the average age at which they first drank alcohol was 16.2, with a similar age for males and females (16.1 and 16.3, respectively). Of young people aged 14–24, 30% drank alcohol at levels that put them at risk of harm on that occasion (single occasion risky drinkers) at least once a month in the 12 months before the survey:

- The proportion was higher among young males than among young females (34% compared with 25%), and the proportion of those aged 18–24 was around five times as high as that of 14–17 year olds (41% compared with 8.9%).
- 38% of young people did not consume alcohol in the previous 12 months with:
  - males and females equally likely to abstain (38% and 39%, respectively)
  - more than 3 times as many 14–17 year olds as 18–24 year olds abstaining (73% compared with 21%).

In 2019, 24% of young people aged 14–24 engaged in illicit use of drugs (including non-medical use of pharmaceuticals) in the 12 months before the survey. As well:

- males were more likely to engage in illicit use of any drugs than females (27% and 21%, respectively)
- 18–24 year olds were more likely to engage in illicit use of any drugs than 14–17 year olds (31% compared with 9.7%)
- the most commonly used illicit drugs (excluding pharmaceuticals) were marijuana/cannabis (19.7%), ecstasy (7.6%) and cocaine (7.3%)
- the most common pharmaceuticals used for a non-medical purpose were pain-killers/pain-relievers and opioids (2.5%) and tranquillisers/sleeping pills (1.9%).

Source: www.aihw.gov.au/reports/children-youth/alcohol-tobacco-and-other-drugs

There are an increasing amount of young people utilising positive and healthy ways to feel more grown up, relax and satisfy their curiosity, rather than taking drugs. Young people are more mature, more aware and more educated regarding drugs and their prevalence in society.

Activity

Promoting safety

Provide advice to promote personal safety in the following scenarios.

Scenario #1: "A close friend of mine has changed schools but still hangs out with our group. They often invite their new school friends to the parties we attend, but I am worried because they have begun to experiment with party drugs and are pressuring my friend to join in. What can I do?"

Scenario #2: "I am in Year 10 and my friends and I usually have a fair bit to drink when we go out on the weekends. We mostly walk home from parties because our parents would hassle us if they turned up and saw what goes on. At a party the other night, one of my friends said they weren't going to walk with us because a couple of others had arrived and said they would give her a lift home, even though they had been drinking. I tried to talk them out of it but had no luck. They got home safely, but how could I handle that situation if it happened again?"

Scenario #3: "One of my friends always fires up when they get on the drink. They think everyone is looking at them and they are always challenging people to fight. A lot of the time we can smooth it over, but often we can't and sometimes we end up getting involved. Usually they end up getting hurt or someone else gets hurt – either way, it always wrecks the night. What can we do except dump a good friend?"

Managing pressure

Young people experience various pressures regarding drug use, especially through peer pressure. Friends and acquaintances may directly or indirectly influence or pressure teenagers into taking drugs. Pressure may also come from siblings, other family members and the community. In some situations, drug use may be considered acceptable and occur frequently, making the pressure hard to avoid and manage.

Activity (S) (I)

1. Identify the different people you could approach if having difficulty saying no to drugs.

2. If faced with peer pressure, outline what you can do to manage the pressure and change the situation you are in.

3. Watch the YouTube video on drug addiction at https://youtu.be/ytVxYTavE1U. Discuss the issues raised in the video about addiction and how it ruins lives.

Marketing strategies and the media

Every day, teenagers are bombarded with messages promoting alcohol and tobacco.

Advertising tobacco products in the print media, on radio, billboards or television is banned in Australia. Tobacco companies are also banned from sponsoring sporting teams and events. Retailers that sell tobacco products must adhere to strict guidelines and face large fines if they break these guidelines.

Since July 1998, alcohol advertising has been regulated by the Alcohol Beverages Advertising Code (ABAC). The aim of the ABAC is to ensure that alcohol advertising does not glamourise alcohol consumption or target vulnerable groups in the community. It also provides an avenue for complaints against advertisements that contravene the code. Alcohol advertisements do not portray the negative consequences or the health risks associated with excessive or risky drinking, as it would be bad for business.

Many companies have shifted their focus from traditional advertising markets, in an attempt to reduce costs and capture a larger share of the market. Tobacco and alcohol companies need a steady supply of new customers, as they lose existing customers daily (when people die or quit smoking/drinking, for example). Tobacco and alcohol companies are increasingly seeking to create brand awareness about their products through 'product placement', using social media influencers to promote cigarettes and alcohol. They also pay actors and movie companies to have their products in a film or television show.

Activity

1. Brainstorm the alcohol advertisements you have seen on television. For each one, state their target audience and the social setting.

2. Describe how alcohol companies use sport and humour to promote their products.

Critical inquiry

Develop your understanding around the question: How do alcohol companies promote their products, other than by television advertising and is the promotion ethical? Analyse sources of information on the various strategies. Evaluate the ethics of such promotion, such as whether it precludes young people coming into contact with images and messages. Communicate your position to others in the class.

E-cigarettes/vaping

An electronic cigarette (e-cigarette) is a battery-operated vaporiser that is designed to resemble a real cigarette. It delivers nicotine with flavourings and numerous chemicals in the form of vapour rather than smoke. E-cigarettes are often endorsed as a safer substitute to traditional cigarettes, which deliver nicotine by burning tobacco. However, at this stage, little is known about the health risks of using these devices.

The sale or possession of e-cigarettes containing nicotine is currently illegal in Australia. Sale of e-cigarettes without nicotine is permissible, conditional on the supplier making no claim that it is an aid to reduce or stop smoking.

To learn more about vaping, watch the YouTube video at https://youtu.be/t4dRqwIOxoY.

ICT task

Answer the following questions about e-cigarettes/vaping, using websites such as:

- www.healthdirect.gov.au/e-cigarettes-vaping
- www.health.gov.au/health-topics/smoking-and-tobacco/about-smoking-and-tobacco/about-e-cigarettes

1. Are e-cigarettes safe?

2. Can e-cigarettes help you to quit smoking?

3. What is the law regarding e-cigarettes in Australia?

4. Are vaping liquids harmful to children?

5. Is vaping allowed in public spaces?

Alcohol

Effects of alcohol on relationships

Responsible consumption of alcohol can be a sociable and enjoyable experience, but drinking excessively can place relationships under considerable stress. When intoxicated, many individuals say and do things they wouldn't normally if they were sober. This can lead to assault and abuse (physical, verbal or sexual). It can also lead to misunderstandings and miscommunication, which can both be hard to work through – particularly if one or both people in the relationship are not sober. In family relationships, alcohol can greatly impair a parent's relationship with their children. Being under the influence can limit a parent's capacity to be there for their children, often resulting in children feeling undervalued and let down.

Alcohol also has many long-term effects on relationships. Consistent alcohol abuse over a period of time can cause irreversible damage, which may even lead to break-ups, separation or divorce. Dependence on alcohol can cause an individual to lose their job, creating financial stress for their family or partner.

Critical inquiry

Collect, organise and record relevant data and information about the link between alcohol abuse and domestic violence. Analyse accurate sources to report the extent of the problem.

Effects of alcohol on the community

Abusing substances such as alcohol can have numerous effects on the wider community, many of which abusers of alcohol would not recognise. Alcohol abuse causes problems in many different aspects of society, which in turn cost money to address.

Activity

The news media reports daily on a range of alcohol-fuelled incidents that significantly impact local communities. Research the following types of incidents and provide recent examples.

1. Sports stars abusing alcohol

2. Underage drinking

3. Drink-driving resulting in injury or death

4. Alcohol-fuelled violence

5. Out-of-control parties

Case study

Risky drinking

'Binge drinking has become part of the Australian culture'

As part of an investigation into risky drinking among young people, students across Australia were asked to comment on the statement above. Here are some of the comments:

Michael, 18
"It is. But that doesn't mean it's a good thing. Drinking is socially acceptable and alcohol is a legal drug. Binge drinking has become socially acceptable too, especially with people my age. But some people become dependent, addicted to drinking – addicted to alcohol."

Sam, 15
"Drinking is part of the Australian culture. Just like the Sunday barbecue, footy, the beach and thongs. But I don't think that binge drinking is. People who go on drinking binges are try-hards. They only drink to look hard in front of their mates or to impress chicks, but they just end up looking like idiots."

Carrie, 16
"Drinking is a way for us all to get together and relax. One or two drinks aren't enough. The girls go through at least a six-pack of Cruisers each. The boys have more. Most have at least ten beers and they are always trying to outdo each other. The record is a case."

Sally, 15
"I don't drink. A lot of people my age do. I don't know if it's part of the Australian culture as such, but I know that there is a lot of pressure on young people to drink. Especially on boys. Girls can get away with refusing a drink without being ribbed by their mates."

Mahmood, 18
"I'm 18 and legally allowed to drink. I drink with my brothers and father at home, so it's safe. It's what everyone does. They drink to relax after work or drink to unwind on the weekends. Most young people drink to get smashed. It's just how it is."

Rebecca, 16
"When it comes to drinking, there is no such thing as a quiet drink. I have two older brothers who drink heavily on weekends. It's like a rite of passage for young people. You turn 18 and you go out on the weekends and get hammered. I always feel left out when my friends come to school on Monday's carrying on about the clubs they partied at on weekends. I can't wait to turn 18."

Activity (S) (I)

1. Outline the reasons young people may binge drink rather than drink responsibly.

2. Propose strategies that communities could adopt to challenge the risky drinking culture of Australia.

Alcohol and energy drinks

Energy drinks have become very popular in the past two decades. When energy drinks are mixed with alcohol, consumers may be able to achieve higher levels of intoxication without feeling tired. Energy drinks contain large doses of caffeine and other stimulants such as guarana. Alcohol is a depressant. The combination of effects can be very dangerous.

The stimulant effects or energy drinks can mask how intoxicated an individual actually is. Normally when someone drinks too much alcohol, their body will fatigue – slowing down their rate of drinking. Consuming stimulants may make a person more alert and allow them to continue to drink alcohol. The result is higher intake of both caffeine and alcohol than would normally occur if the drinks were consumed separately.

It's important for individuals to realise that no matter how alert they feel after drinking alcohol combined with energy drinks, their blood alcohol concentration is still the same as it would be if they had not consumed the energy drinks. The opportunity to drink more than normal and the perception that you are not as affected can increase the consequences of risky drinking behaviour. People who mix energy drinks and alcohol are at greater risk of alcohol poisoning, dehydration, physical injury from falls, impaired driving, being a passenger in a vehicle with an impaired driver, pedestrian accidents, physical assault and sexual assault.

There has been very little research into many of the health and nutritional claims made on energy drink packaging. Research that has been conducted is often funded by companies selling energy drinks, so the results of research may not be as objective as it could be if conducted independently. Known short-term effects of energy drinks include:

- Increased heart rate and, in some cases, palpitations
- Increased body temperature
- Increased alertness
- Stimulation of the brain and nervous system which can lead to nervousness and agitation
- Increased dehydration due to increased urination – this can lead to diarrhoea, nausea, vomiting, headache, muscle cramp and a more severe hangover
- Increased problems with insomnia
- Decreased ability to metabolise alcohol.

Activity

1. Research the caffeine content of the following drinks.

Drink	Caffeine content	Drink	Caffeine content
Mother		Coca-Cola	
Red Bull		Diet Coke	
V Energy		Espresso	

2. Visit YouTube and watch a range of Red Bull's 'gives you wings' advertisements. Identify the target audience and describe the message they are trying to convey.

3. Why do you think the container sizes of energy drinks are so large? What message does this send to the consumer?

4. Read the following news article about mixing energy drinks and alcohol and describe the health implications of mixing alcohol and energy drinks.
https://theconversation.com/energy-drinks-and-alcohol-a-risky-mix-psychologically-77253

Illicit drugs

MDMA (ecstasy)

MDMA (ecstasy) is an illicit drug which can give users a euphoric rush after swallowing it. It has a reputation as a happy pill, but MDMA has dangerous side effects. People have died from taking MDMA in places where it is hot or humid, such as at a dance party or nightclub. MDMA (ecstasy) has lots of other names, including eccy, disco biscuits, XTC, pills, pingers and molly. It usually comes as a pill in a variety of colours, often with different stamps or logos on them.

It is assumed that MDMA is the primary ingredient in ecstasy, however not all drugs sold as ecstasy contain MDMA. Other drugs or 'fillers', such as household cleaning products, might be used instead, increasing a user's chance of an overdose, bad reaction or poisoning. Drugs sold as ecstasy may also contain a mix of amphetamine, paramethoxyamphetamine (PMA), ketamine or other drugs.

Effects of MDMA

MDMA starts to work about 20 minutes after it is taken and the effects can last for up to eight hours. Some people hallucinate, sweat, clench their jaws, grind their teeth and have tremors. People can overheat and become dehydrated when using ecstasy in hot and humid conditions. People who take MDMA should take regular breaks to cool down, and sip water slowly. Combining MDMA with other drugs or medications – including some antidepressants – can be dangerous. People coming down from an ecstasy high can feel exhausted, anxious and unable sleep. These effects can last a few days.

Source: www.healthdirect.gov.au/mdma-ecstasy

Activity (S) (I)

1. Research current statistics around MDMA (ecstasy) use among young people.

2. Visit https://drugaware.com.au/staying-safe/mdma-use-other-drugs-at-festivals-and-music-events and summarise the information you find to create a fact sheet about the dangers of using MDMA at festivals and music events.

GHB

GHB (Gamma-hydroxybutyrate) is a drug commonly found around the dance and party scene. It was originally developed as a general anaesthetic. GHB is linked to date rape and sexual assaults. It can be camouflaged in drinks, particularly opaque and strong tasting drinks, and leaves the person who took it unable to remember much of what happened.

GHB is a bitter or salty tasting liquid that may be odourless or have a slight odour. It is usually clear, but may be coloured bright blue. GHB can also be produced in powder or pill form. It's also known as G, GBH (grievous bodily harm), fantasy, gamma G, blue nitro and liquid E. GHB is also called liquid ecstasy due to its effects, but it's not chemically related to the drug ecstasy (MDMA).

Effects of GHB

The effects of GHB start about 15 to 20 minutes after it's taken and can last for up to four hours. GHB's main risk is from an overdose, especially if it's taken with other depressant drugs, potentially leading to coma and death. It's very easy to overdose on GHB, especially if it's taken with alcohol. Little is known about the long-term effects of GHB, but regular users do become dependent on it.

Individuals who suspect a friend has overdosed on GHB should call triple zero (000) and ask for emergency ambulance assistance. The ambulance officers don't have to call the police.

Individuals who believe their drink has been spiked with GHB should ask someone they trust to help them get to a safe place and seek medical advice. They could ask a doctor to test for the presence of drugs – urine or blood tests can pick up traces of certain drugs up to 24 hours later. Victims of drink spiking should also consider making a police report about the incident. In an emergency, call triple zero (000) or the nearest police station.

Source: www.healthdirect.gov.au/ghb

Activity (S) (I)

Describe the short-term and long-term effects of GHB.

Short-term effects	Long-term effects

Ice (crystal meth)

Ice (crystal meth) is a methamphetamine, a member of the amphetamine family of drugs. It is very addictive, and linked to chronic physical and mental health problems. Ice comes as little crystals that look like ice or as a crystal-like powder, and has a strong smell and bitter taste. It is usually smoked or injected, but can also be swallowed or snorted. Ice is also known as crystal meth, shabu, crystal, glass, shard and p.

Effects of ice

Ice produces an intense rush that can last for hours. Coming down takes days. Users find their heart is racing and they breathe very quickly. Their blood pressure and temperature also goes up. They also repeat simple actions such as scratching and itching.

People who use it repeatedly can get lung and heart problems, and have a stroke. People who use ice regularly look much older than they should, and find their teeth badly damaged. They also lose a lot of weight and can become unhealthily thin and are likely to become addicted.

People who overdose can have heart palpitations, a heart attack, fits and become unconscious. Individuals who suspect a friend has overdosed on ice should call triple zero (000) and ask for emergency ambulance assistance. The ambulance officers don't have to call the police.

Source: www.healthdirect.gov.au/ice-crystal-meth

Activity

1. Research statistics on Australia's ice epidemic.

2. Watch various commercials from the television advertising campaign *Ice Destroys Lives* on YouTube at at www.youtube.com/user/healthgovau/videos. Discuss the effectiveness of the campaign in combating the ice epidemic.

Cocaine

Cocaine is a highly addictive drug that is associated with many serious consequences. Cocaine users may feel that it helps them have a good time, but users risk health issues as well as financial and social problems. Cocaine use has also been linked to criminal behaviour and can be fatal.

Cocaine is a white powder with a bitter, numbing taste that comes in three main forms: cocaine hydrochloride, freebase and crack. Cocaine hydrochloride is mixed with other substances and typically snorted through the nose, or injected, rubbed into the gums or added to food and drinks. Freebase and crack cocaine are usually smoked. Cocaine is also called coke, charlie, pepsi, blow, C and nose candy. Crack cocaine is also called rock, base or sugar block.

Effects of cocaine

People who use cocaine get a rush, making them feel happy, confident and alert. But they also have a racing heart, tremors, reduced appetite, overheating and sweating. Coming down from cocaine can result in several days of anxiety, depression and exhaustion. People who use cocaine regularly can have fits, poor sexual performance, kidney failure, poor mental function and an increased risk of contracting infectious diseases by sharing needles. Snorting cocaine can also damage the inside of your nose including destroying the septum (middle part) of your nose, leading to collapse of the nose.

An overdose can cause seizures, or a stroke, leading to coma and death. Individuals who suspect a friend has overdosed on cocaine should call triple zero (000) and ask for emergency ambulance assistance. The ambulance officers don't have to call the police.

Source: www.healthdirect.gov.au/cocaine

Activity

Visit www.drugfreeworld.org/real-life-stories/cocaine.html watch the video of people who have used cocaine. Discuss your reaction to cocaine after watching or reading the stories and identify the consequences for them.

Media review

The Telegraph

Synthetic drug blamed for student's death

Henry Kwan was just 17 years old when he jumped to his death from the third-floor balcony of his family's apartment in Killara in a synthetic drug-induced psychosis.

Henry was a Year 12 student at the local high school – a high academic achiever who enjoyed a strong, supportive family background. One afternoon while studying, he took a drug that was sold to him as synthetic LSD (acid). Henry had actually had taken a synthetic hallucinogen called 25I-NBOMe, which is much stronger than acid.

After Henry took the pill, his mother and sister observed him behaving erratically – talking nonsense at high speed and rocking back and forth on the floor in the foetal position. He then suddenly got up and exclaimed, "I want to fly. I want to fly."

After running outside, Henry had a tense stand-off with his mother and sister that brought neighbours to their windows. He then dived head-first from the balcony and died on impact.

Ambulance officers arrived at the scene but were unable to revive him. Students at Henry's school were informed of his death the following morning and were offered counselling.

While there are still misconceptions that they safer than established illicit drugs, the laws surrounding new psychoactive substances (synthetic drugs) have changed since Henry's death. In Queensland, New South Wales and South Australia, there is now a blanket ban on possessing or selling any substance that has a psychoactive effect other than alcohol, tobacco and food.

Activity

1. Suggest possible reasons why young people such as Henry would feel confident that they will be safe in using synthetic drugs.

2. How and what would you discuss with a friend who had confided in you that they were intending to use a synthetic drug?

3. What actions would you suggest friends, family or bystanders could take to help protect a person who is experiencing a drug induced psychotic episode?

4. The emotional impact of Henry's death extends beyond his family. List the different individuals in this story who would have been deeply affected by the situation surrounding his death.

5. What actions can a person take if their established peer group are increasingly using drugs and they do not want to lose friendships, but also don't want to use drugs?

Critical inquiry

Investigate the impact on Australians of the abuse of legal drugs (such as alcohol) versus illegal drugs (such as cannabis). Evaluate the relevance and validity of information from various sources. Make the case for or against legislative change.

ICT task

Drugs and risk

Using a multimedia platform, develop a video based on educating young people of the risks associated with drugs. Your video should include information on drugs such as MDMA, crystal meth, GHB and cocaine. Also include the following details in your video:

- Associated health problems with short- and long-term use
- Risk of overdose and death, citing statistics
- Social problems associated with the use of drugs
- The link between drug use and unplanned sexual activity, STIs, sexual harassment or violence
- Drug use and the law.

Draft your ideas in the space below.

Celebrities and drugs

The impact that celebrity culture has on young people often comes under scrutiny. The rise of social media has further influenced young people to follow and often admire the lifestyles of the rich and famous. The excesses of celebrity lifestyles often includes substance abuse, and can make drug use seem glamorous and attractive. Unfortunately, all too often this lifestyle leads to illness, self-harm and/or accidental death.

Activity

Research three celebrities whose deaths have been officially linked to accidental overdose of drugs. An example has been provided.

Celebrity details	Cause of death	Best known for
Elvis Presley – 42 years old in 1977 when he died	Prior to his death, Elvis was suffering multiple health issues as a result of drug use. He died as a result of poly drug use causing a heart attack.	Most famous entertainer of his era. Still remains popular to this day. Movie and music star. Introduced a unique sound of music and dancing style to youth culture of the day.

Case study

Deadly consequences of party drugs

Before the summer holidays ended, Mark, 17, attended a big music festival in his town with a group of school friends. Mark and his friends bought MDMA (ecstasy) tablets inside the venue and at 3am the following morning, he began feeling unwell. He was seen rushing to the toilets, where he was found vomiting.

Mark's friends drove him back to one of their houses and put him to bed. His parents were called at 9am the next morning, when they couldn't wake him. Mark's parents called an ambulance and he was taken to the hospital. He remained in a coma and never regained consciousness. He died a few days later.

The coroner's report indicated that the cause of Mark's death was a cerebral oedema caused by water intoxication (hyponatremia). The coroner was also quick to point out that the cerebral oedema was a direct result of taking MDMA, as Mark would never have consumed so much water had he not taken the illegal party drug.

Activity (S) (I)

1. Outline alternatives that Mark could have chosen to enjoy himself at the music festival without putting himself in danger.

2. How did Mark's friends respond to the scenario?

3. What were the findings of the coroner's report?

4. Describe the first-aid measures that should have been taken to assist Mark.

5. The 2018 Defqon.1 music festival in Penrith made the headlines when over 700 partygoers sought first aid after taking party drugs and two people died from suspected drug overdoses. The incident reignited the debate over pill testing at music festivals. Provide your opinion on pill testing and outline how you would deal with this issue if you were a festival organiser.

Helping friends in need

Drug and alcohol misuse, either accidental or deliberate, may lead to intoxication or poisoning. Legal and illegal substances are implicated in a significant number of hospital admissions, suicides, injuries and road accidents.

General guidelines – accidental or deliberate substance use and abuse

1. Do not put your self at risk, only approach the casualty if you feel it is safe.
2. DRSABCD. Call 000 for ambulance.
3. Be calm, reassuring and move the casualty to safety if necessary.
4. Seek history (for example, ask them what they have taken and how much).
5. Observation (monitor their vital signs frequently).
6. Check for other injuries (for example, fractures or bleeding).
7. If possible, keep a sample of vomit and any substances or containers for identification at the hospital.

Activity

Imagine you are an author for a magazine publication focusing on the health of adolescents. Their next edition focuses on the emerging trend of party drugs. Suggest appropriate strategies young people could use for coping with the following situations.

What can you do if a friend:

a. Passes out in the street on the way home from a party after taking ecstasy?

b. Is feeling unwell and tells you he or she thinks their drink has been spiked?

c. Falls over after drinking and hits their head?

Revision

1. Outline the effects that might present if you have consumed a drink that has been spiked.

2. How can you reduce the risk of drink spiking?

3. What is drug dependence?

4. Explain the actions you would take if a friend of yours became intoxicated at a party and passed out.

5. Explain the term ‘party drugs’.

6. Provide eight examples of party drugs.

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

7. Suggest reasons why young people may decide to pre-load before venturing out for the night.

_____

_____

_____

_____

_____

8. What are the dangers associated with using illicit drugs?

_____

_____

_____

_____

_____

9. What is the most commonly used illicit drug? Account for this.

_____

_____

_____

_____

_____

10. What are the signs that could be used to recognise drug/alcohol abuse?

_____

_____

_____

_____

_____

Additional notes

Additional notes

Student feedback report

Your feedback helps teachers monitor your learning experiences, to plan for future lessons and make them as meaningful, relevant and rewarding as possible…

1. What did you learn during this unit?

2. Were there any issues relating to this topic that were not covered that you believe should have been?

3. List three things you enjoyed the most and least about this unit.

a. _____

b. _____

c. _____

d. _____

e. _____

f. _____

4. Did you have the opportunity to discuss issues about this topic in class?

5. Did you think the workload was fair?

6. Did you find the content covered in class to be relevant to your age group?

7. How would you rate your knowledge of this topic?